Cyfarfod Bwrdd Iechyd a Gofal Digidol Cymru - Cyhoeddus

Thu 31 March 2022, 10:00 - 14:30

Zoom

Agenda

10:00 - 10:05
5 min

1. MATERION RHAGARWEINIOL

1.1. Croeso a Chyflwyniadau

I'w Nodi *Cadeirydd*

1.2. Ymddiheuriadau am absenoldeb

I'w Nodi *Cadeirydd*

1.3. Datganiad o Fuddiannau

I'w Nodi *Cadeirydd*

10:05 - 10:10
5 min

2. AGENDA GYDSYNIO

2.1. Cofnodion heb eu cadarnhau o Gyfarfod Bwrdd 27 Ionawr 2022

I'w Cymeradwyo *Cadeirydd*

- Materion sy'n Codi

2.1 - DHCW SHA Board Meeting Minutes 20220127-en-cy-C.pdf (19 pages)

2.2. Cofnodion Gweithredu

I'w Nodi *Cadeirydd*

2.3. Blaengynllun Gwaith

I'w Nodi *Ysgrifennydd y Bwrdd*

2.3 DHCW SHA Board Forward WorkPlan Report.pdf (4 pages)
2.3i Appendix A SHA Board Forward WorkPlan.pdf (3 pages)

2.4. Adroddiad Hunanasesu Effeithiolrwydd Blynyddol y Pwyllgor

I'w Nodi *Ysgrifennydd y Bwrdd*

2.4 Annual Committee Effectiveness Report.pdf (7 pages)
2.4i Appendix A - Audit and Assurance Committee Effectiveness Self Assessment Report.pdf (7 pages)
2.4ii Appendix B - Digital Governance and Safety Effectiveness Self Assessment Report.pdf (5 pages)
2.4iii Appendix C - Remuneration and Terms of Service Committee Effectiveness Self Assessment Report.pdf (5 pages)
2.4iv Appendix D - Local partnership Forum Effectiveness Self Assessment Report.pdf (5 pages)

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03/24/2022 09:53:13

2.5. Adroddiadau Blynyddol y Pwyllgor a'r Grŵp Ymgynghorol

I'w Cymeradwyo *Ysgrifennydd y Bwrdd*

2.5 Annual Committee and Advisory Groups Report .pdf (4 pages)
2.5i Audit and Assurance Commitee Annual Report.pdf (10 pages)

2.5ii Digital Governance and Safety Committee Annual Report.pdf (8 pages)
2.5iii Remuneration and Terms of Service Committee Annual Report.pdf (7 pages)
2.5iv Local Partnership Forum Annual Report.pdf (8 pages)

2.6. Adroddiad Hunanasesu Effeithiolrwydd Blynyddol y Bwrdd

I'w Nodi *Ysgrifennydd y Bwrdd*

2.6 DHCW SHA Board effectiveness Self Assessment Report.pdf (6 pages)

2.7. Safonau Iechyd a Gofal

I'w Nodi *Ysgrifennydd y Bwrdd*

2.7 Health and Care Standards.pdf (9 pages)

10:10 - 10:40
30 min

3. PRIF AGENDA

I'w Drafod

3.1. Cyflwyniad Gwrando a Dysgu a Rennir – Y Ddesg Wasanaeth

I'w Trafod *Cyfarwyddwr Meddygol Gweithredol*

3.1 Shared Listening and Learning Cover Report.pdf (4 pages)
3.1i Service Desk - Improvement Journey v3.pdf (13 pages)

10:40 - 11:00
20 min

4. PRIF AGENDA

I'w Adolygu

4.1. Adroddiad y Cadeirydd

I'w Nodi *Cadeirydd*

4.1 Chair's Report March 22v2.pdf (6 pages)

4.2. Adroddiad y Prif Swyddog Gweithredol

I'w Nodi *Prif Swyddog Gweithredol*

4.2 Chief Executive's Report March 22v2.pdf (7 pages)

Egwyl

11:00 - 12:15
75 min

5. PRIF AGENDA

Eitemau Strategol

5.1. Strategaeth Ddata Yr Adnodd Data Cenedlaethol (NDR)

I'w Nodi *Cyfarwyddwr Rhaglen – Yr Adnodd Data Cenedlaethol (NDR) / Cyfarwyddwr Cynorthwyol Pensaernïaeth Ddigidol*

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03/24/2022 09:52:12

5.1 NDR Data Strategy 31 MAR 2022 DRAFT.pdf (5 pages)

5.2. Strategaeth Cwmwl

I'w Cymeradwyo *Cyfarwyddwr Gweithredol Cyllid*

5.2 TEM-DHCW - SHA Board Cloud Strategy Cover Period 11 D-01.pdf (7 pages)

5.2i DHCW - Cloud Strategy (2022) Final.pdf (47 pages)

5.3. Adroddiad Caffael Strategol

I'w Cymeradwyo *Prif Swyddog Gweithredol*

5.3 REP - Strategic Procurement Report SHA Board March 2022 D0.1.pdf (10 pages)
5.3i Contract Extension-Value Increase Paper for Microsoft Azure.pdf (3 pages)
5.3ii Contract Extension-Value Increase Paper for Telephony TTP.pdf (6 pages)
5.3iii DHCW Commitment of Expenditure Over Chief Executive Limit - P720 Specialist Resource for DSPP.pdf (8 pages)

5.4. Cynllun Gweithredu'r Cynllun Tymor Canolig Integredig (IMTP) a Datgarboneiddio

I'w Cymeradwyo *Prif Swyddog Gweithredol / Cyfarwyddwr Gweithredol Cyllid*

5.4 DHCW Integrated Medium Term Plan 22_25 SHA Board March 2022.pdf (4 pages)
5.4i DHCW IMTP 22_25 to WG Final v1.1.pdf (109 pages)
5.4ii DHCW Decarbonisation Strategic Delivery Plan-v1.0.pdf (50 pages)

Egwyl

12:15 - 14:25
130 min

6. PRIF AGENDA

Llywodraethu, Risg, Perfformiad a Sicrwydd

6.1. Adroddiad Cyllid

I'w Nodi *Cyfarwyddwr Gweithredol Cyllid*

6.1 TEM-DHCW - SHA Board Finance Report March 2022 F-01a.pdf (19 pages)
6.1i March 2022 Board Slides F-03.pdf (14 pages)

6.2. Adroddiad Perfformiad Sefydliadol Integredig

I'w Trafod *Prif Swyddog Gweithredol*

6.2 SHA Board IOPR Cover Sheet 2202 Feb 22.pdf (7 pages)
6.2i-DHCW SHA Board Report 2202-Feb 2022.pdf (35 pages)

6.3. Y Gofrestr Risg Gorfforaethol

I'w Trafod *Ysgrifennydd y Bwrdd*

- Adroddiad Sicrwydd y Bwrdd

6.3 Risk Management Report.pdf (6 pages)
6.3i Appendix A DHCW Corporate Risk Register.pdf (7 pages)
6.3ii Appendix B DHCW Risk and BAF Milestone Plan.pdf (1 pages)

6.4. Adolygiad Rheolau Sefydlog Iechyd a Gofal Digidol Cymru

I'w Cymeradwyo *Ysgrifennydd y Bwrdd*

6.4 Standing Orders Annual Review Report.pdf (5 pages)
6.4i Appendix A Standing Order Compliance Overview 21_22.pdf (4 pages)
6.4ii Appendix B DHCW Audit and Assurance Committee TOR tracked changes.pdf (12 pages)
6.4iii Appendix C Digital Governance and Safety Committee ToR Tracked Changes d0.4.pdf (12 pages)
6.4iv Appendix D DHCW RATS Terms of Reference - Tracked Changes.pdf (7 pages)
6.4v Appendix E DHCW TOR - Local Partnership Forum Tracked Changes d0.1.pdf (13 pages)

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03/24/2022 09:52:17

6.5. Adroddiad Polisi

I'w Cymeradwyo *Ysgrifennydd y Bwrdd*

- Polisi Cyfathrebu a Rheoli'r Cyfryngau

6.5 Policy Report.pdf (5 pages)
6.5i POL - Communications and Media Management.pdf (13 pages)
6.5ii Appendix B. MS and MP Correspondence Process v2.pdf (9 pages)

6.6. Cynllun Blynyddol Ansawdd a Rheoleiddio

I'w Cymeradwyo *Cyfarwyddwr Gweithredol Cyllid*

6.6 DHCW Quality and Regulatory Annual Plan 31 Mar 2022.pdf (5 pages)
6.6i Appendix A Digital Health & Care Wales Quality & Regulatory Annual Plan 2022-23.pdf (14 pages)

6.7. Adroddiad Crynhoi Cynnydd Rhwydwaith Digidol Aelodau Annibynnol

I'w Nodi *Cadeirydd Dros Dro'r Grŵp*

6.7 All Wales IM Digital Network Highlight Report 26.01.22v1.pdf (6 pages)

6.8. Adroddiad Crynhoi Cynnydd Pwyllgor Llywodraethu a Diogelwch Digidol

I'w Nodi *Cadeirydd y Pwyllgor*

6.8 DHCW Digital Governance & Safety Committee Highlight Report February 2022.pdf (6 pages)

6.9. Adroddiad Crynhoi Cynnydd y Fforwm Partneriaeth Lleol

I'w Nodi *Cadeirydd y Grŵp Cynghori*

6.9 DHCW Local Partnership Forum Highlight Report FINAL.pdf (5 pages)

6.10. Adroddiad Crynhoi Cynnydd Tâl Cydnabyddiaeth a Thelerau Gwasanaeth

I'w Nodi *Cadeirydd y Pwyllgor*

6.10 Remuneration and Terms of Service Committee Chair's Highlight Report for Board 10.03.22v1.pdf (4 pages)

14:25 - 14:30
5 min

7. ATERION I GLOI

7.1. Unrhyw Faterion Brys Eraill

I'w Trafod *Cadeirydd*

7.2. Dyddiad y Cyfarfod Nesaf

I'w Nodi *Cadeirydd*

- Dydd Iau 26 Mai

Tolley Laura
03/24/2022 09:52:13

Cyfarfod Bwrdd Awdurdod Iechyd Arbennig Iechyd a Gofal

Cofnodion cyfarfod Bwrdd Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru a gynhaliwyd ddydd Iau 25 Medi 2021 fel cyfarfod rhithwir a ddarlledwyd yn fyw drwy Zoom.

10:00 i 13:50 27/01/2022

Aelodau'n Bresennol	Cychwynnol	Teitl	Sefydliad
Simon Jones	SJ	Cadeirydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Ruth Glazzard	RG	Is-gadeirydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Rowan Gardner	RoG	Aelod Annibynnol	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
Grace Quantock	GQ	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru
David Selway	DS	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru
Helen Thomas	HT	Prif Swyddog Gweithredol	Iechyd a Gofal Digidol Cymru

Tolley, Laura
03/24/2022 09:52:13

Marian Wyn Jones	MWJ	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru

Yn bresennol	Cychwynnol	Teitl	Sefydliad
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Andrew Fletcher	AF	Aelod Cyswllt o'r Bwrdd, Undeb Llafur	Iechyd a Gofal Digidol Cymru
Sophie Fuller	SF	Rheolwr Llywodraethu a Sicrwydd Corfforaethol	Iechyd a Gofal Digidol Cymru
Sally Lewis	SL	Cyfarwyddwr – Gofal Iechyd sy'n Seiliedig ar Werth (yn bresennol ar gyfer eitem 3.1)	Gofal Iechyd sy'n Seiliedig ar Werth
Carwyn Lloyd Jones	CLJ	Cyfarwyddwr Technoleg Gwybodaeth a Chyfathrebu	Iechyd a Gofal Digidol Cymru
Iola Lloyd	IL	Cyfieithydd ar y pryd	Trosol
Michelle Sell	MS	Prif Swyddog Gweithredol	Iechyd a Gofal Digidol Cymru
Laura Tolley	LT	Rheolwr Cymorth Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru

Ymddiheuriadau	Teitl	Sefydliad
Dim i'w nodi		

Acronymau			
DHCW	Iechyd a Gofal Digidol Cymru	SHA	Awdurdod Iechyd Arbennig

Tolley, Laura
03/02/2022 09:52:13

CEO	Prif Swyddog Gweithredol	LlC	Llywodraeth Cymru
DCT	Trosglwyddo Canolfan Ddata	NWIS	Gwasanaeth Gwybodeg GIG Cymru
NDR	Adnoddau 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	RISP	Caffael System Gwybodaeth Radioleg
IMTP	Cynllun Tymor Canolig Integredig	LPF	Fforwm Partneriaeth Lleol

Rhif yr Eitem	Manylion yr Eitem	Canlyniad	I'w gweithredu
MATERION RHAGARWEINIOL			
1.1	**Croeso ac Ymddiheuriadau** Croesawodd y Cadeirydd bawb i gyfarfod cyntaf Bwrdd Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru yn 2022. Darlledwyd y cyfarfod yn fyw oherwydd cyfyngiadau parhaus Covid-19. Roedd y broses hon wedi'i monitro'n barhaus a byddai'n cael ei hasesu yn unol ag unrhyw ddiweddariadau i ganllawiau Llywodraeth Cymru. Byddai'r recordiad ar gael drwy wefan Iechyd a Gofal Digidol Cymru ar gyfer unrhyw unigolion na fyddent yn gallu cael mynediad i'r cyfarfod byw. Roedd y platfform Zoom yn cael ei ddefnyddio er mwyn caniatáu i aelodau fod yn weladwy trwy gydol y cyfarfod ac i gyfieithu ar y pryd ddigwydd, gan ganiatáu i aelodau gymryd rhan yn y cyfarfod yn Gymraeg neu Saesneg. 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 2.1 i 2.6. 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 er mwyn cael trafodaeth fwy llawn yn eitem 1.4.	Nodwyd	Dim i'w nodi
1.2	**Ymddiheuriadau am absenoldeb** Ni chafwyd unrhyw ymddiheuriadau am absenoldeb.	Nodwyd	Dim i'w nodi

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1.3	**Datganiadau o Fuddiannau** Ni dderbyniwyd unrhyw ddatganiadau o fuddiannau mewn perthynas â'r agenda.	Nodwyd	Dim i'w nodi
1.4	**Materion yn 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 y cyfarfod Bwrdd a gynhaliwyd ar 25 Tachwedd 2021 sydd eto i'w cadarnhau** Gofynnwyd am ddau fân newid i'r cofnodion ar dudalen 13 a 14. Byddai'r rhain yn cael eu codi a'u diweddaru y tu allan i'r cyfarfod. **Penderfynodd y Bwrdd:** **GYMERADWYO** cofnodion cyfarfod diwethaf y Bwrdd a gynhaliwyd ar 25 Tachwedd 2021, yn amodol ar wneud y diwygiadau.	Cymeradwywyd	**CAM GWEITHREDU:** LT i ddiweddaru cofnodion blaenorol.
2.2	**Cofnodion y cyfarfod Bwrdd Preifat a gynhaliwyd ar 25 Tachwedd 2021 sydd eto i'w cadarnhau** **Penderfynodd y Bwrdd:** **Gymeradwyo** cofnodion y cyfarfod Bwrdd Preifat diwethaf a gynhaliwyd ar 25 Tachwedd 2021.	Cymeradwywyd	Dim i'w nodi
2.3	**Cofnodion Gweithredu** Diweddarwyd yr holl gamau gweithredu heb eu cwblhau a'u nodi fel rhai wedi'u cwblhau. **Penderfynodd y Bwrdd:** **NODI**'r cofnodion gweithredu.	Nodwyd	Dim i'w nodi
2.4	**Cylch Busnes Blynyddol y Bwrdd 2022-23** **Penderfynodd y Bwrdd:** **GYMERADWYO** Cylch Busnes Blynyddol y Bwrdd 2022-23.	Cymeradwywyd	Dim i'w nodi
2.5	**Blaengynllun** **Penderfynodd y Bwrdd:** **NODI** cynnwys y Blaengynllun.	Nodwyd	Dim i'w nodi
2.6	**Trefniadau Adrodd Diwedd Blwyddyn ar gyfer 2021-22** **Penderfynodd y Bwrdd:**	Nodwyd	Dim i'w nodi

Tolley Laura 03/24/2022 09:12:13

	NODI Trefniadau Adrodd Diwedd Blwyddyn ar gyfer 2021-22.		
PRIF AGENDA			
RHAN 3 - I'W DRAFOD			
3.1	**Cyflwyniad Gwrando a Dysgu a Rennir – Gofal Iechyd sy'n Seiliedig ar Werth**		
	Cyflwynodd Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol (RH) ei gydweithiwr, Dr Sally Lewis, Cyfarwyddwr Gofal Iechyd sy'n Seiliedig ar Werth (SL) a fyddai'n arwain y cyflwyniad. Diolchodd SL i'r Bwrdd am y gwahoddiad i gyflwyno a dywedodd y byddai'r cyflwyniad yn rhoi cyflwyniad byr ar Werth mewn Iechyd, ei bwysigrwydd, a'r offer sydd eu hangen i sicrhau gwerth i gleifion a phoblogaeth Cymru. Yn ogystal, gan amlygu y byddai Iechyd a Gofal Digidol Cymru yn alluogwr allweddol ar gyfer llwyddiant Gofal Iechyd sy'n Seiliedig ar Werth. Cynghorodd SL y diffiniad o ofal iechyd sy'n seiliedig ar werth fel: Defnydd teg, cynaliadwy a thryloyw o'r adnoddau sydd ar gael i sicrhau canlyniadau a phrofiadau gwell i bob unigolyn yng Nghymru. Darparodd SL yr uchafbwyntiau canlynol o'r cyflwyniad: • Yr angen am wybodaeth a data da i gefnogi gofal iechyd sy'n seiliedig ar werth; • Pwysigrwydd sicrhau'r canlyniadau gorau i gleifion; • Roedd nifer o faterion cymhleth y byddai angen mynd i'r afael â nhw gan gynnwys Gofal Iechyd sy'n Canolbwyntio ar yr Unigolyn a Chanlyniadau Poblogaeth a Thegwch. • Sicrhau canlyniadau i gleifion, cyflawni cynaliadwyedd roedd ffactorau cleifion yn cynnwys: - Codi llythrennedd iechyd - Cefnogi ymddygiadau iach tuag at atal - Cefnogi dealltwriaeth gyffredin o feddyginiaeth tuag at y dewisiadau gorau - Cefnogi hunanreolaeth • Roedd ffactorau gofal iechyd yn cynnwys: - Ariannu am werth - Lleihau amrywiad diangen - Lleoliad gorau posibl cyffuriau a dyfeisiau - Teilwra triniaeth i unigolion a nodau a chyd-destun - Modelau gofal newydd, iechyd digidol a rhyddhau capasiti yn y system - Canolbwyntio ar ddiwallu gwir angen a lleihau anghydraddoldebau	Trafodwyd	Dim i'w nodi

Tolley Laura 03/24/2022 09:52:13

- Roedd angen mynd i'r afael hefyd â darparu gofal iechyd sy'n seiliedig ar werth ar draws y system, ni ellid ei gyflawni mewn seilo, felly byddai cydweithredu ar draws y system yn alluogwr allweddol ar gyfer llwyddo. Nodwyd galluogwyr eraill fel:
    - Effaith - sicrhau gwerth
    - Iechyd Digidol
    - Gofal sy'n Canolbwyntio ar yr Unigolyn
    - Addysgu, cyfathrebu ac ymgysylltu
    - Gweithredu
    - Ymchwil, diwydiant, a phartneriaethau strategol.
- Amlygwyd Mannau Cyswllt Gwerth Iechyd a Gofal Digidol Cymru fel:
    - Gwaith Data Hanfodol – prosesu safonau
    - Delweddu data, Porth Clinigol Cymru, offer data Cymru Gyfan
    - Cynhyrchion adrodd safonol
    - Llywodraethu Gwybodaeth
    - Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd
    - Creu'r amgylchedd ar gyfer data dibynadwy, diogel y gellir eu defnyddio gan gleifion
    - Gwefan Gwerth mewn Iechyd
    - Dadansoddeg uwch

Daeth SL â'r cyflwyniad i ben a dywedodd fod y gefnogaeth gan Iechyd a Gofal Digidol Cymru hyd yma yn cael ei werthfawrogi a phwysleisiodd fod Iechyd a Gofal Digidol Cymru yn hanfodol i ddarparu Gofal Iechyd sy'n Seiliedig ar Werth yng Nghymru.

Gofynnodd Helen Thomas (HT), y Prif Swyddog Gweithredol, beth oedd yr heriau o safbwynt gwasanaeth i ddarparu Gofal Iechyd sy'n Seiliedig ar Werth? Mewn ymateb, dywedodd SL mai'r heriau allweddol oedd cael data a gwybodaeth dda, creu cynhyrchion adrodd safonol, ac edrych ar sut y gellid gwella profiad digidol cleifion.

Dywedodd Rowan Gardner (RoG), Aelod Annibynnol, fod dull gweithredu sy'n canolbwyntio ar yr unigolyn ar gyfer Iechyd a Gofal Digidol Cymru mor bwysig, felly byddai sicrhau bod y data cywir yn yr Adnodd Data Cenedlaethol yn hanfodol i ganiatáu dadansoddi data a fyddai'n llywio'r canlyniadau gorau i gleifion a phoblogaethau Cymru.

Dywedodd Marian Wyn-Jones (MWJ), Aelod Annibynnol, fod y cyflwyniad yn galonogol iawn gan ei fod yn dangos sut mae systemau data Iechyd a Gofal Digidol Cymru yn newid ansawdd ar gyfer cleifion a phoblogaeth Cymru. Yn ogystal, roedd y cyflwyniad hefyd yn amlinellu'n glir sut mae gwaith Iechyd a Gofal Digidol Cymru wedi cael effaith gadarnhaol ar ofal cleifion, ynghyd â rhoi cipolwg ar ansawdd y gwaith a gyflawnwyd gan Iechyd a Gofal Digidol Cymru.

Tolley, Laura 03/24/2022 09:52:23

Dywedodd Grace Quantock (GQ) , Aelod Annibynnol, nad oedd llawer o glinigwyr â mynediad at ddata a gofynnodd sut y gellid newid hyn?

	Mewn ymateb, cadarnhaodd SL mai un o'r meysydd gwaith o fewn y Strategaeth Gofal Iechyd sy'n Seiliedig ar Werth oedd newid diwylliant o fewn y gweithlu clinigol, ariannol a rheolaethol i weithio tuag at ddull sy'n fwy seiliedig ar werth. Yn ogystal, roedd cryn dipyn o waith i'w wneud mewn perthynas â llythrennedd data, ar roi digon o amser i bobl edrych ar ddata, dysgu o ddata, yn ogystal â gwella a chymharu data. Maes allweddol fyddai dod â gwasanaethau ynghyd â dadansoddwyr, fel y byddai timau clinigol yn gwybod pa gwestiynau i'w gofyn, neu'n hysbysu a chynghori ar sut y gellid cyflwyno data i sicrhau ei fod yn ystyrlon. Roedd y tîm Gwerth mewn Iechyd yn cefnogi hyn drwy'r Fframwaith Deallusrwydd, gan weithio ochr yn ochr â chydweithwyr clinigol ac Iechyd a Gofal Digidol Cymru ac roedd gwaith calonogol iawn yn cael ei wneud yn y maes hwn. Dywedodd RH fod angen i Iechyd a Gofal Digidol Cymru gasglu data o ffynonellau lluosog, rhoi mecanweithiau ar waith i hwyluso dilysu data ac yna cyflwyno'r data mewn ffordd ystyrlon. Ychwanegodd RH y byddai dysgu o ddata yn agwedd bwysig i bawb gan gynnwys Iechyd a Gofal Digidol Cymru a byddai penodiad diweddar Cyfarwyddwr Gwybodaeth Cyswllt yn Iechyd a Gofal Digidol Cymru yn helpu i ysgogi'r broses o ddilysu a defnyddio data. Diolchodd y Cadeirydd i SL am gyflwyno i'r Bwrdd a dywedodd fod y cyflwyniad yn amlinellu pwysigrwydd data i ddarparu Gofal Iechyd sy'n Seiliedig ar Werth. **Penderfynodd y Bwrdd:** **DRAFOD** y Cyflwyniad Gwrando a Dysgu a Rennir – Gofal Iechyd sy'n seiliedig ar Werth		
RHAN 4 - I'W HADOLYGU			
4.1	**Adroddiad y Cadeirydd** Amlinellodd y Cadeirydd yr uchafbwyntiau canlynol o'r adroddiad:- • Cymeradwyodd y Bwrdd Achos Busnes Amlinellol Caffael y System Wybodaeth Radioleg mewn cyfarfod Bwrdd preifat ar 25 Tachwedd 2021 a dywedodd fod cofnodion y cyfarfod hwnnw i'w gweld ym mhapurau'r cyfarfod; • Roedd Marian Wyn Jones, Aelod Annibynnol Iechyd a Gofal Digidol Cymru, wedi cytuno i fod yn rhan o grŵp dan arweiniad Mark Polin i edrych ar rolau a chyfrifoldebau Aelodau Bwrdd Annibynnol, i gael diffiniad clir o'r hyn a ddisgwylir, yn ogystal ag edrych ar recriwtio Aelodau Annibynnol; • Cyfarfodydd Sefydlu – Aeth y rhain yn eu blaen yn gyflym a diolchodd y Cadeirydd i'r staff am roi o'u hamser i ddisgrifio rhaglenni a gwaith sy'n cael ei wneud ar draws Iechyd a Gofal Digidol Cymru;	Nodwyd	Dim i'w nodi

Tolley Laura 03/24/2022 09:52:13

	• Sedd Wag Aelod Annibynnol Iechyd a Gofal Digidol Cymru - Roedd gwaith yn mynd rhagddo gyda Llywodraeth Cymru i symud ymlaen â'r penodiad i'r swydd wag hon; • Cadeirydd Pwyllgor Llywodraethu a Diogelwch Digidol Iechyd a Gofal Digidol Cymru – roedd Rowan Gardner wedi cytuno i gymryd rôl Cadeirydd y Pwyllgor yn y dyfodol; • Datblygiad y Bwrdd ar 6 Ionawr 2022 – Roedd hwn yn ddiwrnod llwyddiannus a chanolbwynt y sesiwn oedd Cenhadaeth a Gweledigaeth Iechyd a Gofal Digidol Cymru, gan gydnabod bod hyn yn hollbwysig i ddatblygu strategaeth tymor hwy Iechyd a Gofal Digidol Cymru. Cyflwynwyd diweddariad ar y Cynllun Tymor Canolig Integredig hefyd a byddai'n cael ei gyflwyno i'r Bwrdd ei gymeradwyo yng nghyfarfod mis Mawrth; • Cyfarfod â Lee Waters, MS – Fe'i cynhaliwyd ar 6 Rhagfyr. Roedd gan Lee ddiddordeb arbennig mewn digidol a chynhaliwyd sgyrsiau ynghylch rôl unigryw Iechyd a Gofal Digidol Cymru wrth arwain trawsnewid digidol ym maes iechyd a gofal. **Penderfynodd y Bwrdd:** **NODI** cynnwys adroddiad y Cadeirydd.		
4.2	**Adroddiad y Prif Weithredwr** Amlinellodd HT y pwyntiau allweddol yn yr adroddiad. • Roedd Strwythur Ymateb Brys Iechyd a Gofal Digidol Cymru wedi'i ailsefydlu yn dilyn bygythiad Omicron. Byddai'r trefniadau'n parhau yn eu lle hyd y gellir rhagweld oherwydd y gofynion parhaus ynghylch y system archebu Brechlynnau a Phrofi, Olrhain, Diogelu. • Roedd Trawsnewid y Ganolfan Ddata wedi'i gwblhau. Ar ran y Bwrdd, diolchodd HT i'r holl dimau a gymerodd ran, yn ogystal â rhanddeiliaid a phartneriaid. Dywedodd HT fod hwn yn gyflawniad aruthrol ac yn brosiect llwyddiannus iawn. • Roedd Cyfarwyddwr Rhaglen ac Uwch Swyddog Cyfrifol wedi'u penodi i'r Rhaglen E-Ragnodi a byddent yn dechrau yn eu swyddi ym mis Chwefror 2022. • Roedd Cyfarfodydd Strategol Iechyd a Gofal Digidol Pedair Gwlad y DU wedi'u hailsefydlu, roedd cyfarfodydd wedi'u cynllunio bob chwarter ac yn yr un diwethaf, cynhaliwyd trafodaethau defnyddiol ynghylch Seiberddiogelwch, Llywodraethu Gwybodaeth a Rhannu Data. • Roedd Ifan Evans wedi'i benodi'n Gyfarwyddwr Gweithredol Strategaeth ac mae'r Cyfarwyddwr Gweithredol Gweithredoedd hefyd wedi'i benodi, byddai cyhoeddiad yn cael ei wneud maes o law. Byddai'r ddwy swydd yn cael eu	Nodwyd	Dim i'w nodi

Tolley Laura 03/24/2022 09:52:13

	llenwi ym mis Ebrill 2022. Roedd cyfweliadau ar gyfer y Cyfarwyddwr Pobl a Datblygiad Sefydliadol yn cael eu cynnal ar 28 Ionawr ac roedd gwaith yn cael ei gwblhau i hysbysebu am swydd Cyfarwyddwr Gwasanaethau Digidol Sylfaenol, Cymunedol ac Iechyd Meddwl. • Cynhaliwyd Cyfarfod y Cydbwyllgor Gweithredol Llywodraeth Cymru cadarnhaol ac roedd yr adborth a dderbyniwyd yn galonogol iawn. Roedd Llywodraeth Cymru wedi canmol Iechyd a Gofal Digidol Cymru ar nifer o bethau gan gynnwys sut y sefydlwyd Iechyd a Gofal Digidol Cymru, Strwythur Llywodraethu ac Archwaeth Risg y sefydliad yn ogystal â sut y cafodd Prosiectau a Rhaglenni eu darparu drwy gydol y pandemig. • Llofnodwyd yr Addewid Camu i Mewn i Iechyd / Cyfamod y Lluoedd Arfog ar ran Iechyd a Gofal Digidol Cymru, ac roedd yn bleser mawr cael y cyfle i ailgadarnhau cefnogaeth Iechyd a Gofal Digidol Cymru i gymuned y Lluoedd Arfog. Soniodd RoG am y gwaith rhagorol a wnaed gan Carwyn Lloyd-Jones, Cyfarwyddwr TGCh, a phob tîm sy'n ymwneud â Phrosiect Trawsnewid y Ganolfan Ddata. Ychwanegodd RoG fod y gwaith wedi'i fonitro'n agos gan y Pwyllgor Llywodraethu a Diogelwch Digidol. **Penderfynodd y Bwrdd:** **NODI** cynnwys adroddiad y Prif Weithredwr.		
	Egwyl		
RHAN 5 - EITEMAU STRATEGOL			
5.1	**Datblygiad Strategol** Cyflwynodd HT yr adroddiad Datblygu Strategol a chadarnhaodd y canlynol: **Strategaeth Cwmwl** Mae'r Grŵp Strategaeth Cwmwl yn cyfarfod yn wythnosol ac roedd bellach yn canolbwyntio ar ei drosi i'r cynllun blynyddol, aliniad â'r Adnodd Data Cenedlaethol, dull cynnyrch a threfniadau llywodraethu. **Strategaeth Pensaernïaeth** Roedd ymgysylltiad sylweddol ar draws y Sector Iechyd a Gofal yn parhau ac roedd gwaith pellach wedi'i wneud gyda'r Blociau Adeiladu Pensaernïol yn hysbys ar gyfer ymgynghoriad terfynol. **Strategaeth Data Yr Adnodd Data Cenedlaethol** Cynhaliwyd cyfres o weithdai Cymru Gyfan, wedi'u hwyluso gan Gartner i helpu i ddatblygu a llywio'r strategaeth a disgwyliwyd y Strategaeth Ddata derfynol yn yr wythnosau nesaf. Byddai hefyd yn	Nodwyd	Dim i'w nodi

Tolley Laura 03/24/2022 09:52:13

	cael ei rhannu yn Niwrnod Datblygu'r Bwrdd ar 3 Mawrth 2022. **Y Cynllun Tymor Canolig Integredig** Byddai drafft terfynol yn cael ei ddosbarthu i'r Bwrdd yn yr wythnosau nesaf ac roedd amserlen cyflwyno'r Bwrdd wedi'i symud i fis Mawrth 2022. **Penderfynodd y Bwrdd:** **DRAFOD** a **NODI**'r cynnydd o ran bwrw ymlaen â nifer o ddatblygiadau strategol gan gynnwys cynllun tair blynedd Iechyd a Gofal Digidol Cymru (Cynllun Tymor Canolig Integredig) 2022-25		
5.2	**Cynllun Ymgysylltu â Rhanddeiliaid** Cyflwynodd Michelle Sell (MS), Prif Swyddog Gweithredu y Cynllun Ymgysylltu â Rhanddeiliaid i gefnogi gweithrediad y Strategaeth Ymgysylltu â Rhanddeiliaid. Esboniodd MS fod y Sefydliad Ymgynghori wedi cefnogi Iechyd a Gofal Digidol Cymru i ddatblygu'r cynllun a'i fod wedi'i lywio gan ddiben, amcanion ac adborth Iechyd a Gofal Digidol Cymru a dderbyniwyd gan randdeiliaid. Dywedodd MS fod y negeseuon allweddol a dderbyniwyd gan randdeiliaid yn cynnwys yr angen i fod yn realistig ynglŷn â'r hyn y gellid ac sydd angen ei gyflawni, yn ogystal â phwysigrwydd mesurau perfformiad effeithiol. Roedd nifer o weithgareddau ar y gweill i nodi mesurau perfformiad, roedd Arweinydd Ymgysylltu yn y broses o gael ei benodi i'r gwaith hwn a byddai'n cefnogi'r gwaith hwn. Dywedodd MS fod gweledigaeth, pwrpas a swyddogaeth y sefydliad yn cael eu mynegi yn ddibynnol ar y cynllun. Dywedodd HT wrth y Bwrdd fod gweithgor bach wedi cael y dasg o eirio gweledigaeth Iechyd a Gofal Digidol Cymru ac y byddai hyn yn cael ei rannu yn y cyfarfod briffio nesaf i staff i gael barn a sylwadau, ac yna byddai'r canlyniadau'n cael eu rhannu yn sesiwn Datblygu'r Bwrdd nesaf ar 3 Mawrth 2022. Eglurodd Ruth Glazzard (RG), Is-Gadeirydd, ei bod yn galonogol gweld y gwaith sy'n cael ei wneud yn y maes hwn a phwysleisiodd bwysigrwydd gallu mesur a chofnodi ymgysylltiad rhanddeiliaid. Ychwanegodd RG fod angen bod yn fwy arloesol gydag ymagwedd y sefydliad at gyfathrebu a nododd fod hyn yn cael ei symud ymlaen gan y gwaith sy'n cael ei wneud gan Ysgrifennydd y Bwrdd gan fod Cyfathrebu wedi symud drosodd i'r Gyfarwyddiaeth Llywodraethu Corfforaethol. Soniodd MWJ am bwysigrwydd y gwaith ymgysylltu â rhanddeiliaid a chydnabu fod gan bawb gyfrifoldeb i yrru'r maes hwn o waith yn ei flaen. Yn ogystal, pwysleisiodd MWJ bwysigrwydd sicrhau bod digon o	Cymeradwywyd	Dim i'w nodi

Tolley Laura 03/24/2022 09:52:13

	adnoddau ar waith i alluogi llwyddiant y cynllun. **Penderfynodd y Bwrdd:** **GYMERADWYO'**r Strategaeth Ymgysylltu â Rhanddeiliaid		
5.3	**Adroddiad Caffael Strategol** Cyflwynodd MS yr adroddiad a chadarnhaodd fod dau gontract wedi'u cyflwyno i'r Bwrdd i'w cymeradwyo: **Estyniad i Gontract Gwasanaethau Digidol i Gleifion a'r Cyhoedd (DSPP).** Dywedodd MS nad oedd y Bwrdd Awdurdod Iechyd Arbennig wedi ystyried Estyniad i Gontract o'r blaen ac eglurodd fod yr estyniad arfaethedig yn gontract a ddyfarnwyd i Spirit Public Sector, am gyfnod o ddwy flynedd a ddechreuodd ym mis Medi 2020 ac y disgwylir iddo ddod i ben ym mis Medi 2022 gydag opsiwn i ymestyn am ddeuddeng mis ychwanegol. Gwerth y contract gwreiddiol oedd £700,000, fodd bynnag roedd cais am wariant estynedig i £990,000 a oedd angen cymeradwyaeth y Bwrdd. Dywedodd MS pan ddyfarnwyd y contract yn wreiddiol y bwriadwyd adeiladu tîm yn fewnol gyda chefnogaeth adnoddau allanol, fodd bynnag cafodd hwn ei ddargyfeirio i gefnogi System Archebu Brechlyn COVID-19 a Rhaglenni eraill mewn ymateb i'r pandemig. Cefnogodd David Selway, Aelod Annibynnol (DS) y cynnig i ymestyn y contract a gofynnodd a oedd cynllun i recriwtio neu symud adnoddau o gwmpas i gefnogi Gwasanaethau Digidol i Gleifion a'r Cyhoedd yn fewnol hefyd. Mewn ymateb cadarnhaodd MS mai dyna oedd y bwriad. **Microsoft 365 a Dyfarniad Contract Gwasanaethau Trawsnewid Cwmwl** Dywedodd MS y byddai'r contract arfaethedig hwn yn cael ei ddyfarnu i Redcortex, a ddarparodd recriwtio arbenigol yng Nghaerdydd i ganolbwyntio ar Microsoft 365, a throsglwyddo Iechyd a Gofal Digidol Cymru i'r Cwmwl. Cadarnhaodd MS fod terfyn uchaf ar y contract gwerth £6,500,000 (heb gynnwys TAW). Gofynnodd RoG pa waith blaenorol a wnaed gan Redcortex gydag Iechyd a Gofal Digidol Cymru cyn y contract hwn. Mewn ymateb, cadarnhaodd Claire Osmundsen-Little, Cyfarwyddwr Gweithredol Cyllid (COL) fod Iechyd a Gofal Digidol Cymru wedi gweithio gyda Redcortex am tua 2-3 blynedd, gan ddarparu cymorth ar gyfer Rhaglen Office 365 a meysydd arbenigedd eraill. Ychwanegodd RoG, lle mae Iechyd a Gofal Digidol Cymru wedi cael nifer o berthnasoedd â chwmnïau roedd contractau'n cael eu dyfarnu iddynt, y dylid nodi hyn yn glir yn yr adroddiad clawr er mwyn sicrhau	Cymeradwywyd	Dim i'w nodi

Tolley Laura 03/24/2022 09:52:43

	tryloywder. **Penderfynodd y Bwrdd:** **GYMERADWYO** Estyniad Contract y Gwasanaethau Digidol i Gleifion a'r Cyhoedd i Spirit Public Sector. **CYMERADWYO** Dyfarniad Contract Gwasanaethau Trawsnewid Gwasanaethau Microsoft 365 a Cloud i RedCortex.		
5.4	**Fframwaith Sicrwydd Llywodraethu** Cyflwynodd Chris Darling, Ysgrifennydd y Bwrdd (CD) y Fframwaith Sicrwydd Llywodraethu ac amlygodd y canlynol: • Byddai hon yn ddogfen i'r cyhoedd a oedd yn disgrifio'r ffordd roedd Iechyd a Gofal Digidol Cymru yn cael ei lywodraethu'n fewnol ac yn allanol fel sefydliad; • Roedd y fframwaith statudol ar gyfer GIG Cymru yn peryglu tair cydran graidd: - Deddfwriaeth Sylfaenol - Offerynnau Statudol - Rheolau Sefydlog • Roedd Egwyddorion Llywodraethu sy'n Canolbwyntio ar y Dinesydd yn berthnasol i holl gyrff y GIG a chyrff cyhoeddus yng Nghymru, sef: - Rhoi'r Dinesydd yn Gyntaf - Gwybod Pwy Sy'n Gwneud Beth a Pham - Ymwneud ag Eraill - Gwerthoedd Sector Cyhoeddus Byw - Meithrin Cyflenwi Arloesol - Bod yn Sefydliad Dysgu: - Sicrhau Gwerth am Arian • Etifeddodd Iechyd a Gofal Digidol Cymru Werthoedd gan y sefydliad rhagflaenol a chynhwyswyd y rhain yn y fframwaith; • Cyfansoddiad y Bwrdd Unedol – Nodwyd y byddai hyn yn berthnasol ar ôl penodi'n llawn. • Trefniadau Ymyrraeth ac Uwchgyfeirio ar y Cyd – Byddai'r lefel uwchgyfeirio yn cael ei llywio gan gyfarfod ddwywaith y flwyddyn rhwng Llywodraeth Cymru, Archwilio Cymru ac Arolygiaeth Iechyd Cymru i drafod sefyllfa gyffredinol y sefydliad. Nodwyd bod Iechyd a Gofal Digidol Cymru yn monitro'n rheolaidd ar hyn o bryd, a oedd yn gadarnhaol.	Cymeradwywyd	Dim i'w nodi

Tolley Laura 03/24/2022 09:52:13

	• Ar hyn o bryd, roedd gan Iechyd a Gofal Digidol Cymru y nifer lleiaf o Bwyllgorau sydd eu hangen i weithredu fel Awdurdod Iechyd Arbennig. Yn ogystal, roedd un Fforwm Ymgynghorol, a gellid sefydlu dau arall pe dymunir. • Amlinellwyd y Dogfennau Allweddol y bu Iechyd a Gofal Digidol Cymru yn gweithio iddynt fel a ganlyn: - Rheolau Sefydlog - Polisïau a Gweithdrefnau - Rheoli Risg a Sicrwydd Bwrdd Dywedodd CD pe bai'r fframwaith yn cael ei gymeradwyo, byddai gwaith yn cael ei wneud i sicrhau ei fod yn cael ei ddeall a'i wreiddio ar draws y sefydliad. Eglurodd MWJ fod y fframwaith wedi'i gymeradwyo gan y Pwyllgor Archwilio a Sicrwydd ym mis Ionawr 2022. Nododd MWJ bwysigrwydd y ddogfen a phwysleisiodd yr angen i'w deall yn dda ar draws y sefydliad. Ymatebodd CD a chadarnhaodd yn ystod dyddiau cynnar sefydlu Iechyd a Gofal Digidol Cymru gwnaed gwaith ar draws y sefydliad i godi ymwybyddiaeth a darparu hyfforddiant yn y maes hwn, a byddai nawr yn amser priodol i gyflwyno hyfforddiant pellach i'w wreiddio'n gadarn ar draws y sefydliad. Yn ogystal, byddai mecanweithiau cyfathrebu mewnol yn cael eu defnyddio i gyfathrebu a hyrwyddo'r fframwaith cymaint â phosibl. **Penderfynodd y Bwrdd:** **GYMERADWYO**'r Fframwaith Sicrwydd Llywodraethu		
5.5	**Fframwaith Rheoli Perfformiad** Cyflwynodd MS y Fframwaith Rheoli Perfformiad a dywedodd ei fod wedi'i drafod yn fanwl mewn sesiwn Datblygu Bwrdd blaenorol gyda gwaith pellach yn cael ei wneud ers hynny. Amlygodd MS y canlynol: • Bwriad y fframwaith oedd dangos dull cyfan o reoli a monitro perfformiad ar draws y sefydliad; • Roedd ysgogwyr statudol, gwella parhaus, monitro a mynd i'r afael â materion a dysgu sefydliadol i gyd yn elfennau sy'n cael eu cynnwys yn y fframwaith; • Roedd tryloywder yn faes i ganolbwyntio arno, gan fynd i'r afael â sut y gallai Iechyd a Gofal Digidol Cymru gyhoeddi gwybodaeth yn barhaus i alluogi rhanddeiliaid a'r cyhoedd i weld sut roedd Iechyd a Gofal Digidol Cymru yn perfformio fel sefydliad; • Roedd adrodd ar berfformiad i'r Bwrdd, y ffordd orau o gyfleu	Cymeradwywyd	Dim i'w nodi

Tolley Laura 03/24/2022 09:52:13

	hyn yn derbyn sylw ac roedd gwaith yn mynd rhagddo i fireinio hyn ac roedd chynnydd da yn cael ei wneud. Dywedodd RoG fod y ddogfen yn glir iawn ac yn ysgogi meddwl wrth ei darllen ac ychwanegodd fod angen cydnabod diwylliant o fewn y fframwaith. **Penderfynodd y Bwrdd:** **GYMERADWYO**'r Fframwaith Rheoli Perfformiad		
	Egwyl		
RHAN 6 – LLYWODRAETHU, RISG, PERFFORMIAD A SICRWYDD			
6.1	**Adroddiad Perfformiad Sefydliadol Integredig** Cyflwynodd MS yr Adroddiad Perfformiad Sefydliadol Integredig ar gyfer y cyfnod Tachwedd/Rhagfyr 2021, ac amlygwyd y meysydd canlynol: Effeithiodd y cynnydd mewn achosion COVID-19 ledled Cymru ar Iechyd a Gofal Digidol Cymru fel sefydliad ac roedd angen dargyfeirio nifer o adnoddau i gefnogi meysydd blaenoriaeth allweddol mewn ymateb i'r pandemig parhaus. Yn ogystal, o fewn y sefydliad nodwyd yr effaith fwyaf o achosion Covid, hyd yma, ar weithlu Iechyd a Gofal Digidol Cymru. Aethpwyd i'r afael â digwyddiad seiber sylweddol posibl yn ystod y cyfnod, a arweiniodd hefyd at ddargyfeirio adnoddau i sicrhau nad oedd unrhyw effaith ar Iechyd a Gofal Digidol Cymru. Amlinellwyd nifer o lwyddiannau yn yr adroddiad, a oedd yn dangos gallu'r sefydliad i gyflawni wrth ymateb i'r pandemig parhaus. Roedd recriwtio yn parhau i fod yn risg uchel i'r sefydliad ac edrychwyd ar fanylion yn y Pwyllgor Archwilio a Sicrwydd ym mis Ionawr 2022. Mewn perthynas â data'r gweithlu yn yr adroddiad, roedd Iechyd a Gofal Digidol Cymru ychydig yn is na'r targed erbyn hyn ar gyfer arfarniadau ac roedd gwaith ffocws yn parhau i sicrhau bod y targed hwn yn cael ei gyrraedd erbyn diwedd y flwyddyn ariannol. O ran Digwyddiadau Gwasanaeth Gweithredol, un digwyddiad yn unig a dorrodd ar y targed pennu amser. Darparodd CLJ drosolwg lefel uchel i'r Bwrdd o'r digwyddiadau o fewn y cyfnod penodedig a rhoddwyd sicrwydd i'r Bwrdd fod gwersi wedi'u dysgu drwy Grŵp Adolygu Digwyddiad a Dysgu Sefydliadol Iechyd a Gofal Digidol Cymru, yn ogystal â chael eu rhannu â Byrddau Iechyd, Ymddiriedolaethau ac Awdurdodau Iechyd Arbennig. Holodd RoG sut roedd Iechyd a Gofal Digidol Cymru yn rheoli cyfathrebu â defnyddwyr a sut yr adroddwyd yn ôl ar ganfyddiadau. Mewn ymateb, esboniodd CLJ y trefniadau ar alwad a oedd yn mynd i'r	Trafodwyd	Dim i'w adrodd

Tolley Laura 03/24/2022 09:55:13

	afael â chyfathrebu, yn ogystal â'r defnydd o sianeli cyfryngau cymdeithasol a chyfathrebu ffurfiol yr oedd y Ddesg Gwasanaeth yn ymdrin â hwy. **Penderfynodd y Bwrdd:** **DRAFOD** yr Adroddiad Perfformiad Sefydliadol Integredig.		
6.2	**Adroddiad Sicrwydd Risg a Bwrdd** Cyflwynodd CD yr Adroddiad Risg a Sicrwydd Bwrdd ac amlygodd y canlynol: Roedd gan y Gofrestr Risg Gorfforaethol 23 o risgiau wedi'u rhestru ar hyn o bryd, roedd 18 wedi'u nodi yn yr adroddiad ac roedd y 5 ychwanegol yn ymwneud â seiber, felly rhoddwyd sylw iddynt yn breifat gan y Pwyllgor Llywodraethu a Diogelwch Digidol. Dywedodd CD fod llawer o waith da yn digwydd yn y maes hwn o dan arweiniad CLJ a thimau perthnasol. Roedd 4 risg wedi'u hychwanegu at y Gofrestr Risg yn ystod y cyfnod roedd y rhain yn ymwneud â: 1. Seiberddiogelwch 2. Yr Iaith Gymraeg – Gwasanaeth Testun Dwyffordd. Roedd hyn yn ymwneud â'r system archebu ac roedd yn faes blaenoriaeth uchel i fynd i'r afael ag ef o hyd. Nodwyd bod gwahoddiadau a nodiadau atgoffa eisoes yn cael eu hanfon yn ddwyieithog. 3. System WIS – Cysylltedd Rhwydwaith Roedd y risg hon wedi'i lliniaru trwy weithredu ail lwybr i ranbarthau cwmwl. 4. System WIS – Cysondeb Gwasanaeth Ychwanegwyd y risg hon at y gofrestr ym mis Rhagfyr mewn ymateb i gyflymu cyflwyno'r brechlyn. Mynegwyd pryder ynghylch y system yn cael ei llethu; fodd bynnag roedd capasiti ychwanegol wedi'i ychwanegu felly roedd y risg bellach wedi'i gostwng. Dywedodd CD fod y Gofrestr Risg yn adlewyrchu'r system ddeinamig yr oedd Iechyd a Gofal Digidol Cymru yn gweithredu ynddi. Nododd CD hefyd y cynhaliwyd cyfarfod yn ystod y cyfnod gyda David Selway, Aelod Annibynnol, Rebecca Cook, Rheolwr Rhaglen yr Adnodd Data Cenedlaethol a Rachael Powell, Cyfarwyddwr Cyswllt Data a Gwybodaeth i drafod mesurau lliniaru tymor byr a thymor hir ynghylch y Risg Gwasanaeth Newid. Dywedodd CD wrth y Bwrdd am y cynllun i gyflwyno hyfforddiant Risg ar draws y sefydliad ym mis Chwefror a mis Mawrth 2022 Soniodd y Cadeirydd am y gwaith da a oedd yn parhau i gael ei wneud	Trafodwyd a Nodwyd	Dim i'w nodi

Tolley Laura 03/24/2022 09:32:13

	yn y maes hwn. **Penderfynodd y Bwrdd:** **DRAFOD** cynnwys yr Adroddiad Rheoli Risg a **NODODD** statws y Gofrestr Risg Gorfforaethol a Chynllun Carreg Filltir Sicrwydd Risg a Bwrdd.		
6.3	**Adolygiad Llywodraethu Sylfaenol Archwilio Cymru** Dywedodd CD wrth y Bwrdd fod proses yr Adolygiad Llywodraethu Sylfaenol wedi dechrau yn ystod haf 2021. Croesawyd dull cyfaill beirniadol, a oedd yn eistedd ochr yn ochr â'r sefydliad yn ei flwyddyn gyntaf o sefydlu Awdurdod Iechyd Arbennig. Esboniodd CD fod holl Aelodau'r Bwrdd wedi cyfrannu at yr adolygiad a bod yr adolygiad wedi'i rannu â'r Pwyllgor Archwilio a Sicrwydd ym mis Ionawr 2022. Roedd yr adolygiad yn cynnwys: - Cyfanswm o 18 o gyfweliadau a gynhaliwyd, yn ogystal â chyfarfodydd rheolaidd ag Ysgrifennydd y Bwrdd ac Archwilio Mewnol; - Adolygwyd dros 90 o ddogfennau, a mynychwyd ac arsylwyd nifer o sesiynau datblygu, cyfarfodydd Bwrdd a Phwyllgorau a chyfarfodydd Sefydliadol ehangach; - Y meysydd ffocws ar gyfer yr adolygiad oedd: 1. Arweinyddiaeth a Llywodraethu 2. Cynllunio 3. Trefniadau Rheoli Adnoddau Yr adborth cyffredinol o'r adolygiad oedd bod Iechyd a Gofal Digidol Cymru yn gwneud cynnydd da wrth roi trefniadau ar waith i gefnogi llywodraethu da. Nododd yr adolygiad nifer o gyfleoedd ar gyfer arloesi a gwella, a chytunwyd yn y Pwyllgor Archwilio a Sicrwydd y byddai cynllun gweithredu yn erbyn y meysydd yn cael ei ddatblygu a'i fonitro. Dywedodd MWJ fod yr adolygiad yn hynod galonogol a nododd nad oedd yn asesiad strwythuredig llawn, ffurfiol, a bod yr adolygiad wedi'i wneud yn ysbryd dysgu sefydliadol. **Penderfynodd y Bwrdd:** **NODI** Adroddiad Adolygiad Llywodraethu Sylfaenol Archwilio Cymru	Nodwyd	Dim i'w nodi
6.4	**Adroddiad Cyllid** Darparodd COL drosolwg byr o'r papur a thynnodd sylw at y canlynol	Trafodwyd	Dim i'w nodi

Tolley Laura 03/24/2022 09:52:13

ar gyfer y cyfnod hyd at 31 Rhagfyr 2021: -

- Roedd Iechyd a Gofal Digidol Cymru yn adrodd am gyflawni'r holl dargedau ariannol ar gyfer saith mis cyntaf y flwyddyn ariannol, gyda thanwariant refeniw wedi'i gyflwyno o £0.550m a Thanwariant Cyfalaf o £0.051m;
- Disgwylid cyrraedd y targed arbedion presennol;
- Roedd Iechyd a Gofal Digidol Cymru yn rhagweld sefyllfa tanwariant o £0.350m ar ddiwedd y flwyddyn ar gyfer refeniw ac adennill costau ar gyfer cyfalaf;
- Roedd balansau arian parod yn £2.4m ar ddiwedd Rhagfyr;
- Cwblhawyd y gwaith o ddatgysylltu asedau a rhwymedigaethau oddi wrth Ymddiriedolaeth GIG Prifysgol Felindre;
- Roedd gorwariant rheolaidd o fewn y Gyfarwyddiaeth TGCh yn adlewyrchu'r pwysau twf tanariannu ac yn parhau i gael ei fonitro;
- Yn ystod y cyfnod, mae mentrau gyda gwasanaeth digidol Profi, Olrhain, Diogelu wedi arwain at osgoi £0.3m gostau;
- Mae cyfanswm o £16.570m yn cael ei ddyrannu ar hyn o bryd i gefnogi buddsoddiad digidol drwy'r Gronfa Buddsoddi Blaenoriaethau Digidol gyda ffocws ar y Gwasanaethau Digidol i Gleifion a'r Cyhoedd a'r Adnodd Data Cenedlaethol;
- Roedd Iechyd a Gofal Digidol Cymru yn nodi cyflawniad o 97% yn erbyn targed o 95% mewn perthynas â Pholisi Talu'r Sector Cyhoeddus, roedd risg a adroddwyd yn flaenorol wedi'i lleihau;
- Bydd cynlluniau o fewn yr IMTP yn cael eu cwblhau unwaith y bydd dyraniad cyllid Llywodraeth Cymru wedi'i dderbyn;
- Disgwylir drafft cyntaf cyfrifon Iechyd a Gofal Digidol Cymru erbyn 29 Ebrill, roedd Pwyllgor Archwilio a Sicrwydd arbennig wedi'i drefnu i adolygu'r cyfrifon, yn ogystal â chyfarfod arbennig o'r Pwyllgor Archwilio a Sicrwydd a'r Bwrdd Iechyd Arbennig i gymeradwyo'r cyfrifon cyn cyflwyno i Lywodraeth Cymru.

Holodd RG mewn perthynas â gwariant Cronfa Buddsoddi Blaenoriaethau Digidol ar gyfer y Gwasanaethau Digidol i Gleifion a'r Cyhoedd a'r Adnodd Data Cenedlaethol, roedd angen gwario'r swm mawr mewn cyfnod byr o amser ac a oedd hyn yn gyraeddadwy. Mewn ymateb, cadarnhaodd COL fod dadansoddiad manwl o'r meysydd wedi'i wneud, a rhagwelir ychydig o danwariant. Fodd bynnag, mae Llywodraeth Cymru wedi cael gwybod am hyn.

Tolley Laura 03/24/2022 09:52:44

Penderfynodd y Bwrdd:

DRAFOD cynnwys yr adroddiad cyllid hwn ar gyfer 31ain Hydref 2021 a

	NODI'r cyrhaeddiad a ragwelir ar ddiwedd y flwyddyn o dargedau ariannol allweddol.		
6.5	**Adroddiad Crynhoi Cynnydd y Fforwm Partneriaeth Lleol** Darparodd HT, Cyd-Gadeirydd y Grŵp Cynghori, drosolwg o gyfarfod diwethaf y Fforwm Partneriaeth Lleol a gynhaliwyd ar 7 Rhagfyr 2021. Eglurodd HT fod y grŵp wedi cynnal trafodaethau da ynghylch Rheoli Risg, yn enwedig Swyddi Gwag ac Effaith Covid ar Adnoddau. Rhannwyd diweddariad ar y Strategaeth Pobl a Datblygu Sefydliadol Proffesiynol, ynghyd â Chynllun Sefydliadol Cymorth Cymhwyso a Datblygu. Ychwanegodd HT fod yr agenda ar gyfer y Grŵp Ymgynghorol yn datblygu a diolchodd i'r holl staff a chynrychiolwyr undebau am eu cyfraniad. **Penderfynodd y Bwrdd:** **NODI** Adroddiad Crynhoi Cynnydd y Fforwm Partneriaeth Lleol ar gyfer **SICRWYDD.**	Derbyniwyd ar gyfer Sicrwydd	Dim i'w nodi
6.6	**Adroddiad Crynhoi Cynnydd y Pwyllgor Archwilio a Sicrwydd** Rhoddodd MWJ, Cadeirydd y Pwyllgor, drosolwg o gyfarfod y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 18 Ionawr 2022. Roedd y Pwyllgor am rannu ei ddiolch i'r tîm Llywodraethu Corfforaethol, a'r tîm ehangach am yr adroddiadau aeddfed a oedd yn cael eu cyflwyno yng nghyfarfodydd y Pwyllgor. Cafwyd adroddiadau cadarnhaol iawn gan yr archwilwyr mewnol gyda'r graddfeydd sicrwydd a ganlyn: 1. Gwasanaeth Gwybodaeth Radioleg Cymru – Sicrwydd Rhesymol 2. Caffael System Meddygon Teulu – Sicrwydd Sylweddol 3. Trefniadau Llywodraethu (Rhan 1) – Sicrwydd Sylweddol Ymateb y rheolwyr sicrwydd i Archwiliad Lles Staff GIG Cymru Drwy COVID: Derbyniwyd Gofalu am y Gofalwyr, ac roedd arolygon staff wedi nodi bod staff yn fodlon ar y cyfan â threfniadau gweithio o gartref ac y byddent yn croesawu dull cymysg o weithio yn y dyfodol. Cymeradwyodd y Pwyllgor y cais i gau 17 o gamau archwilio ar y Traciwr Archwilio a oedd wedi'u cwblhau, ac roedd 6 cham gweithredu ar y trywydd iawn i'w cwblhau mewn da bryd. Derbyniwyd yr Adroddiad Cynnydd Atal Twyll, a chynhaliwyd trafodaeth ar y ffordd orau o wneud y mwyaf o amser Atal Twyll ar atal ac addysg. Derbyniwyd y Cynllun Cyflawni Strategol Datgarboneiddio, ac roedd yn	Derbyniwyd ar gyfer Sicrwydd	Dim i'w nodi

Tolley Laura 03/24/2022 09:52:13

	ddefnyddiol gweld y cyflwyniad a oedd yn amlinellu cynlluniau i gyflawni ymrwymiad Iechyd a Gofal Digidol Cymru i ddatgarboneiddio yn y 3 blynedd nesaf. Trafododd y Pwyllgor yn breifat y camau gweithredu Seiberddiogelwch a'r Risgiau o'r Gofrestr Risg Gorfforaethol. Dywedodd RG fod yr Arolwg Staff wedi'i nodi yn ystod cyfarfod y Pwyllgor fod staff yn fodlon ar drefniadau gweithio gartref, a bod hyn yn dyst i reolwyr Iechyd a Gofal Digidol Cymru am gefnogi trefniadau gweithio gartref a chydnabuwyd llwyddiant Iechyd a Gofal Digidol Cymru yn y maes hwn. **Penderfynodd y Bwrdd:** **NODI**'r adroddiad Crynhoi Cynnydd Archwilio a Sicrwydd ar gyfer **SICRWYDD**.		
6.7	**Adroddiad Crynhoi Cynnydd y Pwyllgor Taliadau a Thelerau Gwasanaeth** Cyflwynodd y Cadeirydd adroddiad crynhoi cynnydd y cyfarfod diwethaf a gynhaliwyd ar 20 Ionawr 2022. **Penderfynodd y Bwrdd:** **NODI** Adroddiad Crynhoi Cynnydd y Pwyllgor Taliadau a Thelerau Gwasanaeth er **SICRWYDD**	Nodwyd	Dim i'w nodi
RHAN 7 - MATERION I GLOI			
7.1	**Unrhyw faterion brys eraill** Ni chodwyd unrhyw fater brys arall.	Trafodwyd	Dim i'w nodi
7.2	**Dyddiad ac Amser y Cyfarfod Nesaf** Dydd Iau 31 Mawrth 2022 Daeth y cyfarfod i ben am 13.50	Nodwyd	Dim i'w nodi

Tolley Laura 03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
FORWARD WORKPLAN REPORT

Agenda Item	2.3

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Corporate Governance Support 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.	

Tolley, Laura
03/25/2022 09:52:13

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SHA	Special Health Authority	MOU	Memorandum of Understanding
IMTP	Integrated Medium-Term Plan	IOPR	Integrated Organisational Performance Report

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 following are the additional items for the March meeting:

- DHCW and Social Care Wales Memorandum of Understanding
- Decarbonisation Action Plans (accompanying the IMTP)
- Quality and Regulatory Annual Plan
- Cloud Strategy
- NDR Strategy

The following are scheduled to be presented at the May meeting:

- Progress of the Recruitment Taskforce
- COVID-19 Inquiry Update
- Risk Management and Board Assurance Framework Strategy
- Accountability Report
- Welsh Language Scheme Annual Report
- Equality Monitoring / Strategic Equality Plan
- IMTP Progress Update (Via IOPR)
- All Wales Independent Member Digital Network Highlight Report
- Intellectual Property Policy
- Senior Information Risk Owner Annual Report

Tolley Laura
03/24/2022 09:52:13

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.

3.2 Please see attached the updated forward workplan at item 2.3i Appendix A.

4 RECOMMENDATION

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

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
SHA Board	November 2021	Noted
SHA Board	January 2022	Noted

Tracey Lewis 03/2022 09:52:13

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 Both the RIS Procurement and the Contract awards 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

Tolley Laura
03/24/2022 09:52:13

Digital Health and Care Wales Board Work Programme

Meeting Date	Standing items	Governance	Additional items
31 March 2022	• 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 • Strategic Procurement Report • Organisational Learning Framework Review	• Annual Board effectiveness self-assessment Report • Annual Audit and Assurance Committee effectiveness self-assessment • Annual Digital Governance and Safety Committee effectiveness self-assessment • Annual Remuneration and Terms of Service Committee effectiveness self-assessment • Annual Local Partnership Forum Advisory Group effectiveness self-assessment • Policy Update • DHCW Standing Orders Review • Annual Health and Care Standards report • IM Digital Network Highlight Report	• DHCW and Social Care Wales Memorandum of Understanding • IMTP and Decarbonisation Action Plans • Cloud Strategy • NDR Data Strategy • Quality and Regulatory Annual Plan
26 May 2022 Tolley, Laura 03/24/2022 09:52:13	• 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	• Risk Management and Board Assurance Framework Strategy • Accountability Report • Welsh Language Scheme Annual Report • Equality Monitoring / Strategic Equality Plan • IMTP Progress Update (Via IOPR) • IM Digital Network Highlight Report • Policy Update – IP Policy	• Progress of the Recruitment Taskforce • Covid-19 Inquiry Update • Senior Information Risk Owners Annual Report

	• Financial Report • Risk Management and Board Assurance Framework Report • Strategic Procurement Report		
28 July 2022	• 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 • Financial Report • Risk Management and Board Assurance Framework Report • Strategic Procurement Report	• Annual Report • Accountability Report • IMTP Progress Update (Via IOPR) • Annual Statutory Accounts • IM Digital Network Highlight Report	• Communications Strategy 2022-23 • Shared Listening and Learning Framework Annual Review
29 September 2022	• 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 • Financial Report • Risk Management and Board Assurance Framework Report • Strategic Procurement Report	• IMTP Progress Update (Via IOPR)	• Research and Innovation Strategy
24 November 2022	• Welcome and Introductions • Minutes • Declarations of interest • Action log • Forward Work Programme • Shared listening and learning – Patient/User Story	• Senior Information Risk Owner Annual Report • Half Year Performance Against Plan • IMTP Progress Update (Via IOPR) • IM Digital Network Highlight Report	

Tolley, Laura
03/24/2022 09:52:13

	• Chairs Report • Chief Executives Report • Review of Corporate Risk Register • Integrated Organisational Performance Report • Committee Highlight Reports • Financial Report • Risk Management and Board Assurance Framework Report • Strategic Procurement Report		
26 January 2023	• 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 • Financial Report • Risk Management and Board Assurance Framework Report • Strategic Procurement Report	• Audit Wales Structured Assessment and Audit Letter • Approach to End of Year Reporting • IMTP Approval • IMTP Progress Update (Via IOPR) • Board Cycle of Business (2023-24) • Board Champion annual review report	
30 March 2023 Tolley Laura 03/24/2022 09:52:13	• 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 • Financial Report • Risk Management and Board Assurance Framework Report • Strategic Procurement Report	• IMTP Approval • IMTP Progress Update (Via IOPR) • Emergency Planning Annual Report • Engagement Strategy • Performance Management Framework • Annual Review of Standing Orders • Board and Committee Effectiveness Self-Assessment • IM Digital Network Highlight Report	

DIGITAL HEALTH AND CARE WALES
ANNUAL COMMITTEE EFFECTIVENESS SURVEY REPORT

Agenda Item	2.4

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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 finding within the reports at item 2.4i, 2.4ii, 2.4iii and 2.4iv	

Trolley/Laura
03/24/2022 09:52:13

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
AG	Auditor General	IA	Internal Audit
PSIAS	Public Sector Internal Audit Standards		

1 SITUATION/BACKGROUND

1.1 The Chair of each Committee and Advisory Group is required to present an annual report outlining the business of the Committee or Group through the financial year to the DHCW SHA Board. The report is designed to provide assurance on the monitoring and scrutiny undertaken by the relevant Committee or Group on behalf of the DHCW Board. As part of this process the Committee or Advisory Group are required to undertake an annual effectiveness self-assessment questionnaire.

1.2 Members of the Audit & Assurance Committee, Digital Governance and Safety Committee, Remuneration and Terms of Service Committee and the Local Partnership Forum received the relevant self-effectiveness survey which was broken down into three sections:

- Positive assurance
- Areas that have not arisen but the Group or Committee were aware of their responsibilities
- Areas for further assurance

1.3 There is also an action plan included for areas that need specific attention based on survey feedback.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Overall, the survey findings were generally positive with a number of areas for improvement and action identified. A number of themes were identified from the survey feedback included in all Committee and Advisory Group reports, including:

- All Committees and Groups felt they had been provided with sufficient authority;
- All Committees and Groups felt that the meetings take place with open and productive debate and behaviour is courteous and professional;
- The virtual nature of the meetings had been effective.

2.2 Below are extracts details the areas identified by each Committee or Group for further assurance and any specific actions for progression.

Tolley Lawrie
03/24/2022 09:52:13

2.3 FINDINGS – AUDIT AND ASSURANCE – 2.4i Appendix A

Areas Requiring Further Assurance	Findings: • Additional meetings to address the approval of the draft and final accounts could be scheduled at the beginning of the year. • Reiteration of the Committee referral mechanism and the Risk and Board Assurance Framework that sets out how risk management across the organisation works on behalf of the Board • The meetings and direct line of audit colleagues with the Chair could be made more explicit for the members to provide assurance this was the case. • Members were divided on if and how the Committee review the effectiveness of the Internal Audit and the adequacy of staffing and resources within IA • Some members were unsure if the Committee evaluated whether Internal Audit complies with the Public Sector Internal Audit Standards (PSIAS) • Internal Audit performance measures could be made more explicit for the memberships review • It could be more explicit as to how and when the Committee will assess the quality and effectiveness of External Audit work		
Areas Requiring Further Action	Legislative Assurance Framework		
Action Plan	Action	Lead	Timeframe
1.	The DHCW Legislative Assurance Framework is currently under development and will be provided to the Committee at each meeting	Board Secretary	April 2022
Appendices	Audit and Assurance Effectiveness Self-Assessment Survey		

2.4 FINDINGS – DIGITAL GOVERNANCE AND SAFETY COMMITTEE – 2.4ii Appendix B

Areas Requiring Further Assurance	Area: Composition, Establishment and Duties		
	Findings: • Members felt that the question asking if the **Committee is scheduled prior to important decisions being made** wasn't relevant to the Committee as an assurance body and there had not been an instance where this was clear to have happened		
	Area: Committee Leadership and Support		
	• Potential areas of training for the members were identified as: o Further **Cyber and IG** training o **General Committee information** for members who attend on behalf of unavailable members		
Areas Requiring Further Action			
Action Plan	Action	Lead	Timeframe
	Review the annual cycle of business and make clear if and where there are important decisions within the	Board Secretary	April 2022

Tolley, Laura 03/24/2022 09:52:13

	planned activity		
Appendices	Digital Governance and Safety Committee Effectiveness Self-Assessment Survey		

2.5 FINDINGS – REMUNERATION AND TERMS OF SERVICE – 2.4iii – Appendix C

Positive Assurance	Area: Composition, Establishment and Duties
	Members were aware that: • There were approved **Terms of Reference** and although the Committee had not been established for a year there was an expectation they will be reviewed before March 2022 and would consider changes or developments throughout the year • The Committee have established an **annual cycle of business** to cover known areas of work but one member noted that the agenda of the Committee is responsive to the requirements emerging. • The Committee will prepare an **annual report** on its work and performance for 21/22 to the SHA Board with only one member unaware this was a requirement of the Committee Members felt: • They have been **provided with sufficient authority** • The Committee meet sufficiently **frequently to deal with planned matters** and there was sufficient time for questions and discussions. However one member noted that the Committee is more responsive in nature • The atmosphere is considered conducive to **open and productive debate and behaviour is courteous and professional** • On the whole the **Committee is scheduled prior to important decisions being made** however one member noted it can feel like the ratification of Director appointments is slightly artificial whilst recognising that this is practically difficult and the appointment of very senior managers of quality is difficult • Agenda items are **appropriately 'closed off'** • The greater use of **Welsh Language** received mixed responses with four members welcoming a greater use of Welsh and three members noting that the private nature of the meeting meant conducting it in English was adequate • The **virtual nature of the meetings** had been effective with one member noting it's facilitated responsiveness to the organisation's governance needs
	Area: Committee Leadership and Support
	Findings: • The **meetings are effectively chaired with clarity of purpose and outcome** • The **Chair provides clear and concise information to the Board on the activities of the Committee** and any gaps in assurance and/or control. Noting there is a new Chair of the Committee so the response to this

Tolley Laura 03/24/2022 09:52:13

	question is regarding meetings to date. • Members felt the Committee is **adequately supported by the Executive Directors** in terms of attendance, quality and length of papers and response to challenge/questions • Members felt there was **adequate secretariat support** • Members felt the inclusion of the new Director of People and OD will be a **welcome addition to the Committee** and one member noted that greater engagement of the **Welsh language** would be welcome		
Areas Requiring Further Assurance	Area: Composition, Establishment and Duties		
	No findings requiring further assurance.		
	Area: Committee Leadership and Support		
	Findings: • Four members identified they require further training to fulfil their role to include more information on wider policies and career development opportunities for DHCW staff to help inform strategic decisions in recruiting digital skills in the open market.		
Areas Requiring Further Action			
Action Plan	Action	Lead	Timeframe
1.	Provide an overview of the skills strategy section from the People and OD strategy once approved.	Director of People and OD	Sept 2022
Appendices	Remuneration and Terms of Service Committee Effectiveness Self-Assessment Survey		

2.6 FINDINGS – LOCAL PARTNERSHIP FORUM – 2.4iv – Appendix D

Areas Requiring Further Assurance	Area: Composition, Establishment and Duties		
	• One member felt **more time could be given for discussion** of each item • A **suggestion to make cameras mandatory** for this meeting was made in the survey as the discussion is people based so some of the non-verbal cues can be lost		
	Area: Committee Leadership and Support		
	• Further **horizon scanning** to ensure sufficient time for staff engagement to help inform and influence relevant items		
Areas Requiring Further Action			
Action Plan	Action	Lead	Timeframe
1.	Work with members to horizon scan and reflect in the forward workplan	Board Secretary	22/23
2.	Take a poll of members regarding camera's being mandatory for participating members	Board Secretary	April 2022
Appendices	Local Partnership Forum Effectiveness Self-Assessment Survey		

Tolley Laura 03/24/2022 09:52:13

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The full reports are included for review at item 2.4i Appendix A, 2.4ii Appendix B, 2.4iii Appendix C and 2.4iv Appendix D.

4 RECOMMENDATION

The SHA Board is being asked to:
NOTE the finding within the reports at item 2.4i, 2.4ii and 2.4iii, 2.4iv

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	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	

Workforce EQIA page

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

COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	17.03.2022	NOTED
Audit and Assurance Committee	18.01.2022	NOTED
Digital Governance and Safety Committee	18.02.2022	NOTED
Remuneration and Terms of Service Committee	10.03.2022	NOTED

Digital:13ma 03/14/2022 09:50:13

Local Partnership Forum Advisory Group	08.02.2022	NOTED

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
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

Tolley Laura
03/24/2022 09:52:13

2.4i Appendix A

DIGITAL HEALTH AND CARE WALES
AUDIT AND ASSURANCE COMMITTEE
EFFECTIVENESS SELF ASSESSMENT REPORT

Agenda Item	2.4

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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	Marian Wyn Jones, Committee Chair

Purpose of the Report	For Discussion/Review
Recommendation	
The Committee is being asked to: **NOTE** the content of the report and **DISCUSS** the findings.	

Tracy Myhan
03/12/2022 09:52:13

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
AG	Auditor General	IA	Internal Audit
PSIAS	Public Sector Internal Audit Standards		

1 SITUATION/BACKGROUND

1.1 The Chair of the Audit & Assurance Committee is required to present an annual report outlining the business of the Committee through the financial year to the DHCW SHA Board. The report is designed to provide assurance on the monitoring and scrutiny undertaken by the Committee on behalf of the DHCW Board in relation to Audit and Assurance. As part of this process the Committee are required to undertake an annual effectiveness self-assessment questionnaire.

1.2 Members of the Audit & Assurance Committee are asked to discuss and review the Committee effectiveness self-assessment questionnaire relating to the activities and performance of the Audit & Assurance Committee during 2021.

1.3 Members should note eight responses were received. The report does not include comments in order to ensure anonymity. Any additional responses received will be incorporated into the final report which goes to the SHA Board.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 SUMMARY REPORT

The report is split into three areas:

- Positive assurance
- Areas that have not arisen but the Committee were aware of their responsibilities
- Areas for further assurance

Positive Assurance	Area: Composition, Establishment and Duties
	Findings: Members were aware that: • There were approved **Terms of Reference** and although the Committee had not been established for a year there was an expectation they will be reviewed before March 2022 and will take into account governance development and the remit of other Committees. • The Committee have established an **annual cycle of business** Members felt: • The Committee have been **provided with sufficient authority** • The Committee will prepare an **annual report** on its work and performance

Tolley Laura
03/24/2022 09:52:13

	for 21/22 to the SHA Board • The Committee meet sufficiently **frequently to deal with planned matters** and there was sufficient time for questions and discussions • The atmosphere is considered conducive to **open and productive debate and behaviour is courteous and professional** • (All but one responses) felt there was appropriate use of private sessions of the Committee. This has been sense checked with Audit Wales who concur with the consensus that the appropriate information is being received in the private session of the Committee • Agenda items are appropriately **'closed off'** • The use of **Welsh Language** was deemed currently at the right level but additional use of the Welsh language would be welcomed • The **virtual nature of the meetings** had been effective • All but one member felt the Committee has formally considered how it integrates with other Committees that are reviewing **risk** • **The systems of assurance** are being finalised on an ongoing basis and the Committee are sighted on this and aware of progress to ensure robust review • The Committee receive **timely reports in the right format and content**, that improvements have been made throughout the year and will continue to be made.
	Area: Committee Business
	Findings:
	Area: Audit
	Finding: • The Committee have **received and approved the Internal audit plan for 21/22** and would approve any material changes if they occurred • The Committee felt **the Internal Audit plan was derived from clear processes based on risk assessment** and linked to the systems of assurance and receive regular updates on the progress of the audit work • The members noted there were no investigations into management refusal to accept audit recommendations, but should they occur, the Committee would investigate • All but one of the Committee felt there was **effective monitoring of the implementation of management actions** • Most members were aware of the Internal Audit performance measures • The members were aware the Committee will receive the Head of Internal Audit's Annual Report and Opinion within the annual reporting cycle • The members were aware of the Auditor General's representatives (Audit Wales) audit plan for DHCW • Members were clear that in the next annual cycle actions will be monitored and reviewed in respect of the first year's review. • Members were clear 22/23 will provide the first AG Annual Audit Report for consideration by the Committee • Most members were aware of the nature and value of the non-statutory work commissions by DHCW from the AG

Tolley Laura 03/24/2022 09:52:13

	Area: Counter Fraud
	Findings: • All but one of the Committee were **aware the annual counter fraud plan** was reviewed and approved at the beginning of 21/22 and would expect this to be the case for 22/23 with the planned work covering the areas within the NHS Counter Fraud Policy • The Committee were unified in that any material changes to the planned counter fraud work plan would be reviewed and approved by the Committee • All but one of the members were aware the Counter Fraud Plans were derived from clear processes based on risk assessment • All were aware **the Committee receive regular reporting** and that should any management actions arise the Committee would monitor their implementation • The members were aware the Counter Fraud specialist has a right of direct access to the Committee and the Chair • Most of the Committee members were aware the effectiveness of the Local Counter Fraud services and the adequacy of its staffing is reviewed • The Committee expected to review the Local Counter Fraud Specialist's Annual Report and Qualitative assessment • All but one of the members were aware the Committee receive and discuss reports arising to quality inspections by the NHS Counter Fraud Authority
	Area: Legislative Compliance
	Findings: • All but one of the members were aware the Committee review assurance and regulatory/legislative compliance reporting processes • All but one of the members were aware the Committee have a mechanism to ensure awareness of topical, legal and regulatory issues
	Area: Chair
	Findings: • All members considered the **meetings effectively chaired with clarity of purpose and outcome** • All members felt **the Chair provided clear and concise information to the Board on the activities of the Committee** and any gaps in assurance and/or control •
	Area: Meeting Support and training
	Finding: • Most members felt the Committee is adequately supported by the Executive Directors in terms of attendance, quality and length of papers and response to challenge/questions • The members felt there was adequate secretariat support • Most members were happy with their level of training and no additional needs were specifically identified
	Area: General Feedback
	Findings:

Tolley Laura
03/24/2022 09:52:13

	• The Chair is considered to be very clear and effective • The Committee is well run and undertaking all required responsibilities • It was recognised that some activities such as presenting formally to Committee would be new for some members, but good progress had been made and will continue to be made • The support from the Corporate Governance function has been very well received and made a positive impact to the Committee		
Areas Requiring Further Assurance	Area: Composition, Establishment and Duties		
	Findings: • Additional meetings to address the approval of the draft and final accounts could be scheduled at the beginning of the year. • Reiteration of the Committee referral mechanism and the Risk and Board Assurance Framework that sets out how risk management across the organisation works on behalf of the Board • The meetings and direct line of audit colleagues with the Chair could be made more explicit for the members to provide assurance this was the case. • Members were divided on if and how the Committee review the effectiveness of the Internal Audit and the adequacy of staffing and resources within IA • Some members were unsure if the Committee evaluated whether Internal Audit complies with the Public Sector Internal Audit Standards (PSIAS) • Internal Audit performance measures could be made more explicit for the memberships review • It could be more explicit as to how and when the Committee will assess the quality and effectiveness of External Audit work		
Areas Requiring Further Action			
Action Plan	Action	Lead	Timeframe
1.	The DHCW Legislative Assurance Framework is currently under development and will be provided to the Committee at each meeting	Board Secretary	April 2022
2.			
Appendices	Audit and Assurance Effectiveness Self-Assessment Survey		

Tolley Laura
03/24/2022 09:52:13

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The outcome of the Audit and Assurance Committee Effectiveness Survey will input to the Committee Annual Report to the SHA Board to include addressing areas where further improvements can be made to the operating of the Committee.

4 RECOMMENDATION

The Committee is being asked to:
NOTE the content of the report and **DISCUSS** the findings.

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	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	

Workforce EQIA page

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Audit and Assurance Committee	18.01.22	Noted

Tracey Lewis 03/02/2022 09:52:13

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

Tolley Laura
03/24/2022 09:52:13

2.4ii Appendix B

DIGITAL HEALTH AND CARE WALES
DIGITAL GOVERNANCE AND SAFETY COMMITTEE EFFECTIVENESS SELF ASSESSMENT REPORT

Agenda Item	2.4

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	18 February 2022

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	Rowan Gardner, Chair of the Committee

Purpose of the Report	For Discussion/Review
Recommendation	
The Digital Governance and Safety Committee is being asked to: **NOTE** the content of the report and **DISCUSS** the findings.	

Tahir Mirza
03/2022 09:52:13

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

1 SITUATION/BACKGROUND

1.1 The Chair of the Digital Government and Safety Committee is required to present an annual report outlining the business of the Committee throughout the financial year to the DHCW SHA Board. The report is designed to provide assurance on the monitoring and scrutiny on behalf of the DHCW Board in relation to their remit. As part of this process the Committee are required to undertake an annual effectiveness self-assessment questionnaire.

1.2 Members of the Committee are asked to discuss and review the Committee effectiveness self-assessment questionnaire relating to the activities and performance of the Committee on behalf of the Board during 2021/22 since its formal establishment in May 2021.

1.3 Members should note nine responses were received. The report does not include comments in order to ensure anonymity. Any additional responses received will be incorporated into the final report which goes to the SHA Board.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 SUMMARY REPORT

The report is split into three areas:

- Positive assurance
- Areas that have not arisen but the Committee were aware of their responsibilities
- Areas for further assurance

Positive Assurance	Area: Composition, Establishment and Duties
	Members were aware that: • There were approved **Terms of Reference** and although the Committee had not been established for a year there was an expectation they will be reviewed before March 2022 and would consider changes or developments throughout the year • The Committee have established an **annual cycle of business** with only one member unaware this had happened at the beginning of the year • The Committee will prepare an **annual report** on its work and performance for 21/22 to the SHA Board with only one member unaware this was a requirement of the Committee Members felt: • They have been **provided with sufficient authority**

Tolley Laura 03/24/2022 09:52:13

	• The Committee meet sufficiently **frequently to deal with planned matters** and there was sufficient time for questions and discussions • The atmosphere is considered conducive to **open and productive debate and behaviour is courteous and professional** with one member noting the quality of discussions is mixed but that open and productive discussions have taken place • There was appropriate use of **private sessions of the Committee.** • Agenda items are **appropriately 'closed off'** • That members should feel comfortable to use the **Welsh Language** and would be welcomed to do so whilst recognising there would be translation requirements • The **virtual nature of the meetings** had been effective, but one member noted no face-to-face meetings had taken place since the Committee was formally established under Covid-19 restrictions
	Area: Committee Leadership and Support
	Findings: • The **meetings are effectively chaired with clarity of purpose and outcome** • The **Chair provided clear and concise information to the Board on the activities of the Committee** and any gaps in assurance and/or control. • Members felt the Committee is **adequately supported by the Executive Directors** in terms of attendance, quality and length of papers and response to challenge/questions • Members felt there was **adequate secretariat support** • Members felt on the whole their **training was adequate,** but some further areas are identified below • General comments from members indicate a **good level of progress** has been made with regard to the **quality of the papers**, the **feedback to the executive team has been appropriately taken on board**
Areas Requiring Further Assurance	Area: Composition, Establishment and Duties
	Findings: • Members felt that the question asking if the **Committee is scheduled prior to important decisions being made** wasn't relevant to the Committee as an assurance body and there had not been an instance where this was clear to have happened
	Area: Committee Leadership and Support

	• Potential areas of training for the members were identified as:
	  ○ Further **Cyber and IG** training
	  ○ **General Committee information** for members who attend on behalf of unavailable members

Areas Requiring Further Action			
Action Plan	Action	Lead	Timeframe
1.	Review the annual cycle of business and make clear if and where there are important decisions within the	Board Secretary	April 2022

Tolley, Laura 03/24/2022 09:52:13

	planned activity		
Appendices	Digital Governance and Safety Committee Effectiveness Self-Assessment Survey		

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The outcome of the Digital Governance and Safety Effectiveness Survey will input to the Committee Annual Report to the SHA Board to include addressing areas where further improvements can be made to the operating of the Committee.

4 RECOMMENDATION

The Digital Governance and Safety Committee is being asked to:
NOTE the content of the report and **DISCUSS** the findings.

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	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	

Workforce EQIA page

Tolley, Laura 03/24/2022 09:52:13

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	18.02.22	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	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

Tolley Laura
03/24/2022 09:52:13

2.4iii Appendix C

DIGITAL HEALTH AND CARE WALES
REMUNERATION AND TERMS OF SERVICE COMMITTEE EFFECTIVENESS SELF ASSESSMENT REPORT

Agenda Item	2.4

Name of Meeting	Remuneration and Terms of Service Committee
Date of Meeting	10 March 2022

Public or Private	Private
IF PRIVATE: please indicate reason	Potentially Identifiable/Sensitive Information

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Sophie Fuller, Corporate Governance and Assurance Manager
Presented By	Simon Jones, Chair of the Committee

Purpose of the Report	For Discussion/Review
Recommendation	
The Remuneration and Terms of Service Committee is being asked to: **NOTE** the content of the report and **DISCUSS** the findings.	

Tracy Myhara
03/2022 09:52:13

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

1 SITUATION/BACKGROUND

1.1 The Chair of the Remuneration and Terms of Service Committee is required to present an annual report outlining the business of the Committee throughout the financial year to the DHCW SHA Board. The report is designed to provide assurance on the monitoring and scrutiny on behalf of the DHCW Board in relation to their remit. As part of this process the Committee are required to undertake an annual effectiveness self-assessment questionnaire.

1.2 Members of the Committee are asked to discuss and review the Committee effectiveness self-assessment questionnaire relating to the activities and performance of the Committee on behalf of the Board during 2021/22 since its formal establishment in April 2021.

1.3 Members should note seven responses were received. The report does not include comments in order to ensure anonymity.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 SUMMARY REPORT

The report is split into three areas:

- Positive assurance
- Areas that have not arisen but the Committee were aware of their responsibilities
- Areas for further assurance

Positive Assurance	Area: Composition, Establishment and Duties
	Members were aware that: • There were approved **Terms of Reference** and although the Committee had not been established for a year there was an expectation they will be reviewed before March 2022 and would consider changes or developments throughout the year • The Committee have established an **annual cycle of business** to cover known areas of work but one member noted that the agenda of the Committee is responsive to the requirements emerging. • The Committee will prepare an **annual report** on its work and performance for 21/22 to the SHA Board with only one member unaware this was a requirement of the Committee Members felt: • They have been **provided with sufficient authority** • The Committee meet sufficiently **frequently to deal with planned**

Tolley Laura
03/24/2022 09:52:13

	matters and there was sufficient time for questions and discussions. However one member noted that the Committee is more responsive in nature • The atmosphere is considered conducive to open and productive debate and behaviour is courteous and professional • On the whole the Committee is scheduled prior to important decisions being made however one member noted it can feel like the ratification of Director appointments is slightly artificial whilst recognising that this is practically difficult and the appointment of very senior managers of quality is difficult • Agenda items are appropriately 'closed off' • The greater use of Welsh Language received mixed responses with four members welcoming a greater use of Welsh and three members noting that the private nature of the meeting meant conducting it in English was adequate • The virtual nature of the meetings had been effective with one member noting it's facilitated responsiveness to the organisation's governance needs
	Area: Committee Leadership and Support
	Findings: • The meetings are effectively chaired with clarity of purpose and outcome • The Chair provides clear and concise information to the Board on the activities of the Committee and any gaps in assurance and/or control. Noting there is a new Chair of the Committee so the response to this question is regarding meetings to date. • Members felt the Committee is adequately supported by the Executive Directors in terms of attendance, quality and length of papers and response to challenge/questions • Members felt there was adequate secretariat support • Members felt the inclusion of the new Director of People and OD will be a welcome addition to the Committee and one member noted that greater engagement of the Welsh language would be welcome
Areas Requiring Further Assurance	Area: Composition, Establishment and Duties
	No findings requiring further assurance.
	Area: Committee Leadership and Support
	Findings: • Four members identified they require further training to fulfil their role to include more information on wider policies and career development opportunities for DHCW staff to help inform strategic decisions in recruiting digital skills in the open market.

Areas Requiring Further Action

Action Plan	Action	Lead	Timeframe
1	Provide an overview of the skills strategy section from the People and OD strategy once approved.	Director of People and OD	Sept 2022

Tolley, Kayra 03/24/2022 09:52:13

Appendices	Remuneration and Terms of Service Committee Effectiveness Self-Assessment Survey

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The outcome of the Remuneration and Terms of Service Effectiveness Survey will input to the Committee Annual Report to the SHA Board to include addressing areas where further improvements can be made to the operating of the Committee.

4 RECOMMENDATION

The Remuneration and Terms of Service Committee is being asked to:
NOTE the content of the report and **DISCUSS** the findings.

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	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	

Workforce EQIA page

Tollerfield, Laura
03/04/2022 09:52:13

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	10.03.22	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	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

Tolley Laura 03/24/2022 09:52:13

2.4iv Appendix D

DIGITAL HEALTH AND CARE WALES
LOCAL PARTNERSHIP FORUM EFFECTIVENESS SELF ASSESSMENT REPORT

Agenda Item	2.4

Name of Meeting	Local Partnership Forum
Date of Meeting	8 February 2022

Public or Private	Private
IF PRIVATE: please indicate reason	Potentially Identifiable/Sensitive Information

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Sophie Fuller, Corporate Governance and Assurance Manager
Presented By	Andrew Fletcher, Advisory Group Chair

Purpose of the Report	For Discussion/Review
Recommendation	
The Local Partnership Forum is being asked to: **NOTE** the content of the report and **DISCUSS** the findings.	

Tahey Ishara
03/2/2022 09:52:13

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
LPF	Local Partnership Forum		

1 SITUATION/BACKGROUND

1.1 The Chair of the Local Partnership Forum (LPF) is required to present an annual report outlining the business of the Advisory Group throughout the financial year to the DHCW SHA Board. The report is designed to provide assurance on the monitoring and engagement undertaken by the group on behalf of the DHCW Board in relation to their remit. As part of this process the group are required to undertake an annual effectiveness self-assessment questionnaire.

1.2 Members of the LPF are asked to discuss and review the group effectiveness self-assessment questionnaire relating to the activities and performance of the LPF as an advisory group to the Board during 2021/22 since its formal establishment in August 2021.

1.3 Members should note six responses were received. The report does not include comments in order to ensure anonymity. Any additional responses received will be incorporated into the final report which goes to the SHA Board.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 SUMMARY REPORT

The report is split into three areas:

- Positive assurance
- Areas that have not arisen but the Advisory Group were aware of their responsibilities
- Areas for further assurance

Positive Assurance	Area: Composition, Establishment and Duties
	Members were aware that: • There were approved **Terms of Reference** and although the group had not been established for a year there was an expectation they will be reviewed before March 2022 and will take into account governance development and the remit of other relevant Committees and groups • The group have established an **annual cycle of business** with only one member unaware this had happened at the beginning of the year • The group will prepare an **annual report** on its work and performance for 21/22 to the SHA Board Members felt:

Tolley Laura
03/24/2022 09:52:13

	• The group have been **provided with sufficient authority** • The group meet sufficiently **frequently to deal with planned matters** and there was sufficient time for questions and discussions • The atmosphere is considered conducive to **open and productive debate and behaviour is courteous and professional** • One member mentioned an incident during a previous meeting that posed the potential for offence but noted it was dealt with in the meeting and resolved • The meetings are scheduled prior to important decision being made • Four of the six respondents felt it was appropriate to keep the **meeting private** to aid open and frank detailed discussions between staff and management side representatives • Agenda items are appropriately 'closed off' • The **use of Welsh Language** was deemed currently at the right level but additional use of the Welsh language would be welcomed whilst recognising there would be translation requirements • The **virtual nature of the meetings** had been effective		
	Area: Committee Leadership and Support		
	Findings: • The **meetings are effectively chaired with clarity of purpose and outcome** • The **Chair provided clear and concise information to the Board on the activities of the group** and any gaps in assurance and/or control. Most members felt the group is **adequately supported by the Executive Directors** in terms of attendance, quality and length of papers and response to challenge/questions • The members felt there was **adequate secretariat support** • Most members were **happy with their level of training** and no additional needs were specifically identified		
Areas Requiring Further Assurance	Area: Composition, Establishment and Duties		
	• One member felt **more time could be given for discussion** of each item • A **suggestion to make cameras mandatory** for this meeting was made in the survey as the discussion is people based so some of the non-verbal cues can be lost		
	Area: Committee Leadership and Support		
	• Further **horizon scanning** to ensure sufficient time for staff engagement to help inform and influence relevant items		
Areas Requiring Further Action			
Action Plan	Action	Lead	Timeframe
1.	Work with members to horizon scan and reflect in the forward workplan	Board Secretary	22/23
	Take a poll of members regarding camera's being mandatory for participating members	Board Secretary	April 2022

Tolley, Laura 03/24/2022 09:52:13

Appendices	Local Partnership Forum Effectiveness Self-Assessment Survey

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The outcome of the Local Partnership Forum Effectiveness Survey will input to the Advisory Group Annual Report to the SHA Board to include addressing areas where further improvements can be made to the operating of the group.

4 RECOMMENDATION

The Local Partnership forum is being asked to:
NOTE the content of the report and **DISCUSS** the findings.

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	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	

Workforce EQIA page

Valley Health 03/24/2022 09:52:13

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	08.02.22	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	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

Tolley Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
ANNUAL COMMITTEE AND ADVISORY GROUP REPORTS 2021/22

Agenda Item	2.5

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Corporate Governance Support Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Approval
Recommendation	
The SHA Board is being asked to: **APPROVE** the Annual Committee and Advisory Group Reports 2021/22.	

Tolley, Laura
03/23/2022 09:52:13

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

1 SITUATION/BACKGROUND

1.1 In line with DHCW Standing Orders, the SHA Board must ensure that the Chairs of all SHA Board Committees and Advisory Groups operating on its behalf formally, regularly and on a timely basis report to the Board on their activities.

1.2 SHA Board Committees and Advisory Groups present a highlight report to the SHA Board after each meeting, this report outlines the key activities undertaken by the Committee.

1.3 In addition to the regular reporting to the highlight reports, the Committee and Advisory Group Chairs are required to complete an Annual Report for the SHA Board to provide an overview of the activity undertaken by the Committees and Advisory Groups during the financial year period.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Attached at the appendices are the 2021/22 Annual Reports for the following Committees and Advisory Groups of the SHA Board:

2.5i – Annual Report of the Audit and Assurance Committee 2021/22
2.5ii – Annual Report of the Digital Governance and Safety Committee 2021/22
2.5iii – Annual Report of the Remuneration and Terms of Service Committee 2021/22
2.5iv – Annual Report of the Local Partnership Forum 2021/22

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Each of the Committee's and Advisory Group are of the opinion that the 2021/22 Annual Reports, included at 2.5i – 2.5iv are consistent with their roles as set out within their terms of reference and that there are no matters the Committees and Advisory Group are aware of at this time, that have not been disclosed appropriately.

Tolley Laura
03/24/2022 09:52:13

4 RECOMMENDATION

The SHA Board is being asked to:
APPROVE the Annual Committee and Advisory Group Reports 2021/22.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Development of the new Digital Organsation

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A globally responsible 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	

Workforce EQIA page

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	17 March 2022	NOTED

IMPACT ASSESSMENT	
QUALITY AND SAFETY	No, there are no specific quality and safety implications related to the activity outlined in this report.

Tolley/Laura
03/24/2022 09:52:13

IMPLICATIONS/IMPACT	
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

Tolley Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
ANNUAL REPORT OF THE AUDIT AND ASSURANCE COMMITTEE 2021/22

Agenda Item	2.5i

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Corporate Governance Support Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Approval
Recommendation	
The SHA Board is being asked to: **APPROVE** the Annual Report of the Audit and Assurance Committee 2021/22.	

Tolley, Laura
03/23/2022 09:52:13

Acronyms			
NWIS	NHS Wales Informatics Service	DHCW	Digital Health and Care Wales
SHA	Special Health Authority	VUNHST	Velindre University NHS Trust

1 SITUATION/BACKGROUND

1.1 In accordance with best practice and good governance, the Audit and Assurance Committee produces an Annual Report to the SHA Board which sets out how the Committee has met its Terms of Reference during the financial year.

1.2 The NHS Wales Informatics Service (NWIS) was formed on 1 April 2010 when it was established as an organisation sitting within Velindre University NHS Trust under a hosting agreement. The agreement included a requirement for NWIS to provided assurance of its governance processes by the submission of a number of standing items to Velindre University NHS Trust Audit Committee. This was in addition to any requirement for escalation of other matters to Trust Board. NWIS also attended Velindre NHS Trust Quality and Safety Performance Committee to report on Serious Incidents and other issues of note.

1.3 On 30 September 2019 the Minister for Health and Social Services, Vaughan Gething, announced that the NHS Wales Informatics Service (NWIS) would transition from its current structure, as part of Velindre University NHS Trust, to a new Special Health Authority (SHA) – Digital Health and Care Wales (DHCW). This transition was effective from 1 April 2021.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The DHCW SHA Board held their inaugural meeting on 1 April 2021 where the Standing Orders and Standing Financial Instructions and a paper setting out the Board and Committee structured were approved. At the inaugural Audit and Assurance Committee meeting on 11 May 2021 the committee received the Velindre University NHS Trust / DHCW Committee Closure Report which set out the business previous dealt with by the following Committees and their transfer to the equivalent Committee under the new SHA structure.

Velindre University NHS Trust Board/Committee	Digital Health & Care Wales Board/ Committee
Velindre University NHS Trust Board	Digital Health & Care Wales Board
Audit Committee	Audit and Assurance Committee
Quality & Safety Performance Committee	Digital Governance & Safety Committee
Remuneration Committee	Remuneration & Terms of Service Committee

Tolley Laura
03/24/2022 09:52:13

2.2 Membership

2.2.1 The Committee was appointed by the Board from amongst the Non-Officer Members of the Health Authority and consists of not less than 3 members, comprising:

Chair: Independent Member

Members: Independent Member x 4 (one of whom is the Chair)
The Director of Finance and appropriate Internal and External Audit representatives shall normally attend meetings. However, at least once a year, the Committee will meet privately with the External and Internal Auditors without any Executive Director or officer present. The opportunity to meet with Auditors privately will be available at each meeting.

Other usual expected attendees:
Director of Finance
Board Secretary
Deputy Director of Finance
Head of Corporate Services
Head of Internal Audit
External Audit Representative
Counter Fraud Representative

AT least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Committee Vice Chair

2.3 Meetings and Attendance

2.3.1 The committee met four times during the period 1 April 2021 and 31 March 2022. This is in line with its Terms of Reference. The Audit and Assurance Committee achieved an attendance rate of 93.75% (80% is considered to be an acceptable attendance rate) during the period 1st April 2022 to 31st March 2022 as set out below:

	11.05.21	**06.07.21**	**05.10.21**	**18.01.22**	**Attendance**
Marian Wyn Jones (Chair)	✓	✓	✓	✓	**100%**
Grace Quantock (Vice Chair)	✓	✓	✓	✓	**100%**
David Selway	✓	✓	✓	✓	**100%**
Ruth Glazzard	X	✓	✓	✓	**75%**
Total	**75%**	**100%**	**100%**	**100%**	**93.75%**

Tolley, Laura
03/24/2022 09:52:13

2.4 Audit and Assurance Committee Public Agenda Items

2.4.1 During the financial year 2021/22 the Audit and Assurance Committee reviewed the following key items at its meetings:

Terms of Reference

The Terms of Reference were approved at the inaugural meeting and were subsequently reviewed at the meeting held in January 2022.

Closure Report from Velindre University Trust Audit Committee

The report was received at the inaugural Audit and Assurance Committee meeting held on 11 May 2021 and provided assurance that there were no issues identified or outstanding Velindre Audit Committee actions within the report. Audit actions would continue to be reviewed at the DHCW Audit and Assurance Committee.

Annual Cycle of Business and Forward Workplan

The Annual Cycle of Business 2021/22 and Forward Workplan were presented at the inaugural meeting. The plan identified the reports to be regularly presented for consideration and ensured that the Audit and Assurance Committee had the appropriate reporting to effectively carry out its role. Members of the Committee were encouraged to undertake some horizon scanning for potential items for inclusion.

The Annual Cycle of Committee Business 2022/23 and Forward Workplan were received at the January 2022 meeting where the Annual Reporting had been added, which had not been required in 2021/22 with an additional meeting to accommodate this and review of the Cyber Resilience Unit. The Forward work plan was received at each meeting.

Losses and Special Payments

As defined in the Standing Financial Instructions, the Audit and Assurance Committee is required to approve the write off of all losses and special payments within the delegated limits determined by Welsh Government. There were no Losses and Special Payments reported during the 2021-2022 period.

Procurement and Scheme of Delegation Compliance

The Committee received regular updates on procurement activity undertaken including compliance with the Standing Financial Instructions.

Audit of Velindre University NHS Trust 2020/21 Accounts Report

Members noted the content of the 2021/21 Audit of Accounts Report at the July meeting which related to Velindre University NHS Trust but incorporated NWIS. Committee members were assured to note that no issues had been identified relating to NWIS/DHCW.

Tolley, Laura
03/24/2022 09:52:13

Corporate Risk Register

The register was received and scrutinised at each meeting. The Committee were assured that the risks were assessed by the risk management group, in addition it was reviewed on monthly basis by DHCW Management Board.

Local Counter Fraud Update

The Committee received an update from the Counter Fraud officer and were informed there were no investigations taking place in relation to DHCW staff. In addition, Virtual Counter Fraud Awareness presentations took place throughout the period.

Declarations of Interest and Gifts and Hospitality Report

The Committee receive a report on a quarterly basis and noted the work that was progressing on capturing all Declarations of Interests, Gifts and Hospitalities for staff Agenda for Change band 8a and above.

Estates Compliance

The Committee received an update at all regular meetings on Estates Compliance. During the period, the Committee also received a presentation on the Decarbonisation Plan which outlined the focus of the planned work to address the commitments for delivery of decarbonisation by 2025.

Quality and Regulatory Compliance

The quality progress reports presented to the Committee highlighted the new strategy objectives for quality and regulatory, the role of the new department and detailed the Governance Framework of the department. The Committee also received the Quality Plan for 2021/22 in May 2021 when it was noted the key role Quality and Regulation would play within DHCW going forward. The Quality and Regulatory Annual Plan 2022/23 was received and approved at the Committee in January 2022.

High Value Purchase Order Report

Committee members received regular reports on orders which were generated that exceeded £750k, which following a request from members, included the addition of a log of the cumulative high value transactions.

Capital Management Procedure

The Committee reviewed and approved the Capital Management Procedure that was presented at the October Committee meeting.

Public Accounts Committee Review of NWIS Report

The Committee reviewed and noted content of the update report received at the July meeting, in relation to the historic Public Accounts Committee and Audit Wales Reports (2018) into NWIS and noted the status including the one action that remained open. The Committee noted the importance that one of the recommendations from the Public Accounts Committee led to the establishment of DCHW.

Tolley Laura
03/24/2022 09:52:13

NHS Staff Wellbeing Through Covid: Caring for the Carers Management Response

The Committee received the report for assurance and were pleased to note the actions put in place to ensure the wellbeing of staff during the period of working from home.

Governance Assurance Framework

The Committee received and reviewed the Governance Assurance Framework in the 3rd quarter which set out the governance structure and decision-making process applicable to DHCW to aid in the delivery of the DHCW strategic objectives. The Governance Assurance Framework was endorsed to be presented to the SHA Board for approval.

Health and Care Standards

The Committee received the Health and Care Standards Annual Assessment Report in the 4th quarter which summarised the seven themes and how they collectively described how a service provides high quality, safe and reliable care.

Welsh Language Scheme Update

The progress of compliance to the Welsh Language Standards was noted at the October meeting with assurance provided that DHCW were proactively taking forward the Welsh Language Scheme with the recruitment of a Welsh Language Services Manager.

COVID-19 Inquiry Update Report

The Committee received a brief update on the latest position in relation to an UK Inquiry and were informed of the work being undertaken in preparation for this.

Internal Audit

A Draft Internal Audit plan for 2021/22 was developed following meetings and correspondence with the Special Health Authority's Executive Directors, Chief Executive and Chair. The Committee approved the plan at the meeting in May 2021 and discussed the need for flexibility to be built into the plan, particularly as a newly established Special Health Authority.

Along with the Audit programme of work carried out by Internal Audit, a number of IM&T Control and Risk Assessments (advisory reviews) of all Health Boards and two NHS Trusts in 2020/21 were undertaken. The key objective of these advisory reviews was to establish the processes and mechanisms in place for the management of IM&T and Digital services within the organisations. The reviews sought to provide a baseline picture of the organisation's status and provided suggestions for areas of improvement or future development. The Committee noted that each organisation received an advisory report which contained considerations for the future that were specific to its circumstances.

The All-Wales Internal Audit Advisory Report into Welsh Language Standards and Estates were received by the Committee at their October meeting. The Committee noted there were 10 reviews, six of which were reasonable, three limited and one not applicable. Internal Audit confirmed there were no exemplars to share but there were areas of good practice.

Tolley,Laura
03/24/2022 09:53:23

A summary report was also received at the July 2021 Audit and Assurance Committee which

sought to identify common themes and development areas.

• Internal Audit Progress and Tracking Report & Internal Audit Plan 2021/22
Seven reports were presented during the year with two being follow up Internal Audit Reports which were completed as part of the Internal Audit Plan for 2020/21. The two follow up reports were submitted at the first Audit and Assurance Committee ahead of the finalisation of the internal audit plan for 2021/22:

- Supplier Management Internal Audit Report – ***Reasonable*** Assurance rating (received in the Public Session)
- Cyber Security Internal Audit Report – ***Substantial*** Assurance rating (received in the Private Session)

A further five Internal Audit reports were received in the 3rd and 4th Quarter.

- Transition Audit – ***Reasonable*** Assurance rating
- Data Analytics – ***Reasonable*** Assurance rating
- Welsh Radiology Information Service – ***Reasonable*** Assurance rating
- GP System Procurement – ***Substantial*** Assurance rating
- Governance Arrangements (Part 1) – ***Substantial*** rating

The reports presented provided details relating to outcomes, key findings and conclusions from the finalised Internal Audit assignments and specific detail relating to progress against the Audit Plan and any updates that occurred within the plan. The remaining audits undertaken as part of the 2021/22 plan will be presented to the next Audit and Assurance Committee meeting.

Audit Wales

The Audit Wales Initial Plan for 2021/22 was approved at the meeting held in May 2021 and it was agreed that Audit Wales would work with the Committee to ensure the Structured Assessment (Baseline Governance Review) work was carried out at the most appropriate time to add value to DHCW.

Baseline Governance Review

Members of the Audit and Assurance Committee agreed with Audit Wales that the annual Structured Assessment would be renamed Baseline Governance Review for the first year of DHCW's existence. An update of the Baseline Governance Review was received at the October Committee. The overall finding from the review was presented to the January 2022 Committee, where Audit Wales found that DHCW is making positive progress in putting arrangements in place to support good governance and the efficient, effective, and economical use of resources under challenging operating circumstances.

Audit Wales Progress Reports

The Audit Wales Progress Reports provide the Audit and Assurance Committee with an update on current and planned Audit Wales work. Accounts and performance audit work were considered, however, this being the first year of DHCW, no accounts had been submitted in the 2021/22 period and these were completed by Velindre University NHS Trust.

Tolley, Laura 03/24/2022 10:52:13

The following reports were received in the 3rd quarter:-

- Wales Community Care Information System (WCCIS) Report
- Picture of Public Services 2021 Report
- Nationally Hosted IT Systems Report

Audit Actions Tracker

The reports and trackers provided Members of the Audit and Assurance Committee with assurance on the implementation of recommendations which had been made by Internal Audit or Audit Wales by means of an internal / external audit recommendation tracking report and were able to view progress and improvements made from audit recommendations being addressed.

Committee Effectiveness self-assessment

The annual self-assessment questionnaire was reviewed at the January 2022 Meeting. The feedback indicated a generally positive response with the culture of the meetings considered conducive to open and productive debate.

Annual Report – this will be reviewed at the May 2022 Committee meeting

2.5 Audit and Assurance Committee Private Agenda Items

2.5.1 During the financial year 2021/22 the Audit and Assurance Committee reviewed the following key items at its private meetings:

- Cyber Security Audit – Follow up report (Substantial Assurance rating)
- Corporate Risk Register – Cyber risks
- Audit Tracker – Cyber risks
- Cyber Resilience Unit Status Report and Annual Plan
- Nationally Hosted IT Systems Report

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The Audit and Assurance Committee is of the opinion that the draft Audit and Assurance Committee Report 2021/22 is consistent with its role as set out within the terms of reference and that there are no matters the Committee is aware of at this time that have not been disclosed appropriately.

Tolley Laura
03/24/2022 09:52:13

4 RECOMMENDATION

The SHA Board is being asked to:
APPROVE the Annual Report of the Audit and Assurance Committee 2021/22.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Development of the new Digital Organsation

CORPORATE RISK (ref if appropriate)	N/A

WELL-BEING OF FUTURE GENERATIONS ACT	A globally responsible 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	

Workforce EQIA page

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

COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	17/03/2022	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.

Tolley, Laura (NHS Wales)
03/24/2022 09:52:13

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

Tolley Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
ANNUAL REPORT OF THE DIGITAL GOVERNANCE AND SAFETY COMMITTEE 2021/22

Agenda Item	2.5ii

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Corporate Governance Support Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Noting
Recommendation	
The SHA Board is being asked to: **APPROVE** the Annual Report of the Digital Governance and Safety Committee 2021/22.	

Tolley, Laura
03/23/2022 09:52:13

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

1 SITUATION/BACKGROUND

1.1 In accordance with best practice and good governance, the Digital Governance and Safety Committee produces an Annual Report to the SHA Board which sets out how the Committee has met its Terms of Reference during the financial year.

1.2 In line with Schedule 3 of the Standing Orders, the SHA Board nominated a committee which covers oversight and scrutiny of quality, safety, information governance, data quality, security and risk. In addition, the remit of the Committee would extend to include Organisational Learning in digital relation to health and care and the SHA Board agreed the Committee would be known as the Digital Governance and Safety Committee.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The purpose of the Digital Governance and Safety Committee is to advise and assure the SHA Board in discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate use of information and data to support health and care delivery and service improvement and the provision of high-quality digital health and care.

2.2 The Committee seeks assurance on behalf of the SHA Board in relation to DHCW's arrangements for appropriate and effective management and protection of information (including patient and personal information) in line with legislative and regulatory responsibilities.

2.3 DHCW received the Velindre University NHS Trust / DHCW Committee Closure Report at the Committee meeting held in May 2022, which set out the business previous dealt with by the following Committees and their transfer to the equivalent Committees under the new SHA structure.

Velindre University NHS Trust Board/Committee	Digital Health & Care Wales Board/ Committee
Quality & Safety Performance Committee	Digital Governance & Safety Committee

Tolley Laura
03/24/2022 09:52:13

2.4 Membership

2.4.1 The Committee was appointed by the SHA Board from amongst the non-officer members of the SHA and consists of no less than 3 members, comprising:

Chair: Independent Member

Members: Independent Member x 2

Other usual expected attendees:

- Executive Medical Director (Caldicott Guardian)
- Director of Information and Communication Technology
- Deputy Director of Information
- Board Secretary
- Head of Information Governance / Data Protection Officer

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair. In the interests of effective governance, it is expected that at least one Director listed above will also be in attendance. The SHA Board nominated Siân Doyle to be Chair of the Committee but following her leaving DHCW to take up another role, DHCW Independent Member, Rowan Gardner was nominated to take her place as Chair for the last quarter of 2021/22.

2.5 Meetings and Attendance

2.5.1 The committee met four times during the period 1 April 2021 and 31 March 2022. This is in line with its Terms of Reference. The Digital Governance and Safety Committee achieved an attendance rate of 92% for this period.

	12.05.21	11.08.21	15.11.21	18.02.22	Attendance
Siân Doyle (Chair) left DHCW in 11/21	✓	✓	✓	N/A	100%
Rowan Gardner (Vice Chair) (Chair from 11/21)	✓	✓	✓	✓	100%
David Selway	✓	✓	✓	✓	100%
Total	100%	100%	100%	67%	92%

Laura Tolley 03/24/2022 09:52:13

2.6 Digital Governance and Safety Committee Public Agenda Items

2.6.1 During the financial year 2021/22 the Digital Governance and Safety Committee reviewed the following key items at its meetings:

Reporting Arrangements and Digital Governance and Safety Governance Landscape

At its inaugural meeting, the Committee received presentations to provide the Committee with an overview of the Digital Governance and Safety Governance landscape and reporting arrangements.

Velindre University NHS Trust / DHCW Committee Closure Report

The Committee noted that the DHCW Interim Chair had met the Velindre University NHS Trust Audit Committee Chair and Quality, Safety and Performance Committee Chair for a verbal handover and context of previous Committee business as it related to NWIS, no transition risks or issues were identified at this meeting.

Terms of Reference

The Terms of Reference were first approved at the inaugural meeting in May 2021 and subsequently reviewed at the meeting in February 2022. Members noted the unique nature of the Committee in NHS Wales and agreed to keep the Terms of Reference under review as the Committee developed over its first 12 months of operating.

Annual Cycle of Business and Forward Workplan

The Annual Cycle of Business 2021/23 and Forward Workplan were initially received at the meeting held in May 2021. The plan identified the reports to be regularly presented for consideration and ensured that the Digital Governance and Safety Committee has the appropriate reporting to effectively carry out its role. Members of the Committee were encouraged to undertake some horizon scanning for potential items for inclusion.

The Annual Cycle of Committee Business 2022/23 and Forward Workplan were received at the February 2022 meeting, where the Annual Reporting and the Digital Programme Overview had been added, which had not been required in 2021/22. The Forward Workplan was received and reviewed at each meeting.

Assurance Reports

At each meeting during the period, the Committee received detailed assurance reports on the following areas:

- Wales Informatics Assurance
- Information Governance Assurance
- Notifiable Events Assurance and Organisational Learning
- Information Services Assurance

During the period the Committee noted the work being undertaken by the Information Services Directorate to gain accreditation by the UK Statistics Authority under the requirements of the Digital Economy Act. The accreditation was awarded in February 2022

Tolley, Laura 03/24/2022 09:42:13

and the Committee noted that it provided additional assurance that DHCW could act as a trusted third-party supplier in providing data flows to the Secure Anonymised Information Linkage (SAIL) database.

NHS Wales National Clinical Audit and Outcome Review Plan

The Committee received and endorsed the plan which outlined the process for managing clinical audit data on behalf of Welsh Government during its August meeting.

Health and Care Standards

The Audit and Assurance Committee received the Health and Care Standards Annual Assessment in January 2022, and it was deemed appropriate for it also to be shared with the Digital Governance and Safety Committee to enable members to have sight of achievements and improvement actions for standards that fall under the Committee's remit, namely:

Standard	Title
3.1	Safe and Clinically Effective Care
3.3	Quality Improvement, Research and Innovation
3.4	Information Governance and Communications Technology
3.5	Record Keeping
6.3	Listening and Learning from Feedback

Policies and Procedures

The Anti-Malware Policy was endorsed by the Committee during the November 2021 meeting. In addition, the Intellectual Property Policy was discussed by the Committee during the February 2022 meeting, with a recommendation for further work to undertaken and re-presented to the Committee for endorsement in due course.

British Standards 10008 External Audit Update

The Committee were updated during the period on the British Standards 1008 External Audit Update and noted that the Digital Health and Care Wales Information Governance team manages application of British Standard 10008 (BS10008): Evidential Weight and Legal Admissibility of Electronic Information. The standard was initially achieved in November 2019, with reaccreditation granted via annual external audits in 2020 and 2021. The BS10008 outlines best practice for the implementation and operation of electronic information management systems, including the storage and transfer of information. The Committee were pleased to note achieving BS10008 accreditation allows DHCW to provide stakeholders with assurances that the information contained within our national data repositories is reliable, authentic and has appropriate governance arrangements that follow best practice.

Putting Things Right

The Committee received updates during the period on Putting Things Right and noting 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.

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03/24/2022 09:52:13

Incident Review and Organisational Learning Assurance Report

The Committee received this report during the period and noted that this area of work was still in its early stages of development. However, lessons learnt from Data Centre Power Outage which impacted on GP Practice Systems were taken through to the group, with findings presented to the Committee during the February 2022 meeting.

Risk Management Report including Risk Register

At all meetings during the period, the Committee received and reviewed Corporate Risks assigned to the Committee for scrutiny and oversight. In addition, the Committee received deep dives on the following areas:

- Information Governance Corporate Risks
- Information Services Corporate Risks Information Communications Technology Corporate Risks
- Cyber Security Corporate RIsks

Data Centre Transition Project

The Committee noted the main benefits of the project which included increased resilience, improved environmental impact and more financially economical for the organisation. The Committee received regular updates on the project during the period, and the close out report was received at the February 2022 meeting. The Committee were pleased to note the overall success of the project.

National Data Resource Project

During the period, the committee heard the plans and progress that was being made within the National Data Resource Programme. The Committee were pleased to note the reset of the Programme Objectives which would accurately reflect progress to date and include clear timeframes for delivery. The Committee also welcomed the strengthening governance processes were being implemented to provided assurance to all stakeholders involved in the National Data Resource Programme.

Digital Programme Overview Update

A new Digital Programme Overview Dashboard was initiated by the Committee and is now presented as a standing agenda item for review. The dashboard summarises the progress of national digital projects, in which DHCW have a significant role, such as managing the project or programme overall, or certain stages such as the procurement of a new system. In relation to this, a deep dive into the Electronic Testing Programme was received at the February 2022 meeting for assurance.

Committee Effectiveness self-assessment

Tolley.Laura 03/24/2022 09:52:23

Members were requested to provide their views on the effectiveness of the Committee. The results of which were reported to the February 2022 Committee meeting and outlined an overall positive response and identified areas where further improvements could be made to the operating of the Committee.

Annual Report – this will be reviewed at the May 2022 Committee meeting

2.7 Digital Governance & Safety Committee Private Agenda Items

2.7.1 During the financial year 2021/22 the Digital Governance and Safety Committee reviewed the following key items at its private meetings:

- Cyber Security Report including the Corporate Risk Register – Cyber security risks were reviewed in detail for assurance at each meeting.
- Introducing the NHS Wales Cyber Resilience Unit
- Audit Wales All Wales Cyber Report
- IT Cyber Security NWSSP Audit and Assurance Services – Audit Report – Substantial Assurance Rating
- Cyber Resilience in the Public Sector
- National Intelligent Integrated Audit Solution (NIIAS) Update
- CANISC

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The Digital Governance and Safety Committee is of the opinion that the draft Digital Governance and Safety Committee Annual Report 2021/22 is consistent with its role as set out within the terms of reference and that there are no matters the Committee is aware of at this time that have not been disclosed appropriately.

4 RECOMMENDATION

The SHA Board is being asked to:
APPROVE the Annual Report of the Digital Governance and Safety Committee 2021/22.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Development of the new Digital Organsation

CORPORATE RISK (ref if appropriate)	N/A

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

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03/24/2022 09:52:13

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	

Workforce EQIA page

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	17/03/2022	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	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

Tolley Laura 03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
ANNUAL REPORT OF THE REMUNERATION AND TERMS OF SERVICE COMMITTEE 2021/22

Agenda Item	2.5iii

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Corporate Governance Support Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Noting
Recommendation	
The SHA Board is being asked to: **APPROVE** the Annual Report of the Remuneration and Terms of Service Committee 2021/22.	

Tolley, Laura
03/23/2022 09:52:13

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

1 SITUATION/BACKGROUND

1.1 In accordance with best practice and good governance, Remuneration and Terms of Service Committee produces an Annual Report to the SHA Board which sets out how the Committee has met its Terms of Reference during the financial year.

1.2 The meeting is conducted in private due to the sensitive nature of some of the discussions, however, a Committee highlight report is presented at the SHA Public Board meeting for noting.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The purpose of the Remuneration and Terms of Service Committee is to:

- Approve on behalf of the Board matters relating to the appointment, termination, remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government in accordance with the scheme of delegation. This may relate to terms of service upon appointment or during service.

- Approve proposals regarding termination arrangements, including those under the Voluntary Early Release Scheme, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.

- Provide assurance to the Board in relation to the Special Health Authority's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

2.2 Membership

2.2.1 The Committee was appointed by the SHA Board from amongst the non-officer members of the SHA and consists of no less than 3 members, comprising:

Tolley, Laura
03/24/2022 09:52:13

Chair: SHA Chair or Vice Chair

Members: Independent Member x 2

By Invitation:

- Chief Executive Officer
- Executive Director of Finance
- Board Secretary
- Head of Workforce and Organisational Development

At least **three** must be present to ensure the quorum of the Committee, one of whom must be the Chair or Vice Chair.

2.2.2 Interim SHA Chair, Bob Hudson chaired the first two Remuneration and Terms of Service Committee meetings, thereafter the substantive SHA Chair, Simon Jones chaired the remaining Committee meetings for the period.

2.3 Meetings and Attendance

2.3.1 The committee met five times during the period 1 April 2021 and 31 March 2022. The Remuneration and Terms of Service Committee achieved an attendance rate of 100% for this period.

	30.04.2021	01.07.2021	29.10.2021	20.01.2022	10.03.2022	Attendance
Bob Hudson (Interim Chair)	✓	✓	N/A	N/A	N/A	100%
Simon Jones (Chair)	N/A	N/A	✓	✓	✓	100%
Ruth Glazzard (Vice Chair)	✓	✓	✓	✓	✓	100%
David Selway	✓	✓	✓	✓	✓	100%
Rowan Gardner	✓	✓	✓	✓	✓	100%
Grace Quantock	✓	✓	✓	✓	✓	100%
Marian Wyn Jones	✓	✓	✓	✓	✓	100%
Sian Doyle (Left in December 2021)	✓	✓	✓	N/A	N/A	100%
Total	100%	100%	100%	90%	90%	100%

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2.4 Remuneration and Terms of Service Committee Agenda Items

2.4.1 During the financial year 2021/22 the Remuneration and Terms of Service Committee reviewed the following key items at its meetings:

Remuneration and Terms of Service Committee Terms of Reference

The Terms of Reference were noted as per the adoption by the SHA Board on 1st April 2021 via the Standing Orders, the DHCW Vice Chair was formally appointed as Vice Chair of the Remuneration and Terms of Service Committee at the meeting in April 2021. Subsequently, the Terms of Reference were reviewed in March 2022.

Critical Maintenance and Major Incident Overtime for Staff

Members **approved** the payment of overtime for DHCW staff on band 8a and above, in exceptional circumstances, where approved by a Director to ensure the Critical Clinical, Administrative and Infrastructure services provided to users across all NHS Wales organisations are available 24x7 with minimal downtime.

Appointment of the Executive Director of Finance and Executive Medical Director

Members **ratified** the appointments of the Executive Director of Finance and Executive Medical Director and **approved** their remuneration and terms of service during the April 2021 meeting.

Appointment of the interim CEO

At the Committee meeting in April 2021, members **noted** the appointment of the Interim Chief Executive by the Health Minister, including their remuneration and terms of service.

Process for the appointment of Substantive Chief Executive

Members agreed the process in April 2021, for the appointment of a substantive Chief Executive Officer, noting the Director General / Chief Executive of NHS Wales is the appointing offer for this first Chief Executive appointment.

Appointment of Associate Board Member (Trade Union)

Members **approved** the appointment of the Associate Board Member (Trade Union) for an initial 12-month period, noting this period can be extended if agreed by both parties.

Chief Executive Officer Appointment Ratification

Members **ratified** the appointment of the Chief Executive Officer and **approved** the remuneration and terms of service at the meeting in July 2021.

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03/24/2022 09:42:13

Executive Structure Proposal

Committee members **discussed** options for the future Executive Structure, noting two Executive Director posts are currently vacant.

Annual Leave Buy Back Scheme

During the July 2021 meeting, Committee members considered the annual leave buy back scheme proposal for staff to sell, up to 10 days annual leave (pro rata for part time staff) back to the organization for the 2021-22 leave year only. The Committee noted the importance of annual leave for breaks from work and staff wellbeing. The Committee **approved** the option for staff to sell, up to 10 days annual leave (pro rata for part time staff) back to the organization for the 2021-22 leave year only.

Appointment of Deputy Chief Executive Officer

The Committee **supported** the appointment of the current DHCW Executive Director of Finance to the position of Deputy Chief Executive Officer (CEO) of DHCW ensuring additional resilience is built into the senior leadership team of DHCW. This post will be remunerated in-line with Welsh Government guidance for the appointment of a Deputy Chief Executive Officer, included in the letter issued by the Director General, Health and Social Care Wales, dated 25 June 2021.

Update on Executive Director Recruitment

In July 2021, Committee members **noted** the progress in recruiting to the two Executive Director posts: Executive Director of Digital Operations, and the Executive Director of Digital Strategy.

Forward Work-Plan

In January 2022, the forward workplan was discussed along with the items scheduled to be considered by the Committee before the end of March were noted, to include:

- Directors Objectives (where in post)
- Review of Committee Terms of Reference
- Annual Committee Effectiveness Survey
- Review of Overtime arrangements – by end of April 2022

Appointment of the Executive Director of Strategy

Members ratified the appointment of the Executive Director of Strategy and **approved** their remuneration and terms of service in January 2022.

Appointment of the Executive Director of Operations

Members **ratified** the appointment of the Executive Director of Operations and **approved** their remuneration and terms of service in January 2022.

Annual Leave Buy Back Scheme Update

The Remuneration and Terms of Service Committee **noted** the update on the previous paper presented in October 2021 regarding the option for staff to sell, up to 10 days annual leave (pro rata for part time staff) during 2021-22 leave year only. Members **noted** the new instructions from Welsh Government and the ongoing discussions taking place at a national level with Trade Unions.

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Annual Cycle of Business

During the March 2022 meeting, the Committee reviewed and approved the Committee

Annual Cycle of Business 2022/23.

Executive Director Objectives
Members discussed, reviewed and commented on the objectives for:

- Chief Executive Officer
- Executive Director of Finance
- Executive Medical Director
- Board Secretary

Appointment of the Director of People and Organisational Development
Members **ratified** the appointment of the Director of People and Organisational Development and **approved** their remuneration and terms of service in March 2022.

Annual Committee Effectiveness Survey
Members were requested to provide their views on the effectiveness of the Committee. The results of which were reported to the March 2022 Committee meeting and outlined an overall positive response and identified areas where further improvements could be made to the operating of the Committee.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The Remuneration and Terms of Service Committee is of the opinion that the draft Remuneration and Terms of Service Committee Annual Report 2021/22 is consistent with its role as set out within the terms of reference and that there are no matters the Committee is aware of at this time that have not been disclosed appropriately.

4 RECOMMENDATION

The SHA Board is being asked to:
APPROVE the Annual Report of the Remuneration and Terms of Service Committee 2021/22.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Development of the new Digital Organsation

CORPORATE RISK (ref if appropriate)	N/A

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

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03/05/2022 09:52:13

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	

Workforce EQIA page

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	17/03/2022	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	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

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DIGITAL HEALTH AND CARE WALES
ANNUAL REPORT OF THE LOCAL PARTNERSHIP FORUM 2021/22

Agenda Item	2.5iv

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Corporate Governance Support Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Approval
Recommendation	
The SHA Board is being asked to: **APPROVE** the Annual Report of the Local Partnership Forum 2021/22.	

Tolley, Laura
03/28/2022 09:52:13

Acronyms			
NWIS	NHS Wales Informatics Service	DHCW	Digital Health and Care Wales
SHA	Special Health Authority	LPF	Local Partnership Forum

1 SITUATION/BACKGROUND

1.1 In accordance with best practice and good governance, the Local Partnership Forum produces an Annual Report to the SHA Board which sets out how the Advisory Group has met its Terms of Reference during the financial year.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Purpose of the Local Partnership Forum

The DHCW Local Partnership Forum (LPF) is the formal mechanism where NHS Wales's employers and trade unions/professional bodies (hereafter referred to as staff organisations) work together to improve health services for the people of Wales. It is the forum where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.

At the earliest opportunity, DHCW members will engage with staff organisations in the key discussions within the SHA at the Board, LPF and Directorate levels.
The meeting is conducted in private due to the sensitive nature of some of the discussions, however, a set of abridged minutes is uploaded to the DHCW website.

2.2 Membership

All members of the LPF are full and equal members and share responsibility for the decisions of the LPF. The organisation shall agree the overall size and composition of the LPF in consultation with those staff organisations DHCW recognises for collective bargaining. The Trade Union member of the Board will be expected to attend the LPF in an ex-officio capacity. As a minimum, the membership of the LPF shall comprise:

- Chair: Associate Board Member – Trade Union and Chief Executive Officer
- Management Representatives:
  - Chief Executive / Executive Director of Finance, Deputy Chief Executive Officer
  - Board Secretary
  - General Managers from Directorates (as locally identified)
  - Director of People, Workforce and Organisational Development
  - Other Executive Directors and others may also be members or may be co-opted dependent upon the agenda.

Tolley Laura
03/24/2022 09:52:13

- **Staff Representatives**

  Staff representatives must be employed by DHCW. Staff representatives will usually consist of:-

  - Trade Union Stewards
  - Trade Union Regional Representatives
  - Other Staff Representatives

2.3 Quorum

A minimum of 50% of Management Representatives and 50% of Staff-side Representatives must be in attendance for the meeting to be quorate.

2.4 Meetings and Attendance

The committee met four times during the period 1 April 2021 and 31 March 2022. This is in line with its Terms of Reference. The Local Partnership Forum achieved an attendance rate of 68.75% for this period

	10.08.21	12.10.21	07.12.21	08.02.22	Attendance
Management Representatives					
Helen Thomas / Claire Osmundsen-Little (Chair) *	✓	✓	✓	✓	100%
Andrew Fletcher (Chair)	✓	✓	✓	✓	100%
Chris Darling	✓	✓	✓		100%
Shikala Mansfield	✓	✓	✓	✓	100%
Harriet Kings	X	X	X	X	0%
Gareth Evans	✓	✓	✓	✓	100%
Staff Representatives					
Andrew Bond	✓	✓	✓	X	75%
Paul Evans	✓	✓	✓	✓	100%
Joe Donnelly	X	X	X	X	0%
Morwenna Kinsey	✓	X	X	X	25%
Karen Windsor	✓	X	X	X	25%
Sam Crane (new member from 01/01/22)	N/A	N/A	N/A	✓	100%

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Total	82%	64%	64%	67%	69%

* The Chief Executive Officer, or in their absence, the Deputy Chief Executive shall be in attendance as a Management Representative.

2.5 Local Partnership Forum Agenda Items

During the financial year 2021/22 the Local Partnership Forum reviewed the following key items at its meetings:

- Terms of Reference

2.6 The Terms of Reference were reviewed and approved by the Advisory Group during the August 2021 meeting and subsequently reviewed at the meeting in February 2022.

- Annual Cycle of Business and Forward Workplan

  As a formal advisory group to the SHA Board, an annual cycle of business was completed for the Local Partnership Forum (LPF) to the end of March 2022 and a subsequent cycle of business for 2022-23 was developed and approved. In addition, work had been undertaken to develop a forward work plan for the LPF, the forward work plan was a working document and would note future agenda items for the meetings.

- Corporate Risk Register

  The risk register was received and reviewed at each meting during the period. Two specific workforce risks, Staff Vacancies and Resource Impact, were assigned to the LPF group to enable discussion. Updates were received at each meeting to discuss these along with the actions being taken to address and mitigate them.

- Policies

  A number of policies and procedures have been reviewed and noted by LPF during the 2021-22 period as part of the formal consultation process. These were:

  - Wales Secondment Policy
  - Anti-Malware Policy
  - Capital Management Procedure
  - Security Counter Terrorism Policy
  - Water Safety Policy
  - Reserve Forces Training and Mobilisation
  - Reimbursement of Removal and Associated Expenses Policy
  - Communications and Media Management
  - DHCW Communications Strategy
  - Intellectual Property

- Stakeholder Engagement Update

  LPF were advised that DHCW had engaged the Consultation Institute to work on several areas with the following deliverables:-

  - Vision and Values

Tolley Laura 03/24/2022 09:52:13

- A Stakeholder Map
- A Stakeholder Engagement Strategy
- A Stakeholder Engagement Plan

LPF Members received the Stakeholder Engagement Strategy at the October meeting and noted the focus would now move to developing the Stakeholder Engagement Plan.

- People & Professional Organisational Development Strategy
  The LPF noted in their October meeting the ongoing work to develop a People and Professional Organisational Development Strategy, all members welcomed the development of this strategy, noting it's importance for DHCW.

- Organisational Change
  Verbal updates were received at each meeting during the period which outlined the progress being made on the Executive Structure proposal i.e. five Executive officer roles, three of which were specific for a Chief Executive Officer, Executive Director of Finance and Executive Medical Director and two additional roles Executive Director of Delivery and Executive Director of Strategy. A further two Director roles were proposed, Director of Primary & Community & Mental Services and Director of People, Organisational & Professional Development. The LPF were updated on the recruitment process for these appointment at each meeting which was welcomed.

- NHS Staff Survey (Staff Engagement)
  Surveys were sent out during the period to engage with staff and elicit their views on topics such as home working and Vison and Values. Feedback was gathered and shared with the LPF and it was noted that staff wellbeing had improved with a preference for flexibility to work from home and the office.

- All Wales Workforce Review
  LPF received updates from a National perspective on a regular basis, which included the agreed extra day's leave for 2021/22, and the National Pay Award.

- Staff Recognition Awards
  LPF were encouraged to put forward nominations for the Staff Recognition Awards at the meeting held in February 2022.

- Project Updates
  LPF received a number of informative updates on various projects that had been undertaken or were ongoing throughout the period such as:

  - Cloud Strategy
  - e-Prescribing Updates
  - Office 365 Centre of Excellence Update
  - IMTP
  - Baseline Governance Review
  - DHCW in Africa

Tolley Laura
03/24/2022 09:52:13

- Union Update
  The Trade Unions provided updates at each meeting, in particular the updates related to the NHS Pay Award and the Trade Union positions on the offer of the workforce package from Welsh Government.

- Vision and Mission Consultation
  LPF discussed in detail DHCW's revised Vision statement and put forward the collective preference of the following statement option: 'Providing world leading digital services, empowering people to live healthier lives'.

- Workforce Performance Report / Dashboard
  The workforce report and dashboard were received and discussed at each meeting. In addition, members received updates in relation to ESR, Statutory and Mandatory training, Appraisals and Exit Interviews.

- Financial Performance
  At each meeting, the LPF were presented with a detailed finance report, it was noted that the open and transparent financial reporting was extremely positive.

- Annual Report
  The Annual Report will be reviewed at the April 2022 Committee meeting

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

Th Partnership Forum is of the opinion that the draft Local Partnership Annual Report 2021/22 is consistent with its role as set out within the terms of reference and that there are no matters the Advisory Group is aware of at this time that have not been disclosed appropriately.

4 RECOMMENDATION

The SHA Board is being asked to:
APPROVE the Annual Report of the Local Partnership Forum 2021/22.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Development of the new Digital Organsation
CORPORATE RISK (ref if appropriate)	N/A
WELL-BEING OF FUTURE GENERATIONS ACT	A globally responsible Wales

Tolley,Laura
03/24/2022 08:52:13

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	

Workforce EQIA page

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	17/03/2022	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	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC	No. there are no specific socio-economic implications related to the activity outlined in this report

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IMPLICATION/IMPACT	

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03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
SHA BOARD EFFECTIVENESS SELF ASSESSMENT REPORT

Agenda Item	2.6

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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	Simon Jones, Chair of the SHA Board

Purpose of the Report	For Discussion/Review
Recommendation	
The Board is being asked to: **NOTE** the content of the report and **DISCUSS** the findings.	

Tracy Myhara
03/22/2022 09:52:13

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

1 SITUATION/BACKGROUND

1.1 On an annual basis the SHA Board are required to undertake a self-assessment of their effectiveness.

1.2 Members of the Board are asked to discuss and review the effectiveness self-assessment questionnaire relating to the activities and performance of the Board on behalf of the Board during 2021/22 since its formal establishment on April 1st 2021.

1.3 Members should note nine responses were received. The report does not include direct comments in order to ensure anonymity.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 SUMMARY REPORT

The report is split into three areas:

- Positive assurance
- Areas Requiring Further Assurance
- Areas for further action

Positive Assurance	Area: Composition, Establishment and Duties
	Members were aware that: • **Standing Orders** were in place to govern the way the Board operates and that these would be reviewed on an annual basis. Members felt that: • All nine responses felt that the SHA Board had been provided with **sufficient authority** and resources to perform its role effectively. • All nine responses felt that SHA Board meetings were scheduled prior to important decisions being made. • Eight out of nine responses felt that where **private meetings** of the SHA Board are held, that these have been used appropriately for items that should not be discussed in the public domain (i.e., commercially sensitive items). • All nine respondents felt that each agenda item is **'closed off' appropriately** so it is clear what the conclusion is. • All nine respondents felt that having **virtual SHA Board meetings had been effective.** A number of benefits of holding public Board meetings virtually were highlighted including - reducing demands of

Tolley Laura
03/24/2022 09:52:13

	travelling and reducing the Board's carbon footprint, as well as making meetings more accessible to the public. • The majority of respondents advised that they did not feel they needed any additional **training** to carry out their role as a member of the Board, and that if any training needs were identified they would be requested. • Training courses completed to date were noted as being helpful for a number of Board members. • The move to from Microsoft Teams to the **Zoom** platform for virtual Board meetings was identified as appearing to have helped to generate fuller board discussions. • The **quality of the papers** submitted to the board was identified as having improved and the Executive taking on board feedback well in this area. • The Board is **well supported** by the corporate governance team with Board secretariat identified as particularly effective and providing excellent support. • There was a feeling that the Board had made a **successful start** as a new SHA despite not being able to meet face to face and with gaps in the Executive Team.
	Area: Board Leadership and Support
	Findings: • Eight of out nine respondents felt that the SHA Board meetings are **chaired effectively** and with clarity of purpose and outcome. • Seven out of nine respondents felt that the SHA Board Chair provides **clear and concise information** on the activities of the Board and the implication of all identified gaps in assurance and/or control. It was noted that a good start had been made to ensure assurance against gaps but that there was more work to do. • All respondents felt that the SHA Board was **adequately supported by Executive Directors** in terms of attendance, quality and length of papers and response to challenges/questions. • All respondents felt that the SHA Board **well supported by the meeting Secretariat**.
Areas Requiring Further Assurance	Area: Composition, Establishment and Duties
	Findings: • Eight out of nine respondents would you welcome **greater user of the Welsh Language** at meetings, including greater use of Welsh greetings. However, it was also noted that significant progress of the use of the Welsh Language had recently been achieved. • Whilst there was overwhelming support for virtual formal public meetings, several Board members highlighted the benefit of adopting a more **hybrid approach for Board development activity** where informal interaction amongst Board members was seen as important. • There was a comment that some of the external parties involved in

Tolley Laura 03/24/2022 09:52:13

	Board Development days have been mixed in terms of their performance. • It was noted the substantive Chair had only been in post for two meetings at the time of making the self-assessment effectiveness particularly in relation to the SHA Board Chair providing clear and concise information on the activities of the Board and the implication of all identified gaps in assurance and/or control. • Two Board members identified **training needs** to aid their role as a Board member. • Although papers have improved hugely but there is always room for further improvement. • Settling on an **organisational performance dashboard** was identified as being useful to progress for the Board. • The recruitment of additional members of the Executive Team was identified as important. • Work is ongoing on raising the profile of DHCW externally and this was identified as continuing to be very important moving forward.
	Area: Board Leadership and Support
	Findings: • With the appointment of a new Chair and Executive Director, and the departure of an Independent Member, work on Board cohesion was suggested.

Areas Requiring Further Action

Action Plan	Action	Lead	Timeframe
1.	Board OD work to help build Board cohesion, recognising new Executive appointments, a new Independent Member appointment and substantive Chair recently appointed.	Board Secretary	May 2022 – March 2023
2.	Continue to make greater use of the Welsh Language at Board meetings, building on the work to date.	Board Secretary	May 2022 onwards
3.	Explore use of hybrid meetings for Board Development days moving forward if Covid-19 restrictions allow.	Board Secretary	May 2022 onwards
4.	Explore Board members training needs where additional training was identified as being helpful by individual Board members.	Board Secretary	April 2022
5.	Refine and agree a performance dashboard to be presented to Board.	Executive Director of Strategy	2022/23
Appendices	SHA Board Committee Effectiveness Self-Assessment Survey		

Tolley, Laura
03/24/2022 09:52:13

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The outcome of the SHA Board Effectiveness Survey will be considered by the SHA Board to ensure learning and drive improvement addressing areas where further improvements can be made to the operating of the Board. This survey will be considered alongside the Committee Self Effectiveness Surveys.

4 RECOMMENDATION

The Board is being asked to:
NOTE the content of the report and **DISCUSS** the findings.

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	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	

Workforce EQIA page

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME

Tracey Morris
03/2022 09:52:13

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

Tolley Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
HEALTH & CARE STANDARDS ASSESSMENT 2021/22

Agenda Item	2.7

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Julie Ash, Head of Corporate Services
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Noting

Recommendation

The Board is being asked to **NOTE** the Health and Care Standards Annual Assessment for 2021/22.

Julie Laura Ash 03/04/2022 09:52:13

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Acronyms			
DHCW	Digital Health & Care Wales	SHA	Special Health Authority
WCP	Welsh Clinical Portal	SOs	Standing Orders
SFIs	Standing Financial Instructions	IG	Information Governance
NIIAS	National Intelligent Integrated Audit Solution	WASPI	Wales Accord for Sharing of Personal Information
WCDR	Welsh Clinical Data Repository	DPO	Data Protection Officer

1 SITUATION/BACKGROUND

1.1 The Health and Care Standards Wales 2015 set out the requirements for the delivery of health care in Wales at every level and in every setting. The standards have been designed to fit the seven themes of the NHS Outcomes and Delivery Framework and establish a basis for improving the quality and safety of healthcare services, by providing a framework to identify strengths and areas for improvement.

1.2 The seven themes collectively describe how a service provides high quality, safe and reliable care, centred on the person. Person centred care is positioned in the centre of illustration and the dependence on good governance, leadership and accountability is illustrated by placing them around the seven themes. The seven themes are (supported by an overarching Governance, Leadership and Accountability Standard) are:

- Staying Healthy
- Safe Care
- Effective Care
- Dignified Care
- Timely Care
- Individual Care
- Our Staff

1.3 The Audit and Assurance Committee, and Digital Governance and Safety Committee received the Health and Care Standards Annual Assessment in January 2022 and February 2022 respectively to ensure both Committees have sight of achievements and improvement actions for standards that fall under their remits.

Tolley Laura
03/24/2022 09:52:13

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Self-Assessment ratings are categorised as follows:

1 We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve	2 We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	3 We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	4 We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	5 We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from

2.2 Leads for each standard were identified and assessments undertaken which were subject to review by the relevant Director Lead and the Risk Management Group. Assessment scores, achievements throughout the year and improvement actions for the next year are summarised in the tables below:

Governance, Leadership and Accountability		Score 2020/21	Score 2021/22
		5	3
Std 0 Governance		0 Governance	

Our Achievements:

- Successful launch of DHCW, with SOs/SFIs and essential Policies approved at the inaugural Board Meeting on 1 April 2021
- The establishment of a robust Planning and Performance Management functions, supported by a team led by the Chief Operating Officer and the organisation-wide Planning and Performance Management Group (PPMG)
- Delivering the business of the Board and associated Committees and Advisory Groups virtually
- Virtual and Hybrid Board Development Programme to embed and develop the new Board

Our Priorities and Aims 2022/23

- To implement a new structure as a result of re-organisation following appointment of two further Executive Director Roles and three Board level Director roles (**August 2022**)
- To provide a Programme of Board Development and Board Briefing Sessions throughout 2022/23 (March 2023)
- Implementation of the Risk and Board Assurance Framework Strategy including the new risk appetite across the organisation (May 2022)
- Development of the Governance Assurance Framework and implementation across the organisation (April 2022)

Tolley Laura
03/24/2022 09:52:13

Staying healthy	Score 2020/21	Score 2021/22
	4	4
Std 1.1 Health Promotion	1 Staying Healthy	

Our Achievements:

- During Covid-19, continued to support staff working remotely and updated Covid-19 support pages
- Re-certification of BS76000 Valuing People Standard
- Corporate Health Standard Status Check

Our Priorities and Aims 2022/23

- Achievement of the new Healthy Working Wales Wellbeing Standard (December 2022)
- Implementation of new model of working by April 2022, to become a more attractive and flexible employer of choice (May 2022)

Safe care	Score 2020/21	Score 2021/22
Std 2.1 Managing Risk and H&S	5	4
Std 2.2 Preventing Pressure Damage	N/A	N/A
Std 2.3 Falls Prevention	N/A	N/A
Std 2.4 Infection Prevention and Control	5	5
Std 2.5 Nutrition and Hydration	N/A	N/A
Std 2.6 Medicines Management	N/A	N/A
Std 2.7 Safeguarding	N/A	N/A
Std 2.8 Blood Management	N/A	N/A
Std 2.9 Medical Devices, Equipment and Systems	3	4

2.1 Managing Risk and Promoting Health & Safety
2.4 Infection Prevention and Control (IPC) and Decontamination
2.9 Medical Devices Equipment and Diagnostic Systems

Our Achievements:

- Development of a Risk and Board Assurance Framework for DHCW
- Development of an Organisation-wide Risk Appetite
- Appointment of a Water Safety Consultant and establishment of a DHCW Water Safety Group
- Maintained compliance of organisation led testing at all sites
- Put in place controls in our office in response to the Covid-19 Pandemic and Welsh Government Guidance to ensure that our offices remain Covid-19 secure enabling some on-site presence where required
- Formation of the Medical Devices and Alerts Group
- Development of a defined projects strategy and plan of implementation to ensure compliance with Medical Devices Regulations

Tolley Laura (03/24/2022 09:53:13)

Our Priorities and Aims 2022/23

- Undertake and publish Business Impact Analyses for all DHCW Teams (June 2022)
- Upgrade to new Datix Cloud (Risk and Incident Management System) as part of Once for Wales

Programme (December 2022)
- Appoint Corporate Services Estates Officer for the North Wales region (April 2022)
- Plan testing of plant systems and equipment (April 2022)
- Review and confirm future Estate footprint (June 2022)
- Work across the organisation to integrate Medical Devices Regulations at departmental level and educating on cultural impact (Ongoing activity to March 2023 and beyond)

Effective care	Score 2020/21	Score 2021/22
Std 3.1 Safe and clinically Effective Care	5	5
Std 3.2 Communicating Effectively	5	3
Std 3.3 Quality Improvement, Research and Innovation	4	4
Std 3.4 IG and Technology	4	4
Std 3.5 Record Keeping	4	4

3.1 Safe and Clinically Effective Care
3.2 Communicating Effectively
3.3 Quality Improvement, Research and Innovation
3.4 IG and Technology
3.5 Record Keeping

Our Achievements:
- Robust National Informatics Assurance process and Clinical Risk Management processes has helped to deliver key pandemic response electronic systems
- In April 2021 we became a Special Health Authority, Digital Health and Care Wales. We worked to set up open and effective communications to enable the new Board to hold virtual Board Meetings with the ability for the Public to access the meetings
- We continued to provide communications through all our channels in the appropriate format and language
- Collaboration across healthcare and with academia and industry has been maintained
- Networked Data Labs Wales have published co-authored reports on Shielded Patients during Covid-19 and Children and Young People's access to Mental Health Services during Covid-19
- Creation of an IG Framework for Wales (supporting Primary and Secondary Care) – IG Toolkit, National Intelligent Integrated Audit Solution (NIIAS), Data Protection Officer (DPO) Service for GP, support for Wales Information Governance Board and Wales IG Management Advisory Group
- Maintaining the Wales Accord for Sharing of Personal Information (WASPI)
- Development of Welsh Clinical Portal (WCP) and its implementation has increased significantly over the last year

Our Priorities and Aims 2022/23
- Increase the inclusion of Clinical Professionals on the safe design and implementation of clinical systems in the areas of Mental Health, Maternity, Nursing and other specialist areas (April 2022)
- Raising awareness and understanding of the role and products of DHCW with Stakeholders, including NHS Staff, Patients and Public and also raising awareness of the Board and SHA Governance model (Ongoing activity)

Tolley, Kerra 03/24/2022 09:02:13

- Build and grow the reputation of DHCW with all our Stakeholders and continue providing open, effective and accessible communications to NHS Staff, Patients and Public (Ongoing Activity)
- Strengthen research, improvement and innovation as part of the organisation's objectives (June 2022)
- Development and embedding of Data Strategy (September 2022)
- Maintain the IG Framework in support of the Covid-19 pandemic – to include the technical support for the Test, Trace and Protect WG Strategy – examples include roll-out of the Wales Immunisation System (WIS) and Track and Trace System (April 2022)
- Expending BS10008 Standard to bring in Welsh Clinical Data Repository (WCDR) (April 2022)

Dignified care	Score 2020/21	Score 2021/22
Std 4.1 Dignified Care	N/A	N/A
Std 4.2 Patient Information	N/A	N/A
Not Applicable to DHCW		

Timely care	Score 2020/21	Score 2021/22
Std 5.1 Timely Access	N/A	N/A
Not Applicable to DHCW		

Individual care	Score 2020/21	Score 2021/22
Std 6.1 Promote Independence	N/A	N/A
Std 6.2 Peoples Rights	3	4
Std 6.3 Learning from Feedback	5	4

6.2 Peoples Rights
6.3 Listening and Learning from Feedback

Our Achievements:

- People and OD Strategy implemented which includes Diversity and Inclusion Workstream and aligned to Wellbeing of Future Generation Act (WBFGA) and maintenance of BS 76000 Standard
- Launch of Yammer to enable social groups to be formed
- Creation of a Shared Listening and Learning Framework to be overseen by the SHA Board
- Establishment of Patients and Public Assurance Group and Stakeholder Networks for Digital Services for Patients and the Public and user research activity has commenced

Our Priorities and Aims 2022/23

- Implementation of Diversity and Inclusion Forum and Strategy (June 2022)
- Delivery of Equality Training (April 2022)
- NHS App to be made available for the Patients and Public in Wales (May 2022)
- Review of the Shared Listening and Learning Framework (April 2022)
- Updating the Putting Things Right Regulations to include SHAs (December 2022)

Tolley, Lisa 03/24/2022 09:41:13

- Strengthening the DHCW Incident and Learning Review Group's reach and embedding the learning across the organisation (March 2023)
- Further develop processes for recording and acting upon Stakeholder Feedback (June 2022)

Our staff	Score 2020/21	Score 2021/22
Std 7.1 Workforce	4	4

7.1 Workforce

Our Achievements:

- Procurement of e-learning platform
- Apprentice recruitment and appointment of Finance and Management Graduate Trainees
- Delivery of Management Programmes and Workforce Planning Training

Our Priorities and Aims 2022/23

- To continue to progress e-learning platform and deliver an internal training programme
- To progress partnerships with academic institutions and increase number of placements and work experience opportunities in the organisation
- Workforce Planning

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Improvement actions identified from the self-assessment will be included within the DHCW Health & Care Standards improvement plan and monitored by the Risk Management Group with reports at mid and end year.

3.2 A comprehensive update report will be provided to the relevant DHCW Committee at the end of the period with the next annual submission and shared with the SHA Board as appropriate.

4 RECOMMENDATION

4.1 The Board is being asked to **NOTE** the Health and Care Standards Annual Assessment for 2021/22.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply
CORPORATE RISK (ref if appropriate)	Not applicable

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WELL-BEING OF FUTURE GENERATIONS ACT	Choose an item.
All Wellbeing Goals apply	

DHCW QUALITY STANDARDS	ISO 9001
ISO 14001, BS 10008, BS 76000, ISO 20000	

HEALTH CARE STANDARD	Governance, leadership and acccountability
This report covers all Health and Care Standards applicable to DHCW	

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

Workforce EQIA page

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	3rd December 2021	Approved
Management Board	16th December 2021	Approved
Audit & Assurance Committee	18th January 2022	Received for Assurance
Digital Governance & Safety Committee	18th February 2022	Received for Assurance

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below The assessment considers if services are provided in a high quality and safe manner
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Some standards require compliance with legislation such as Infection Control and Medical Devices
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 Standards consider equality, the safety of the workforce and workforce activity

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

Tolley Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
SHARED LISTENING AND LEARNING PRESENTATION – DHCW SERVICE DESK

Agenda Item	3.1

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Dr Ian Cox, Head of Client Services
Presented By	Dr Ian Cox, Head of Client Services

Purpose of the Report	For Discussion/Review
Recommendation	
The Board is being asked to: **DISCUSS** the shared listening and learning presentation.	

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

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 presentation for the March Board meeting is from a DHCW Service Desk perspective and focuses on its development journey which started in 2018 and lessons learnt along the way.

2.2 The presentation focuses on:

- Managing the Customer Experience
- Managing Employee Satisfaction
- People Management
- Management Information and Performance
- Leadership

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 A copy of the presentation is included at item 3.1i Appendix A.

4 RECOMMENDATION

The Board is being asked to:

DISCUSS the Shared listening and learning presentation.

Laura
04/04/2022 09:52:13

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: 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
Rhidian Hurle	March 2022	Approved

IMPACT ASSESSMENT	
	Yes, please see detail below

Tracy/Laura
03/24/2022 09:52:13

QUALITY AND SAFETY IMPLICATIONS/IMPACT	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

Tolley Laura 03/24/2022 09:52:13

Service Desk

Our Improvement Journey

DHCW Board Presentation: March 31st, 2022

Dr Ian Cox, Head of Client Services

Tolley, Laura
03/24/2022 09:52:13

The DHCW Service Desk

58 Staff providing support for over 100 IT Services

- 247,000 support requests in 2021
- 7000 telephone calls a month
- Pan Wales support, 365 days/year

Tolley, Laura
03/24/2022 09:52:13

Certified customer-led service desk

First Point of Contact for 16,000+ users across over 600 locations:

- GP Practices
- NHS Wales Shared Services Partnership
- Health Education and Improvement Wales
- National Imaging Academy
- Community Pharmacies
- NHS Wales Health Collaborative
- Non-Statutory Hospices
- Prison Health Centers
- Digital Health and Care Wales

Managing the Customer Experience

- Main point of contact with our organisation for most NHS staff
- Development of a system to help collect feedback and create organisational profiles
  – **the Feedback Hub introduced in 2021**
- Feedback now routinely used for staff recognition and to **drive service improvement activity**
- Feedback Hub now being used outside the Service Desk and **made available to wider NHS**

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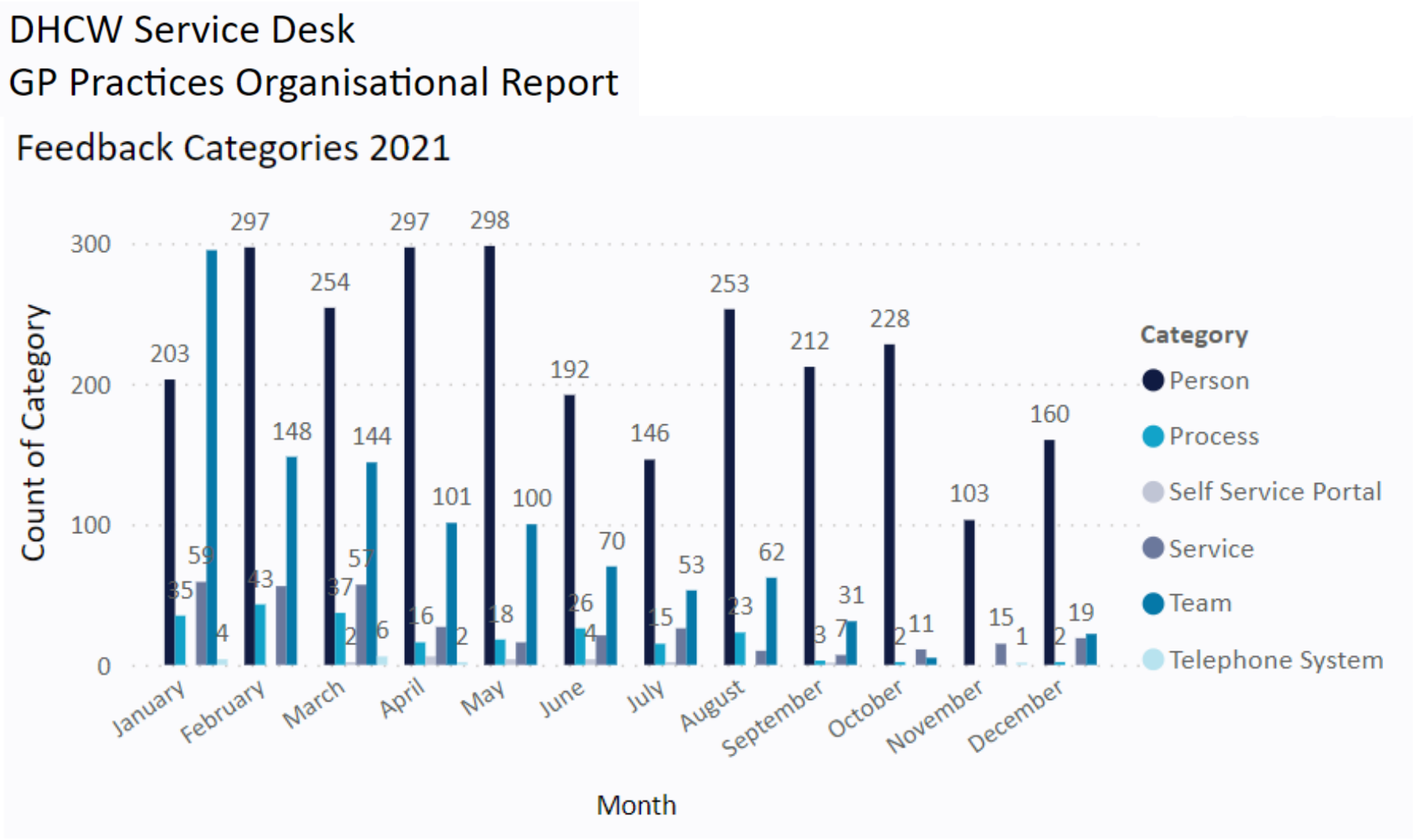
Managing the Customer Experience



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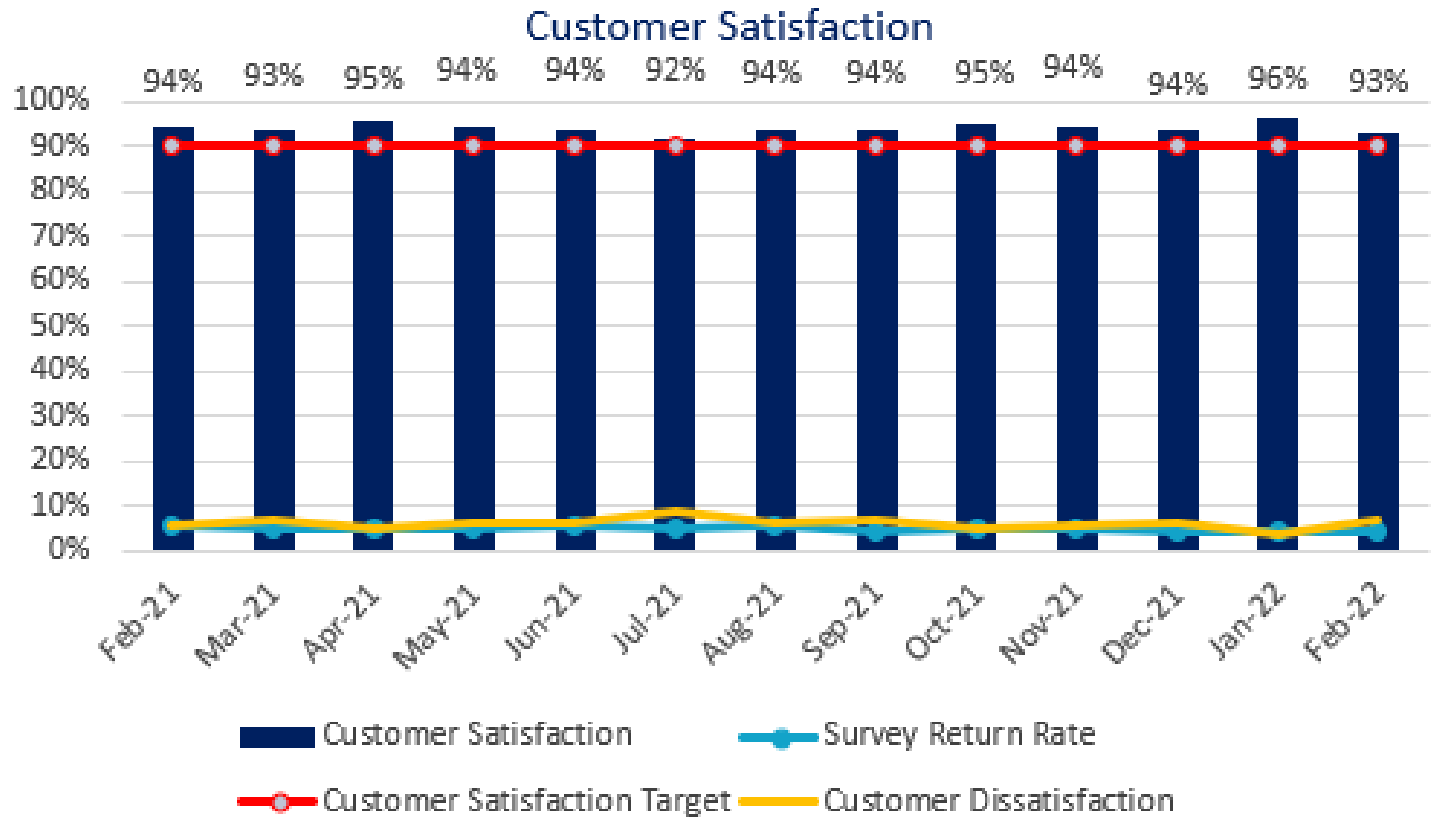
03/24/2022 09:52:13

Managing the Customer Experience

- Customer Satisfaction has increased from 82% in 2017 to 94% in 2022
- Now consistently above target
- All feedback of positive or negative sentiment is reviewed and forms part of our Service Improvement Programme, and staff Reward and Recognition Scheme



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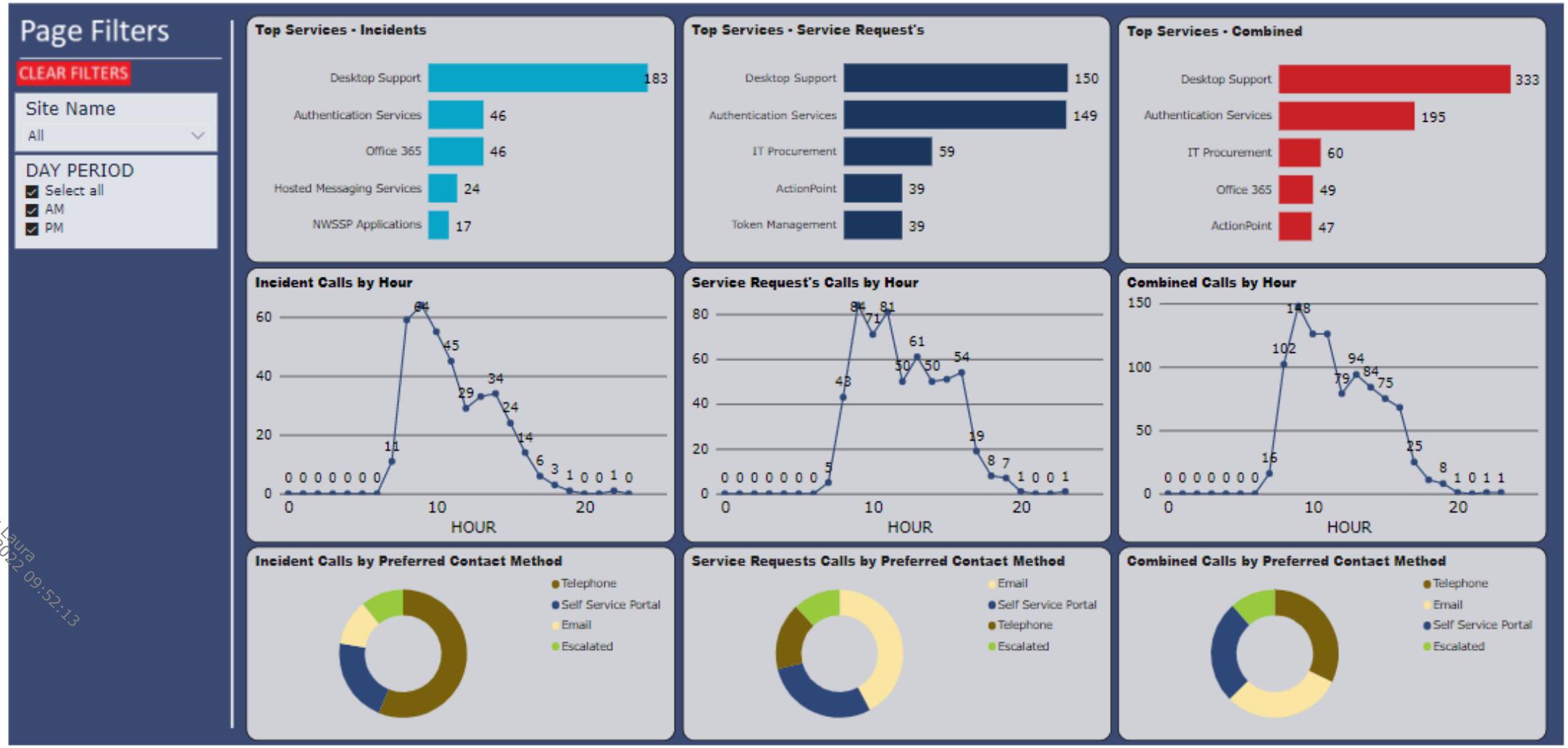
Managing the Customer Experience

ORGANISATION PROFILING

NWSSP | Multiple Sites | February 2022



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Managing Employee Satisfaction

- Employee Feedback
- Health & Wellbeing Survey
- Structured Training & Development Programme *(coaching and mentoring)*
- Quality Management
- Reward and Recognition Scheme

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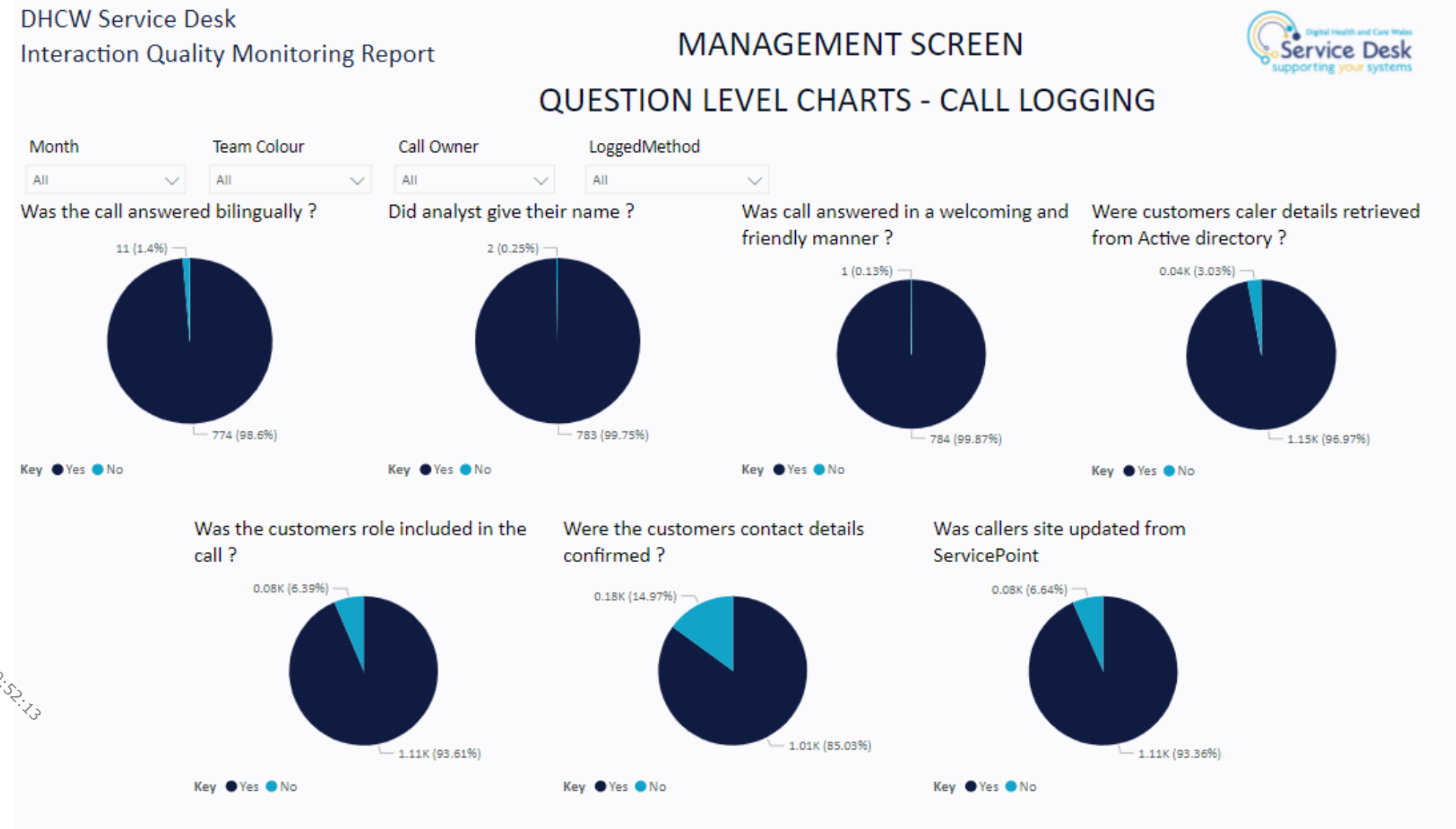
Quality Management – Call Handling



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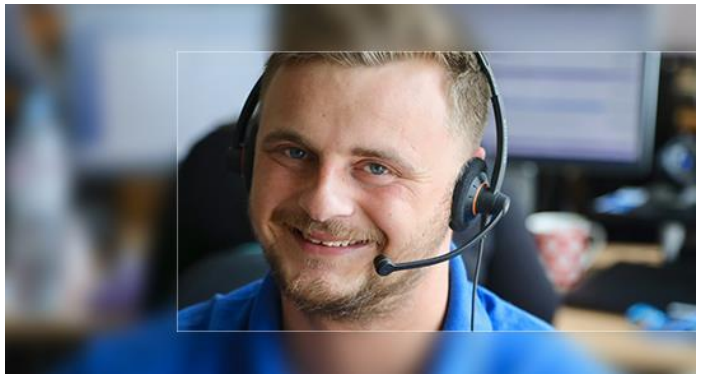
Managing Employee Satisfaction



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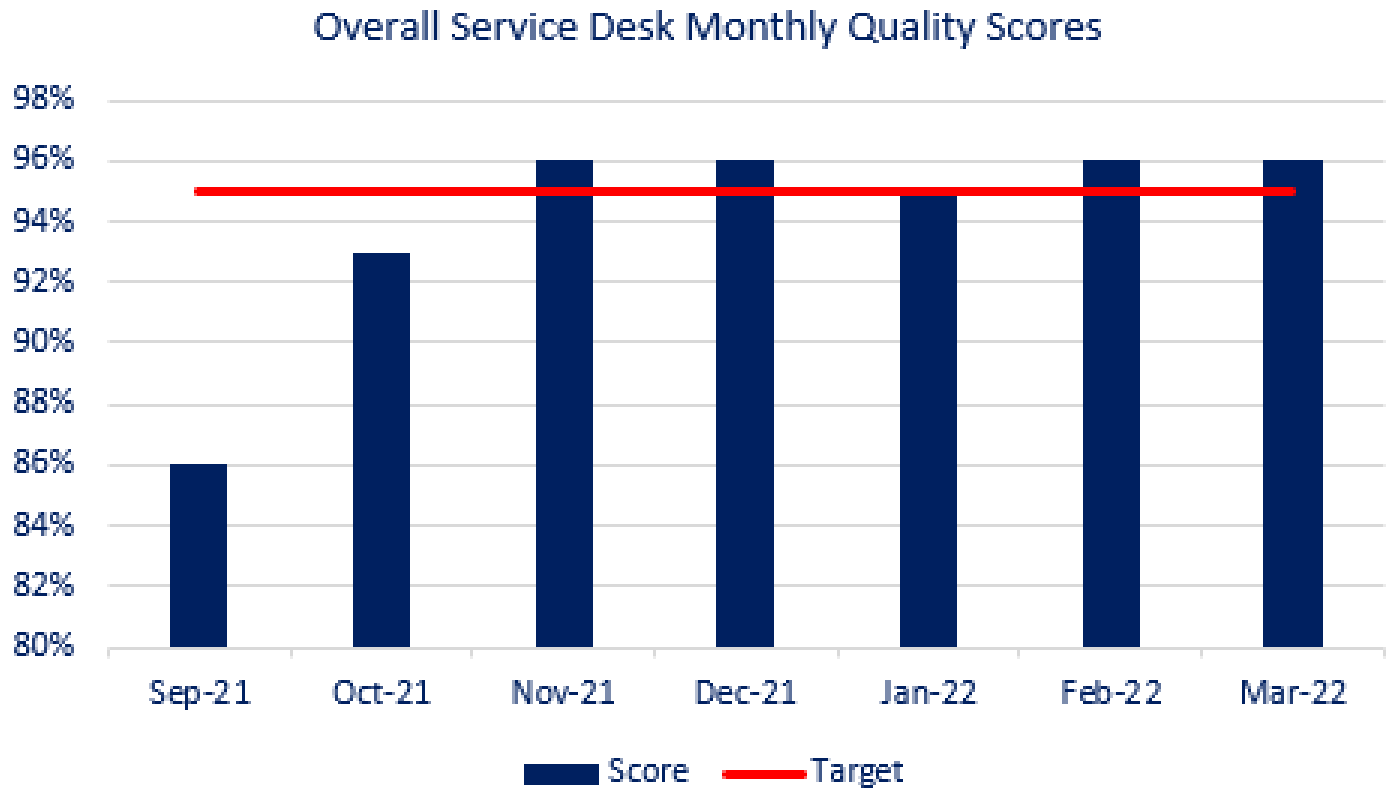
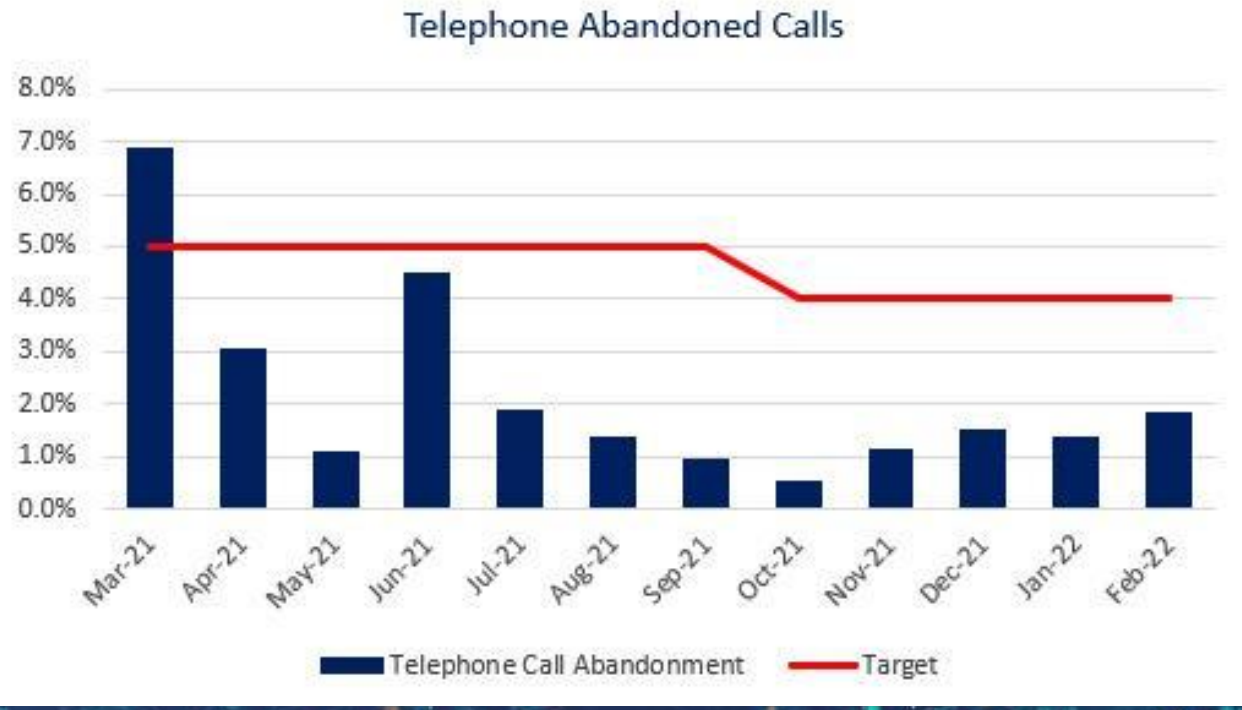


People Management

Move to 7 day (365) working in response to the pandemic
- 30% increase in Service Desk headcount

Onboarding new staff when working remotely whilst improving the service

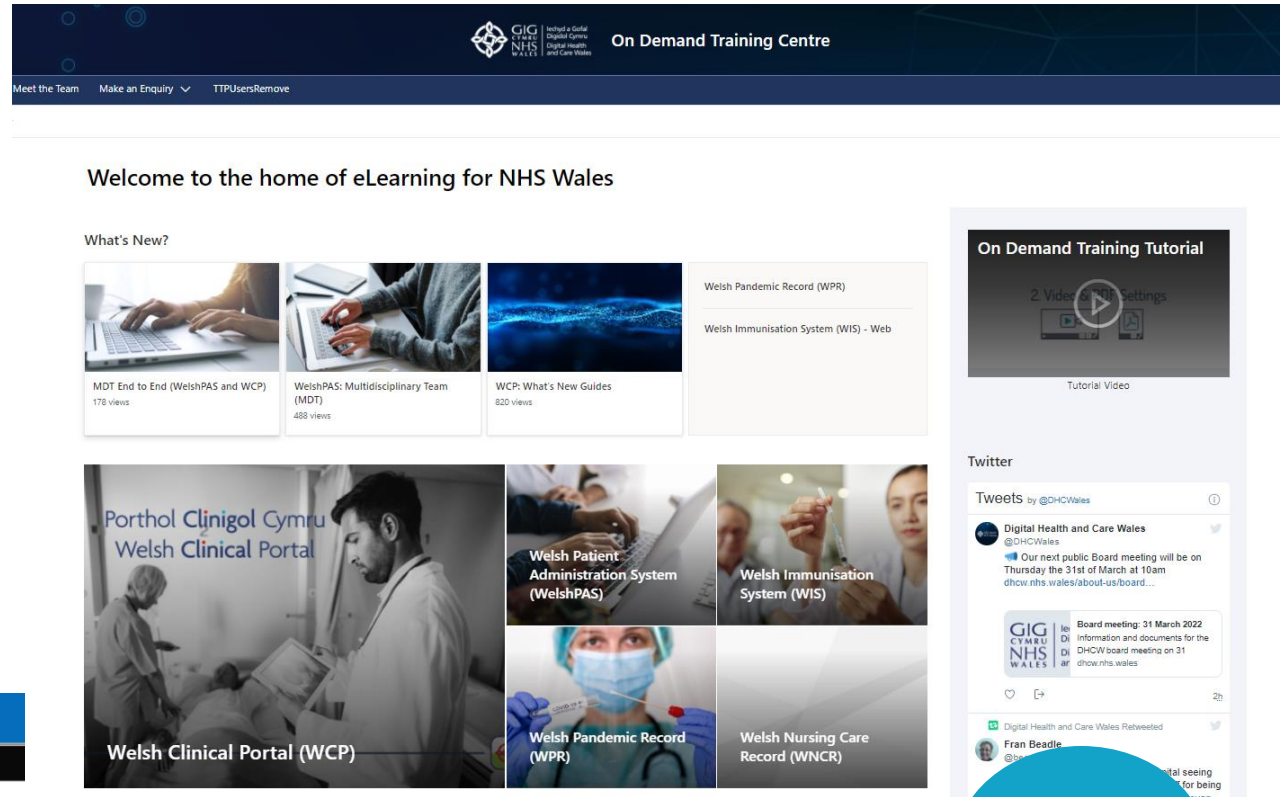
Welsh Immunisation System



Tolley, Laura
03/24/2022 09:52:13

Leadership

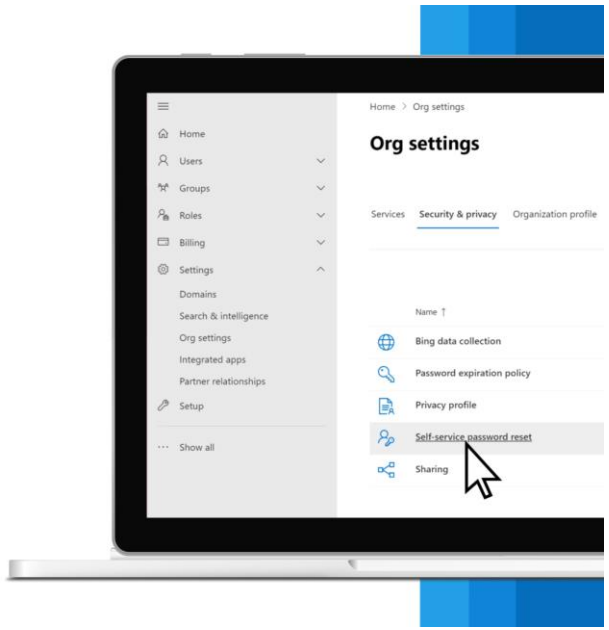
- E-learning system
- New major incident communication system
- Security enhancements



17,000 views

Microsoft 365

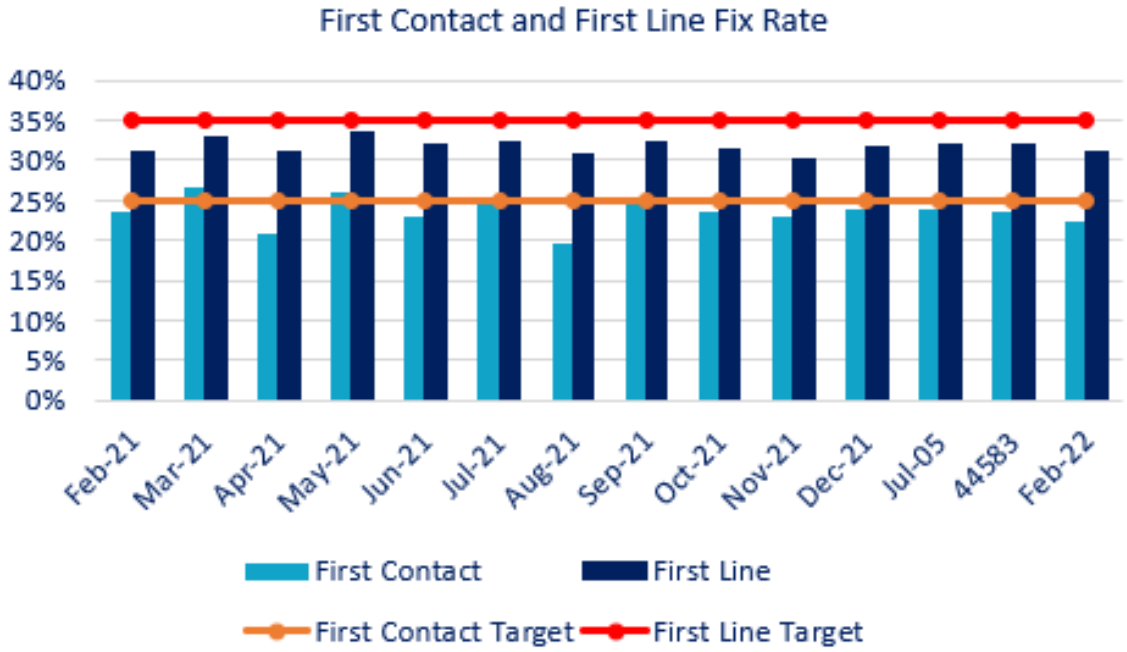
Set up self-service password reset

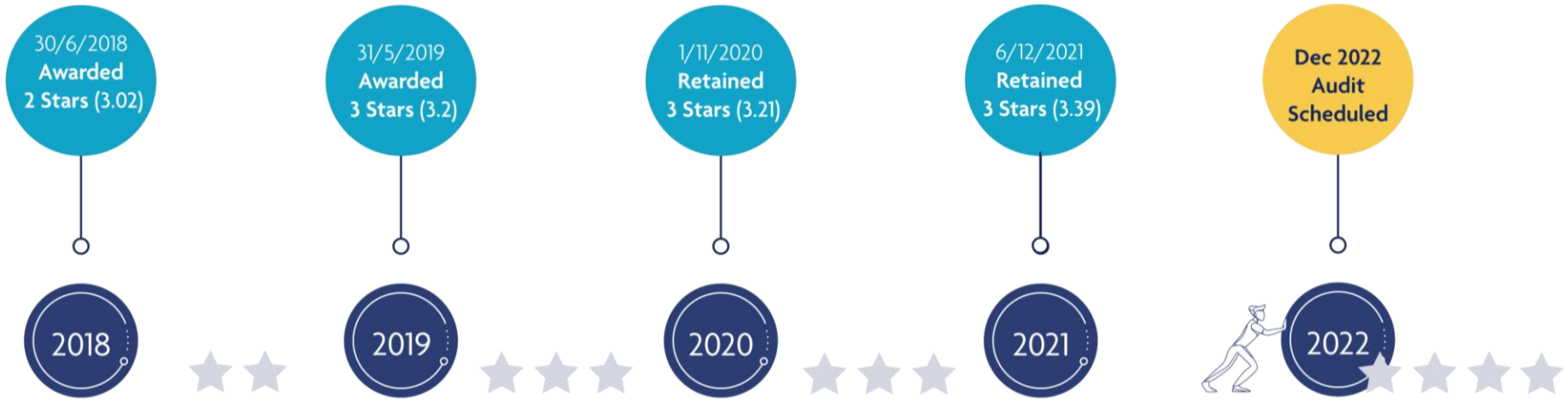


Tolley, Laura
03/24/2022 09:52:55

Where Next?

- Improve 'First Line' and 'First Contact' Fix Rates
- Improved Knowledge Management
- Continue to improve and achieve 4 Star Business Led (SDI) certification





Tolley, Laura
03/24/2022 09:52:13

THANK YOU

A dedicated and committed team. Just want to say a big thank you for your continued support during this challenging times
(LHB)

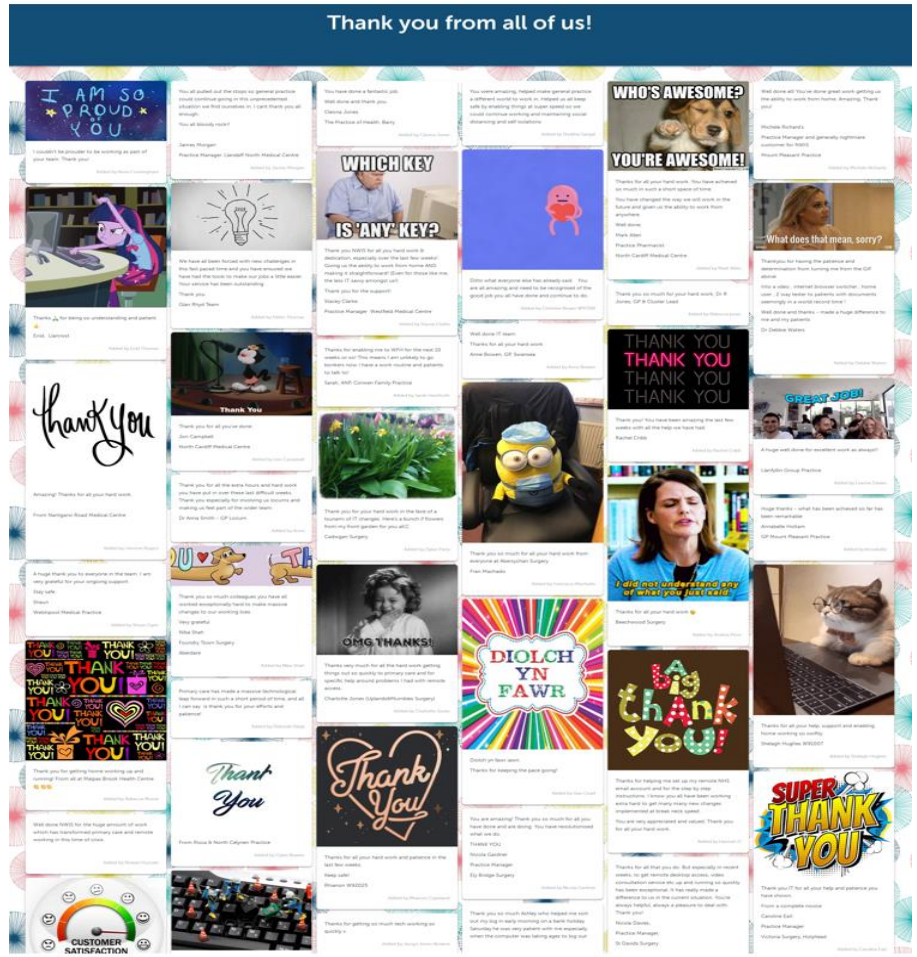
Fantastic service provided by extremely patient staff. Thank you for all your support and help throughout 2021 it's been a difficult year
(LHB)

Very tailored and personal service and very helpful in committing to find a resolution to the issue
(NWSSP)

Instant response and my request was solved immediately. Very impressed and always a pleasure to have such a fantastic IT support team
(NWSSP)

Never too much trouble ALWAYS pleasant and helpful and the response time is excellent
(GP Practice)

Superb service all day from all support technicians
(GP Practice)



What can I say that has not already been said superb support at this challenging time. Thank you is not good enough to show appreciation for the DHCW Team
(GP Practice)

Really helpful and patient when having to deal with colleagues who are not so computer literate. They spend the time in resolving your problems without becoming inpatient
(LHB)

Exceptionally punctual service - allows us to enable staff isolating to undertake some of the workload and therefore release pressure.
(GP Practice)

Tolley, Laura
03/24/2022 09:02:13

DIGITAL HEALTH AND CARE WALES
CHAIR'S REPORT

Agenda Item	4.1

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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	Simon Jones, Chair

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

Ymlaen Llwyra
03/2022 09:52:13

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
NWSSP	NHS Wales Shared Services Partnership	GCHQ	Government Communications Headquarters

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 Induction Meetings

Given the number of staff, stakeholders and partners DCHW have it was always going to take me time to get around everyone since coming into post on the 1 October 2021. I have continued to have many induction meetings over the past two months including DHCW staff and programme SROs. I am very grateful to those who have given their time to date.

2.2 Future Board Business

As restrictions in relation to Covid-19 ease the Board are considering the most effective way to operate to ensure the benefits brought from virtual working are maximised whilst also allowing for face-to-face interaction where this might improve the Board's effectiveness. All Wales considerations via the Board Secretaries Peer Group are being considered in terms of how we move forward, and an internal DHCW Board Survey on virtual working is in the process of being collated to inform next steps. This consideration does not just relate to the Board, the wider organisation are moving to a more hybrid way of working from the 1 April 2022. It is expected that Board development work will move to a more hybrid way of working as and when it is safe to do so, adhering to national guidance and local Health and Safety assessments.

2.3 Committee Meetings

The DHCW Board has a responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in its work and to demonstrate openness

Tolley Laura
03/24/2022 09:52:13

and transparency in the conduct of business. As such, DHCW Board meeting's have been live streamed since DHCW's inception to allow citizens to observe Board meetings.

The Audit Wales Report Doing it Differently, Doing it Right – Governance in the NHS during the COVID-10 crisis – key themes, lessons and opportunities (January 2021) identifies virtual meetings as a way of maintaining and in some respects enhancing openness and transparency.

To ensure DHCW Committee business is as accessible as possible and taking into account feedback from the Audit Wales Baseline Governance review (January 2022). From the 1 April 2022 DCHW will record all Committee meetings which are held in public and post these recordings on the DHCW website to maximise our openness and transparency as an organisation. Any business not suitable for discussion in public session will continue to be held in private (or closed) sessions which will not be recorded, but the outcome of the discussions will be presented to the following public Committee meeting.

2.4 Covid-19 UK Government Inquiry Terms of Reference

The UK Government published the draft Terms of Reference for the forthcoming Covid 19 Inquiry into the pandemic. Comments and feedback on the draft Terms of Reference are being collated by the NHS Wales Collaborative on behalf of NHS bodies. Relevant aspects in the draft Terms of Reference for DHCW to consider include:

- preparedness and resilience;
- how decisions were made, communicated and implemented;
- intergovernmental decision-making;
- the availability and use of data and evidence
- legislative and regulatory control;
- shielding and the protection of the clinically vulnerable;
- testing and contact tracing, and isolation;
- the safeguarding of public funds and management of financial risk.

This announcement builds on the DCHW Board Briefing held with NWSSP Legal and Risk services to consider the DHCW approach to the inquiry.

2.5 All Wales Chair Peer Group Feedback 1 March 2022

I attended the All-Wales Chairs Peer Group meeting on the 1 March 2022. I was able to provide a briefing on the steps being taken by the DHCW and the suggested actions we are advising NHS bodies in relation to ensuring Cyber Security resilience, at a time of heightened threat due to the events taking place in Russia and the Ukraine.

Tolley, Laura
03/24/2022 09:52:13

In addition, there was a positive discussion about the All-Wales Independent Member Digital Network, which met for the first time on the 26 January 2022. Chairs were very supportive of this Network, and a good discussion was had about ensuring it remained in the non-officer

space. The idea of DHCW Independent Member buddying was also discussed and it was agreed that the concept of assigning a DCHW Independent Member buddy to other NHS Wales bodies would not progress until after the formal evaluation/review of the effectiveness of the All-Wales IM Digital Network.

2.6 Mid-Year Chair Review Against Ministerial Objectives

Since the last public Board meeting, I, along with other Chair's in NHS Wales have responded to the mid-year review against my objectives set by the Minister for Health and Social Services. This was a useful exercise enabling reflection on the progress made over the past nine months since establishing as a Special Health Authority. It was also helpful in considering the challenges moving forward and the absolute need to continue to transform health and care services in Wales through Digital.

2.7 Independent Member Objectives

Over the past three months I have worked with Independent Members and the Board Secretary to set and agree objectives for each DHCW Independent Member, I am grateful to Board members for their engagement in the process which I hope will ensure clarity of lead areas of responsibility and objectives for 2022/23.

2.8 Board Champions

As part of the Independent Member objective setting, Board Champion roles have been allocated to Independent Members where the Welsh Health Circular (WHC/2021/002) dictates that non-executive Board Champion roles are required. A further update on Board Champion roles to include Executive Director roles will come back to the May 2022 Board meeting allowing time for new members of the Executive Team to come into post and be allocated Board Champion roles.

2.9 DHCW Independent Member Vacancy

As a result of Siân Doyle stepping down as an Independent Member with effect from the 1 December 2022, DHCW have had this gap in the Board since this time. Pressure on the Public Bodies Unit (PBU) of Welsh Government has meant we have been unable to progress this vacancy until March 2022, I am pleased to say we are now in the process of getting this vacancy out to advert. Taking into account feedback from the Audit Wales Baseline Governance Review (January 2022) and our own analysis of Board skills, experience and diversity gaps we will be looking to try and attract someone to this post who further increases the Board's diversity and/or addresses a skills gap.

Tolley, Laura
03/24/2022 09:52:13

2.10 Board Development

On the 3 March we held our Board Development Day. The session built on the previous Board Development Day held on the 6 January in relation to developing DHCW's mission and vision, we were also able to review the final draft Integrated Medium-Term Plan (IMTP) 2022/25, we had excellent discussions relating to the National Data Resource (NDR) Data Strategy and the DHCW Cloud Strategy. We were joined by a colleague from GCHQ to have a highly informative session on Cyber Security. Finally, as a Board we received procurement training. I would like to thank Board members and particularly wider staff from across the organisation who attended the day for their engagement and input to a very productive Board Development Day. I look forward to the next Board Development session in early May.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The appointment to the vacant DHCW Independent Member role timeframes are dictated by the Public Bodies Unit, but it is hoped the role will be out to advert imminently.

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
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:	

Tolley, Laura 03/2022 09:52:13

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	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

Tolley Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
CHIEF EXECUTIVE'S REPORT

Agenda Item	4.2

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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.	

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03/2022 09:52:13

Acronyms			
CEO	Chief Executive Officer	SHA	Special Health Authority
IMTP	Integrated Medium-Term Plan	SRO	Senior Responsible Officer
NWIS	NHS Wales Informatics Service	SCW	Social Care Wales
DHCW	Digital Health and Care Wales	IMTP	Integrated Medium-Term Plan
MOU	Memorandum of Understanding	WCCIS	Welsh Community Care Information System
SCW	Social Care Wales	NDR	National Data Resource

2 SITUATION/BACKGROUND

2.2 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.

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

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.2 Response to Covid-19 Omicron

I advised at the last DHCW Board meeting that DHCW had re-established its emergency Response Structure in response to the increase in Covid-19 Omicron cases, along with the policy change regarding the vaccination booster programme. Although pressure from Covid-19 related cases and hospital admissions have reduced since the last Public Board meeting, and restrictions are being lifted in Wales, it should be noted that the digital requirements to respond to Covid-19 and related pressures continues to put significant strain on the organisation. We are also using the Emergency Response structures to oversee cyber security plans in light of the heightened cyber risks associated with the current situation in Ukraine.

3.3 Staff Briefing

Our virtual staff briefing session was held on the 1 February 2022 with over 500 DHCW staff tuning in to hear the live-streamed event, which is fantastic staff engagement and I am very grateful to all those who joined and interacted in the session. We used the briefing to test the three vision statements the Board had developed in our Board Development session on the 6 January. Following a staff vote involving 269 staff members we have agreed our new DHCW vision: *"To provide world leading digital services, empowering people to live healthier lives"*.

Tolley, Laura
03/24/2022 09:52:18

In addition, the Director of Information Communication and Technology (ICT) provided staff with

a great Cyber Security briefing.

3.4 Digital Medicines Portfolio Update

The new Programme Director and Programme Portfolio Lead have recently taken up their posts. As part of portfolio initiation, work is underway to define the scope, approach, and high-level delivery plans of the four programmes. The aim is to formally launch the portfolio in May 2022 through a series of engagement events with Health Boards and key stakeholders.

Early work has been underway across the programmes including the multi-vendor framework for Electronic Prescribing and Medicines Administration which is currently out to tender.

3.5 Discussion with NHS Digital

On the 10 February 2022 I met with Simon Bolton, Chief Executive of NHS Digital, along with Ifan Evans, Director of Technology, Digital and Transformation, Welsh Government. We had a good discussion on key issues facing digital in health and care and shared learning and knowledge. A particular area for discussion was electronic prescribing (or Digital Medicines) and taking learning from this into the work we are doing in Wales.

3.6 Executive Director Recruitment

I advised at the last Public Board meeting that we had successfully appointed to two Executive Director roles: the Executive Director of Operations and Executive Director of Strategy. Unfortunately, due to personal reasons the Executive Director of Operations has pulled out of this role since the last meeting, and I am therefore in the process of securing an interim Executive Director of Operations whilst I go back out to advert for the substantive Executive Director role.

I am pleased to say the new Executive Director of Strategy, Ifan Evans will join DHCW and the Board next month.

Since the last meeting we have also interviewed and appointed to the role of Director of People and Organisational Development, the postholder will take up their role in early May 2022.

The final member of the new Executive Team structure is the Director of Primary, Community and Mental Health Digital Services and it is hoped this advert will be ready to go out to advert in April 2022.

3.7 Welsh Community Care Information System (WCCIS)

Tolley, Layla 03/24/2022 09:52:13

I had a very useful introductory meeting with the newly appointed WCCIS Programme Director.

Since the last Board meeting the outcome of the WCCIS Strategic Review has been published

and presented to the WCCIS Leadership Board. Channel 3 were jointly commissioned by the WCCIS SROs and Welsh Government to run an independent strategic review of the programme, to develop a clear and informed set of options and recommendations on how to take the programme forward. The outcome of this review was presented to the DHCW Directors on the 2 March to consider the outcome of the review and next steps from a DHCW perspective.

3.8 IT Wales International Women's Day Gala 3 March 2022

I was delighted to support and celebrate International Women's Day by attending the IT Wales International Women's Day Gala on the 3 of March 2022. There were some truly inspiring stories and speakers and I enjoyed celebrating with them.

3.9 Health Education and Improvement Wales Strategic Engagement Session

On the 9 March 2022 the DCHW Senior Leadership team met with colleagues from Health Education and Improvement Wales Special Health Authority. The session was attended by members of the Executive and Senior Leadership team from both organisations. The key priorities from Health Education and Improvement Wales were discussed, as well as the DHCW priorities and how each organisation can support each other over the coming months and years.

3.10 Joint Escalation and Intervention Arrangements

On the 3 March 2022 I received confirmation in a letter from the Director General Health and Social Services/ NHS Wales Chief Executive that a tripartite meeting had recently taken place and on the basis of the tripartite group discussion, Welsh Government officials will be recommending to the Minister that the escalation status of DHCW would remain at 'routine arrangements'. This is great news and a testament to the excellent start DHCW has had in establishing itself as a Special Health Authority.

3.11 Accountable Officer Letter

On the 2 March 2022 I submitted an Accountable Officer letter to the Director General Health and Social Services/ NHS Wales Chief Executive. This letter confirmed that in 2022/23 DHCW is confident it will deliver a balanced plan albeit with a challenging recurrent savings target and some inflationary risks. The letter also highlighted the cost pressures facing DCHW and the desire to move to a more effective funding model for the organisation.

3.12 Digital Leaders Impact Awards

Tolley, Laura
03/24/2022 09:52:13

DHCW have achieved another prestigious award, with the Welsh Immunisation System (WIS) winning the People's Choice award on the 9 March. An amazing result for the team behind the digital vaccination service, a true testament to all their hard work.

3.13 Re-Wired Digital Health Conference

I presented to the Re-Wired Digital Health Conference in London which took place on the 15 and 16 March 2022. The Conference was very useful to showcase some of the DHCW work as well as learning from other Digital Health organisations and hearing about cutting edge transformation taking place across the UK.

3.14 Cyber Security Heightened Risk

The ongoing situation in Russia and the Ukraine has led to elevated Cyber Security risks facing everyone and NHS Wales is no different. Additional actions have been taken by DCHW and we have provided advice and guidance to all NHS bodies in Wales to reinforce good practice and ensure preparedness.

3.15 Memorandum of Understanding (MOU) with Social Care Wales

A Memorandum of Understanding has been drafted for use between Digital Health and Care Wales and Social Care Wales (SCW). The purpose of the MOU is to set out the intentions of the parties and the roles and responsibilities. This will enable Digital Health & Care Wales and Social Care Wales to be able to work more collaboratively via the existing governance arrangements (the NDR Programme Board) and provide funding for specific resources to meet the programme of work.

This agreement builds upon the work already undertaken between both parties, formalises the relationships and programme of joint working so that a more joined up and standardised approach to health and care data can be arrived at which will enable more seamless working between health and social care, delivering the objectives of the Healthier Wales strategy.

The MOU is not intended to be contractually binding nor will it give rise to any other legally enforceable rights or obligations. The draft memorandum of understanding was considered and approved by the DHCW Management Board on the 17 March 2022.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.2 There are no items for escalation to the Board.

Tolley Laura
03/24/2022 09:52:13

5 RECOMMENDATION

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

6 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 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
Management Board	17.03.22	Approval of the MOU with Social Care Wales

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Appointments to the Board will ensure oversight of all areas of the business ensuring the quality and safety of operational

Tollwyr Laura
03/24/2022 09:52:13

	services.
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 is a financial implication for the appointment of the DHCW Executive Directors.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Tolley Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
NATIONAL DATA RESCOURCE (NDR) DATA STRATEGY

Agenda Item	5.1

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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

Executive Sponsor	Helen Thomas, Chief Executive Officer
Prepared By	Rebecca Cook, NDR Programme Director Ian Williams, Assistant Director Architecture
Presented By	Rebecca Cook, NDR Programme Director Ian Williams, Assistant Director Architecture

Purpose of the Report	For Noting
Recommendation	
The SHA Board is being asked to: **NOTE** and **ENDORSE** the NDR Data Strategy as a strategic enabler of the DHCW IMTP 2022/25.	

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03/04/2022 09:52:13

Acronyms			
NDR	National Data Resource	DHCW	Digital Health and Care Wales

1 SITUATION/BACKGROUND

1.1 The National Data Resource (NDR) Programme was formally established in 2019 to deliver a modern data architecture for NHS Wales. A key aspect being the local and national data platforms that underpin the Digital Health and Care Record, and, to service analytical data stores through a federated approach across the health and care system in Wales. Phase 2 Business Case covering 2021/22 & 2022/23 was approved earlier this year.

1.2 In September 2021, the NDR Programme Board approved the procurement of a partner to support the development of a Data Strategy. The contract was awarded to Gartner and the data strategy work commenced in November 2021, ran for twelve weeks and concluded on 4th February 2022. The NDR Data Strategy can be found in full HERE.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The NDR Data Strategy was developed in collaboration with over 75 stakeholders across Health & Care in Wales and through a core project team comprised of Gartner, DHCW and NDR colleagues. The work was overseen by a data strategy steering group under the NDR programme board with representation from senior leadership across Welsh Government, DHCW, Health Boards / Trusts and Social Care Wales.

2.2 The data strategy assesses and summarises the current state, identifies themes and needs and sets out a vision and strategic goals. It describes a proposed architecture for the data platform, identifying the technology capabilities needed to meet the vision, and a target operating model based on an agile, product-centric approach. Finally, it sets out a roadmap and key next steps for the programme to move forward towards the goals.

2.3 The data strategy identifies key next steps in four main areas: (i) prioritising initiatives and use cases, (ii) implementing and refining the target operating model, (iii) designing and implementing a data governance framework and (iv) procuring and implementing the required

Tolley Laura
03/24/2022 09:52:13

data platform technology capabilities. This is backed by a roadmap comprising seven distinct workstreams.

2.4 The NDR's Technical Steering Group and Programme Board have approved the Data Strategy and the Data Strategy was presented at DHCW Board's Development Day on 3rd March 2022.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 There are no key risks/matters for escalation to Board / Committee.

4 RECOMMENDATION

4.1 The SHA Board is being asked to: NOTE and ENDORSE the NDR Data Strategy as a strategic enabler of the DHCW IMTP 2022/25.

Tolley Laura 03/24/2022 09:52:13

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Driving value from data for better outcomes

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: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

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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
Management Board	March 2022	Noted and 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

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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

Tolley Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
CLOUD STRATEGY

Agenda Item	5.2

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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

Executive Sponsor	Claire Osmundsen-Little Executive Director of Finance & Business Assurance
Prepared By	Matt Palmer Cloud Strategy Team
Presented By	Claire Osmundsen-Little Executive Director of Finance & Business Assurance

Purpose of the Report	For Approval
Recommendation	
The SHA Board is being asked to **APPROVE** the DHCW Cloud Strategy	

Talley Laura
03/24/2022 09:52:13

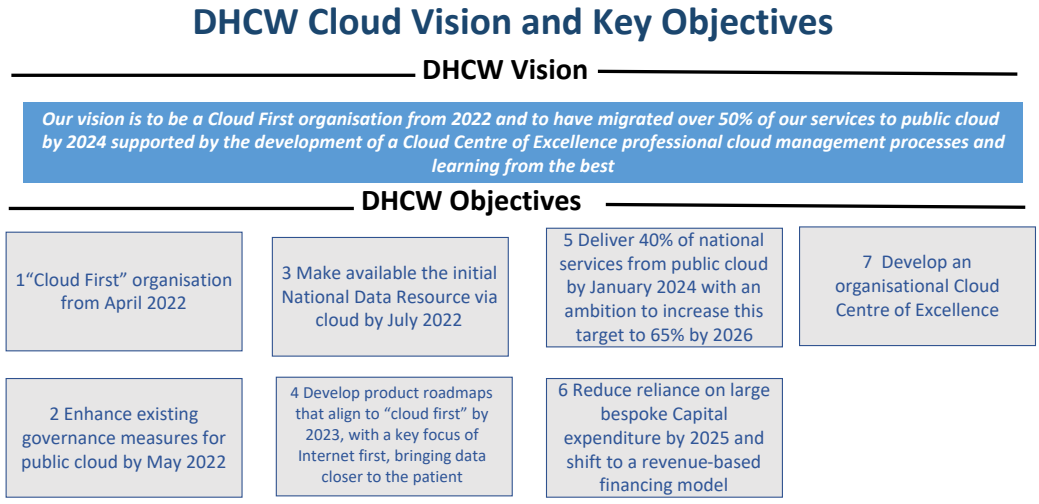
TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

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

Acronyms			
LHB	Local Health Board	DHCW	Digital Health and Care Wales
SHA	Special Health Authority		

1 SITUATION/BACKGROUND

1.1 The DHCW strategy has been developed collectively within DHCW with involvement from all Directorates and the NDR programme, with professional insights and learnings. It is a bold and ambitious under-taking and the Cloud Strategy Team are now focused on the implementation plan. The vision and strategic objectives are summarised below:



1.2 The document defines and communicates the organisation's unified strategy and direction on the adoption of cloud computing technologies and services. It identifies the high-level approach and methodology the organisation will take.

Tolley Laura
03/24/2022 09:52:13

1.3 The DHCW Cloud Strategy can be found in full at item 5.2i Appendix A.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 DHCW has been adopting Cloud, but the attached strategy defines the ambition of the approach to cloud adoption through its Cloud vision. It adopts the appropriate Gartner frameworks in the approach. Key considerations detailed in the document include:

2.1.1 Objectives - this includes defining the vision, goals and benefits and success metrics.

The key organisational benefits are detailed and summarised as

- Adaptability to variable demand
- Enhanced collaboration
- Shift to high-value activities
- Capital cost reduction
- Increased reliability and availability of services
- Environmental

DHCW have then identified what a successful outcome for cloud adoption would look like, together with a measure and a timescale for delivery.

2.1.2 Key adoption principles – the purpose of this section is to define the high-level strategic principles for the provision, operation, and consumption of cloud services by DHCW under the following headings:

- Cloud First
- Multi Cloud
- Cloud Tiers
- Interoperability and Portability
- Security
- Skills
- Governance
- Business Processes
- Continuous Optimization
- Service User Focus
- Identity
- Ease of Consumption

Tolley Laura 03/24/2022 08:32:13

2.1.3 Risks - identification, classification and mitigating actions.

A detailed risk assessment was undertaken considering many aspects of DHCW from

technical, commercial business and workforce. Each was risk assessed and all have mitigating actions that will be incorporated into the implementation plans.

2.1.4 Organisation impacts - considerations of the skills, teams and key processes.

The strategy document describes the adoption process following the public cloud adoptions framework including:

- Development of the cloud team and strategy - DHCW have a cloud team that has developed the strategy and considered how best to integrate the applications through the current WIAG process.

- Select providers and build cloud foundations - on the basis of a multi cloud strategy DHCW have developed a procurement road map that considers the most appropriate cloud provision for the technical product design. Infrastructure teams are designing and planning the necessary building blocks.

- Design for resilience and migrate applications - this will align with the products strategies.

- Build Governance that scales - a multi-disciplined team has designed principles and key controls.

- Optimise and automate- working on the key areas.

The document then details the proposed approach to upskill DHCW through a Cloud centre of excellence and it highlights the three key pillars.

Pillar 1 - Governance - A Cloud Governance Group or Cloud Council will be created to align with the organisational Cloud Strategy. This group will describe the governance principles, aim to align with Cloud providers' governance approaches, implement guardrails (designed to stop bad outcomes) and guidelines (communicating risk boundaries). Within this there are key areas of focus across directorates within DHCW

- Finance/Technical /Commercial and contractual - Cost management and resource allocation
- Information governance and security - Identity, security, and compliance
- Technical - Cloud migration backup
- Technical - Service enablement
- Technical - Provisioning and Orchestration & Monitoring and Observability
- Service Management - Inventory and Classification
- Technical - relates to the current ICT and ADS Directorate inputs

Tolley Lauren 03/24/2022 09:52:13

Pillar 2 - Brokerage/Procurement - will focus on the choice of providers, solutions, contract negotiation and vendor management.

Pillar 3 - DHCW community of skills. Community will focus on the organisational approach, raising awareness, capturing, and circulating best practices to drive cloud transformation forward.

The document details a potential Exit Strategy and considerations from a risk management perspective.

The document then details the high-level implementation plans from a NDR /API management perspective but also in conjunction with the product and the ICT implications with indicative timescales. DHCW will look to provision new services directly in public cloud where appropriate and to migrate on-premises servers to make use of public cloud services. A balance of the principles, visions, Infrastructure age, infrastructure support costs, security requirements, application product roadmap and risk appetite of the product and organisation will help define the speed and timings at which both new and existing services will migrate.

The overall timeline approach will establish

- Commercial strategy
- Data strategy
- Governance processes
- Resilient connectivity to public cloud provider(s)
- API Management solution (new service)
- National Data Platform (new service)
- Phase 1 of on-premises applications migration (existing services)
- Phase 2 review other on-premises application (existing services)

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD

3.1 Risks: The cloud team has identified in total 19 risks which are detailed in the appendices of the strategy. The highest identified risks each have mitigation strategies:

- BUSINESS: The Cloud provider may have outages that DHCW cannot control.
- COMMERCIAL/TECHNICAL: DHCW may not be able to guarantee performance.
- FINANCE: Lack of sustained revenue for cloud services, current revenue funding is supported by capital purchases
- WORKFORCE/SKILLS: DHCW don't possess the required skills necessary to support a cloud strategy.

Tolley Laura
03/24/2022 09:52:13

3.2 Each of the above risks have mitigating actions that are built into the implementation plans.

3.3 The DHCW strategy has been developed collectively within DHCW with involvement from all Directorates and the NDR programme, with professional insights and learnings.

4 RECOMMENDATION

4.1 The SHA Board is being asked to **APPROVE** the DHCW Cloud Strategy.

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 20000
N/A	

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
N/A	

Tolley Laura 03/24/2022 09:52:13

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	17/03/2022	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.
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

Tolley Laura
03/24/2022 09:52:13

Strategy

DHCW – Cloud Strategy

Document Version	1.0
Status	Draft

Document author:	Matt Palmer Cloud Strategy Team
Approved by	Claire Osmundsen-Little Executive Director of Finance
Date approved:	21/02/2022
Review date:	21/02/2022

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

Reading time: Approximately 45 minutes

Tolley Laura
03/24/2022 09:52:13

STRATEGIC OBJECTIVE	Mobilising digital transformation and ensuring high quality health and care data

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales

DHCW QUALITY STANDARDS	ISO 20000
N/A	

HEALTH CARE STANDARD	Governance, leadership and acccountability

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

COMMITTEE OR GROUP	DATE	OUTCOME
DHCW Cloud Strategy Team	February 2022	Approved
DHCW Management Board	March 2022	Approved

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Tolley Laura 03/24/2022 09:52:13

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 Adjustments and shift to revenue will be required to allow progressive uptake of cloud service, whilst reducing reliance on future capital funding
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Cloud strategy will require skills analysis and provision of training facilities to some individuals allowing better delivery of this strategy
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

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Tolley Laura 03/24/2022 09:52:13

TABLE OF CONTENTS

1 DOCUMENT HISTORY 6
1.1 REVISION HISTORY 6
1.2 REVIEWERS 7
1.3 AUTHORISATION 8
1.4 DOCUMENT LOCATION 8
2 EXECUTIVE SUMMARY 9
2.1 BACKGROUND 10
3 STRATEGIC CONTEXT 11
3.1 WHAT DO WE MEAN BY THE CLOUD? 11
3.2 SCOPE 12
4 STRATEGIC VISION 13
4.1 ORGANISATIONAL BENEFITS 13
4.2 MEASURING SUCCESS 15
5 CLOUD STRATEGIC PRINCIPLES 16
6 RISKS ASSOCIATED WITH THIS STRATEGY 18
7 ORGANISATIONAL IMPACT OF CLOUD ADOPTION 18
7.1 CLOUD ARCHITECT APPROACH 18
7.2 TEAMS AND SKILLSETS 20
7.3 CLOUD CENTRE OF EXCELLENCE - CCOE 20
7.4 GOVERNANCE APPROACH 21
7.5 EXIT STRATEGY 23
8 MIGRATION APPROACH AND HIGH-LEVEL TIMELINE 24
8.1 OVERVIEW 24
8.2 PROVISION OF NEW CLOUD SERVICES 24
8.3 MIGRATION OF EXISTING SERVICES - PHASED APPROACH 26
9 IMPLEMENTATION TIMELINE 29
10 CONCLUSION 30
11 APPENDIX A – CLOUD SERVICE OFFERINGS 31
12 APPENDIX B - LIST OF SERVICES RUNNING IN PUBLIC CLOUD 32
13 APPENDIX C – CLOUD PRINCIPLES 33
14 APPENDIX D -RISK 35
15 REFERENCES 42
16 DEFINITIONS 43

DRAFT

Tolu Dinlaura
03/24/2022 09:52:13

TABLE OF FIGURES

Figure 1 – Our Mission 9
Figure 2 – Cloud strategy overview 12
Figure 3 – Pillars of a Cloud Centre of Excellence (CCOE) 21
Figure 4 – Addressing Cloud Governance 22
Figure 5 – Areas of Cloud Management for Governance 23
Figure 6 – Timeline of APIM and NDR platform 27
Figure 7 – Cloud Migration strategies for applications 28
Figure 8 – Build / Migrate and test migration timeline breakdown 30
Figure 9 – High-Level Implementation Timeline 31
Figure 10 – Division of responsibility for cloud types and on-premises 34
Figure 11 – Cloud Principles (1 of 2) 35
Figure 12 – Cloud Principles (2 of 2) 36

Table 1 – Success Metrics 15
Table 2 – Risk Assessment and Mitigation 38
Table 3 – References 39
Table 4 – Definitions 40

DRAFT

Tolley Laura
03/24/2022 09:52:13

1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
30/07/2021	0.1	Martin Britton (Red Cortex)	Draft Version
12/08/2021	0.2	Martin Britton (Red Cortex)	Updated after input from Team
27/08/2021	0.3	Martin Britton (Red Cortex)	Updated after input from Gartner
02/09/2021	0.4	Martin Britton (Red Cortex)	Updated after further comments from team and from Gartner
16/09/2021	0.5	Martin Britton (Red Cortex) Matt Palmer (DHCW)	Updated with workshop feedback on risks and strategic principles
21/09/2021	0.5.1	Matt Palmer (DHCW)	Governance section redeveloped Edits following Gartner review
25/09/2021	0.5.1	Matt Palmer (DHCW)	Shared to AWIP – Leon Hitchings
05/11/2021	n/a	Jamie Graham (DHCW)	High-Level timeline supplied
18/11/2021	0.6	Matt Palmer (DHCW) Donald Kennedy (DHCW) Stephen Price (DHCW)	Review comments from reviewers Stephen Price, Carwyn Lloyd-Jones. Added scope. Updated document order. Major rewrites: benefits, visions, measures, organisational impact, governance
07/01/2022	0.7	Sophie Fuller (DHCW) Julie Francis (DHCW) Matt Palmer (DHCW)	Comments received from Chris Darling, Sophie Fuller, Stephen Price, Ian Williams, Julie Francis. Mostly around clarity, additional footnotes provided. Scope split to background and scope sections
16/02/2022	0.8	Matt Palmer (DHCW)	Rewrites and edits following further comments and edits from Claire Osmundsen-Little and Carwyn Lloyd-Jones Edits from Donald Kennedy, Ian Williams for section 8
07/03/2022	0.9	Matt Palmer (DHCW) Donald Kennedy (DHCW)	Minor edits following Board development review

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Tolley Laura
03/24/2022 09:52:13

1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
	0.2	Donald Kennedy / Matt Palmer/ Julie Francis	Initial review
29/07/2021	n/a	Griff Williams / George Olney / Mark Frayne / Gareth Williams / Ian Williams / Donald Kennedy / Matt Palmer/ Gartner Research analyst	Review Principles Only– first pass
25/08/2021	0.3	Donald Kennedy / Matt Palmer / Gartner Research analyst	Overall review – comments actioned
10/09/2021	0.4	Donald Kennedy / Matt Palmer/ Julie Francis	
23/09/2021	0.5.1	DHCW Cloud Teams group	
08/11/2021	0.5.1	Carwyn Lloyd-Jones	Comments, restructure migration / timeline
17/11/2021	0.5.1	Donald Kennedy / Matt Palmer / Gartner Research analyst	Reviewed comments from others including vision statements
07/12/2021	0.6	Cloud group / Directors / heads of departments	For review prior to approval progression
31/01/2022	0.7	Matt Palmer	Comments and minor rewrites from Directors
18/02/2022	0.8	Cloud weekly meeting members Including edits by Russell Blackmore (independent consultant)	Review prior to March 3rd Board Development Review

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Tolley Laura
03/24/2022 09:52:13

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Matt Palmer
Role:	Head of Infrastructure Design
Signature:	X Author

Approver's Name:	Claire Osmundsen-Little
Role:	Executive Director of Finance
Signature:	X Approver

1.4 DOCUMENT LOCATION

Type	Location
Electronic	https://nhswales365.sharepoint.com/sites/DHC_DHCWCloudWorkshop/Shared%20Documents/DHCW%20-%20Cloud%20Strategy%20(2022).docx?web=1

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Tolley Laura 03/24/2022 09:52:13

2 Executive Summary

This document defines and communicates the organisation's unified strategy and direction on the adoption of cloud computing technologies and services. It identifies the high-level approach and methodology the organisation will take.

Our vision is to *"Provide world leading digital services, empowering people to liver healthier lives"*. To support our vision, we require a 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 for the future. We will continue to adopt cloud computing services using a cloud-first approach for both new and existing workloads by 2024. In addition, our cloud strategy will underpin the goals of the Digital Heath and Care Wales (DHCW) Business plan[1]:

Our Missions…..

- Becoming the trusted strategic partner and a high performing, inclusive, ambitious organisation…. *SUPPORTING OUR WORKFORCE AND STAKEHOLDERS*
- Driving value and innovation…. *FOR BETTER OUTCOMES AND VALUE BASED CARE*
- Expanding the content, availability and functionality of the digital health and care record…. *SO THAT CARE AND TREATMENT QUALITY IS IMPROVED*
- Delivering high quality technology, data products and services….*TO SUPPORT EFFICIENCIES AND IMPROVEMENTS IN CARE PROCESSES*
- Enabling Digital Transformation….*SUPPORTING JOINED UP CONSISTENT CARE*

Figure 1 – Our Mission

This strategy will also support delivery the Welsh Government "a Healthier Wales: Our plan for Health and social care" strategy and support DHCW in aligning with the six mission statements in the Digital Strategy Wales[2]

Tolley Laura 03/24/2022 09:52:16

[1] DHCW Annual Plan 2022-2023 page 9 - vision /mission, page 9,11

[2] A Healthier Wales (gov.wales) & Digital strategy for Wales [HTML] | GOV.WALES

2.1 BACKGROUND

Currently national and DHCW digital data and systems are stored and operated primarily from two on premise facilities. These currently contain approximately 2,800 servers at the date of this document, of these 500[3] distinct servers are presented from public cloud, equating to 18% of total national estate. The current on-premise capacity has been funded through a combination of primarily capital investments over a number of years. It is supported annually by £7.96million of revenue costs comprising 70 Staff, service contracts with licences and energy costs. In order to achieve changes in capacity the organisation currently has to expend time and effort to develop business cases and procure and install server capacity at our data centres which can take months and in some cases years.

DHCW is both a supplier of services to Wales and a consumer of third-party services in its own right. These services used in NHS Wales hold large quantities of data, its estimated that the data held by DHCW for these services is currently growing at approximately 20-21% per annum with consequential financial pressures. The data being held on behalf of the specific healthcare providers can lead onto improvements in patient care, patient safety and ultimately patient outcomes including preventative measures for the wider population. This data needs to be scalable, secure and reside on reliable Information Communication Technology (ICT) infrastructure and be able to meet the changing demands of the service.

DHCW has been gradually migrating to cloud. The DHCW cloud journey started in 2016, for some of the cloud services that we have adopted. DHCW was an early pilot adopter of Microsoft Office 365 alongside two other NHS Wales organisations; as part of this implementation, it adopted Microsoft Azure Active Directory (a cloud-based authentication and identity management service) as a supporting technology. Subsequently, in addition to the wide-scale rollout of Microsoft 365 technologies across the organisation, DHCW has adopted a range of further Software as a Service (SaaS) services. Further to this, it has migrated its former on-premises DMZ services including Mura Content Management Systems to a combination of Platform as a Service (PaaS) and Infrastructure as a Service (IaaS) implementations and has recently completed the migration of its on-premises Test and Development environments to a cloud-hosted IaaS VMWare platform. Finally, it has deployed a variety of other hybrid SaaS/PaaS/IaaS services to meet specific needs (e.g., the Test, Trace and Protect Service supporting the Welsh Government's pandemic management strategy, the Terminology Service component of the Welsh Reference and Terminology Service, the proof-of-concept API Management and Developer Portal, various integration services with third-party cloud services).

As a modern digital organisation, the expectations in terms of response, pace and dealing with greater variations in demand mean the benefits from adopting Cloud solutions are more attractive. Such approaches sit well with a more product orientated service model and enable greater options in relation to the service model and support but also support the new open architecture and data access philosophies being adopted by the organisation. With the Welsh Government direction towards Cloud provision DHCW has developed this document to set out the proposed approach to embrace a cloud centred digital provision.

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Tolley Laura 03/24/2022 09:52:19

[3] Approximately 400 test and development, 100 production servers

3 Strategic Context

3.1 What do we mean by the cloud?

Cloud is more than just someone else's datacentre; Cloud is a modern way of doing ICT. Cloud computing is the on-demand availability of computer system resources, especially data storage and computing power, without direct active management by the user. These systems are typically remote from the customer, in a shared data centre which is accessed over the Internet (though supplemental private circuit[4] access is becoming more common). Charges are typically based on consumption, whether that be of bandwidth, storage or compute[5] or are on a monthly subscription basis. The typical premise of Cloud computing is as follows:

- Resources can be created very quickly, typically within minutes
- Compute or storage capacity can quickly be scaled up or down as required
- Costs are based on usage, these are typically revenue rather than capital expenditure, however some items can now be capitalised
- Some or all the maintenance is undertaken by the vendor

Further information on Cloud computing is available in *Conclusion DHCW has a vision* to move to public cloud to help transform the way they deliver products in a faster, efficient safe and effective way to enable better health and care. Gartner (Figure 2) recommends that a Cloud strategy has a key set of ingredients; a set of strategic cloud principles, measurable objectives that has been risked assessed and how the organisation will enable the delivery.

Underpinning the DHCW cloud strategy will be the governance and procure processes, development of the Cloud Centre of Excellence each of those aspects have been described and detailed and will be part of the implementation plan. The key aspects of the cloud strategy have been included in the detailed IMTP /NDR programmes plans.

All new cloud product developments will require the associated cloud funding as part of the business case including the set-up costs and a provision for operational consumption variability & growth. For the current products the transition costs whilst on prem and cloud will need additional funding. The requirements and timing of the funding is yet to be defined and will be undertaken as part of the product strategies. This leaves a requirement for additional funding for the DHCW cloud governance and Centre of Excellence, a business case for this requirement will need to be drafted.

The DHCW strategy has been developed collectively within DHCW with involvement from all Directorates and the NDR programme, with professional insights and learnings. It's a bold and ambition undertaking and the Cloud Strategy Team are focused on the implementation plans.

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[4] Telecommunication circuit - Wikipedia – a private complete path between two points allowing communications between

[5] What are data centers? – compute is the memory and processing power to run the applications

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Tolley Laura
03/24/2022 09:52:13

3.2 Scope

This strategy focuses in particular on the services and systems that DHCW either hosts or manages either directly or indirectly on behalf of NHS Wales and other consumers beyond as a supplier. These services and systems are collectively known as national services.[6]

In order to provide a comparative baseline with good practice, this document follows the Gartner recommended approach to developing Cloud Strategy documents, best summarised with the following infographic.

Figure 2 – Cloud strategy overview

As such, detailed policy and/or implementation plans are considered out of scope. They are/shall be supplementary documents to this strategy.

Tolley Laura
03/24/2022 09:52:03

[6] further reading about DHCW Services - https://dhcw.nhs.wales/files/publications/an-introduction-to-digital-health-and-care-wales/

4 Strategic Vision

As described above, DHCW (and its predecessor organisations) has already adopted a number of cloud solutions, to meet a variety of operational, and often tactical, needs. DHCW established a Cloud working group that developed a DHCW Cloud vision:

Our vision is to be a Cloud First organisation from 2022 and to have migrated over 50% of our services to public cloud by 2024 supported by the development of a Cloud Centre of Excellence professional cloud management processes and learning from the best.

This strategy now formalises the process of cloud adoption to encompass the wider range of services provided and consumed by DHCW, with a view to achieving the following objectives and metrics:

- "Cloud First"[7] organisation from April 2022.
- Enhance existing Governance measures for public cloud by May 2022.
- Make available the initial National Data Resource via cloud by July 2022.
- Develop product roadmaps that align to "cloud first" by 2023, with a key focus of Internet first[8], bringing data closer to the patient.
- Deliver 40% of national services from public cloud by January 2024 with an ambition to increase this target to 65% by 2026.
- Reduce reliance on large bespoke Capital expenditure by 2025 and shift to a revenue-based financing model.
- Develop an organisational Cloud Centre of Excellence by 2022/23

4.1 Organisational benefits

The adoption of this Cloud Strategy will enable the organisation to achieve a variety of benefits, both to business processes and in terms of technical modernisation. It is essential that the move to cloud is championed at an executive level and perceived as a significant change programme to ensure success and it is owned at an operational level (requiring a change in working practice/s). Some of the key anticipated benefits are described below.

Adaptability to variable demand

At present, it is difficult, if not impossible, for DHCW to rapidly scale up (or, for that matter, down) its services to meet changes in demand – whether this is something as simple as reduced load at weekends and out of hours, or for more complex examples such as the implementation of a new population-scale vaccination programme at short notice. Cloud services, if configured correctly, can help shorten project deployment timescales and even automate the provisioning or deprovisioning of capacity to meet such changes in near-real-time.

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[7] Government Cloud First policy - GOV.UK (www.gov.uk) – cloud first means public cloud, rather than community, hybrid or private deployments. See also cloud first principle later in document

[8] Where applicable, for example community care applicable services

Enhanced collaboration

The shortfalls identified by the Welsh Government Architecture Review of 2019[9] indicate a clear determination to make data resources available to partner organisations in a much more consistent and standards-based manner than previously. Adoption of Cloud Services is a key driver to achieving this, both through implementation of technologies such as API Management, but also through further deployment of secure cloud-based data sharing, "big data" analysis, and artificial intelligence (AI) capabilities.

Shift to high-value activities

The current DHCW hosting model puts a significant burden on staff across operational teams in terms of routine maintenance and other low-level management tasks, such as patching of applications and operating systems, and replacement of broken hardware components. By offloading responsibility for these activities to the Cloud supplier or to the greater automation capabilities brought by Cloud adoption, these staff can be freed-up to focus on more productive activities. This will enable the shift to multi-functional product teams which will have an agile, end user focused approach to product delivery.

Capital Cost savings

Widespread adoption of Cloud services will allow, over time, a corresponding reduction in need for on-premises infrastructure (e.g., data centre rack "footprint"). This in turn will permit savings to be realised in the large costs of procuring and maintaining these environments so long as the most appropriate cloud technology/services are adopted, and efficient processes are put in place for driving value from the cloud. Furthermore, the adoption of Cloud services will provide opportunities for reduced reliance on capital funding as a means of supporting the organisation's infrastructure: whilst this model aligns well to a project-based organisation, it is increasingly the case that DHCW's services are achieving maturity, and so there is consequently a need for a more reliable funding model than capital to support ongoing service delivery.

Increased reliability and availability of services

Whilst DHCW has been largely successful in delivering highly available, reliable application services to its clients, this has required, and continues to require, significant investment to achieve on-premises deployments. Many of the technological approaches to delivering this are routinely available in the Cloud, where the advantages of so-called "hyperscale" are such that the larger Cloud providers can meet and exceed extremely demanding reliability and availability SLAs.

Environmental improvements

Public cloud suppliers, by dint of scale, are able to invest in, and make available, more modern, energy-efficient infrastructure, and have made commitments to being powered using 100% renewable sources in the very near future along with investment in carbon offsetting practices. These, combined with the opportunity to use improved orchestration toolsets to marry service capacity with demand, will permit DHCW to reduce its overall environmental footprint. As part of our Decarbonisation Strategic Delivery Plan produced in 2021, DHCW has identified improvement targets relating to procurement and the efficiency of data centre consumption and it is envisaged this will be an ongoing requirement that will need to be addressed in the medium and longer term.

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[9] PAC5-27-19 P1 - WG Evidence Paper on Informatics Systems.pdf (senedd.wales)

4.2 Measuring Success

To determine the effectiveness of our cloud strategy, we will measure our cloud implementation process against the metrics listed in Table 1. We will also conduct a biannual assessment of the progress against these metrics to adjust the implementation plan as needed.

Goal	Metric	Success Value	Completion Date
Enhanced governance structure in place for Cloud workload placement	Approved Governance structure in place	Structures in place	May 2022
National Data Cloud Platform service created	National Data Cloud Platform in service	live service	July 2022
Cloud Native focus Product roadmaps	National services with cloud native product roadmap	Documents in place	2023
Increase % of public cloud provided national services	percentage of national services in public cloud increased to 40%	40%	Jan 2024
CapEx reduction	Capital cost reduced	Reduction of 40% from 2019/2020 funding level	2025
Increase % of public cloud provided national services	percentage of national services in public cloud increased to 65%	65%	Jun 2026

Table 1 – Success Metrics

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Tolley, Laura
03/24/2022 09:52:13

5 Cloud Strategic Principles

The purpose of this section is to define the high-level strategic principles for the provision, operation and consumption of cloud services by DHCW. It highlights the key principles that the organisation aspires to adopt through implementing this strategy.

Cloud First

When procuring new or existing services, public sector organisations should consider and fully evaluate potential cloud solutions first before considering any other option.

Multi Cloud

For SaaS solutions and specialist PaaS services, 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.

Cloud Tiers

When we don't buy SaaS we will develop and host applications on PaaS wherever possible, using the PaaS services specific to the portfolio of the chosen cloud provider. We will only use IaaS when PaaS and SaaS solutions aren't available or fail to meet our requirements.

Interoperability and Portability

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

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.

Skills

We will equip our teams with the skills they need to take advantage of the Cloud, supporting their changes in ways of working. We will support staff on this journey and any skills gaps will be addressed through effective workforce planning. Our ambition is to create a Cloud Centre of Excellence.

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Tolley Laura
03/24/2022 09:52:13

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 processes will need to be reviewed and aligned to enable us to leverage the benefits of the cloud, this includes finance and procurement processes.

Continuous Optimisation

We will ensure cost-benefit from cloud through automated use of its flexibility and scalability; system capacity will be reduced in line with system demand. Tracking usage patterns and demands will occur on a regular basis to ensure continuous optimisation.

Service User Focus

Our services will be designed around user needs, delivered to the user more rapidly and be available across multiple device types from multiple locations. Where possible and appropriate services will be Internet facing whilst maintaining strong user security.

Identity

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

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 to use templated service offerings to build infrastructure and services for our users in a controlled manner.

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6 Risks associated with this strategy

We have identified 19 risks related to the adoption of cloud services detailed in Appendix D, the risks have been assessed based on likelihood and impact. The list has been collectively built with input from Infrastructure Design and Operations, Application Development, Cybersecurity, Finance, Commercial, Information Services, National Data Resource team, planning and programmes, and possible mitigations developed. The risks have been categorised as Business, Commercial, finance, security, technical and work force.

The key risks with scores above 10 which indicates there is likely occurrence and moderate impact:

- BUSINESS: Cloud providers may have outages that DHCW don't control
- COMMERCIAL/TECHNICAL: DHCW may not be able to guarantee performance
- FINANCE: Lack of sustained revenue for cloud services, current revenue funding is supported by capital purchases
- WORKFORCE/SKILLS: DHCW don't possess the required skills

For each of risk mitigation actions have been identified and incorporated into the forward plan.

7 Organisational Impact of Cloud Adoption

Cloud is the fundamental backbone to supporting the new organisation for product delivery and development. The technical skill mix within DHCW is currently optimised for an on-premises approach to system design and operations. There will be need to change the operating structures and governance processes to enable new developments but also to support the current product portfolios. There is a need for a new governance process to enable the new product developments. A new Cloud Governance Group is being developed that will act as a supporting team to the current Welsh Informatics Assurance Group (WIAG). This will go-live in Quarter 1 2022/23 and will support assurance group decisions by providing commercial, finance, technical, security and IG assurance. The role of finance and commercial is critical to ensure successful adoption and management.

Existing on premise developments will be incorporated into the product strategies. To oversee, develop and support cloud capability and adoption, DHCW plans to develop a Cloud Centre of Excellence. The format and remit of this will be developed over the first half of 2022/23.
In order to ensure success in its cloud journey DHCW will need to transform its current teams and their skill sets; furthermore, roles and governance need to be enhanced and made suitable for the cloud computing model.

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7.1 Cloud Architect approach

Gartner research from 2018/2019 highlights three top challenges of cloud being staff skills, complexity and stakeholder resistance. To address these challenges the organisation will look to appoint / nominate *cloud architect(s)*. This role is both technical and non-technical, with main responsibilities that cover the following areas

- Develop cloud strategy, co-ordinate adoption
- Develop and co-ordinate cloud architecture
- Lead cultural change for cloud adoption
- Act as Broker of cloud services to developers and lines of business

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The cloud architect(s) will form a cloud adoption framework, which will cover

- Develop the Cloud strategy
- Build / verify the cloud foundations
- Design and risk mitigations
- Enable governance
- Achieve operational excellence
- Build skills and assess applications
- Select providers and services
- Architect cloud services and mitigate risks
- Estimate billing and establish governance
- Provision and automate cloud services
- Operate cloud environments at scale

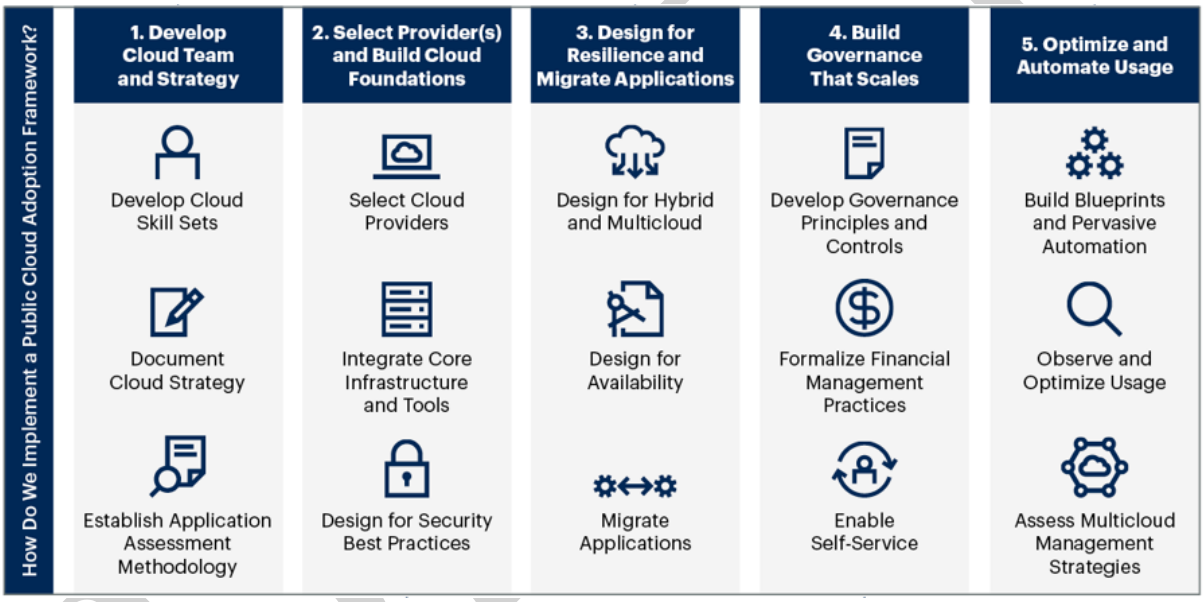

Figure 3 – Public Cloud Adoption Framework

Traditional ICT delivery is focused on engineers with specialised skills in specific domains. There needs to be a shift from domain focused to cloud engineers, with engineers moving from specialists to 'versatilists'.

Further to this a cloud operating model approach will be selected and documented which will cover the engagement of cloud functions with business operations, detailing the processes, tools and resources necessary for delivery. The cloud adoption model will lead onto preparations to switch to DevOps delivery of services, allowing DHCW to become more agile for software deliver.
Many of DHCW existing business and technology processes are not currently suitable to align with cloud adoption, such examples would include procurement, provisioning and service costing for Service Level Agreements. The implementation and governance workflows will identify and support changes to manage this alignment. Procurement adaption to the characteristics of cloud will focus on framework, rather than bill of materials (BOMs). Further work has been undertaken on the

10 of 13 14/12/2023 09:51:13

governance process and structure, together with the NDR team. The foundations have been described, a commercial strategy that enables

appropriate cloud adoption together with the underpinning enabling infrastructure is drafted and included in the forthcoming IMTP.

7.2 Teams and Skillsets

DHCW will undertake training of technical staff across a target range of digital skills, some of which will include completely new skillsets for the organisation. Without this skills transition, DHCW will not be able to fully leverage the benefits of the cloud resulting in a restriction of the functionality implemented using cloud technologies and therefore less likelihood of realising cloud benefits. This will be achieved through a skills plan based on roles within DHCW, followed by a skills gap analysis. Training needs, with opportunities to gain certification will then be identified as part of employee professional development.

Initial migration to cloud will require additional resources to boost the existing staff during the 'skilling' phase. This resource boost will use a combination of recruitment of skilled staff, professional services and short-term contracts, utilising existing frameworks available to DHCW.

7.3 Cloud Centre of Excellence - CCOE

Technical professionals must ensure DHCW gains the right skills and structure to drive cloud adoption success. A Cloud Centre of Excellence, supported by an advisory group, is the best-practice approach. DHCW will create a Cloud Centre of Excellence. This cross functional team forming the CCOE will have three core pillars of Governance, Brokerage and Community. Governance will focus on the policies, governance tools and business processes, providing the correct risk and financial management using DHCW risk and financial appetite criteria. Brokerage will focus on the choice of providers, solutions, contract negotiation and vendor management. Community will focus on the organisational approach, raising awareness, capturing and circulating best practices to drive cloud transformation forward.

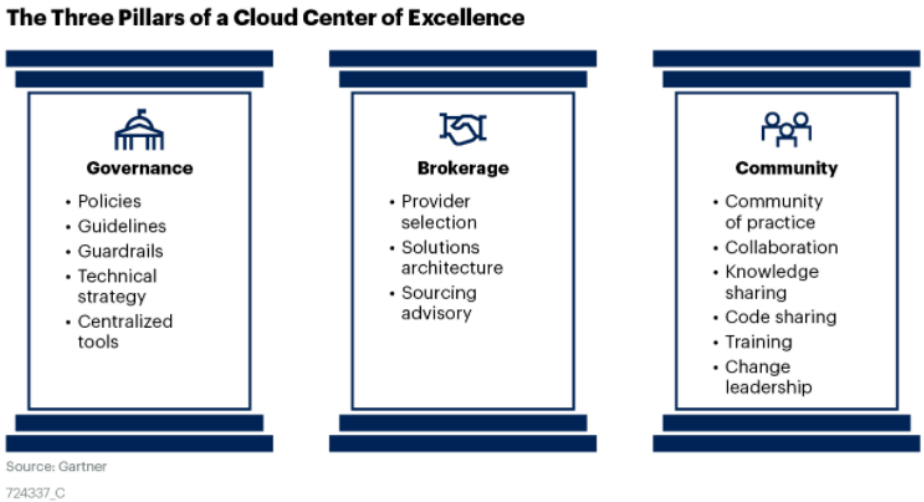

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Figure 3 – Pillars of a Cloud Centre of Excellence (CCOE)

7.4 Governance Approach

Cloud services will require DHCW to transform existing processes (and where appropriate acquire new process/es) to facilitate adoption. Governance requires both preventative and retrospective controls. Preventative controls stop unapproved or inappropriate actions prior to their execution, whilst retrospective controls detect and remediate compliance issues on existing resources. Establishing presence in multiple clouds increases the complexity for establishing and enforcing governance. Governance will look to:

- Create policy definitions independent of provider specific implementations
- Balance agility and autonomy for those staff directly involved in cloud work with the need to protect the organisation. Assume native cloud tools will be used, and access will be managed through policies implemented via programmatically enforced guardrails
- Understand the gaps of provider toolsets and expand the toolsets to bridge gaps
- Retrofit existing cloud environments to enforce governance policies in a preventative manner. Complement preventative controls with retrospective controls for policies that cannot be enforced at provisioning
- Ensuring that governance is appropriately managed throughout product lifecycle
- Usage is appropriately managed to drive out value

A Cloud Governance Group or Cloud Council will be created to align with the organisational Cloud Strategy. This group will describe the governance principles, aim to align with Cloud providers' governance approaches, implement guardrails (designed to stop bad outcomes) and guidelines (communicating risk boundaries). The Cloud Council will consist of roles covering a range of organisational specialist knowledge domains, the Council will have responsibility for:

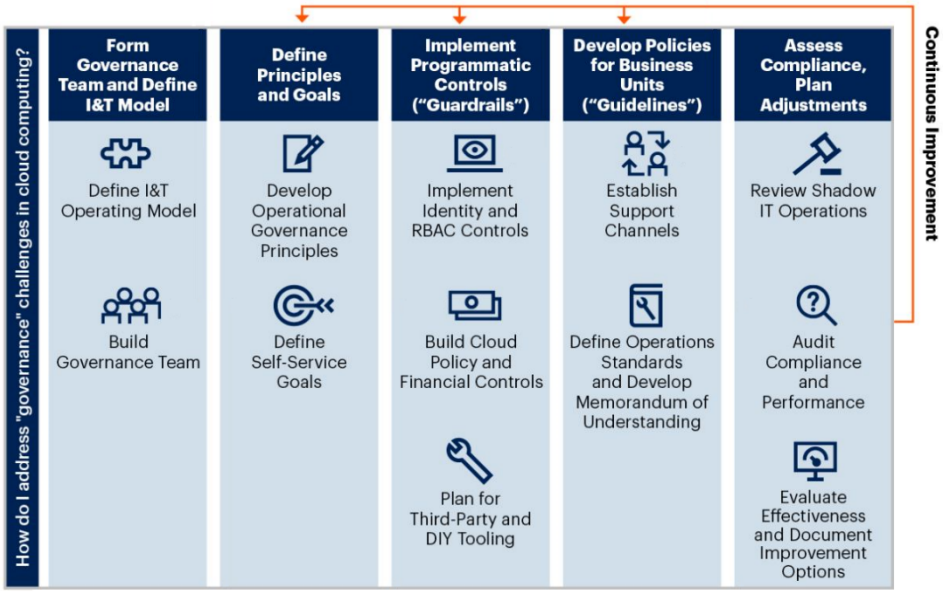

Figure 4 – Addressing Cloud Governance

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- Defining the policy goals
- Defining policies addressing the Areas of Cloud Management for Governance (see infographic below)
- Implementing preventative controls
    - Identifying policies allowing preventative controls to be established
    - Configure using native cloud tooling
- Gaining total visibility
    - Enabling and locking down logging for cloud resources
- Creating audit process to implement retrospective controls
    - Establishing continuous automated audit compliance / performance
    - Mapping remaining policies via automated tools for policy checks and enforcement
    - Defining remediation outcomes
    - Implementing automated remediation
- Implementing a strategy for integration of tooling across providers

Governance policies of cloud can be broken down into several areas of management, best shown in the following infographic.

Figure 5 – Areas of Cloud Management for Governance

The terms in the graphic above are realised into DHCW specific areas:

Cost Management and Resource Optimisation - Financial

- Controls will be developed to protect DHCW against uncontrolled deployment of Cloud resources or services
- Controls will be in place to manage and monitor the spend of cloud resources

Cost Management and Resource Optimisation - Technical

- Controls and processes will be in place to optimise resources

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Cost Management and Resource Optimisation - Commercial and contractual arrangements

- Controls will be in place to manage both procurement and contractual reviews for cloud providers, adapting for the agile needs of Cloud resources

Identity, Security and Compliance - Information Governance & Security

- Building on the existing Cloud Risk Assessment process, controls will be in place to manage the assessment and mitigations of risk with regard to Information Governance obligations and security measures

Cloud Migration Backup and DR – Migration & Technical

- The migration priority for existing applications based on risk, benefit, efforts and feasibility
- The migration strategy for existing applications. We will prefer the "Rearchitect" approach (see section *8.3*) to achieve appropriate cost-effective cloud adoption, but we will not fully dismiss approaches such as "rehost" or "revise" where the rearchitect approach options have been exhausted.

Service Enablement – Placement

- The optimal application placement between public cloud providers and our remaining data centres.

Provisioning and Orchestration & Monitoring and Observability - Technical

- Standards will be developed and maintained to ensure an elevated level of repeatable quality is delivered
- Standards and Processes will be developed to enhance existing monitoring configurations and provide rightsizing data to better manage cloud resources for cost effectiveness

Inventory and Classification – Service Management

- Standards and processes will be developed to allow cloud resources to be successfully captured and systems service mapped alongside on-premises systems

7.5 Exit Strategy

When entering into a public cloud-based services, it is essential that there is a clear exit strategy for risk-management purposes. Cloud failure risks across the cloud tiers (IaaS, PaaS, SaaS) are usually low and an exit strategy will be focused on registering and managing risks, but not limited to service failure or vendor lock-in. Exiting public Cloud is not always technically or economically feasible; viable exits are likely to be expensive, effortful and risky as well as technically and operationally challenging. Conversely improving portability to ease exit options increases costs as well as time and effort as achieving the ability to allow cloud-to-cloud application portability (or exiting) requires trade-offs through the application lifecycle.

An Exit Strategy will be developed as a separate document to accompany this Cloud Strategy document.

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8 Migration Approach and High-Level Timeline

8.1 Overview

In line with Integrated Medium-Term Plan (IMTP) and this document, DHCW will look to provision new services directly in public cloud where appropriate and to migrate on-premises servers to make use of public cloud services. A balance of the principles, visions, Infrastructure age, infrastructure support costs, security requirements, application product roadmap and risk appetite of the product and organisation will help define the speed and timings at which both new and existing services will migrate.
The overall timeline approach will establish

- Commercial strategy
- Data strategy
- Governance processes
- Resilient connectivity to public cloud provider(s)
- API Management solution (new service)
- National Data Platform (new service)
- Phase 1 of on-premises applications migration (existing services)
- Phase 2 review other on-premises application (existing services)

8.2 Provision of new cloud services

The cloud first principle states when procuring new or existing services, public sector organisations should consider and fully evaluate potential cloud solutions first before considering any other option.

Deriving value from data is a key ambition and to achieve this at scale and to allow rapid data analysis a move to cloud is essential. Whilst current on-premises datasets and analysis tools are available locally and nationally, the scalability, analysis capability and artificial intelligence algorithms in public cloud surpass any potential improvements that could be acquired through further advances in on-premises technologies.

Our aim is to make the products and services that we invest effort in developing to be as portable as possible, while recognising the opportunities that specialist (and sometime proprietary) cloud capabilities can offer to accelerate delivery.

The trade-off we need to consider is between “time to value” on the one hand and “cost to exit” on the other. Open-source approaches reduce the cost, time and effort to port to a different cloud provider in future but may require more effort to deliver value. Whereas specialist cloud capabilities can sometime offer accelerators to deliver value really quickly but can result in a higher barrier to exit. The important thing is to be aware of the trade-off and understand and be content with the implications of the decisions we make.

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Two key initiatives will be progressed as cloud first these are National Data Resource (NDR) programme and the API management solution. These will underpin delivery of the commitments made in A Healthier Wales with goals to deliver a more joined up approach to health and care data across Wales.

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03/24/2022 09:52:13

National Data Resource Programme[10]

The National Data Resource (NDR) programme is a strategic imperative for health and care in Wales and an essential component of the Digital Architecture Review. The NDR programme will bring together and open up access to data from all organisations that play a role in a patient's health and care in Wales.

NDR has recently worked with Gartner to produce a data strategy. One aspect of the data strategy has been to help define a conceptual and logical architecture for a data platform to support the ambitions of the programme and A Healthier Wales. The data platform will be responsible for the acquisition, movement, transformation, storage, serving and governance of data as well as providing the analytical, data science and machine learning tools needed to extract value from data. A subsequent engagement with Gartner has provided us with an independent assessment of major cloud vendors against our required capabilities in the context of NHS Wales requirements, helping to assure our own direction of travel in selecting a major cloud provider as the basis for the data platform.

API Management[11]

The API Platform has been identified as a key enabler for the NDR architects proposed Architectural Building Blocks (ABB), providing security for APIs and enabling the free flow of data between systems. The building blocks are central to the NDR's long-term vision and address the challenges highlighted in the Digital Architecture Review (2019).

Below is a proposed timeline for the deployment of the APIM and initial NDR platform is shown below. A separate Data Strategy will detail the strategic direction of NDR and the Architectural Building Blocks.

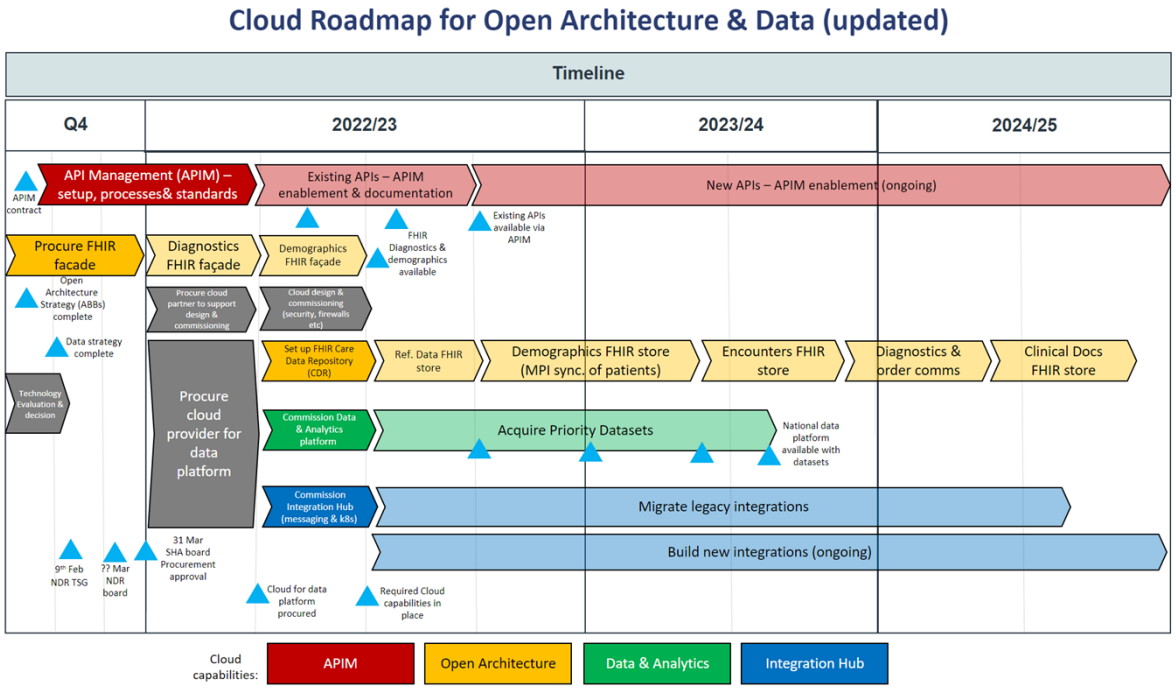

Figure 6 – Timeline of APIM and NDR platform

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[10] Internet site for National Data Resource | Digital Health Wales
[11] Definition of API Management - Wikipedia

8.3 Migration of Existing Services - Phased approach

Existing Services

The approach for existing services will be to migrate everything, defined as "migration should be favoured for all workloads that are technically feasible, although the timing of that migration will be dependent on business factors."

There are five key options for migration, 'Rehost' being low risk (effort), low reward (benefit of cloud), both risk and reward increase as the list is descended.

- Rehost – Essentially lift and shift to cloud
- Revise – Minor modifications to allow consumption of PaaS or CaaS (Container as a service)
- Rearchitect – Major changes to the application to consume more cloud-native technologies
- Rebuild – Start from scratch jettisoning existing code and develop new
- Replace – Replace exiting COTS or custom system with a SaaS offering

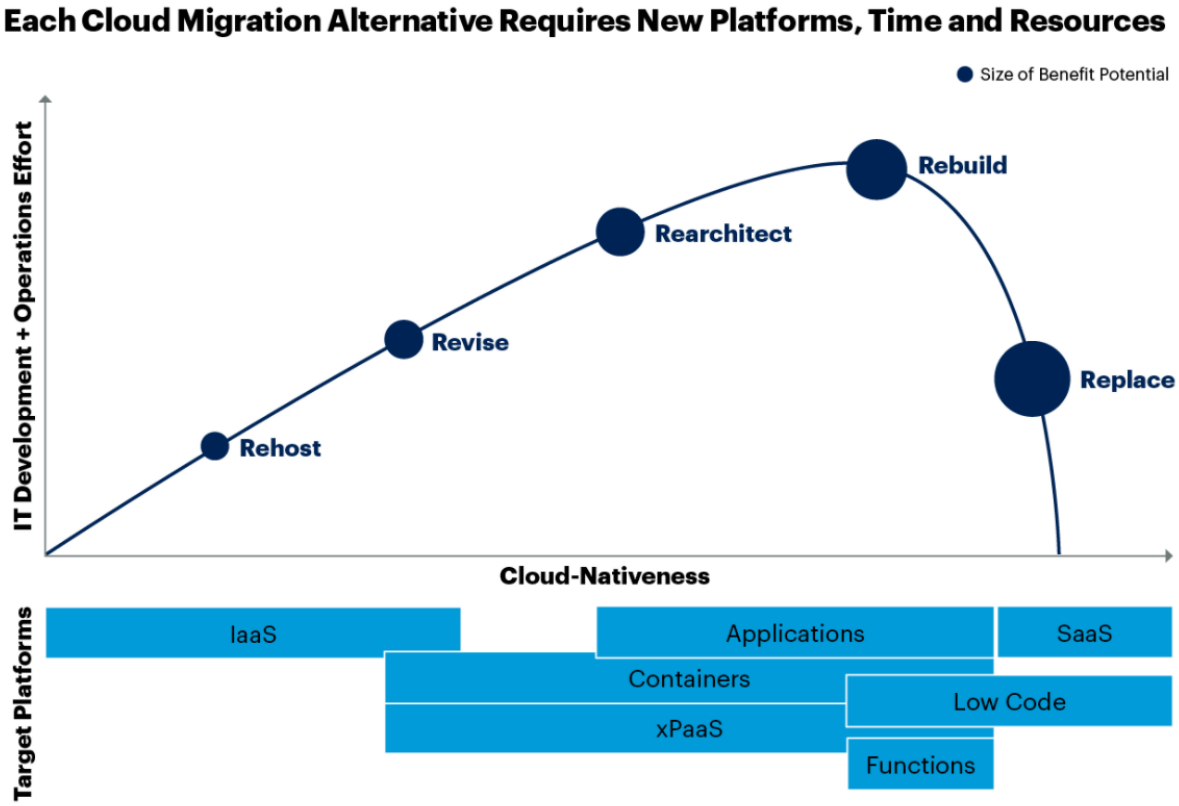

Figure 7 – Cloud Migration strategies for applications

Tolley Laura
03/24/2022 09:52:13

As described in section 23, the speed of the migration of on-premises services to make use of public cloud services will be affected by a variety of factors, and the organisation will need to balance these factors in determining detailed plans. The migration of existing services will be driven by organisational priorities, emerging from the overall architectural roadmap as defined by the ABBs, the individual application team product roadmaps and the evolving requirements to support the needs of the NDR programmes.

The detailed timetable and migration approach for individual applications and services are outside the scope of this particular strategy. However, it is reasonable to assume that in most cases the most suitable approach to migration will be:

- **Rearchitect** – defined as "altering the application so that you can shift it to a cloud-optimized architecture, making heavy use of cloud-native capabilities." This approach to migration is an in-depth undertaking requiring changes to culture, technology, people, processes and platforms. Product roadmaps for services provided will be further developed aligning to both cloud and data strategies as well as the Application Building Blocks

However, we will not rule out other options, where rearchitect options have been thoroughly exhausted.

Implementation Timescales

Continuous revenue funding will be sought from Welsh Government. Funding will allow the build and migration phase of the implementation to commence; cementing the delivery of the digital transformation set out in this cloud strategy document.

The proposed timelines allows for:

- Allow pre-requisites to be completed first
    - Including enhance resilient links (required for migration of any critical services)
    - Additional recruitment and skills framework assessment
    - Discovery and design phase
    - Enhanced Governance establishment
- Agreement to Proof-of-Concept application migration deliveries
- Alignment with resource capacities
- Agreement to align with DHCW IMTP for 2022-2023, 2023-2024

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Service complexity allowing, the approach for migration will follow the timeline process pattern suggested.

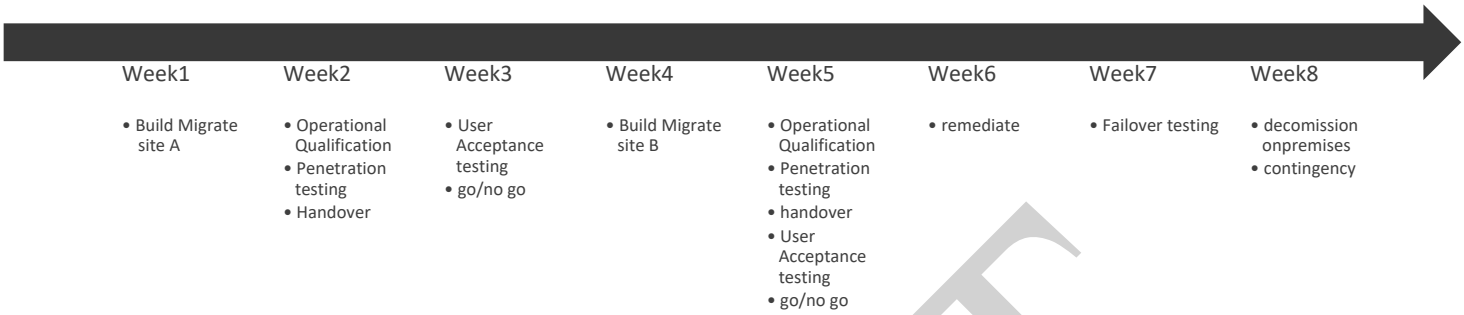

Figure 8 – Build / Migrate and test migration timeline breakdown

The figure details the process to migrate to cloud, to maximise resilience and provide assurances for security and acceptance testing to reduce the risk levels of a lift and optimise approach
This workstream will actively decommission systems and their associated data from the datacentres once the Cloud system solution has gone live. As part of the decommission it will be necessary to end and alter contracts, such as hardware warranty support where appropriate.

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Tolley Laura
03/24/2022 09:52:13

9 Implementation timeline

The following cross-functional flowchart image provides a working timeline for the migration of an initial cohort of applications, together with the essential key activity that will directly impact this package of work. As described in Section 22, further work will be needed to define the detailed timetable for individual application migrations.

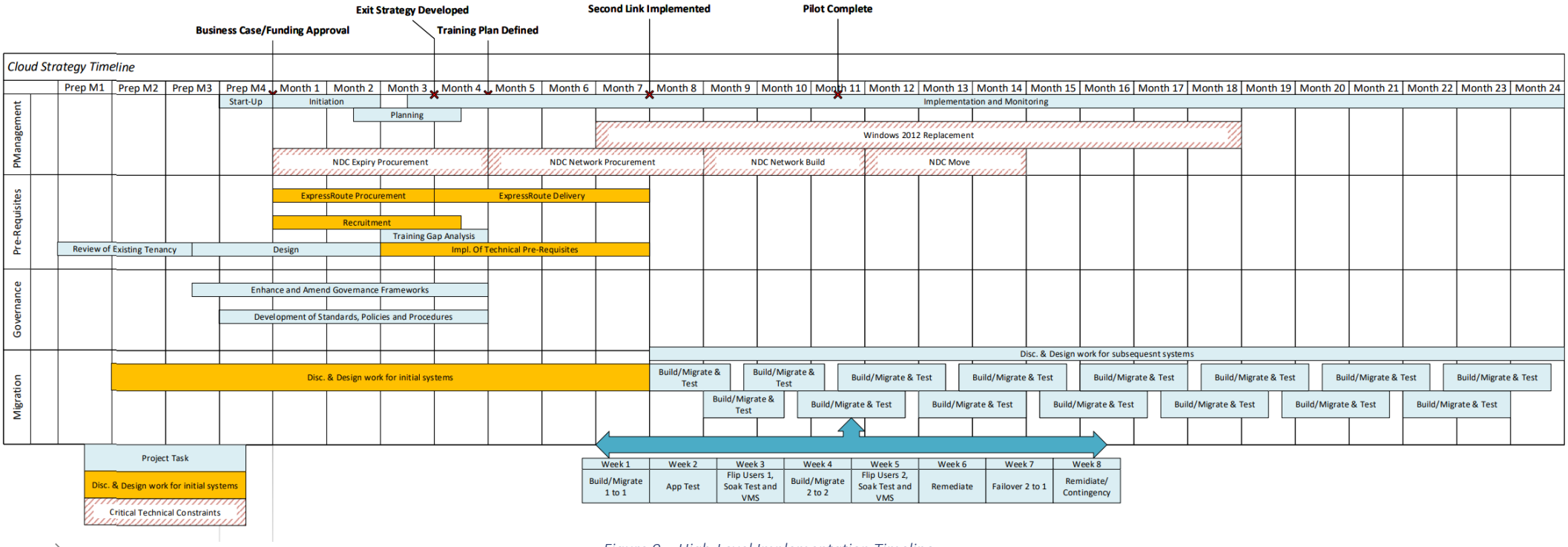

Figure 9 – High-Level Implementation Timeline

Tolley, Laura
03/24/2022 09:52:13

10 Conclusion

DHCW has a vision to move to public cloud to help transform the way they deliver products in a faster, efficient safe and effective way to enable better health and care. Gartner (Figure 2) recommends that a Cloud strategy has a key set of ingredients; a set of strategic cloud principles, measurable objectives that has been risked assessed and how the organisation will enable the delivery.

Underpinning the DHCW cloud strategy will be the governance and procure processes, development of the Cloud Centre of Excellence each of those aspects have been described and detailed and will be part of the implementation plan. The key aspects of the cloud strategy have been included in the detailed IMTP /NDR programmes plans.

All new cloud product developments will require the associated cloud funding as part of the business case including the set-up costs and a provision for operational consumption variability & growth. For the current products the transition costs whilst on prem and cloud will need additional funding. The requirements and timing of the funding is yet to be defined and will be undertaken as part of the product strategies. This leaves a requirement for additional funding for the DHCW cloud governance and Centre of Excellence, a business case for this requirement will need to be drafted.

The DHCW strategy has been developed collectively within DHCW with involvement from all Directorates and the NDR programme, with professional insights and learnings. It's a bold and ambition undertaking and the Cloud Strategy Team are focused on the implementation plans.

Tolley Laura
03/24/2022 09:52:13

11 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 (IaaS) – 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-premises, or managed physical architecture. The following diagram illustrates this:

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For more information, please see NIST SP 800-145, The NIST Definition of Cloud Computing.

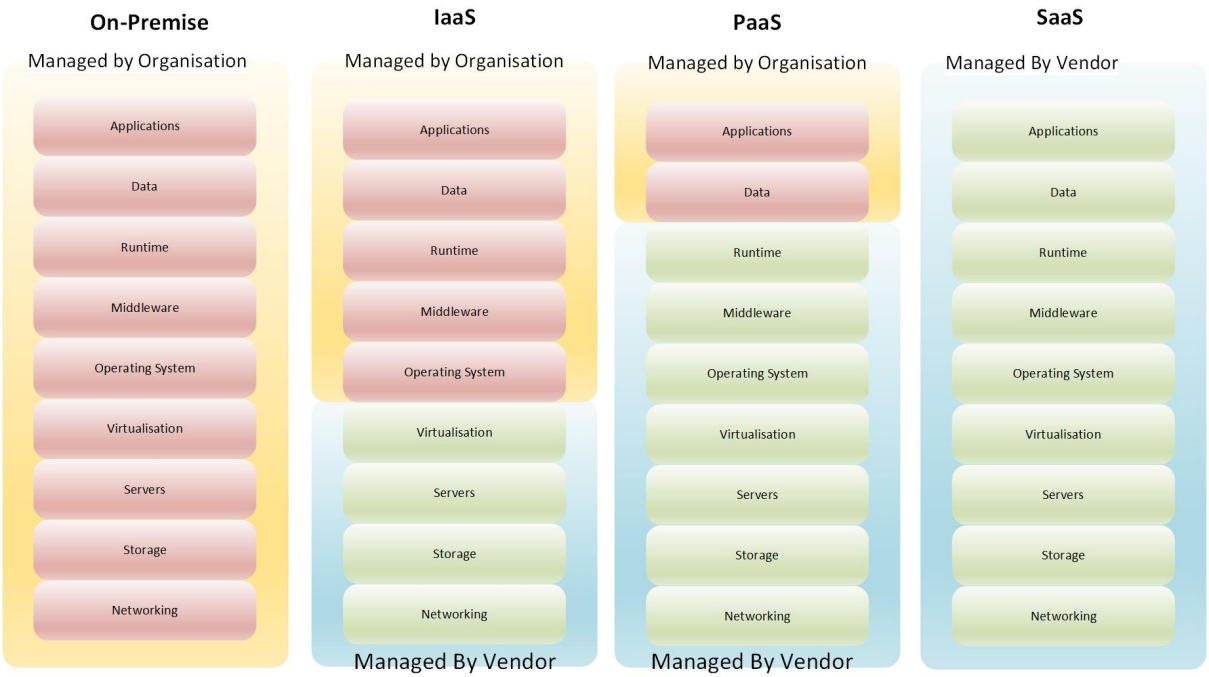

Figure 10 – Division of responsibility for cloud types and on-premises

12 APPENDIX B - List of services running in Public Cloud

iPassport - Quality Management System
AdminControl - Meeting paper management service
Microsoft Azure Devops Service - for developer source control
Prolaborate – Architectural document design sharing service
Microsoft Azure Active Directory - a cloud-based authentication and identity management service
TTP- Test, Trace and Protect Service supporting the Welsh Government's pandemic management strategy
Terminology Service component of the Welsh Reference and Terminology Service
Proof-of-concept API Management and Developer Portal
various integration services with third-party cloud services etc
Moodle – eLearning solution
Secure File Sharing Portal – a secure method of transferring data including PII to and from NHS Wales – e.g., for legal purposes to solicitors
Cleric services – WAST planning tool
Student award system

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03/24/2022 09:52:13

13 APPENDIX C – Cloud Principles

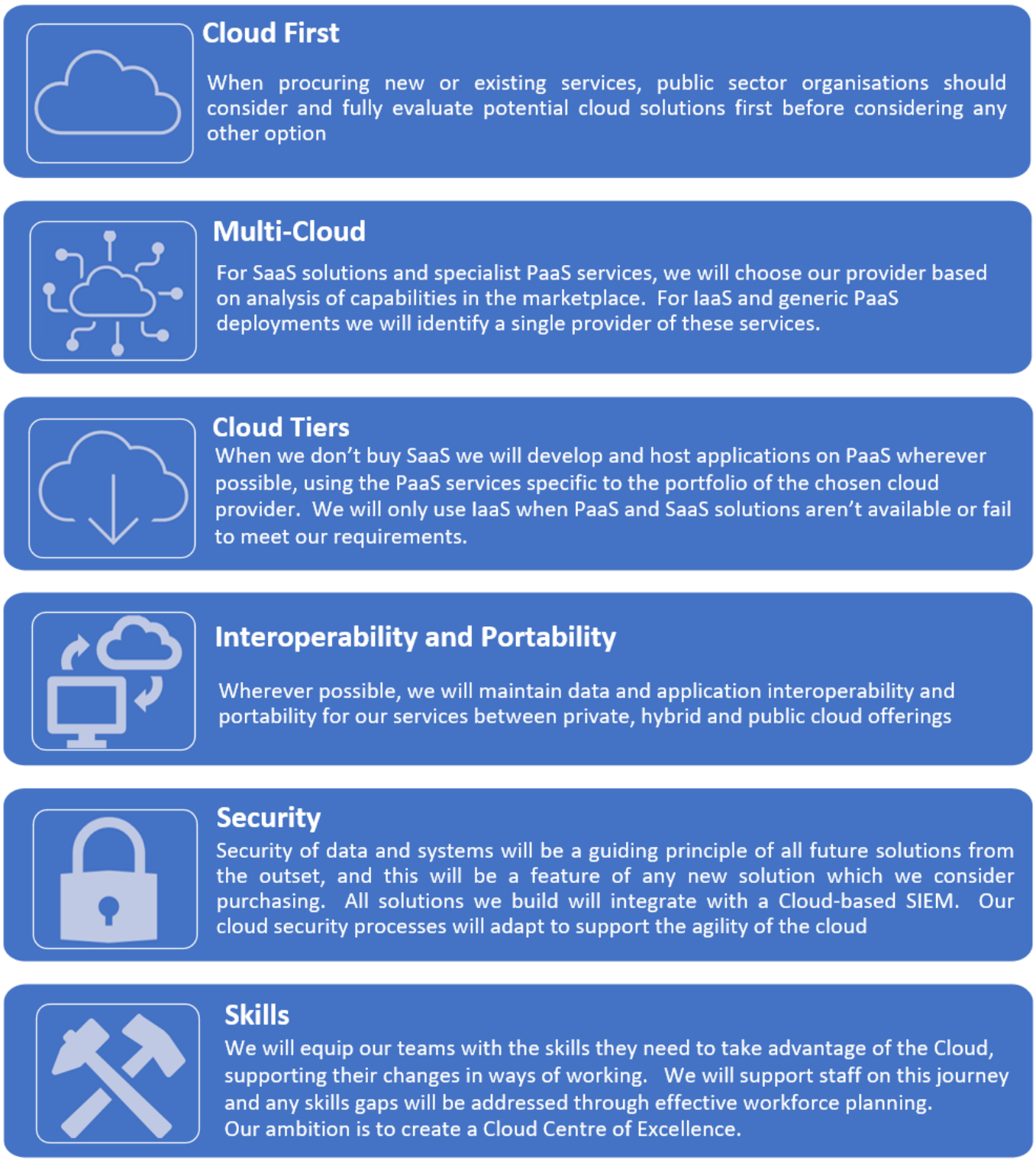

Figure 11 – Cloud Principles (1 of 2)

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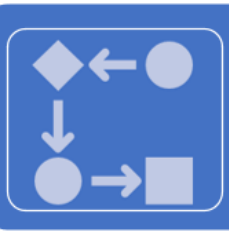
Governance

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 processes will need to be reviewed and aligned to enable us to leverage the benefits of the cloud, this includes finance and procurement processes.

Continuous Optimisation

We will ensure cost-benefit from cloud through automated use of its flexibility and scalability; system capacity will be reduced in line with system demand. Tracking usage patterns and demands will occur on a regular basis to ensure continuous optimisation.

Service User Focus

Our services will be designed around user needs, delivered to the user more rapidly and be available across multiple device types from multiple locations. Where possible and appropriate services will be internet facing whilst maintaining strong user security.

Identity

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

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.

Figure 12 – Cloud Principles (2 of 2)

Tollett, Laura
03/24/2022 09:52:13

14 APPENDIX D -Risk

LIKELIHOOD – TAKES INTO ACCOUNT FREQUENCY AND PROBABILITY					
Frequency – How often might it happen?	**1. Rare** This will probably never happen/recur (except in very exceptional circumstances).	**2. Unlikely** Do not expect it to happen/recur but it is possible that it may do so.	**3. Possible** It might happen or recur occasionally	**4. Likely** It might happen or recur occasionally.	**5. Almost Certain** it will undoubtedly happen/recur, possibly frequently.
Probability – will it happen? (What is the chance the adverse consequence will occur in a given reference period?)	**(0-5%*)**	**(5-25%*)**	**(25-75%*)**	**(75-95%*)**	**(>95%*)**

IMPACT – HOW WILL THIS RISK IMPACT THE ORGANISATION					
Domain	**1 Negligible**	**2 Minor**	**3 Moderate**	**4 Major**	**5 Catastrophic**
Financial	Unplanned financial impact under 0.1% of budget	Unplanned financial impact between 0.1% and 0.25% of budget	Unplanned financial impact between 0.25% and 0.5% of budget	Unplanned financial impact between 0.5% and 1% of budget	Unplanned financial impact > 1% of budget
Compliance	No or minimal impact or breech of guidance/ statutory duty	Minor non-conformity with statutory legislation / Reduced performance rating if unresolved	Single breech in statutory duty / Challenging external recommendations/ improvement notice	Enforcement action / Multiple breeches in statutory duty Improvement notices / Low performance rating / Critical report/ special measures/ replacements of management	Multiple breeches in statutory duty / Prosecution/ Complete systems change required / Zero performance rating/ Severely critical report

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03/24/2022 09:52:13

Patient/Citizen Safety	Minimal injury requiring no/minimal intervention or treatment No time off work /Informal complaint/inquiry / Peripheral element of treatment or service suboptimal / Informal complaint/inquiry	Minor injury or illness, requiring minor intervention / Formal complaint (stage 1) / Minor implications for patient safety if unresolved	Moderate injury requiring professional intervention/ An event which impacts on a small number of patients / Formal complaint (stage 2) complaint / Major patient safety implications if unresolved	Major injury leading to long-term incapacity/disability / Mismanagement of patient care with long-term effects / Multiple complaints/ independent review Low performance rating / Non-compliance with national standards with significant risk to patients if unresolved	Incident leading to death / Multiple permanent injuries or irreversible health effects / An event which impacts on a large number of patients / Gross failure of patient / Totally unacceptable level or quality of treatment/service
Safety and Wellbeing	Short-term low staffing level that temporarily reduces service quality (< 1 day)/ >80% appraisal compliance rate	Low staffing level that reduces the quality of services/ >75% appraisal compliance rate	Late delivery of key objective/ service due to lack of staff/RIDDOR/agency reportable incident / Unsafe staffing level or competence (>1 day)/ Low staff morale/ >70% appraisal compliance rate	Uncertain delivery of key objective/service due to lack of staff /Loss of key staff /Very low staff morale / >65% appraisal compliance rate	Non-delivery of key objective/service due to lack of staff /Ongoing unsafe staffing levels or competence Loss of several key staff / >60% appraisal compliance rate
Service Delivery	Recovered within the Service Level Agreement timeframe and is a non-recurrent event	Recovered slightly outside the Service Level Agreement timeframe and is a non- recurrent event	Recovered outside the Service Level Agreement timeframes/potential ongoing recurrent service disruption	Recovered outside the Service Level Agreement timeframes/Frequent service disruption	Permanent loss of service or facility
Development of Services	Insignificant cost increase/ project slippage slightly outside tolerance	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget / Schedule slippage	Key objectives not met / Non-compliance with national objectives 10–25 per cent over project budget Schedule slippage	Incident leading >25 per cent over project budget Schedule slippage / Key objectives not met
Reputational	Rumours / Potential for public concern/	Local media coverage – short-term reduction in public confidence / Elements of public expectation not being met /	Local media coverage – long-term reduction in public confidence / Repeated failure to meet internal standards /	National media coverage with <3 days service well below reasonable public expectation / Critical report	National media coverage with >3 days service well below reasonable public expectation. MP/MS concerned (questions raised)/ Total loss of public

Tolley, Lana
03/24/2022 09:52:12

		Local resolution / Single failure to meet internal standards/ Reduced performance rating if unresolved	Local resolution (with potential to go to independent review)		confidence / safety if findings not acted on / Inquest/ombudsman inquiry / Gross failure to meet national standards
Information – Storing and maintaining	Minimal or no loss of non-vital data/ minimal or no impact on reputation/ minimal or no failures in responsibilities	Insignificant loss of data causing minor reduction in service quality/ minor impact on reputation/ minor failures in responsibilities	Minimal loss of data causing moderate reduction in service quality/ moderate impact on reputation/ moderate failures in responsibilities	Retrievable loss of multiple data sets causing reduction in service quality/major impact on reputation/ major failures in responsibilities	Irretrievable loss of data/catastrophic impact to reputation/ gross failure in responsibilities
Information – Access and Sharing	Access interruption for <1 day/ negligible impact to reputation/ no failure in responsibilities	Access interruption for more than 1 days/minor impact to reputation/ no failure in responsibilities	Access interruption for more than 2 days/ /moderate impact to reputation/ gross failure in responsibilities	Access interruption for more than 3 days/ major impact to reputation/ gross failure in responsibilities	Access interruption for more than 4 days/ catastrophic impact to reputation/ gross failure in responsibilities
Corporate Social Responsibility	Minimal or no impact on the environment or decarbonisation objectives/Minimal non-compliance with Welsh Language Standards	Minor impact on environment or the decarbonisation objectives / Minor non-compliance with Welsh Language Standards	Moderate impact on environment or the decarbonisation objectives / Moderate non-compliance with Welsh Language Standards	Major impact on environment or the decarbonisation objectives / Major non-compliance with Welsh Language Standards/Investigation opened by the Welsh Language Commissioners office	Catastrophic impact on environment or the decarbonisation objectives / Catastrophic non-compliance with Welsh Language Standards/ Fine issued by the Welsh Language Commissioners office

Tolley, Laura
03/24/2022 09:52:13

Perceived Risk	Score	Possible Mitigation Strategies		
1 BUSINESS: *DHCW may face internal resistance to cloud adoption*	3x2=6 Possible/minor	Seek executive sponsorship	provide training and internal exemplar migrations with lessons learnt	Manage a cloud community program to influence behaviour and transform internal culture
2 BUSINESS: *If DHCW fail to the communicate to citizen that data location will be changing, we may suffer reputational damage*	3x3=9 Possible/moderate	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	Cloud services will operate from locations in the UK, unless there is a compelling reason to use other locations
3 BUSINESS: *Cloud providers may have outages that DHCW don't control*	3x4=12 Possible/major	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
4 BUSINESS: *If DHCW use cloud-native services, it could be locked into a specific cloud provider*	3x2=6 Possible/minor	Design / engineer portability into services and develop an exit strategy	Develop a multicloud strategy	Minimize dependencies to the cloud-native services, and build applications on abstracted runtimes, such as Kubernetes
5 BUSINESS: *Governance may restrict the flexibility, speed and agility of cloud*	3x3=9 Possible/minor	Rework DHCW governance procedures to ensure	Ensure governance processes across different business	Establish frequent design/deployment governance groups

Tolley, Laura
03/24/2022 09:12:13

		they allow rapid deployment of services	areas are aligned to ensure minimal delays	with attendance from all key stakeholders
6 COMMERCIAL: *Cloud providers may go out of business or raise prices*	3x3=9 Possible/moderate	Develop an exit strategy	Develop a multicloud strategy	Design for portability
7 COMMERCIAL: *TECHNICAL:* *DHCW may not be able to guarantee performance*	3x4=12 Possible/major	Develop a hybrid IT strategy	Purchase the appropriate configuration option and service level	Mock designs up in lab environment and simulate load. Develop, design for scalability
8 COMMERCIAL: *Poorly defined requirements may result in DHCW procuring a solution that is not fit for purpose*	3x2=6 Possible/minor	Analyse data from initial deployments/pilots to build requirements	Seek input from external organisations/ experts	Have multiple internal review points for requirements
9 COMMERCIAL: *DHCW don't trust the cloud provider*	2x2=4 Unlikely/minor	Scrutinize compliance reports from third-party auditors	Build decision frameworks to select a trustworthy cloud provider	Check historical performance of the cloud provider
10 COMMERCIAL: *Large scale route to market for Cloud services unknown*	3x2=6 Possible/minor	Develop a commercial strategy for cloud procurement	Develop a cloud commercial comparison document	
11 FINANCE: *Lack of sustained revenue for cloud services, current revenue funding is supported by capital purchases*	4x3=12 Likely moderate	Create business case to seek correct funding and sustained funding	Develop financial management processes for public cloud, to optimize revenue whilst maintaining performance and availability	Ensure that the product-based framework offering is sustainable through a transparent SLA process.

Tolley, Laura
03/24/2022 09:52:13

12 FINANCE: *DHCW may overspend in the cloud, because we don't have an upper capacity limit*	9 Possible/Moderate	Develop financial management (governance) 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
13 FINANCE: *If DHCW do not have comprehensive reports on costs or we do not track them effectively we risk significant overspend*	9 Possible/moderate	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 cloud, to ensure that costs can be traced to the service they are delivering
14 SECURITY: *DHCW may experience increase cyber-attacks, because we don't control our perimeter*	9 Possible/moderate	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
15 TECHNICAL: *Using multiple clouds will add complexity in terms of management and monitoring (e.g., for cyber security issues, patching, etc.)*	9 Possible/moderate	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
16 TECHNICAL: *Evergreen nature of cloud services could impact functionality*	9 Possible/moderate	Re-architect 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
17 TECHNICAL: *FINANCE:*	6 Possible/minor	Regularly review the cloud marketplace for	Regularly review our application suite to	During development cycles, ensure our

Tolley, Laura
03/24/2022 09:42:13

Failure to update services to use latest cloud offerings could erode cost/functionality benefits		functional and cost benefits	ensure it is deployed in the most cost-effective way through governance and optimisation	applications are deployed in the simplest way possible
18 WORKFORCE/SKILLS: DHCW don't possess the required skills	20 Almost certain/major	Develop staff engagement processes and from this build a training program to develop the required skill set	Seek the guiding hand of an MSP/professional services organisation	Seek research and advisory services
19 WORKFORCE/SKILLS: *Using multiple providers means higher likelihood of a skills shortage, as there would be more skills to learn*	12 Likely/moderate	Use a primary provider for standard workloads	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

Table 2 – Risk Assessment and Mitigation

A more complete and detailed risk assessment and mitigation effort will be performed as part of the implementation plan, and it is out of scope of this document.

Tolley, Laura
03/24/2022 09:52:13

15 REFERENCES

DOCUMENT LINK	DOCUMENT TITLE
https://www.gartner.com/document/4001349	Solution Path for Implementing a Public Cloud Adoption Framework
https://www.gartner.com/document/3995502	Decision Point for Migrating Your Data Center to Public Cloud IaaS and PaaS
https://www.gartner.com/document/3997300	Designing a Cloud Strategy Document
NIST SP 800-145, The NIST Definition of Cloud Computing	The NIST Definition of Cloud Computing
pol-cg-004-risk-management-policy-pdf	DHCW Risk Management Policy
https://www.gartner.com/document/code/724325	How to Build a Cloud Center of Excellence (Part 1 — Designing for Cloud Adoption Success)
https://www.gartner.com/document/code/724337	How to Build a Cloud Center of Excellence (Part 2 — Implementing the Foundations for Cloud Adoption Success)
https://www.gartner.com/document/code/720291	Solution Path for Public Cloud Governance
https://www.gartner.com/document/3997270	Implementing Governance for Public Cloud IaaS and PaaS
https://www.gartner.com/document/3899275	Implementing Governance for Public Cloud IaaS
Decision Point for Choosing a Cloud Migration Strategy for Applications (gartner.com)	Decision Point for Choosing a Cloud Migration Strategy for Applications
Doc 003a - NHS Wales guidance_ Cloud services v1.0.docx (sharepoint.com)	Welsh Government guidance to NHS Wales on use of Cloud services as signed off by NIMB, 23 April 2018
NHS and social care data: off-shoring and the use of public cloud services - NHS Digital	Cloud risk framework and Cloud security good practice guide underpinning the WG guidance on cloud services
Digital strategy for Wales [HTML] | GOV.WALES	Digital Strategy for Wales
A Healthier Wales (gov.wales)	A Healthier Wales: Our plan for Health and Social Care

Table 3 – References

Tolley Laura
03/24/2022 09:52:13

16 DEFINITIONS

TERM	DEFINITION
ABB	Architectural Building Blocks
AI	Artificial Intelligence
API	Application Programming Interface
APIM	API Management
App	Application
AWIP	All Wales Infrastructure Programme
BOMs	Bill Of Materials
CaaS	Container as a Service
CCOE	Cloud Centre of Excellence
Ci/CD	Continuous integration/ Continuous delivery(deployment)
COTS	Commercial Of the Shelf (software)
DevOps	Software Development (Dev) and IT Operations (Ops)
DHCW	Digital Health and Care Wales
DR	Disaster Recovery
DSPP	Digital Services for Patients and the Public
IaaS	Infrastructure as a Service
IAC	Infrastructure as Code
ICT	Information & Communications Technology
IG	Information Governance
IMTP	Integrated Medium Term Plan
IT	Information Technology
NDR	National Data Resource
NIMB	National Informatics Management Board
NIST	National Institute of Standards & Technology (US)
PaaS	Platform as a Service
PII	Person-Identifiable Information
SaaS	Software as a Service
SIEM	Security Information and Event Management
SLA	Service Level Agreement
SQL	SeQueL – common relational database technology, most associated with Microsoft, but other versions of SQL are available

Jolley, Laura
03/12/2022 09:52:13

TTP	Trace, Trace, Protect
VMS	Vulnerability Monitoring Service
WAST	Welsh Ambulance Service Trust
WG	Welsh Government
WIAG	Wales Informatics Assurance Group

Table 4 – Definitions

Tolley Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
STRATEGIC PROCUREMENT REPORT

Agenda Item	5.3

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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 Strategic Procurement Report, including the Contract Extension and Contract Award as detailed in Appendix 1 and note the Contract Extension in Appendix 2.	

Tolley Laura
03/24/2022 09:52:13

Acronyms	
CRM	Customer Relationship Management system
DHCW	Digital Health & Care Wales
DPS	Dynamic Purchasing System
DQS	Data Quality System
DSPP	Digital Services for Public and Patients
ICT	Information & Communication Technology
LAR	License Agreement Reseller
MEAT	Most Economically Advantageous Tender
NWIS	NHS Wales Informatics Service
OJEU	Official Journal of the European Union
PCR2015	Public Contract Regulations 2015 ("PCR2015").
SFI	Standing Financial Instructions
SHA	Special Health Authority
SO	Standing Orders
VAT	Value Added Tax

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, specialist, procurement 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 which exceeds £750,000 (excl. VAT) will be presented for the Board's approval. In addition, the Board will also be required to approve any contracts which are to be extended either outside their initial term and/or in excess of the executed contract value.

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

2.1 Appendices 1 and 2 set out two (2) proposed Contract Extensions beyond their intended term and one (1) Contract Award Approval for the consideration of the Board.

Appendix 3 includes detailed of the Strategic Contracts we plan to present for future Board approval.

An overview of the contractual activity requiring approval and/or noting is provided below:

Polley-Laura 03/24/2022 09:52:13

(i) Microsoft Azure - Contract Extension (for approval)
(ii) P642.17 Integrated Telephony Solution for Test, Trace and Protect – Contract Extension (for noting)

(iii) P720 – Specialist Consultancy Resources for Digital Services for Patients and the Public (for approval)

5.3i Microsoft Azure

Contractor: TrustMarque Solutions Ltd
Term: August 2021 – July 2022
Value: £1,230,000 ex VAT

The proposed contract modification is based on increasing the value of the Agreement (for the reasons set out below) to £1,230,000 ex VAT whilst its term remains the same, namely July 2022.

Context/Background

In August 2021 Digital Health and Care Wales began the migration of some core services to Microsoft Azure as part of its Data Centre Migration plan. A number of DHCW services are now running successfully in the Microsoft Azure hosted environment including DMZ Servers, which are utilised for hosting services that are accessible from the internet, i.e., NHS Wales websites and the DHCW Test and Development systems, which allow developers and testers to test and evaluate the performance and functionality of our systems in the cloud, prior to the future migration of production workflows.

An initial order for Microsoft Azure was placed under the P159.06 Microsoft Licence Reseller ("LAR") Agreement with TrustMarque Solutions Ltd with a value of £730,000.00. This volume was considered sufficient capacity to allow services to be migrated and run until March 2022 when the new *'Microsoft Enterprise Agreement'* ("EA"), required for July 2022, could be agreed.

Owing to detailed negotiations and engagement from NHS Wales this new EA has not yet been completed as the best possible agreement is being sought. The impact of this is that the current Microsoft Azure subscription will be consumed by the end of March 2022 and a short-term extension of value is needed to provide capacity in the subscription until 1st July 2022.

Contractual Risk

The commercial Services team have advised that as a compliant agreement exists for the procurement of Microsoft products and services all procurement requirements are met.

The Board are asked to provide approval for the extension as the total value for the specific service has now exceeded the Chief Executive Officers approval limit of £750,000. Additionally Welsh Government Notification has been sought (as of 14 March 2022) as the value for this call off from the LAR framework now exceeds £1m.

Tolley Laura
03/24/2022 09:52:13

5.3ii P642.17 Integrated Telephony Solution for Test, Trace and Protect

Contractor: Solgari Limited
Term: June 2020 – May 2023 (incl extension)
Value: £3,487,375.60 ex VAT (incl extension)

The proposed contract modification is based on increasing the value of the Agreement (for the reasons set out below) to £3,487,375.60 ex VAT whilst its term is also extended by twelve-months to 31 May 2023.

Background

In June 2020 the NHS Wales Informatics Service awarded a two-year contract to Solgari Limited for an integrated telephony solution to the Test, Trace, Protect Contract Tracing Customer Relationship Management ("CRM") system. This agreement was awarded under regulation 32 (c) of the Public Contracts Regulations 2015 ("PCR15") as a Negotiated Agreement without competition.

The Solgari Limited agreement provided the telephony solution, call minutes to landline and mobile telephone numbers and a text messaging issuing function. As this agreement was established at the commencement of the Welsh Government covid-19 response it was exceptionally difficult to predict the full scope of the requirements and scale of deployment that would be necessary and best endeavours were made to forecast a likely usage of the services.

Service provision by Solgari Limited during this period has proved to be challenging at times with a number of users experiencing latency issues, a loss of access to call recordings and a lack of detail within the monthly SLA reports. However, with consistent contract management reviews the SLA reports and the detail presented has improved and following recent upgrades to their solution and changes to call carriers the issues with latency and call recordings have reduced and the solution is operating as required. To ensure this progress continues, the monthly contract reviews will continue through the extension period.

In September of 2021 the Digital Pathway Group (chaired by Welsh Government) set up a working group to support the re-procurement of this telephony solution. In December 2021 a procurement was issued by Digital Health and Care Wales, utilising the Welsh Governments' National Procurement Services IT Solutions Framework Agreement. DHCW received three responses to this tender which following evaluation, post tender clarification and detailed demonstrations resulted in a failure to award a contract. The procurement process concluded that none of the respondents could offer a solution that satisfied the requirements set out. On 3 March 2022 the Digital Pathway Group approved a decision not to award the procurement and instead extend the current solution for a further twelve-month period.

Aside to this abandoned procurement it has also now been advised that the capacity of the Test, Trace & Protect CRM will be reduced. In May 2022 the User licence requirements will be reduced from current levels of c.4,200 to 1,000. This is a material change to the published requirements in the recent procurement which would have committed to a minimum monthly capacity of 1,800 users.

Julie Laura
03/07/2022 09:52:13

Contractual Risk

The Commercial Services team consider that the modification to this contract is justifiable under the exemptions of Regulation 72, PCR 2015 on the basis that:

- The scope of the contract shall remain in accordance with the requirements of the original contract, which included call charges; and
- The total contract value for the Integrated Telephony solution for TTP is currently £2,324,917.60 ex VAT, with the anticipated additional value being £1,162,458.00 ex VAT. This will bring the overall contract value to £3,487,375.60 ex VAT., i.e., it is within the 50% cap.

As the original award of this contract was made by the NHS Wales Informatics Service prior to the establishment of the Digital Health and Care Wales SHA and its Board this extension is reported for noting by the DHCW Board.

5.3iii P720 – Specialist Consultancy Resources for Digital Services for Patients and the Public

Contractor: Spirit Public Sector
Term: 1 April 2022 – 31 March 2024 (+ 1 year extension option)
Value: £1,800,000 ex VAT (maximum subject to work packages)

This is a replacement Contract conducted via a competitive procurement for specialist consultancy resources for the Digital Services for Patients and the Public Programme. The Contract term is for a period of two (2) years commencing 1st April 2022 and expiring 31st March 2024, with the option to extend the contract for a further twelve-months, up to 31st March 2025.

The maximum contract value is **£1,800,000 (ex VAT)** for the term of the agreement, including extension options. 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.

DHCW has worked with Spirit for the last two and a half years in relation to the DSPP Programme where they have been instrumental in the development of the technical approach and the establishment of the programme to deliver the objectives set out in the DSPP Business Plan. Spirit is a Welsh based company and has committed to 42.67% of its resources assigned to the initial committed work package being based in Wales.

Scope of the Agreement

The Agreement will provide DHCW with specialist consultancy resources required to continue the programme leadership, technical requirement delivery and stakeholder communication to ensure the vision of the DSPP programme is delivered, plus address any new requirements arising as a result of the changes in the government guidelines regarding the pandemic management and the vaccine programme, as well new strategic initiatives.

Tracey Laura
03/24/2022 08:52:13

This procurement was undertaken as a Call Off competition under the Digital Patient Services Partner(s) Dynamic Purchasing System (ref P470).

DHCW will be charged for specialist resources as and when they are deployed based on an agreed rate card. Requirements will be called off on a work package basis which will set the deliverables and objectives for the resources. Payment will be made only when the objectives and deliverables are accepted by DHCW.

The contract has been structured to minimize Authority risk in the following ways:

- The Terms and Conditions of Contract appliable to this are NHS Standard terms and conditions for Provision of Services, May 2018 and include:
  - Robust indemnity and warranty terms
  - Time and Delivery Conditions
  - Rejection criteria for products
  - Protection of Data and Intellectual Property
  - Customer remedies for Default

- The payment structure under this agreement is as follows: work packages are called off as and when required and will be developed and agreed between the Supplier and the DHCW Subject Matter Experts. Payment of each work package will be subject to DHCW approval of all deliverables.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD

3.1 Appendices 1 and 2 set out two (2) proposed Contract Extensions beyond their intended term and one (1) Contract Award Approval relating to:

Microsoft Azure in respect of which:

(i) The contract extension will require a derogation of Standing Orders ("SOs") and Standing Financial Instructions ("SFIs"), however, will be undertaken in accordance with the exclusion options under Public Contract Regulations 2015, as assured by the Chief Operating Officer; and

(ii) DHCW's procurement project team comprised of key subject matter experts who have approved the contract extension and approach, including the rationale and next steps, as assured by the Chief Operating Officer; and

(iii) 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.

Integrated Telephony Solution for Test , Trace and Protect CRM in respect of which:

Tolley, Laura (NHS) 03/08/2022 09:02:13

(iv) The contract extension will require a derogation of Standing Orders ("SOs") and Standing Financial Instructions ("SFIs"), however, will be undertaken in accordance with the exclusion options under Public Contract Regulations 2015, as assured by the Chief Operating Officer; and

(v) DHCW's procurement project team comprised of key subject matter experts who have approved the contract extension and approach, including the rationale and next steps, as assured by the Chief Operating Officer; and

(vi) 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.

Specialist Consultancy Resources Digital Services for Patients and the Public 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 comprising key subject matter experts have approved the procurement strategy and approach, including the selection and evaluation processes and the award outcome, as assured by the DHCW Chief Operating Officer and Chief Executive; and

(iii) Funding of the Agreement is provisioned from additional Welsh Government revenue 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.

4. RECOMMENDATION

4.1 The Board is being asked to: APPROVE the Strategic Procurement Report, including the Contract Extension and Contract Award as detailed in Appendix 1 and note the Contract Extension in Appendix 2.

Tolley Laura
03/24/2022 09:52:13

IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	Not Applicable

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
Choose an item.	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
Matthew Perrott – Deputy Head of Commercial Services	11/03/22	Approved
Michelle Sell – Chief Operating Officer	11/03/22	Approved
Claire Osmundsen-Little – Executive Director of Finance		
Helen Thomas – Chief executive Officer		

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.
	Yes, please see detail below

Gillian Laura
03/11/2022 09:52:13

FINANCIAL IMPLICATION/IMPACT	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.

APPENDIX 1: Key Procurement Documents for Approval

1. Contract Extension Value Increase paper for Microsoft Azure

2. P720 Specialist Consultancy Resources for Digital services for Patients and the Public

APPENDIX 2: Key Procurement Documents for Noting

3. Contract Extension value increase paper for Telephony TTP

Tolley Laura
03/24/2022 09:52:13

APPENDIX 3: Strategic Procurement Plan

TITLE	ALL WALES / DHCW INTERNAL	OVERVIEW OF THE SCOPE	INDICATIVE CONTRACT VALUE	INDICATIVE TERM (YEARS)	CONTRACT START DATE	SHA BOARD DATE
O365 Phase 3 Resources	All Wales	Provision of consultancy to support the continued roll out of the O365 suite of products across Wales.	£3.8M	3	01/02/2022	27/01/2022
Specialist Resources (consultancy) for DSPP Programme Management and Delivery	All Wales	Specialist consultancy resources to support delivery of DSPP Programme and deliverables.	£1.8m	2+1	01/04/2022	31/03/2022
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	Procurement abandoned.
VMWare Enterprise License Agreement	DHCW Internal	Enterprise Licensing Arrangement to enable the organisation to run more applications using fewer physical servers on virtualised machines.	£300k	1+1	01/04/2022	Value reduced - No longer requires Board approval.
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+2	01/07/2022	26/05/2022
Welsh Hospital e-Prescribing and Medicines Administration	All Wales	Provision of a framework for Electronic Prescribing systems for Health Boards in NHS Wales.	£105m	4+2	01/06/2022	26/05/2022
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	26/05/2022
Data Centre	All Wales	Provision of a Data Centre service to host NHS Wales Services and Infrastructure	£4m	5	01/02/2023	28/07/2022
NDR Data Platform	DHCW Internal	Provision of a Licensing Solution Partner to provide the Authority with licensing and services to support the development and implementation of the NDR Data Platform.	£10m	2+1+1	01/08/2022	28/07/2022
Data Engine	DHCW Internal	Digital Health and Care Wales is seeking to procure technical capability to facilitate access to structured clinical data using open standards, and a mechanism for capturing data as a Clinical Data Engine (CDE). This forms a key building block to the open architecture approach as described as a deliverable of the National Data Resource Programme.	£3m	3+1+1	01/10/2022	29/09/2022
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	24/01/2022	01/12/2022
Radiology Imaging System	All Wales	Digital solution to store, access, review and report radiology images	£40m	10	15/04/2023	30/03/2023

Tolley Laura
03/24/2022 09:52:13

AGREEMENT TO CONSIDER A CONTRACT EXTENSION TO TERM AND/OR INCREASE IN CONTRACT VALUE

Contract Title:	Microsoft Azure – Cloud Infrastructure
Original Contract Duration:	1 July 2021 to 30th June 2022
Original Contract Value:	£730,000.00 (excluding VAT)
Contractor	TrustMarque
Anticipated Additional Extension	No additional term
Anticipated Additional Value:	£500,000.00 (excluding VAT)
Estimated Total Value (incl. extensions):	The additional scope for expenditure shall increase DHCW spend to £1,230,000.00 (excluding VAT) for the contract period

1. Was the contract advertised to include an option to extend?

No. This agreement has been called off via the Digital Health and Care Wales Microsoft Agreement Reseller ("LAR") Framework Agreement (ref P159.06) with Trustmarque.

Trustmarque ("TM") are the sole supplier to Wales for all Microsoft products and were appointed by DHCW following a competitive procurement exercise in 2019.

2. What extension duration was included in the Contract Notice?

There was no requirement to place a Contract Notice as the Services were being purchased via a legally compliant and established Framework Agreement held by DHCW.

3. How much of an extension/increase in value do you plan to utilise?

The Authority is seeking to increase its ability to purchase an additional £500,000.00 of Microsoft Azure subscription Services over the period 1 April to 30th June 2022. At which time a new Enterprise Agreement for Microsoft Services will be established and the DHCW Board will be asked to approve a new commitment for Azure Subscriptions via the P159.06 LAR agreement.

4. Background (overview of contract)

In 2021 DHCW began migrating some of its core infrastructure to Microsoft Azure (Cloud) services. As the migration scale and speed was unknown at this time an agreement was raised for a twelve-month subscription with a maximum value of £730k (ex VAT).

Since that time DHCW Infrastructure team have successfully managed to migrate several services into the Cloud and at a pace that was quicker than anticipated. The impact of this has been that subscription costs began to accrue earlier than anticipated and have resulted in the allocated estimated budget of £730k being almost used up by the end of March.

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It was anticipated that a new Microsoft Enterprise Agreement would be confirmed by end of March 2022, however due to ongoing negotiations by the "*All Wales EA Negotiation Team*", that agreement is now targeted for approval in May 2022. At this time a full All Wales approval will be sought and the commitment for DHCW Microsoft Services will be set out for the Board for the next three years.

5. Rationale for modification to the existing Contract

Following the approval of the DHCW Cloud strategy, more services are now required to be migrated and as such additional subscription facilities need to be provided.

The additional £500k capacity will allow existing Azure Services to continue and provide scale to further migrate services to the Cloud.

6. Next Steps

This extension will be actioned by undertaking the following steps:

- A Procurement Approval form will be formally signed off by Executive Director of Finance and Chief Executive Officer;
- Notification of the Agreement (which now exceeds £1m) will be issued to Welsh Government;
- A new Purchase Order will be placed under P159.06 to create the extended subscription up to £500k;
- Finalisation of requirements for new Enterprise Agreement to commence 1st July 2022.

Prepared by:	Matthew Perrott
Date:	10/03/2022

Agreed by Head of Commercial Services DHCW:	Julie Francis
Signature:	16/03/2022 X pp. Julie Francis Head of Commercial Services Signed by: Matthew Perrott (Ma009185)

Agreed by Director of ICT DHCW:	Dr Carwyn Lloyd-Jones

Tolley, Laura
03/24/2022 09:52:13

Signature:	17/03/2022 X Carwyn Lloyd-Jones Dr Carwyn LLoyd-Jones Director of ICT Signed by: Carwyn Lloyd-Jones (Ca000262)

Agreed by Executive Director of Finance DHCW:	Claire Osmundsen-Little
Signature:	21/03/2022 X Claire Osmundsen-Little Exec Director of Finance Signed by: Amanda Murray (Am208426)

Agreed by Chair of DHCW Board:	Simon Jones
Signature:	X Simon Jones Chair of DHCW Board

Agreed by Independent Member	
Signature:	X Independent Member

Agreed by Chief Executive Officer DHCW:	Helen Thomas
Signature:	X Helen Thomas CEO of DHCW

Tolley, Laura
03/24/2022 09:52:13

AGREEMENT TO CONSIDER A CONTRACT EXTENSION TO TERM AND/OR INCREASE IN CONTRACT VALUE

Contract Title:	P642.17 – Microsoft Dynamics Integrated Telephony Software for Test Trace Protect ("TTP")
Original Contract Duration:	Contract awarded for a period of twelve (12) months, to commence 01 June 2020 and expire 31 May 2021, with the option to extend by a further period of twelve (12) months. That being twenty-four (24) months in total.
Original Contract Value:	£2,324,917.60 ex VAT.
Anticipated Additional Extension	The anticipated additional extension is for a period of twelve (12) months.
Anticipated Additional Value:	The anticipated additional value is £1,162,458.00 ex VAT.
Estimated Total Value (incl. extensions):	This will bring the overall contract value to £3,487,375.60 ex VAT.

1. Was the contract advertised to include an option to extend?

Yes, the contract was advertised to include an option to extend.

2. What extension duration was included in the Contract Notice?

The Contract Notice included an optional twelve (12) month extension, which has been exercised and is due to expire on 31 May 2022.

3. How much of an extension/increase in value do you plan to utilise?

The Authority is seeking to extend the contract outside of its intended term for a further period of twelve (12) months, up to 31 May 2023. This will also result in an increase to the current contract value of £2,324,917.60 ex VAT up to £3,487,375.60 ex VAT. A contract extension to both term and value is required to enable the ongoing delivery of the telephony solution which underpins Test Trace Protect ("TTP") and supports the management of the Covid-19 Pandemic.

4. Background (overview of contract)

An urgent requirement arose in response to the Covid-19 pandemic to be able to robustly manage track and trace services within Wales to manage the impact of the Covid pandemic as effectively as possible. Indicative market assessment was undertaken, and two (2) commercially available solutions were considered prior to awarding the Contract to Microsoft. The former 2 companies could not be taken forward into procurement given that they did not have a ready to use solution to meet the immediate Authority needs. Microsoft was able to offer a ready to use solution and a team to provide expertise in undertaking any developments that were required to meet the

Tolley Victoria 03/24/2022 09:52:13

emergent needs of the Pandemic in response to government policy. Furthermore, its solution was more commercially advantageous to the Authority than the alternate suppliers' offerings.

A component part of the Microsoft Dynamics Platform was a requirement for an underpinning telephony solution. Therefore, in May 2020, NHS Wales Informatics Service ("NWIS"), the predecessor to Digital Health and Care Wales ("DHCW"), proceeded to procure, via a Single Tender Action ("STA"), a fully functional and integrated contact/telephony service from Solgari Ltd. Solgari is a global supplier that supports the Microsoft Dynamics 365 all channel communication solution and is one of Microsoft's top 40 Independent Software Vendors. The Solgari solution enables all communication and functionality through Microsoft Dynamics with channels including voice, video, chat, SMS, compliance and security. This solution enabled the Dynamics CRM to be accessed and used by call handlers whether they are based in Local Authorities, Health Boards, Trusts or other locations.

The purpose of this paper is to extend the contract term and value of the Solgari Contract and obtain approval for the unanticipated expenditure. The Terms and Conditions and all charges, including call charges, will remain as per the original Contract, please see below:

Item	User Numbers	Cost exclusive of VAT	Cost inclusive of VAT
Set up fees (One-Off) ***Vat exempt***	1-1999 @	£ 65.00	£ 65.00
	2000-3000	£ 61.75	£ 61.75
User cost (monthly)	1000 @	£ 35.00	£ 42.00
	2000 @	£ 33.00	£ 39.60
	3000 @	£ 31.00	£ 37.20
Support Costs (monthly)	08:00hrs – 20:00hrs Monday to Sunday	£ 1,250.00	£ 1,500.00

Destination	£ Rate	Destination	£ Rate
UK Local (per minute)	0.0054	UK-Mobile-T Mobile (per minute)	0.0190
UK-Mobile-H3G (per minute)	0.0208	UK-Mobile-Vodafone (per minute)	0.0190
UK-Mobile-O2 (per minute)	0.0190	Premium SMS (per outbound message)	0.065
UK-Mobile-Orange/EE (per minute)	0.0208		

5. Rationale for modification to the existing Contract:

In order to secure an appropriate supplier to ensure there was a new contract in situ in readiness for when the current Solgari contract expires, the Authority conducted a further competition via the NPS Framework, Lot 5 – IT Solutions. As a result, the Authority received three (3) responses, all of which were evaluated in accordance with our published evaluation criteria. Unfortunately, the procurement has been aborted as upon evaluation, none of the bids received provided a comparable solution that fully meets the Authority's requirements. During this time the status of the pandemic has also changed and the requirement for this service is also anticipated to change accordingly.

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The Digital Pathway Group approved the decision to not award the procurement and extend the current solution on 3rd March 2022. The proposed extension will enable the service to continue during the planned review of current TTP provisions that will now be undertaken by Welsh Government and the Digital Pathways Group. In May 2022 the User licence requirements shall be reduced from current levels of c.4,200 to 1,000. This again is a material change to the published requirements in the recent procurement which would have committed to a minimum monthly capacity of 1,800 users.

The current Contract expires on 30th May 2022 and as such there is now insufficient time to undertake a secondary procurement and complete all off-boarding and on-boarding activities. It is on this basis that the contract extension and value increase is made. The extension will enable NHS Wales to continue contact tracing until 31st May 2023 or until such time as Welsh Government advises that contact tracing can be stood down.

Due to the pace at which the contract and solution needed to be established, and the unpredictable nature of managing the Covid-19 Pandemic, the previous Agreement was raised based on best- and worst-case scenarios regarding number of users. (e.g., no one had envisaged the impact that the Omicron variant would have). The Agreement also did not include the costs of any text messages (SMS) and call charges, as there was no data available regarding potential volume and the management of the pandemic was constantly changing in line with the Welsh Government guidelines. While Solgari invoices on a monthly basis, which provides the detail of the costs being incurred, the vast increase in expenditure during 2021 was unforeseen and uncontrollable due to the Delta and Omicron variants. Therefore, the additional value proposed is to ensure there is sufficient coverage for licence fees, support and call charges from February 2022 until the contract expires in May 2023. The breakdown of the additional value is detailed below:

5.1 Anticipated Costs – February 2022 to May 2022:

	Quantity	Unit Price ex VAT	Total Price ex VAT
All Channel Business Subscriptions	2900	£16	£46,400
Recording and Archiving	2900	£15	£43,500
Call Charges (per minute)	8,000,000	£0.0054	£43,200
Support Charge	1	£1,250	£1,250
Total Cost Per Month			£134,350
TOTAL COST FEBRUARY 2022 TO MAY 2022			**£537,400**

5.2 Anticipated Costs – June 2022 to May 2023

As NHS Wales has started to see the number of Covid-19 cases decline, it is anticipated that from June 2022, the number of licences required to run the telephony solution for contact tracing will be reduced to circa 1000 users, with the number of calls made reducing as well. The breakdown of costs, per month, for the extension period is therefore reduced as detailed below:

Tolley, Laura
03/24/2022 09:52:13

	Quantity	Unit Price ex VAT	Total Price ex VAT
All Channel Business Subscriptions	1000	£16	£16,000
Recording and Archiving	1000	£15	£15,000
Call Charges (per minute)	3,500,000	£0.0054	£18,900

Support Charge	1	£1,250	£1,250
Total Cost Per Month			£51,150
TOTAL COST JUNE 2022 TO MAY 2023			**£613,800**

The recommended approach is to modify the contract by extending it under the grounds permitted in Regulation 72(1)(b) and/or (c) of PCR2015. This allows modification of existing contracts where a change of contractor would present serious technical difficulties, or where the modification is due to unforeseen circumstances.

The additional conditions under which modifications are permitted are set out below:

- Cap on the value of the modification under Regulation 72 such that it must not exceed 50% of the original contract value; and
- No material changes to the scope of the contract.

From the perspective of the modification aspects set out above, DHCW is content that this is appropriate for the following reasons:

- The scope of the contract shall remain in accordance with the requirements of the original contract, which included call charges.
- The total contract value for the Integrated Telephony solution for TTP is currently £2,324,917.60 ex VAT, with the anticipated additional value being £1,162,458.00 ex VAT. This will bring the overall contract value to £3,487,375.60 ex VAT., i.e., it is within the 50% cap.

6. Next Steps

This extension will be actioned by undertaking the following steps:

- The assessment that demonstrates the grounds for contract modification under Reg. 72(1)(b) of PCR2015 are satisfied and will be documented.
- The publication of a contract modification notice provides economic operators within the market the opportunity to request further information, thereby ensuring an open and transparent process.
- DHCW will be required to ensure that the additional evidence is available upon request to mitigate the risk of a potential challenge.
- A review will be completed and undertaken with the Digital Pathway Group to assess the ongoing requirements for contact tracing and the longer-term plans.

Prepared by:	Laura Panes
Date:	03/03/2022

Tollef Laura
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Agreed by Head of Commercial Services DHCW:	Matthew Perrott
Signature:	10/03/2022 X Matthew Perrott Deputy Head of Commercial Services Signed by: Matthew Perrott (Ma009185)

Agreed by Assistant Director of ADS DHCW:	Meirion George
Signature:	11/03/2022 X Meirion George Meirion George Assistant Director for ADS Signed by: Meirion George (Me252535)

Agreed by Executive Director of Finance DHCW:	Claire Osmundsen-Little
Signature:	12/03/2022 X Claire Osmundsen-Little Exec Director of Finance Signed by: Wendy Presgrave

Agreed by Chair of DHCW Board:	Simon Jones
Signature:	X Simon Jones Chair of DHCW Board

Agreed by Independent Member	
Signature:	X Independent Member

Tolley, Laura
03/24/2022 09:52:13

Agreed by Chief Executive Officer DHCW:	Helen Thomas
Signature:	X Helen Thomas CEO of DHCW

Tolley Laura
03/24/2022 09:52:13

Iechyd a Gofal Digidol Cymru
Digital Health and Care Wales

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21 Cowbridge Road
East, Cardiff
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COMMITMENT OF EXPENDITURE EXCEEDING CHIEF EXECUTIVE'S LIMIT / BUSINESS JUSTIFICATION

Scheme Title	Specialist Resources (consultancy) for DSPP Programme Management and Delivery
Supplier	Spirit Public Sector
Terms and Conditions	NHS Wales Standard Terms and Conditions for the Provision of Services, May 2018.
Contract Awarded for Use by	Digital Health and Care Wales ("DHCW")
Date Prepared	28/02/2022
Prepared By	Laura Panes, Strategic Procurement and Contracts Manager
Scheme Sponsor	Michelle Sell, Chief Operating Officer ("COO")

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

1. DESCRIPTION OF GOODS / SERVICES / WORKS

The Digital Health & Care Strategy for Wales (2015) and the Healthier Wales 2019 established the principles of citizens being in control of their health and social care via effective use of technology and greater access to information. It was considered that by exercising this control that the health and well-being of the people of Wales would be improved. In addition, patients would find the most appropriate service for their needs. They would contribute to and share information about their health and care and manage appointments and communications with professionals.

A Healthier Wales 2019 also set the ambition to provide an online digital platform for citizens, to give people 'greater control and enable them to become more active participants in their own health and well-being'. The platform of digital services would be developed by multiple parties and a best of breed product would be developed. Other key objectives in the development of the common platform were technical and clinical information interoperability standards, identity management and access and a degree of control over the citizen experience. Given the key strategic objectives of the programme and the imperative to move forward at pace, the Authority appointed external consultants to develop a Business Plan and undertake initial set up tasks for this new Programme. The Plan was agreed and is sponsored by Welsh Government and the Programme, hosted by Digital Health and Care Wales, has now progressed into the initial stages of development. This contract is intended to build upon these initial tasks to ensure that activities progress in accordance with the high-level Programme Plan and that the key objectives set out in the Plan can be met, in parallel recruitment activities will be undertaken to establish an in-house team.

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In November 2021 the DSPP Programme appointed Kainos as its Digital Application and Technical Development Partner. However, the Covid-19 pandemic, and the need to reprioritise resources to address the related urgent requirements, delayed the DSPP delivery plans and impacted the ability to step up the internal resources to take the Programme forward.

Further specialist consultancy resources are therefore required to continue the programme leadership technical requirement delivery and stakeholder communication to ensure the vision of the DSPP programme is delivered, plus address any new requirements arising as a result of the changes in the government guidelines regarding the pandemic management and the vaccine programme, as well new strategic initiatives.

The objectives of this procurement can be summarised as follows:

- ensure the continuation/further development of the digital platform as well as underpinning support for service transformation, stakeholder engagement and communication
- ensure delivery of the identified requirements and Authority obligations in the contractual arrangements with third party partners
- procure resources that are suitably qualified and have the required experience to meet the needs of the service

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	01/04/2022
Expected End Date of Contract	31/03/2024
Contract Extension Options (E.g., maximum term in months)	Twelve (12) months extension option, up to 31/03/2025

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	☒

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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.		

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	☐

Contributing to the Foundational Economy (Wales) – This Contract will support the foundation economy in Wales as Spirit Public Sector confirms 42.67% of its resources are based in Wales.

Tolley Lewis
03/12/2021 09:52:13

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CF11 9AD

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	☐

3.2 Please outline the procurement procedure.

In order to secure an appropriate supplier for this procurement, a further Competition via the Digital Patient Services Dynamic Purchasing System ("**DPS**"), Lot 4, was conducted in accordance with DHCW Standing Financial Instructions ("**SFI**"). The Invitation to Tender ("**ITT**") was issued to all suppliers listed under Lot 4 of the framework.

The contract is underpinned by the by the NHS Standard Terms and Conditions for Provision of Services, May 2018.

3.3 What has been the approximate timeline for procurement?

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

Activity	Date
Publication of the 'Invitation to Tender'	7th February 2022
Clarification period for suppliers starts	7th February 2022
Clarification period for suppliers ends	14th February 2022
Deadline for submission of a Tender to the Authority	18th February 2022
Evaluation Period for written and commercial responses	23rd to 25th February 2022
Contract Award Notification issued to Welsh Government	4th March 2022
DHCW Board Paper submitted	4th March 2022
Contract Award Notification received from Welsh Government	25th March 2022
DHCW Board Approval	31st March 2022
Contract Award and Notification to Suppliers	1st April 2022

Bailey-Laura 03/24/2022 08:52:19

Contract award is anticipated immediately after DHCW Board Approval is received. The contract will take the form of the Terms and Conditions of Contract as tendered, the Specification and the successful supplier's Proposal, 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. A work-package will be scoped for each subsequent piece of work to ensure that financial, contractual and delivery risk is appropriately managed, and any lessons learned from the previous work-package are built into the next piece of work.

4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option

The resources and technical and strategic expertise made available to the DSPP programme under this arrangement will enable the continuation of the programme, building on the delivery to date and relationship already built with 3rd party supplier Kainos Software Ltd.

The DSPP programme will provide services to support the digital interaction between the public and health care professionals. Benefit areas driving the programme include:

- Improve the health and wellbeing of individuals and the population as a whole through empowerment and increased education, involvement and awareness of all issues impacting on health and wellbeing;
- Improve the outcomes of healthcare interventions;
- Improve the efficiency, efficacy and experience of healthcare interactions for both service users and health and care professionals;
- Improve service effectiveness;
- Increase the value provided from investment in health and care services;
- Contribute valuable data to the National Data Repository.

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
The lack of the expert and experienced resources made available to the DSPP programme under this contractual arrangement will result in: • a resource, expertise and time gap whilst alternative arrangements (recruitment) are put in place • limited handover of knowledge to new recruits joining the core team • DHCW delivery milestones (IMTP/annual plan) may not achieved due to lack of capacity, experience and expertise	Recruitment activity would need to be increased. (Already planned to be run in parallel to supplement core team) and the Programme delivery milestones would need to be replanned to allow more time.

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• Authority caused delay to delivery of contracts P659 and P660 which could result in additional costs/delays • supporting governance, technical and programme arrangements not in place to enable broader programme objectives and manage delivery of contracts P659 and P660	

6. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract	**Excluding VAT** **£1,800,000.00**	**Including VAT** **£2,160,000.00**
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	☒	**DPIF**
Other	☐	

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

EXPENDITURE CATEGORY	Year 1 (exc. VAT)	Year 2 (exc. VAT)	Year 3 (exc. VAT) Optional	Total (exc. VAT)	Total (inc. VAT)
Resource Costs	**600,000**	**600,000**	**600,000**	**1,800,000**	**2,160,000**
OVERALL TOTAL	**600,000**	**600,000**	**600,000**	**1,800,000**	**2,160,000**

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 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 the Authority. Any such extension will be subject to the same terms and conditions and will be mutually agreed between the Parties.

Tolley Laura
03/24/2022 09:52:13

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:	Matthew Perrott
Signature:	10/03/2022 X Matthew Perrott Deputy Head of Commercial Services Signed by: Matthew Perrott (Ma009185)

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:	11/03/2022 X Michelle Sell Michelle Sell Chief Operating Officer Signed by: Michelle Sell (MI000317)
Directorate:	Engagement and Transformation

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:	12/03/2022 X Claire Osmundsen-Little Executive Director of Finance Signed by: Wendy Presgrave
Directorate:	Finance and Business Assurance

Bailey, Laura
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CF11 9AD

8. APPROVALS RECEIVED

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

	Date of Approval:
8.1 Management Board	17th March 2022

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 31st March 2022.	
Chair of DHCW Board:	
Signature:	X Chair of the DHCW Board

Independent Member:	
Signature:	X Independent Member

Chief Executive Officer:	
Signature:	X Helen Thomas CEO

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03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
INTEGRATED MEDIUM TERM PLAN 2022-2025

Agenda Item	5.4

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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 DHCW Integrated Medium Term Plan (IMTP) 2022-2025 and the DHCW decarbonisation strategic delivery plan.

Acronyms

DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WG	Welsh Government	IMTP	Integrated Medium Term Plan

Tracy Lauder 03/24/2022 09:52:13

1 SITUATION/BACKGROUND

1.1 This document describes the approach to the development of the Integrated Medium Term Plan and requests final approval from the SHA Board on 31 March 2022 ahead of submission to Welsh Government.

1.2 Producing a three year IMTP is a statutory requirement from Welsh Government and requires approval by the Minister for Health and Social Services. The NHS Wales Planning Framework 2022-2025 guidance was published on 09 Nov 2021. 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 process:

The IMTP drafting process commenced in Sept 2021 working to an original submission date of 31 Jan 2022. This was then revised by Welsh Government to 31 Mar 2022. Key elements of the DHCW process included:

- Compilation of 'Delivery Statements' by DHCW Management Board in Sept which confirmed the organisational priorities for staff. These were refined and confirmed at the Sept 2021 and Nov 2021 SHA Board Development Sessions. These were reviewed against Ministerial priorities.
- Ongoing stakeholder engagements since Oct 2021, eg our Cloud and Open Architecture Strategies and regular Health Board Executive catch ups.
- Development of quarterly plan milestones drafted by DHCW objective owners based on a set of planning assumptions. These were then assessed by resource owners as to available capacity and ongoing amendments were made including moving some initiatives to a candidate list.
- Reviews of constraints by DHCW Directors at workshops on 29 Nov, 06 Dec 2021 and 07 Jan 2022.
- The structure and key content of the plan was shared at a Board Development session on 06 Jan 2022 with a robust discussion looking at the approach, assumptions and risks to the plan.
- Final review of the IMTP by the SHA Board leading up a discussion at the SHA Board Development Session on 3 Mar 2022.
- Review and approval of final version by DHCW Management Board to progress to the SHA Board.
- Note: Awaiting final formal budget confirmation.

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2.2 The IMTP 2022-2025 can be found in full at item 5.4i, and Decarbonisation Strategic Plan at item 5.4ii.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 There are no key risks/matters for escalation to Board/Committee.

4 RECOMMENDATION

The Board is being asked to:

APPROVE the DHCW Integrated Medium Term Plan (IMTP) 2022-2025 and the DHCW decarbonisation strategic delivery plan.

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	

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APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered this paper prior to this meeting		
PERSON/GROUP	DATE	OUTCOME
DHCW Management Board	17 Mar 2022	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.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below The planned activities in the document will have financial consequences and assumptions have been made accordingly.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below The planned activities in the document will have workforce consequences and assumptions have been made accordingly
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

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03/24/2022 09:52:13

GIG CYMRU NHS WALES
Iechyd a Gofal Digidol Cymru
Digital Health and Care Wales

‘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

Integrated Medium Term Plan

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DIGITAL HEALTH AND CARE WALES

IMTP
2022-2025

IMTP
2022-2025

Introduction

How we have developed our Plan

Our Delivery Statements

Our National Portfolios and Enablers

Our Financial Plan

Our Workforce Plan

Our Quality and Regulatory Compliance Plan

Our Sustainability Plan

Our Partners

Our Deliverables

Appendix

Introduction
- Message from the Chair and CEO
- Executive Summary
- Patient Healthcare Journey

How we have Developed our Plan
- Strategy on a Page
- Why are we here – Our Purpose
- Portfolio Objectives
- Organisational Objectives
- Ffocws ar y Gymraeg / Focus on Welsh Language
- Plan on a Page
- Welsh Government Priorities
- Triangulation – delivery, finance and workforce
- Planning Assumptions
- Risks to the Plan

Our Delivery Statements
- Enabling Digital Transformation
- Digital Health and Care Record
- High Quality Digital Technology, Data Products and Services
- Driving Value and Innovation

Our National Portfolios and Enablers
- Information Availability and Flow
  - Focus on Open Architecture
  - Focus on Data
- Protecting Patient Data
- Sustainable Infrastructure
  - Focus on Cloud
- Digital Healthcare Professional Empowerment
  - Focus on Cancer
  - Focus on Nursing
  - Focus on Microsoft 365
- Digital Patient Empowerment
  - Focus on Patients and the Public
- Public Health
  - Focus on Test Trace Protect
- Primary, Community and Mental Health
  - Focus on Community Care
- Planned and Unscheduled Care
  - Focus on Critical Care
  - Focus on Emergency Care
  - Focus on Welsh Patient Administration
- Diagnostics
- Digital Medicines
  - Focus on Digital Medicines
- Research and Innovation
- Value from Data

Our Financial Plan
- Overview
- Revenue Overview
- Revenue Source and Application of Funding
- Planned Capital Investment

Our Workforce Plan
- Workforce Vision
- Workforce Action Plan
- Workforce Focus
- Recruitment Challenge

Our Quality and Regulatory Compliance Plan
- Quality and Regulatory Compliance
- Health Care Standards

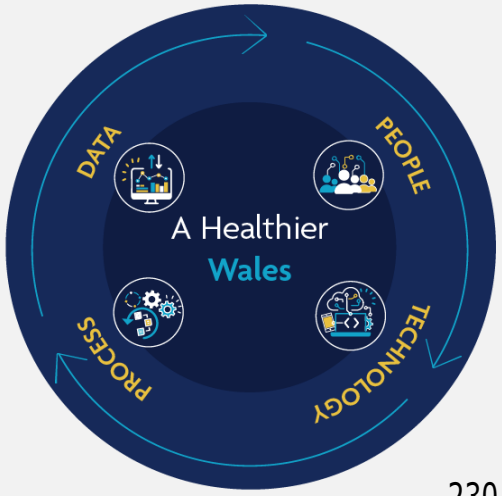
Our Sustainability Plan
- Well Being of Future Generations Act
- Decarbonisation Plan
- Foundational Economy

Our Partners
- Focus on Engagement
- Alignment with Partners

Our Deliverables
- Focus on product
- Timelines

Appendix 1
- Well Being of Future Generations Act in Detail
  - Sharing of Expert Knowledge
  - Healthy, Productive Population
  - Centre of Excellence for Digital Innovation
  - Skills and Opportunities
  - Culture of Volunteering
  - Welsh Language
  - Impact on the Environment

Appendix 2
- Our Key Services by Portfolio



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GIG CYMRU NHS WALES
Iechyd a Gofal Digidol Cymru
Digital Health and Care Wales

Introduction

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03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES

IMTP
2022-2025

Back to Contents

MESSAGE FROM THE CHAIR AND CEO

To provide world leading digital services, empowering people to live healthier lives

Welcome to Digital Health and Care's first Integrated Medium Term Plan (IMTP). DHCW is an expert national delivery body within the NHS Wales family, with a pivotal role in helping to deliver transformational health and care.

We provide the digital services thousands depend on every day across our hospitals, communities and primary care - helping staff with their work and ensuring patients receive the best care. And we collect and analyse vast amounts of data, using it to drive improvements and better outcomes.

During our first year as a Special Health Authority we strengthened partnerships with Welsh Government, local health boards, NHS Trusts, primary care, shared services and other organisations to support the NHS Wales response to the COVID-19 pandemic. It is this level of collaboration which we take forward as a key element of this plan.

This plan sets out our goals to support frontline staff with modern systems, deliver new digital solutions, use data to provide insight and help Welsh citizens manage their own health and to protect our valuable digital assets.

What we deliver matters, and this ambitious plan of delivery describes where and how we will focus our efforts over the next three years. It sets out a range of key development areas and deliverables that will help Wales improve patient outcomes. These include digital solutions for nurses, emergency and critical care and electronic medicines management. Building a platform for rapid development of patient digital services will help to deliver new citizen facing services to transform care pathways.

As a forward-thinking organisation, we will continue to work with our stakeholders and partners to ensure our digital solutions make life easier for all, make a real impact, and place health data and quality at the core of all we do.

Gillian Laura 03/04/2023 09:19:13

Simon Jones (Chair)

Helen Thomas (CEO)

Back to Contents

EXECUTIVE SUMMARY

Covid-19 Response

We will build on our success in supporting the Test, Trace, Protect and Vaccination Programmes by responding to enhancements and moving to business as usual. Our key objective is to do this in a sustainable way which does not continue to divert resources away from other recovery initiatives.

Test Trace Protect

Business as Usual

We have continued to support over 100 national products and services through the pandemic and this year's plan assumes a continued programme of maintenance and upgrades to keep systems running effectively. Tackling architectural debt and problem backlogs are key whilst maintaining high quality services 24/7.

New Strategies

Creating Value from **Data**

Joining up systems efficiently through **Open Architecture**

Modern, responsive data storage in the **Cloud**

Our strategic enablers - information availability and flow, protecting patient data and sustainable infrastructure - have ambitious strategic approaches planned. Our stakeholder engagement strategy is being developed into a plan and we are focussing on product roadmaps to provide longer term visions for individual systems.

Gillies, Laura (03241002) 08-32-14-3

User centred **Product** deliverables

Inclusive and attentive **Engagement**

Digital Programmes

- **Digital Services for Patients and the Public**
- **Cancer**
- **Critical Care**
- **Emergency Care**
- **Nursing**
- **Community Care**
- **Digital Medicines**
- **National Data Resource**
- **Welsh Patient Administration**
- **Microsoft 365**

We will work on solutions funded through a Welsh Government digital priority investment fund to provide better services for patients and the public and deliver our new cancer informatics solution. We will roll out new systems for emergency departments and critical care and implement the strategic review of our community care solution, used by community health staff and social care.

We will continue to make clinical data available across boundaries in our clinical repositories via the Welsh Clinical Portal and nursing systems. We will also work with partners on the National Data Resource and take forward the recommendations of the Welsh Government medicines management review.

Strategic Outcomes

- **Enabling digital transformation**
- **Expanding the digital health and care record**
- **Delivering high quality technology, data products and services**
- **Driving value and innovation**
- **Becoming the trusted strategic partner and a high performing, inclusive, ambitious organisation**

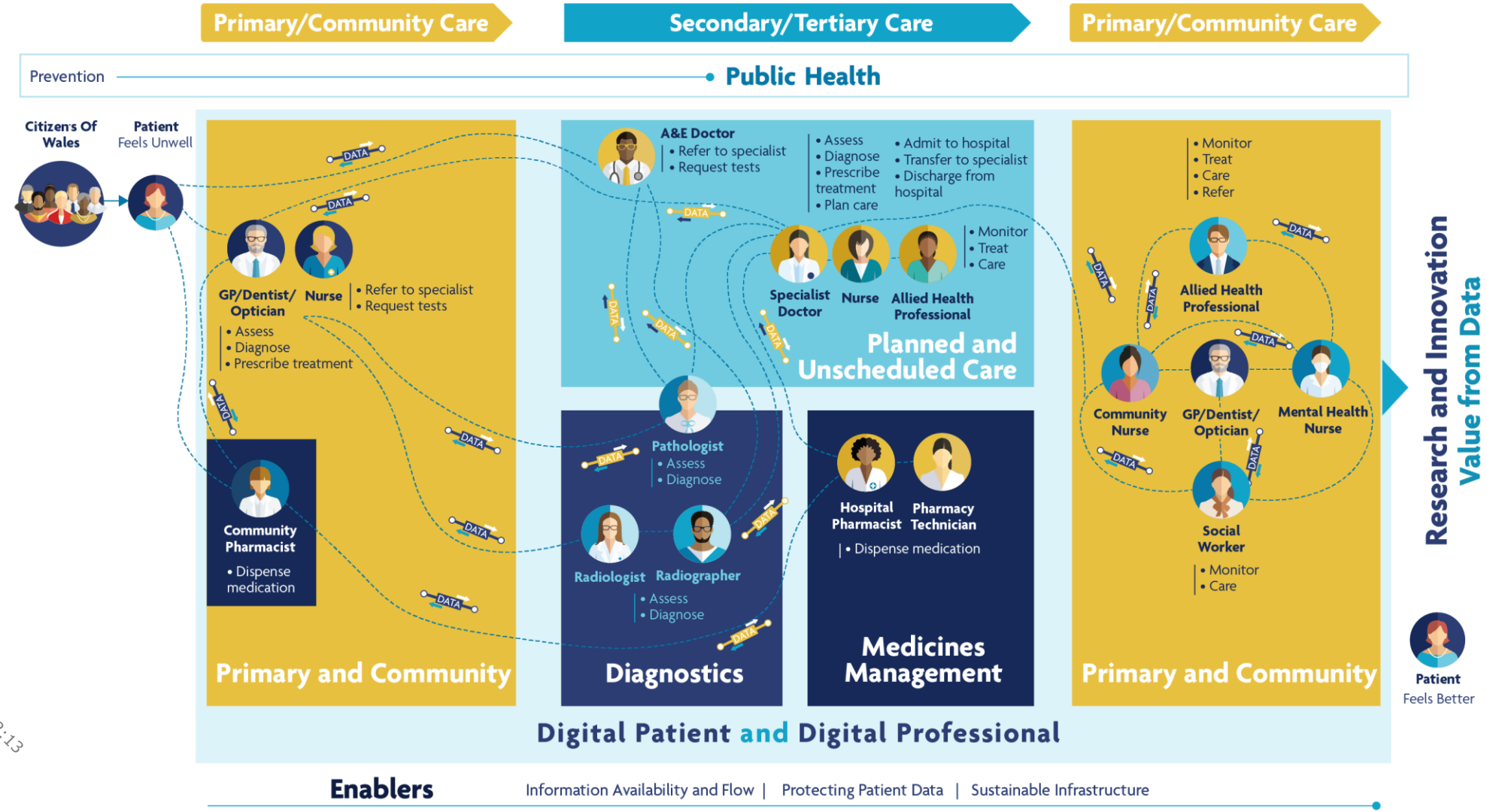
Sustainable Development

The Well-being of Future Generations (Wales) Act provides wide-ranging opportunities which will form the bedrock of how Digital Health and Care Wales expects to approach sustainable development, notwithstanding the digital requirements of *A Healthier Wales*; from improving opportunities to use the Welsh language, to striving for decarbonisation and maximising on social partnerships. We will set out our longer-term plan for sustainable development with our Board in the year ahead.

Supporting NHS priorities

- A Healthier Wales
- Covid-19 public health response
- NHS Recovery
- Mental Health
- Supporting the Workforce
- Working alongside social care
- Population Health
- Managing within Resources

OUR ROLE IN ENABLING DIGITAL HEALTH AND CARE THROUGHOUT THE PATIENT HEALTHCARE JOURNEY



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Back to Contents

GIG CYMRU NHS WALES
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Digital Health and Care Wales

How we have developed our Plan

Tolley, Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES

IMTP
2022-2025

Back to Contents

Digital Health and Care Wales | STRATEGY ON A PAGE

OUR VISION….

To provide world leading digital services, empowering people to live healthier lives

OUR PURPOSE…. To transform health and care for everyone in Wales

OUR MISSIONS….

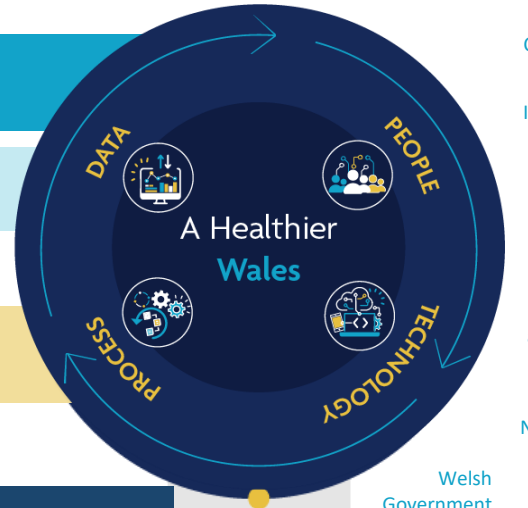
Becoming the trusted strategic partner and a high performing, inclusive, ambitious organisation…. SUPPORTING OUR WORKFORCE AND STAKEHOLDERS

Driving value and innovation…. FOR BETTER OUTCOMES AND VALUE BASED CARE

Expanding the content, availability and functionality of the digital health and care record…. SO THAT CARE AND TREATMENT QUALITY IS IMPROVED

Delivering high quality technology, data products and services….
TO SUPPORT EFFICIENCIES AND IMPROVEMENTS IN CARE PROCESSES

Enabling Digital Transformation…. SUPPORTING JOINED UP CONSISTENT CARE



Patients
Citizens
Users
Industry
Local Health Boards
NHS Trusts
Health Education and Improvement Wales
NHS Wales Health Collaborative
Welsh Government
Local Government
Social Care
Tec Cymru
NHS Wales Shared Services Partnership
Third Sector
UK Four Nations
Academia
Communities Wales
Office of National Statistics
Life Sciences Hub
Audit Wales
Internal Audit

Value from Data
Research and Innovation
Digital Healthcare Professional Empowerment
Digital Patient Empowerment
Public Health
Primary, Community and Mental Health
Planned and Unscheduled Care
Diagnostics
Digital Medicines
Information Availability and Flow
Protecting Patient Data
Sustainable Infrastructure

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OUR PURPOSE.... To transform health and care for everyone in Wales

Infrastructure

Providing the infrastructure for national systems and services, including national data centres, cyber security, service management, information governance, client services, safety and assurance, data services provision

Building Blocks

Providing the platform and building blocks that enable national and local systems to connect to the national patient architecture

Data and analytics

Providing data and analytics services for national use including Welsh Government and Value in Health

National Support Services

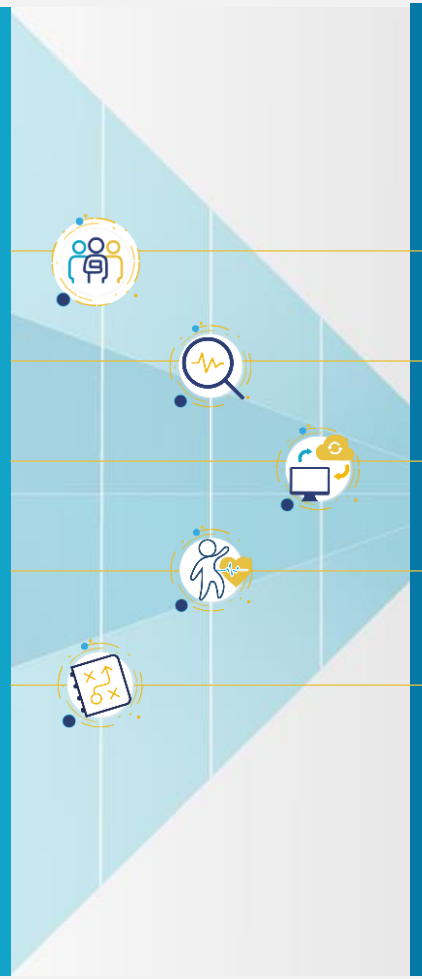
- Providing commercial, procurement and programme and project management services
- Providing a wide range of digital support services for primary care services

System Development

Developing systems to support and improve patient care

ICT Support

Provide ICT services to support HEIW and NWSSP



- Lead the professional development of the digital workforce for NHS Wales
- Lead the development of strategic roadmaps for NHS Wales' national digital services
- Lead the development of national business cases including benefits frameworks for new national digital initiatives
- Influence and advise Welsh Government and partner organisations on the strategic direction for digital health and care services
- Support partner and local organisations in the implementation of national systems
- Support Welsh Government in the development of digital health policy including the Data Promise
- Support the development and implementation of digital services to support regional health plans
- Be a trusted strategic partner engaging widely with partners

Back to Contents

PORTFOLIO OBJECTIVES - NATIONAL

Our 4 overarching national objectives are divided into 12 enablers and portfolios

Strategic Objective

ENABLING Digital Transformation

1 Enabler

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

2 Enabler

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

3 Enabler

Sustainable Infrastructure:
Develop and maintain a high quality national infrastructure, transitioning to the Cloud for better availability, reliability, safety, security, speed and agility

Strategic Objective

EXPANDING THE CONTENT, AVAILABILITY AND FUNCTIONALITY of the Digital Health and Care Record

4 Portfolio

Digital Healthcare Professional Empowerment:
Improving and expanding the content, availability and functionality of the Digital Health and Care Record, agnostic of health board and geographical boundaries and supporting evidence based decision making and connectivity using NHS Wales e-library and the Microsoft 365 suite

5 Portfolio

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

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Strategic Objective

DELIVERING HIGH QUALITY technology, data products and services

6 Portfolio

Public Health:
Develop, operate and maintain a set of high quality national digital services to support Public Health prevention and early intervention Programmes

7 Portfolio

Primary, Community and Mental Health:
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

8 Portfolio

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

9 Portfolio

Diagnostics:
Develop, operate and maintain a set of high quality national digital services to enable the modernisation of diagnostics

10 Portfolio

Digital Medicines:
Develop, operate and maintain a set of high quality national digital services to enable modernisation of medicines management

Strategic Objective

DRIVING VALUE AND INNOVATION for better outcomes and value based care

11 Portfolio

Research and Innovation: NEW 2022
Delivering research insights and innovation for service improvement

12 Portfolio

Value from data:
Driving value from data for better patient outcomes and service planning

ORGANISATIONAL OBJECTIVES

Our 5th overarching strategic objective is about our organisation and has 6 enablers

Continue to embed organisation governance and leadership roles: Key leadership roles include cyber security and data governance

1

- Build on the governance process implemented during year one of the Special Health Authority establishment to incorporate feedback from the baseline governance review and internal audit reports, as well as ensuring a fully established board.
- Establishment of financial structures and functions to deliver and manage the financial allocations and requirements for statutory obligations. The role extends to supporting the investment pathway with digital business cases and a benefits framework.
- Continue to progress the national functional responsibilities in cyber following the formation of the Independent Cyber Resilience Unit during year one, with the national data governance responsibilities which DHCW lead on.
- Exploit the benefits of operating as a Special Health Authority capitalising on the insights from the Board and wider team as we move into year two continuing to raise the profile and potential of digital at a strategic level.

Strategic roadmap : Linking the work on the architecture and infrastructure to develop a technology roadmap that includes cloud and open architecture - a broader national systems roadmap linking the requirements of a *Healthier Wales* and consider our responsibilities in relation to socio economic development in Wales

2

- To translate a *Healthier Wales* and population health digital response into national digital roadmaps that will help to identify and influence digital investment priorities underpinned by specific product and service roadmaps.
- To continue the year one work on the architecture and infrastructure future requirements through the development of several strategies and related business cases, eg open architecture, cloud and data.
- Ensure that socio-economic considerations are at the heart of our procurement and resourcing decisions, including key priorities such as the development of a decarbonisation strategy and plan.

Develop our Digital capability and capacity through our workforce development and planning but also our commercial relationships

3

- The demands for digital continue to grow. To keep pace DHCW will need to implement a comprehensive digital workforce plan capitalising on its links with the Wales Institute of Digital Information (WIDI), commercial partners, and HEIW. We will develop as part of WIDI our research and innovation strategy.
- We will optimise our organisational structures to deliver in a more agile and responsive manner.
- Embracing the new ways of working established during the pandemic to enable a more flexible workforce.
- With the growing dependency on the digital systems 24/7 the organisational support models need to adapt and provide appropriate support. The future workforce models will be at the forefront of next year's plans.

Becoming the trusted strategic partner and a high performing, inclusive, ambitious organisation

Strengthening Stakeholder Relationships : working collaboratively with all stakeholders to develop our digital roadmaps

4

- Build on the strategic objectives and vision for the new Special Health Authority to develop the organisations long-term strategy, mission and vision considering the new expanded remit of the organisation as a Special Health Authority.
- Implement the approved stakeholder engagement strategy, focusing on our understanding and influence with key delivery partners, with regular engagement sessions, enhanced communications and strategically aligned plans.
- Working with our key stakeholders to drive digital adoption and transformation through the development of the Digital Delivery Change Network and digital maturity plans.

Welsh Language: Continue to develop our Welsh identity as a new statutory organisation through Board level commitment, dedicated resources and wider provision of Welsh services both internally and across the NHS Wales family

5

- Build on our current provision of Welsh language training and build activities to promote the use of Welsh in work.
- Work collaboratively with NHS Wales partners to consider the Welsh language in service development and deployment.
- Increased focus internally on assuring Welsh language considerations as part of the design and development process.
- Develop upon the existing processes for learning from any reviews or feedback.
- Assess and respond to the specific Welsh language requirements relating to digital systems which will be recommended by the Welsh Government More than Words - Task and Finish Group.
- Production of a bilingual NHS App.

Quality, Regulation and Service Improvement : DHCW will be a quality organisation adhering to relevant international quality standards. It will continue to strengthen this with a new structure, a quality management electronic system and proactive regulation focus

6

- Quality and Regulatory Compliance will continue to lead and support the implementation and maintenance of a quality management system and the audit programme that underpins the ISO standard requirements.
- Increased Regulatory focus, in particular around new legislation and implementation of a software lifecycle to support the Medical Devices Regulations.
- Quality and Regulatory Compliance are integrated to meet the organisational requirements in line with the product development process.
- Produce and implement a document management strategy.
- A robust approach to organisational learning will ensure lessons learnt to deliver continuous service improvement. With a systematised and accessible approach to Integrated organisational performance.

Cyfarfod Ymddiriedolaeth 29/09/2021 - 13

FFOCWS AR Y GYMRAEG

GYRRWR STRATEGOL

Mae strategaeth Cymraeg 2050 Llywodraeth Cymru yn disgrifio uchelgais i gyrraedd targed o 1 miliwn o siaradwyr Cymraeg erbyn y flwyddyn 2050. Cymdeithas sy'n hybu ac yn gwarchod diwylliant, treftadaeth a'r Gymraeg, ac sy'n annog pobl i gyfranogi yn y celfyddydau, a chwaraeon a hamdden.

Fel sefydliad mae gennym gyfrifoldeb i greu'r amgylchedd iawn i ddysgwyr newydd ddysgu a defnyddio'r iaith, ac i siaradwyr rhugl sgwrsio a chynnal o leiaf ran o'u bywyd gwaith bob dydd yn Gymraeg, gan hefyd allu trafod gyda chydweithwyr a phartneriaid y tu allan i'r sefydliad sy'n dymuno sgwrsio yn Gymraeg. Yn ogystal, bydd y rhai nad ydynt yn siarad yr iaith yn teimlo bod ganddynt berchnogaeth ar yr iaith a bydd ganddynt ewyllys da tuag ati. Rydym wedi penodi Rheolwr Gwasanaethau Cymraeg i arwain yn y maes hwn.

Byddwn yn mabwysiadu'r egwyddor a sefydlwyd yn Neddf yr Iaith Gymraeg 1993, sef, wrth gynnal busnes cyhoeddus yng Nghymru, y dylid trin y Gymraeg a'r Saesneg ar y sail eu bod yn gyfartal. Rydym wedi datblygu Cynllun Iaith Gymraeg ac wedi ymrwymo i ddarparu lefel o wasanaethau Cymraeg sy'n cyfateb i Safonau'r Gymraeg sy'n cael eu mabwysiadu gan sefydliadau cyhoeddus tebyg yng Nghymru.

CAMAU NESAF

- Adeiladu ar ein darpariaeth bresennol o hyfforddiant iaith Gymraeg ac adeiladu gweithgareddau i hybu'r defnydd o'r Gymraeg yn y gweithlu.
- Cydweithio â phartneriaid GIG Cymru i ystyried y Gymraeg wrth ddatblygu a defnyddio gwasanaethau
- Mwy o ffocws yn fewnol ar sicrhau ystyriaethau iaith Gymraeg fel rhan o'r broses dylunio a datblygu
- Datblygu'r prosesau presennol ar gyfer dysgu o unrhyw adolygiadau neu adborth
- Asesu ac ymateb i ofynion penodol y Gymraeg mewn perthynas â systemau digidol a fydd yn cael eu hargymell gan Grŵp Gorchwyl a Gorffen Mwy na Geiriau Llywodraeth Cymru
- Cynhyrchu Ap GIG dwyieithog

Dyddiad cau: 03/04/2022 09:52:23

Yn ôl i'r crynodeb

STATWS

Mae'r gweithgareddau sy'n cael eu cynnal ledled y sefydliad i hyrwyddo'r defnydd o'r Gymraeg yn weithredol yn cynnwys:

- Bydd ein Rheolwr Gwasanaethau Cymraeg newydd yn goruchwylio gweithrediad Strategaeth Sgiliau Dwyieithog ar draws Iechyd a Gofal Digidol Cymru.
- Byddwn yn parhau i fireinio galluoedd iaith Gymraeg ein systemau cenedlaethol i gefnogi gofynion sefydliadau GIG Cymru.
- Datblygu ymhellach ein tîm amlddisgyblaethol, gan gynnwys siaradwyr Cymraeg a chynrychiolwyr yr holl weithgareddau a gyflawnir, er mwyn sicrhau cydymffurfiaeth. Arweinir y tîm gan Gyfarwyddwr Gwasanaeth Gwybodeg, ac mae'n cynnwys Rheolwr Gwasanaeth Cymraeg (mae'r Gymraeg yn iaith gyntaf i'r ddau ohonynt), i sicrhau bod gofynion y Gymraeg yn cael eu hystyried ym mhob datblygiad presennol a newydd.
- Byddwn yn parhau i weithio gyda Phartneriaeth Cydwasanaethau GIG Cymru ar gyfer gwasanaethau cyfieithu.
- Rydym wedi nodi pa rolau y mae angen i'r iaith Gymraeg fod yn ofyniad hanfodol ac rydym wrthi'n recriwtio siaradwyr Cymraeg.
- Rydym yn ymgysylltu'n barhaus â Chomisiynydd y Gymraeg a Llywodraeth Cymru.
- Byddwn yn cynnal gwersi Cymraeg ar gyfer pob gallu (rydym hefyd yn archwilio cyfleoedd ar gyfer tiwtora dwys i'r rhai sydd â sgiliau canolradd er mwyn eu galluogi i symud ymlaen yn gyflym i lefel lle byddant yn hyderus i ddefnyddio'r Gymraeg yn ystod y diwrnod gwaith).

Y Gymraeg: Parhau i ddatblygu ein hunaniaeth Gymreig fel sefydliad statudol newydd trwy ymrwymiad ar lefel y Bwrdd, adnoddau pwrpasol a darpariaeth ehangach o wasanaethau Cymraeg yn fewnol ac ar draws teulu GIG Cymru

FOCUS ON WELSH LANGUAGE

STRATEGIC DRIVER

The Welsh Government's Cymraeg 2050 strategy describes an ambition to reach a target of 1 million Welsh speakers by the year 2050. A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.

As an organisation we have a responsibility to create the right environment for new learners to acquire and use the language, and for fluent speakers to converse and conduct at least part of their day-to-day working life in Welsh, also being able to transact with colleagues and partners outside the organisation who wish to converse in Welsh. Additionally, there will be goodwill and a feeling of ownership regarding the language amongst those who do not speak it. We have appointed a Welsh Language Services Manager to lead in this area.

We will adopt the principle established in the Welsh Language Act 1993 that, in the conduct of public business in Wales, the Welsh and English languages should be treated on a basis of equality. We have developed a Welsh Language Scheme and are committed to provide a level of Welsh Language services equivalent to the Welsh Language Standards being adopted by similar public organisations in Wales.

NEXT STEPS

- Build on our current provision of Welsh language training and build activities to promote the use of Welsh in work
- Work collaboratively with NHS Wales partners to consider the Welsh language in service development and deployment
- Increased focus internally on assuring Welsh language considerations as part of the design and development process
- Develop on the existing processes for learning from any reviews or feedback
- Assess and respond to the specific Welsh language requirements relating to digital systems which will be recommended by the Welsh Government *More than Words* - Task and Finish Group
- Production of a bilingual NHS App.

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Back to Summary

STATUS

Activities being undertaken throughout the organisation to actively promote use of the Welsh Language include:

- Our new Welsh Language Services Manager will oversee the implementation of a Bilingual Skills Strategy across DHCW.
- We will continue to refine the Welsh language capabilities of our national systems to support the requirements of NHS Wales organisations.
- Further development of our multi-disciplinary team, inclusive of Welsh speakers and representatives of all activities undertaken, to ensure compliance. The team is led by an Informatics Service Director, and includes a Welsh Language Services manager (both of whom speak Welsh as a first language), to ensure Welsh language requirements are considered in all existing and new developments.
- We will continue to refine the Welsh language capabilities of our national systems to support the requirements of NHS Wales Organisations.
- We will continue to work with NHS Wales Shared Services Partnership for translation services.
- We have identified which roles require Welsh language skills to be an essential requirement and are actively recruiting Welsh speakers.
- We have ongoing engagement with the Welsh Language Commissioner and Welsh Government.
- We will run Welsh lessons for all abilities (we are also exploring opportunities for intensive tutoring of those with intermediate skills to allow them to quickly progress to a level whereby they are confident to use the Welsh language during the working day).

Welsh Language: Continue to develop our Welsh identity as a new statutory organisation through Board level commitment, dedicated resources and wider provision of Welsh services both internally and across the NHS Wales family

IMTP 2022-2025

PLAN ON A PAGE

Portfolios	Qtr 1 Apr-Jun 2022	Qtr 2 Jul-Sep 2022	Qtr 3 Oct-Dec 2022	Qtr 4 Jan-Mar 2023	2023/2024	2024/2025
Information Availability and Flow	**Open architecture:** Develop implementation plans for embedding Architectural Building Blocks into NHS Wales digital architecture and continue to deploy APIs during the year				Continue to enhance and implement services, open integration service, APIs and repositories as Architectural Building Blocks	
		Data Strategy: Develop Data Strategy implementation Plan as part of the National Data Resource.	**Data Platform:** procurement of national data platform	Deliver the Data Strategy and national dataset developments	Deliver the Data Strategy and migrate new and existing data services onto the national data platform	
Protecting Patient Data	**Information Governance:** Develop and promote a Welsh Government National Information Governance Framework		**System access:** National Audit Tool Roadmap			
	Cyber: Ongoing audit and assurance from Cyber Resilience Unit. Continue to implement DHCW Cyber Service Improvement plan				Ongoing audit and assurance from Cyber Resilience Unit in line with regulatory changes	
Sustainable Infrastructure	**Infrastructure Strategy:** further develop sub strategies					
	Cloud: Migrate initial services to cloud hosting plus Cloud First procurements				Further Cloud migrations and Cloud First procurements	
		Data Centres: review second data centre provision			Implement requirements of potential data centre	
Digital Health Professional Empowerment	**Nursing solution:** more features and further roll out				Cancer and Nursing - more features and further roll out	
	Cancer solution: Initial implementation					
	Digital Health Record: Populating the Digital Health Record and extending electronic test requesting to more disciplines		Establish M365 Centre of Excellence	Populating the Digital Health Record and extending test requesting		
Digital Patient Empowerment	Digital Services for Patients and the Public - Initial priorities and work packages				DSPP Further modules	
Public Health	**Test Trace Protect:** Respond to highest priority confirmed requirements for Test Trace and Protect				Respond to confirmed priority requirements for Test Trace Protect	
Primary, Community and Mental Health	**GP Systems:** Manage the transition to new GP systems agreement ensuring support for cluster development plans					
	Welsh Community Care Information System: Strategic Review and Roadmap		**Mental Health:** Functionality and Information sharing	**Healthy Child Wales** Programme functionality enhancements in the Child Health system	Continue sharing community information including mental health with other settings	
Planned and Unscheduled Care	**Covid-19 Recovery:** Respond to Covid-19 recovery initiatives				Respond to Covid-19 recovery initiatives	
	Unscheduled Care digital developments including the Emergency department system and supporting the Welsh Ambulance Service				Emergency dept system available for roll out	
	Welsh Patient Administration System - Betsi Cadwaladr West		**Eye Care:** integration with national systems	**Intensive Care** System available for roll out	Intensive Care System available for roll out WPAS Readiness Complete ABMU / Cwm Taf to Cwm Taf instance	
		Welsh Patient Administration System - Velindre				
Diagnostics		**Welsh Radiology Information System** Roadmap of decommissioning				
	Work with New Radiology and Laboratory Information Programmes: support the RISP procurements and LINC delivery				New radiology solution - confirm supplier	
	Endoscopy: Review National Programme requirements as they emerge					
Digital Medicines	Readiness for early e-prescribing and medicines management sites along with enabling patient medicines management				Digital Medicines Programme deliverables	
	E-Prescribing and Medicines Administration: award contract framework for health boards to buy system for hospitals	**Shared Medicines Record:** design			**Electronic transfer of prescriptions** : GP to Community Pharmacists proof of concept	
Research and Innovation		**Research and Innovation:** Complete development of DHCW R&I Strategy	Delivery of Research and Innovation Strategy			
Value from Data	**Analytics:** Responding to analytical requirements from Covid-19, Primary Care and Value in Health				Analytics: Responding to analytical requirements from Covid-19, Primary Care and Value in Health	

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Digital Health and Care Wales
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WELSH GOVERNMENT PRIORITIES

How Digital Health and Care Wales will Support these

A HEALTHIER WALES

Digital Healthcare Professional Empowerment (Portfolio 4)
Improving and expanding the content, availability and functionality of the Digital Health and Care Record, agnostic of health board and geographical boundaries and supporting evidence based decision making and connectivity using NHS Wales e-library and the Microsoft 365 suite *(This supports national data sharing and therefore regional working.)*

Digital Patient Empowerment: (Portfolio 5)
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

NB: Ministerial Measures Phase 1 do not directly impact on DHCW as we do not deliver patient care. However our data recording and analysis solutions support organisations in evidencing their compliance. See *Value from Data* for Ministerial Priorities re Value Based Health.

MENTAL HEALTH AND EMOTIONAL WELLBEING

Primary, Community and Mental Health (Portfolio 7):
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 *(This includes cluster requirements and a national system / data sharing for community health and social care)*

SUPPORTING THE HEALTH AND CARE WORKFORCE

WORKING ALONGSIDE SOCIAL CARE

NHS RECOVERY

Planned and Unscheduled Care (Portfolio 8) :
Develop, operate and maintain a set of high quality national digital services to enable new models of planned and unscheduled patient care and management

Diagnostics: (Portfolio 9)
Develop, operate and maintain a set of high quality national digital services to enable the modernisation of diagnostics

Digital Medicines: (Portfolio 10)
Develop, operate and maintain a set of high quality national digital services to enable modernisation of medicines management

POPULATION HEALTH

Public Health (Portfolio 6)
Develop, operate and maintain a set of high quality national digital services to support Public Health prevention and early intervention Programmes *(including a move to business as usual for our vaccination system)*

COVID RESPONSE

Research and Innovation: (Portfolio 11)
Delivering research insights and innovation for service improvement

Value from Data (Portfolio 12)
Driving value from data for better patient outcomes and service planning *(Supporting Ministerial Priority Measures Phase 1 No. 29 Digital and Technology – evidencing Value Based Health in our stakeholder organisations)*

NHS FINANCE AND MANAGING WITHIN RESOURCES

Organisational Portfolio
Establishment of financial structures and functions to deliver and manage the financial allocations and requirements for statutory obligations. The role extends to supporting the investment pathway with digital business cases and benefits framework.

Develop our Digital capability and capacity through our workforce development and planning but also our commercial relationships

Ensure that socio-economic considerations are at the heart of our procurement and resourcing decisions, including key priorities such as the development of a Decarbonisation Strategy and plan.

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Back to Contents

TRIANGULATION OF DELIVERY, FINANCE AND WORKFORCE

IMTP 2022-2025

Delivery Projection

Our extra activities include digital solutions for :

- Covid-19 – Test Trace and Protect
- Data Centres services (discretionary plus new business cases)
- Cancer Care
- Patient and Public
- Critical Care
- National Data Resource
- Digital Medicines
- Community Care
- Welsh Patient Administration System
- Office 365
- Nursing

Finance Projection

Extra activities over the planning term are projected to cost:

Revenue:

- Digital Prioritisation Investment Fund (DPIF): £81.5m
- Covid-19: £10.3m

Capital Investment :

- Digital Prioritisation Investment Fund (DPIF): £13.7m
- Covid-19: £0.5m

Workforce Projection

Extra activities are projected to need 228 staff

Maintaining our business as usual is a recurrent cost of £110.5m (in 2022/23) with an annual capital allocation of £2.3m and is undertaken by 828 staff. This covers over 100 products and services, our underpinning infrastructure and support departments

ASSUMPTIONS

The Digital Health and Care Wales Integrated Medium Term Plan 2022-2025 has been developed against the still remaining uncertainty and recovery needs arising from the Covid-19 pandemic as well as fulfilling the Special Health Authority ambitions to be the trusted digital delivery partner for NHS Wales.

Digital plays a key part in this challenge and DHCW has often needed to respond urgently to new requirements with solutions created in record time. This plan therefore will naturally be fluid in some areas to reflect those new needs, but also needs to display a resilient, trusted backbone of digital enablers, such as infrastructure, data protection and information availability and flow.

Planning Assumptions used

- Year 2 and Year 3 are indicative
- Delivery intentions are based on known funding availability and associated resource
- New initiatives will require additional funding or cancellation of other initiatives in the plan
- New initiatives have a lower degree of planning confidence in the initiation stage as detailed requirements are not finalised at that point.
- Our risk appetite will impact on areas of focus and our opportunities to be agile – eg projects have a greater appetite for risk compared to data protection and patient safety.
- Sickness, leave carry over and recruitment challenges have been factored in
- Teams working on Covid-19 will still be required to support the Test Trace and Protect Programme.
- This plan has considered priorities from Welsh Government, Health Education and Improvement Wales (HEIW), the NHS Wales Health Collaborative, NHS Wales Shared Services Partnership, National Programmes and Health Boards/Trusts - gathered from meetings and peer groups during 2021 and 2022. Organisational plans follow the same planning timeline as DHCW so confirmed detailed requirements may not have been available at time of drafting.

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Back to Contents

BALANCING COVID-19 DEMANDS WITH CORE BUSINESS

Although 2022 has started to see Covid-19 under control, at the time of drafting, new digital requirements are still coming in, and there will continue to be a need for establishing a sustainable business as usual function for the Test Trace and Protect digital offerings to meet the booster programmes and supporting the Covid-19 pass for overseas travel. Recovery of services continues to be a monumental undertaking which we are keen to support with digital offerings.

Any resources required at short notice for Covid-19 work have been mitigated by establishing a permanent dedicated team, however the fluctuating nature of the requirements have in the past had an impact on planned work and there are challenges in getting staff in post quickly. We will monitor this on a continual basis.

The impact of any new requirements are fed into the DHCW new service request and planning process which considers and manages the impact on the wider plan. Finance, workforce and planning colleagues work as one to address the risks on core delivery. These may include targeted recruitments, funding requests and reprioritisation. The plan is managed to consider other new requirements such as recommendations falling out of strategic reviews.

POTENTIAL RECRUITMENT SHORTFALLS

Last year our main recruitment objectives were: building up to a full Special Health Authority workforce formation, developing a sustainable workforce model for Covid and bringing in the right skills for the Digital Priorities Investment Fund Programmes. The reality is a job market where skilled staff are in high demand from all sectors, and our recruitment rates were under pressure.

Our assumptions this year are that recruitment initiatives, retraining and nurturing talent early will see some improvement in recruitment rates but this will take the full IMTP to start making a difference

DHCW & stakeholders

RISKS TO THE PLAN

Risks

Our corporate risks which impact on delivery of the plan relate in particular to recruitment challenges, unplanned new requirements, balancing legacy upgrades with new work, funding availability and risks featuring in individual programme and project risks logs which could delay their deliverables.

- **New digital requirements (Risk 0237)**– There is a risk of demand exceeding current staff capacity due to new priorities, relating to Covid-19 and Recovery initiatives. The challenges of Planned and Unscheduled Care have been documented in the *Health and Social Care Winter Plan 2021/2022* which describes areas of potential new requirements and ways of working, eg moving services into primary care, targeted action in cancer, eye-care and dermatology, urgent primary care, regional treatment centres and options to reduce waiting lists.
- **Recruitment (0259) -** There is a risk of not filling vacancies in a timely manner. Equally the market rates are in some cases well above the Agenda for Change rates which will impact on our ability to bring good candidates in quickly enough.
- **Planning the move from Legacy (0218,0228).** The significant estate of legacy/unsupported infrastructure and operating systems across the organisation is covered in the plan. The work required is from all areas of the organisation, but predominantly application and infrastructure teams. Any focus away from this migration, such as dealing with operational incidents could impact on other objectives in the plan and new systems could sit on sub-optimal infrastructure which could delay roll out and have a reputational impact due to instability.
- **Delay in Infrastructure Investment (0201) -** the increased reliance on, and criticality of NHS Wales' health and care information systems, coupled with ever present security threats, has seen demand significantly outstrip the pace of investment, resulting in greater levels of 'technical debt'. The risk to the plan is that the focus is shifted to maintenance not innovation.

Numbers = Corporate risk log reference

Programme Specific Risks

- **Canisc Replacement (0204)**– this is a complex programme of work, dependent on the availability of stakeholders and delivery of an initial phase of requirements. Any delay to dependencies will impact on the delivery date of the solution.
- **Information Governance Framework (0264)** – a delay in the development of some elements of the IG framework will impact on the development of the National Data Resource programme and Digital Services for Patient and the Public. (The wider public services - *'Digital Strategy for Wales'* Mar 2021, also references a 'data promise' which needs to assure citizens about how their health and care data is being held and used, as part of consulting on a wider set of principles for the use of data in the public sector.)
- **Contractual delays (Programme Logs)** - major implementations may be impacted by supplier delays and delays in concluding contractual discussions with organisations.
- **Dependencies** – increasing dependencies on new architectural components such as the medicines repositories will start to feature in risk logs
- **Late DHCW representation –** involvement from DHCW is needed early on to support new initiatives and to feature in relevant Governance groups. Early initiation delays have a increasingly big impact later on in programme delivery.
- **Non aligned service change** – benefits will not be realised unless system roll out is aligned to service change and stakeholder availability
- **Medical Devices.** Service developments or implementations may be impacted if assessed against the new UK Medical Device Regulations (MDR) to be software as a Medical Device (SaMD) or Artificial Intelligence as a Medical Device (AIaMD). The DHCW Quality Assurance and Regulatory Compliance team will assess the services and provide guidance on the requirements for conformity ahead of the Jul 2023 effective date.

Mitigations

Our Corporate and Programme Logs provide details of mitigation. Our key planning risks are actively managed by our Planning and Performance Management Group which drives forward mitigations and capacity assessments against key delivery.

Mitigations in train for potential staff shortfalls include a recruitment task force which is focussed on speeding up the process, and utilising specialist recruitment agencies to target hard to fill posts. Also DHCW are reviewing retention of existing staff and developing the future workforce pipeline. There will also be an expansion in the variety of recruitment channels to increase the reservoir of resources, eg universities, veterans groups, recruitment fairs.

DHCW will use 3rd party resources to supplement in-house teams, to temporarily increase our capacity or where we don't carry the highly specialised technical skills. Infrastructure examples include supporting Microsoft 365, movement to Cloud. We are also using external support to develop our Data strategy.

DHCW & stakeholders

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Digital Health and Care Wales

Our Delivery Statements

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DIGITAL HEALTH AND CARE WALES

IMTP
2022-2025

Back to Contents

Information Availability and Flow

Enabler 1

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.

- Continue to develop enhanced integration services and repositories as architectural building blocks to enable safe and secure access to data in the digital health and care record (1.01)
- Establish the means by which further structured clinical data is stored in repositories for Wales, utilising a standards-based approach to how data is stored and shared with citizens, clinicians, and software suppliers , building on cancer treatment, shared medications and allergies as the first implementations (1.02)
- Through collaboration with the National Data Resource programme, build the enablers of an open, interoperable architecture from which NHS Wales can derive value, insight and intelligence from healthcare data (1.03)
- Develop the data strategy and implement a national data platform to deliver the foundations and approaches to support data driven insights and Artificial Intelligence (1.04)
- Support the provision of a data platform for Public Health Wales through the National Data Resource programme (1.05)
- Migrate Welsh Clinical Portal to open standards and a single instance (1.06)

I can see my patient, knowing their digital care record / data is stored in all Wales repositories.
Which means: it doesn't matter where they were seen last I can see all their clinical data to inform their care
Care Provider

Protecting Patient Data

Enabler 2

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.

- Develop and promote a national IG framework for Wales to enable safe and secure sharing of patient information (2.02)
- Continue to embed and drive the national cyber security agenda (2.04)
- The independent Cyber Resilience Unit, as a delegated authority from Welsh Ministers will audit and support operators of essential services across NHS Wales and report our national adherence to the Security of Network and Information Systems (NIS) Regulations to the Welsh Government (2.05)

As a patient/citizen I can be confident my personal health information is in safe hands
Which means: I am happier to use technology for self care which broadens my options and access to services.

Citizen

Sustainable Infrastructure

Enabler 3

Develop and maintain a high quality national infrastructure, transitioning to the Cloud for better availability, reliability, safety, security, speed and agility.

- Move more services to the Cloud, ensuring a 'Cloud-first' approach to the design and development of future services (3.01)
- Manage the lifecycle roadmap of systems including the migration of workloads from ageing infrastructure and decommissioning systems (3.03)
- Develop the Infrastructure Strategy to meet the growing needs of the service and reflect technological advances. (3.04)
- Securing a replacement to our 2nd data centre and move services as required (3.06)

I can be confident that systems are protected against cyber attacks and available when I need them.
Which Means: I can help my patients and colleagues at any time of day from wherever I am based.
Wider NHS

Back to Contents

Note: *Reference numbers started in 2020/2021 so are not necessarily sequential as objectives get removed once delivered or rescoped.*

Expanding the content, availability and functionality of the digital health and care record

Digital Healthcare Professional Empowerment

Portfolio 4

Improving and expanding the content, availability and functionality of the Digital Health and Care Record, agnostic of health board and geographical boundaries and supporting evidence based decision making and connectivity using NHS Wales e-library and the Microsoft 365 suite

- Support 'Transforming Cancer Services' by development of the Cancer Informatics Solution using the NHS Wales national architecture (4.01)
- Meet the needs of clinical networks and cross organisation/border patient journeys by enabling recording and linkage of data within the national architecture together with access to clinical repositories (4.02)
- Expand electronic requesting functionality, results notifications, and acknowledgements to other diagnostics disciplines (4.03)
- Embed patient analytics into our clinical systems (4.04)
- Further enable remote working for healthcare professionals accessing data from anywhere and anytime, including expansion of both the mobile version of the digital health and care record and the re-procurement of Microsoft 365 supported by the establishment of a Centre of Excellence (4.06)
- Support delivery of new Systemic Anti Cancer Treatment All Wales solution (4.07)

Recording assessments about my patient in a nationally accessible nursing system removes the need for so much paper and all the problems with locating it and filing it
Which means: I will not need to repeat the same questions to the patient and will be able to spend more time back at the bedside caring for them
Nurse

I will be able to see more clinical information in relation to cancer diagnosis along with other conditions.
Which means: I have a better overall picture for clinical decision making
Oncologist

I have more electronic data from other health boards and clinical colleagues
Which means: I can make more informed decisions and spend less time on the phone waiting for hospital information
GP

I have more electronic data from other health boards and clinical colleagues
Which means: I can make more informed decisions and spend less time on the phone waiting for GP information
Specialist Doctor

I will have access to my own health information
Which Means: I feel more empowered to support my own health and wellbeing and find out more about how I can keep healthy
Patient

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I will be able to get advice from my doctor online
Which Means: I don't have to travel a long way at an inconvenient time to visit them
Patient

Digital Patient Empowerment

Portfolio 5

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

- Drive delivery of patient facing health and social care applications via the Digital Services for Patients and the Public Programme (DSPP) working with key stakeholders, including the Centre for Digital Public Services (5.01)
- Operate and grow the digital patient and public core platform services, including working with the National Data Resource programme to develop the data and information architecture required to open up access to NHS held data in a safe, secure and auditable fashion (5.04)
- Launch the NHS Wales multilingual patient app ensuring inclusivity and diversity, and build out with further functionality including the future of My Health Online and patient medication services (5.06)
- Enable third party patient facing initiatives across the health and care service to connect with the NHS Wales patient application and core services (5.07)

Back to Contents

Delivering high quality technology, data products and services (1)

Public Health

Portfolio 6

Develop, operate and maintain a set of high quality national digital services to support Public Health prevention and early intervention Programmes

- Maintaining and maximising the functionality of our Welsh Immunisation System (6.02)
- Ensure pandemic response systems are sustainable, supported and funded, and not to the detriment of our other solutions (6.03)
- Continue to deliver flows of Covid-19 testing and vaccination data to new users, across borders and integration with new systems as required (6.04)
- Build on the Covid-19 business intelligence successes to extend our value from data offerings (6.05)
- Support priorities from Public Health Wales with respect to national Screening Programmes (6.06)
- Further develop the Welsh Pandemic Record including the Welsh Pandemic Vaccination dashboard (6.07)
- Deliver requirements and enhancements of patient booking applications through the Digital Service for Patients and the Public Programme (6.08)

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I have live access to data about Covid-19 from our Welsh Immunisation System
Which Means: I can see how our public health actions are impacting on transmission
Public Health

Primary, Community and Mental Health

Portfolio 7

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

- Implementing GP systems migrations from current systems to provide system choice and enable the transfer of data rich patient records between GP Practices whilst looking to future alignment with the open digital health platform (7.01)
- Continue to roll out the Community system including the mobile version as per Strategic Review (7.02)
- Set out the primary and community digital strategy and further integrate these systems across all health settings , including pharmacy, eye care and secondary/tertiary care teams (7.03)
- Procure and migrate onto a replacement for the current Dental Referral Management System (7.04)
- Work to continue on agreeing data sets for community care including mental health, looked after children and rehabilitation, together with business intelligence dashboards linking health with social care data (7.05)
- Support the Accelerated Cluster Development Programme by modernising information availability for those working in geographical localities, where health and care partners collaborate to understand local needs (7.06)
- Deliver healthier children digital priorities by enabling the sharing of data with primary and community care and supporting point of care health collection tools in schools by health professionals (7.07)

I can start to see data about our community health and social care services across Wales much of which is currently on paper or only available locally.
Which Means: I can identify trends and intelligence from data, which allows me to improve the service and share concerns about vulnerable citizens.
Manager

I can start to see data from social care and secondary care.
Which Means: I will know all about the patient before I arrive at their home or via virtual consultations
Community Nurse

Delivering high quality technology, data products and services (2)

Planned and Unscheduled Care: Portfolio 8

Develop, operate and maintain a set of high quality national digital services to enable new models of planned and unscheduled patient care and management

- Deliver digital and data requirements for outpatient modernisation(8.01)
- Ensure referral pathway efficiencies from hospital to hospital with our patient referral solution (8.02)
- Roll out a system to digitalise intensive care across Wales (8.03)
- Roll out the Welsh Emergency Department System across Wales (8.04)
- Replace the patient administration functionality of the current cancer solution in Velindre with the Welsh Patient Administration System (8.05)
- Implement the Welsh Patient Administration system in BCU West and then across the health board as a single instance. (8.06)
- Support the core datasets for new and developing systems in planned and unscheduled care (8.07)
- Gather requirements for a single view of a patient pathway in secondary care (8.08)
- Deliver integration requirements from initiatives such as 111, Eye care, WAST electronic patient care record (8.09)
- Complete the discovery work for an All Wales maternity system and develop a collaborative plan to deliver digital maternity services (8.10)
- Link Scan for Safety data and feed into UK Medical Devices Information System (8.11)

I can access data relating to patient care
Which Means I am supported in triaging and directing my patient/citizen to the appropriate service
111 Call Handler

I will share images with colleagues across Wales which will support alternative ways of working for clinicians
Which Means less travel, helping with staff shortages and patients needing less radiation
Diagnostics Specialists

Access to data will make my Emergency dept efficient by supporting the patient flow through the health care system
Which Means I can appropriately direct care services.
A and E doctor

Diagnostics: Portfolio 9

Develop, operate and maintain a set of high quality national digital services to enable the modernisation of diagnostics.

- Work with the new national Laboratory Information Management System (LINC) Programme on integration, infrastructure and other requirements (9.01)
- Support the integration of the new Radiology Informatics Solution (RISP), including new Picture Archiving (PACS) and Radiology Dosage Management Solutions (9.02)
- *Expand electronic requesting functionality, results notifications, and acknowledgements to other diagnostics disciplines (See Digital Healthcare Prof Empowerment)*
- Work with diagnostics services across Wales to provide an imaging archiving solution (9.04)
- Enhance the national availability of diagnostic results and reports into national repositories, eg working with initiatives like digital cellular pathology, screening, endoscopy, audiology, cardiology, respiratory, spirometry, medical genetics, English border hospital results (9.05)
- Maintain, dual run and plan to decommission the existing laboratory management system including access to legacy data (9.06)
- Maintain, dual run and plan to decommission the existing radiology management system including access to legacy data (9.07)
- Support the National Endoscopy recovery programme (9.09)

I'm looking forward to less paper charts and a better idea of bed capacity and variation across Wales
Which Means I can share my knowledge and findings with colleagues to help improve efficiency of services.
Intensive Care Specialist

Digital Medicines: Portfolio 10

Develop, operate and maintain a set of high quality national digital services to enable modernisation of medicines management

- Respond to the Welsh Government commissioned E-Prescribing Review by implementing a major transformation programme (10.02)
- Provision of a shared medicines record that utilises a centralised medicines reference service, allowing access to medicines information regardless of where this originated - enhancing patient safety and streamlining the delivery of care. (10.03)
- Implement electronic transfer of prescriptions by establishing the digital communication of prescription information between prescribing and dispensing systems within primary care to enable efficient processes. (10.05)
- Implement e-prescribing across Secondary Care in Wales through the delivery of electronic prescribing and medicines administration (ePMA) solutions, adhering to national open standards to ensure interoperability. (10.06)
- Introduction of patient access to medicine information from primary, secondary and community pharmacy systems via the development of a patient app to help promote patient empowerment and self care. (10.07)

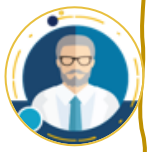
I can compare dispensing activity across my sites and Wales and know where I can access medication that I do not have available in my site. **Which Means:** More efficiency and improving outcomes for patients
Hospital Pharmacist

I can see where and when patients have had blood tests
Which means I may not have to take more blood from the patient and can start treating sooner
Clinician

Back to Contents

Driving value and innovation

With dashboards, data becomes intelligence which I can apply to my decisions and actions.
Which Means: I can see whether my policy is working on the ground and modify to the needs of the nation
Policy Lead



I can see whether we are prioritising referrals quickly enough
Which Means: I can make sure we clear any bottlenecks and patients get seen when needed
Clinical Dept Managers

Research and Innovation

Portfolio 11

Delivering research insights and innovation for service improvement

- An increased focus on Research and Innovation, building the internal team and developing a Research and Innovation strategy aligned to DHCW's strategic objectives and the needs and demands of the health and care system in Wales (11.01)
- In response to the Data strategy, develop the framework and structures to ensure data science practice and Artificial Intelligence approaches are supported (11.02)

Value from data

Portfolio 12

Driving value from data for better patient outcomes and service planning

- Continue to deliver the requirements of the COVID-19 response including new developments around data, analysis and reporting (12.01)
- Deliver the analysis and modelling of data in relation to NHS recovery of essential sustainable services provision (12.02)
- Utilise our systems to support the Value in Health Programme, including developing standards for PROMS and PREMS. (12.03)
- Bring together information streams and dashboards into one Health Intelligence Portal including, primary care, Covid - 19, value in health, cancer and unscheduled care data. (12.05)
- As an official Stats publishing body, improve the availability of data in the public domain (12.06)
- Support the National Clinical Framework in visualising opportunities to redesign and improve patient pathways (12.07)
- Support the implementation of Health and Social Care Quality and Engagement Act as it becomes embedded (12.08)
- Open up data, within appropriate IG controls, to improve access and overall value of the use of healthcare data (12.09)
- Ensure continued access for primary care and the wider system (where agreed) to GP data, for primary care and system recovery. (12.10)

I can start to see where patients are on their journey through the health system, identifying trends and sub optimal activities
Which Means: we can focus on problem areas and optimise or redesign the patient pathway
Clinical Planners

We use data for analysing what works well for patients
Which Means: we can spot useful trends and help NHS managers make informed decisions
Data Analyst Research and Education

GIG CYMRU NHS WALES
Iechyd a Gofal Digidol Cymru
Digital Health and Care Wales

Our National Portfolios and Enablers

Tolley, Laura
09/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES

IMTP
2022-2025

Back to Contents

INFORMATION AVAILABILITY AND FLOW VISION

Strategic Objective

Enabling Digital Transformation

Enabler Objective

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

IMTP 2022-2025

NEED FOR CHANGE

NHS Wales routinely collects vast amounts of data related to an individual's care and also the day to day administration of the health service. The full value of that data is not realised due to the fragmented arrangements for handling data stored in inaccessible silos and lack of standards to help classify and link data. Lack of data means the evidence and intelligence isn't there to support decision making, identify areas needing focus, and establish whether treatments are prudent. The Welsh Government *Information Statement of Intent* in 2017, focused on '**Better use of health and care data for safe, effective care and efficient services**'. *Healthier Wales 2019* continued this theme, recognising the need for modelling and predicting demand to prioritise services, based on a full picture of their quality and value, not just cost and volume.

A significant barrier to the appropriate sharing of information between systems and organisations has been a lack of technical standards relating to how systems talk to each other or interoperate, their security, infrastructure and system development. This portfolio includes the aspiration around a more 'open' data driven architecture promoting a collaborative sharing of standardised data enabling faster, more innovative digital solutions from multiple suppliers. This reflects the observations from the NHS Wales Digital Architecture Review 2019.

WHAT CAN DIGITAL DO?

An 'open platform' architecture design, national standards and the establishment of a National Data Resource (NDR) bringing patient data together in one place can:

- ensure data is **stored once and reused** many times. This can prevent repeating the same questions to patients in different settings about their medications, symptoms etc.
- **avoid dependencies on certain suppliers** with 'hard coded' linkages, ensuring multiple suppliers can contribute to a rich patient record and provide innovative solutions more quickly
- make the **data follow the patient** and not lock in data to specific professions, locations or organisations
- allow large scale information to be shared securely and appropriately to **enable analytics, big data,** machine learning, intelligence, data science, reporting and research and reviews of costs and outcomes to support value based healthcare.

Tayley, Laura 03/04/2022 09:52:13

Consolidate, standardise, classify, anonymise, manipulate, model, predict, share, join data

DIGITAL HEALTH AND CARE WALES' ROLE

DHCW will play a pivotal role in the realisation of this vision. We already provide over 100 nationally supported systems and services rich with data. We have built national repositories with 39 million clinical documents and over 220 million test results, increasing by the second. We have national services for demographics, location and speciality reference data, in addition to a clinical terminology service. We integrate with hundreds of systems.

DHCW will be the system owner for an open platform based on standards for collection and use of data. We are responsible for technical development and delivery of new 'architectural building blocks'. We are hosting and programme managing the National Data Resource (NDR) initiative working with colleagues in Welsh Government, Public Health Wales, Health Boards, Trusts, academia and more.

OUR DELIVERY STATEMENTS:

- Continue to develop enhanced integration services and repositories as architectural building blocks to enable safe and secure access to data in the digital health and care record (1.01)
- Establish the means by which further structured clinical data is stored in repositories for Wales, utilising a standards-based approach to how data is stored and shared with citizens, clinicians, and software suppliers , building on cancer treatment, shared medications and allergies as the first implementations (1.02)
- Through collaboration with the National Data Resource programme, build the enablers of an open, interoperable architecture from which NHS Wales can derive value, insight and intelligence from healthcare data (1.03)
- Develop the data strategy and implement a national data platform to deliver the foundations and approaches to support data driven insights and Artificial Intelligence (1.04)
- Support the provision of a data platform for Public Health Wales through the National Data Resource programme (1.05)
- Migrate Welsh Clinical Portal to open standards and a single instance (1.06)

INFORMATION AVAILABILITY AND FLOW ENABLER ROADMAP

Enabler Objective

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

FUTURE STATE:

Patient centric, electronic processes, extensive quality data, joined up systems talking to each other, data delivering value, proactive, predictive. Automation and Big data.

CURRENT STATE:

Silo systems, limited data standards, piecemeal data sharing, location specific, reactive. Manual processes.

Tolley, Laura
03/24/2022 10:52:43

PEOPLE

Clinicians and non Clinicians have a mixed landscape of data and tools on which to base decisions, much of it on paper

NHS staff making more decisions based on evidence of outcomes and value

Skills shift to interpretation of data trends and data connections

Data engineers and analysts – skill shortage

Patients' self care and prevention requires accurate reliable data

Clinical ways of working will change as data standards will be mandated

Data (rather than document) driven clinicians

Machine learning opportunities, eg identifying cancers will change the role of the clinician

'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' - Healthier Wales.

PROCESSES

Monitoring

Analysis with manual intervention

Hard Coding and Classifying

Data Governance and Management

Automation

Data engineering

Enhanced Integration message patterns

Artificial Intelligence

Machine Learning

Data Cleansing

Integration

Work with Digital Health Ecosystem Wales – Life Sciences Hub

TECHNOLOGY

- Welsh Enterprise Master Patient Index
- User identification service (NADEX)
- Integration Services
- Welsh Results Reports Service
- Welsh Care Records Service
- Welsh Reference and Terminology Service
- Welsh Electronic Forms Application
- Data warehouses
- Clinical Data Engine incl. cancer treatment and medicines data
- National Subscription Service
- Developer Portal
- API Management Tool
- National Data Resource
- Architectural Building Blocks
- *Cloud Storage See Sustainable Infrastructure Portfolio*
- Encounter and pathways service
- National Data Platform
- Open Architecture

DATA

Information Standards

Software Standards

Support access to digital innovation : UK Serp, SAIL data environment

Common assessment data, eg nursing and community data

FHIR /HL7 v2/ Open EHR

Dashboards

Implementing new nationally recognised classifications and medical terminologies: SNOMED CT

Data Strategy

Working with medical terminology, eg
GP Read codes
ICD (international Classification of Diseases)
Local classifications
Supplier specific classifications

INFORMATION AVAILABILITY AND FLOW

Enabler Roadmap

KEY

NATIONAL SYSTEMS

- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)
- Discovery

HOW WE WORK WITH PARTNERS: Service change is about people and processes. By working at the start with our national and local partners we can understand the future direction of healthcare and help enable transformation through data and technology solutions.

FOCUS ON OPEN ARCHITECTURE

STRATEGIC DRIVER

The Digital Architecture Review was commissioned by Welsh Government and NHS Wales to assess 'the extent to which the current Digital Architecture of NHS Wales is ready to meet the ambition set out in *A Healthier Wales*, and whether it is scalable to support digital transformation across Welsh health and social care'. Published in 2019 it sets out several recommendations, with an overall theme of creating an open digital architecture. This aligns to the call in *A Healthier Wales* to 'develop an open platform approach to digital innovation, through publishing national standards for how software and technologies work together, and how external partners can work with the national digital platform and national data resource.'

The main actions to establish an Open Digital Architecture commence with defining a set of architecture building blocks to facilitate the open architecture. These building blocks are a logical construct and can be thought of as the foundational components of our architecture, on which current and future digital applications and services are built.

NEXT STEPS

- Additional building blocks to be defined through work on the Data Strategy
- Considering opportunities which will evolve from Cloud
- Start planning the delivery of priority building blocks
- Establish cloud FHIR repository to store all care data and enable an open architecture (Welsh Clinical Data repository (WCDR)
- Data flows from local and national applications and repositories into the WCDR
- Acquisition into a national store for data and analytics
- Data science and machine learning enabled by the national data store and specialist tooling

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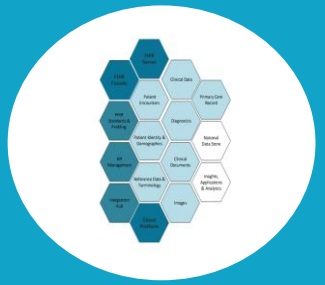
STATUS

The main Building Blocks that facilitate an open architecture have been scoped with a determination of whether these are new capabilities or an evolution of existing capabilities.

A strategy for each building block has been defined, establishing the direction of travel to provide the capabilities needed to support an open architecture.

These blocks are:

- High Level Approach (overview)
- Fast Healthcare Interoperability Resources (FHIR) Façade, FHIR Server and Cloud Platform
- Standards and Profiling
- Integration Hub
- Reference Data and Terminology
- Patient Identity and Demographics
- Patient Encounters
- Clinical Data Engine
- Clinical Modelling
- Diagnostics
- Clinical Documents
- Images and the Image Archive
- Primary Care and the Welsh GP Record (WGPR)



A procurement has been awarded already for an API Management Tool.

We will operate within a model of interoperability standards that will enable the sharing of data to appropriate settings, working in-house, with NHS Wales colleagues and with private sector partners.

DHCW & stakeholders

Back to Summary

FOCUS ON DATA

Delivered through the National Data Resource Programme

STRATEGIC DRIVER

The National Data Resource (NDR) programme is a strategic imperative for health and care in Wales. It underpins delivery of the commitments made in *A Healthier Wales* with goals to deliver a more joined up approach to health and care data across Wales.

The vision is

- **Wales Leading the Way** - Supporting health and care in Wales to be innovative, modern and using data to drive decisions
- **Research, Data Sciences and AI** - To inform better care and projects
- **For Clinicians, Carers and Other Decision Makers** - Using the data to provide recommendations and insight
- **Key Enabler to Improve Our Services** - The NDR is a national initiative to better enable health and care to improve patient experience and service outcomes
- **Big Data Capability** - Cutting edge solutions
- **Faster, Easier Access to Data** - More automated, more open, linked data

STATUS

The National Data Resource Programme was formally established in 2019 to deliver the local and national data platforms that underpin the Digital Health and Care Record, and, to service analytical data stores through a federated approach across the health and care system in Wales. A business case covering 2021 to 2023 was approved in 2021.

In Sept 2021, the National Data Resource Programme Board approved the procurement of a partner to support the development of a Data Strategy. The strategy will enable the delivery of the data and analytical capabilities for Wales aligned to the National Data Resource's strategic aims.

Key deliverables:

- As is Statement
- Data Vision
- Governance and Operating Model
- Architecture and Technology appraisal
- Recommendations, Roadmap and Plan

NEXT STEPS

- Development of Data Strategy early 2022
- Opening up the architecture
- Standards-based interoperability
- Federated Welsh Clinical Data Repository
- Data analytics

Item 3.1 Appendix 1 - 03/12/2021 09:52:13

Improving the way data is collected, shared and used across health and care organisations in wales : driving forward interoperability

Back to Summary

Provide first-class research, data science and AI - for better care and projects

DHCW & stakeholders

PROTECTING PATIENT DATA VISION

Strategic Objective

Enabling Digital Transformation

Enabler Objective

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.

IMTP 2022-2025

NEED FOR CHANGE

Data Availability. As the health and care service in Wales strives to join up across pathways and organisational boundaries, there is a strong need to make data available to a wider user base than current technology is configured to deliver. New models of care and effective clinical delivery requires a controlled reduction in these organisational and professional barriers as workforce and patients become more transient. Wider sharing across health and social care and wider public services is a key theme. This is against a backdrop of increasingly sophisticated cyber attacks threatening the protection of patient data. The *NHS Wales Digital Health and Care Strategy* stressed the security of the system and the protection and management of information is essential in ensuring trust. Patients need assurances that their data is safe in NHS hands.

Compliance with the Freedom of Information Act 2000 requires openness and transparency and the General Data Protection Regulations 2018 requires a strong protection of privacy. The Network and Information Systems (NIS) Directive 2018 requires NHS bodies to take appropriate technical and organisational measures to secure their network and information systems, identifying and managing security risks.

Citizen Access. Another driver is the citizen access to their data to support self management via online apps and the self generation of health data through wearable devices and monitoring tools. Sharing of data with carers is also key. This requires a strong model of identity management and authentication for patient facing systems. Identification management is obviously also paramount in health staff access and to support the auditing of appropriate access to patient records

WHAT CAN DIGITAL DO?

Audit. Whilst enabling wider availability of data for effective care, digital needs also to protect that data through auditing tools integrated across systems which alert managers and information governance specialists of unauthorised access activity.

Educate. Electronic tool kits can assure those with patient record responsibilities that they are doing the right things to ensure high information governance compliance. Websites can provide a wider communication tool providing up to date and relevant technical information for NHS staff. Online training for staff is an essential tool to ensure compliance ahead of accessing data.

Protect. Digital systems can provide threat monitoring and alerting to avert cyber attacks.

Identify. Digital can provide electronic identity management and authentication for staff systems and also citizen facing systems.

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DIGITAL HEALTH AND CARE WALES' ROLE

We are responsible for the National Intelligent Integrated Audit Tool contract and oversee its national implementation and integration. We provide a Data Protection Officer advice service to GPs in Wales and produce IG Toolkits for GPs, Health Boards and Trusts.

We host the NHS Wales Cyber Resilience Unit on behalf of Welsh Government, with separate managerial and governance arrangements, to provide ongoing cyber security assurance and reporting on 'cyber posture'. We procure and implement cyber threat monitoring tools and provide extensive security advice and guidance to our health partners.

We advise on the publication of data, eg in dashboards so it is consistent with IG standards and doesn't expose patient identifiable information. We provide national learning tools and websites to deliver awareness of data privacy and use.

OUR DELIVERY STATEMENTS:

- Develop and promote a national IG framework for Wales to enable safe and secure sharing of patient information (2.02)
- Continue to embed and drive the national cyber security agenda (2.04)
- The independent Cyber Resilience Unit, as a delegated authority from Welsh Ministers will audit and support operators of essential services across NHS Wales and report our national adherence to the Security of Network and Information Systems (NIS) Regulations to the Welsh Government (2.05)

Check identities, protect data, monitor and audit access, identify threats, anonymise, advise, notify, generate reports

PROTECTING PATIENT DATA ENABLER ROADMAP

Enabler Objective

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.

FUTURE STATE:

A full suite of national standards for information governance and cyber security with full health and care partner adoption

CURRENT STATE:

Some national responsibilities and standards. Welsh Government Digital Governance will effect the overall scope of protecting patient data

Tolley, Lauren 03/24/2023 09:27:36

IMTP 2022-2025

PEOPLE

Patients and citizens want confidence that their data is protected, used fairly and legally for specific purposes related to only what is needed, up to date, accurate, stored for only as long as is necessary and kept confidential

NHS Staff need to understand their role in protecting patient data and sharing data with other public sector bodies and agencies, eg social care

Skilling up the workforce to understand their Information Governance and Cyber responsibilities as data availability increases, eg GPs needing advice as Data Protection Officers.

Technical skills gap dealing with new cyber technology and emerging threats

'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' - Healthier Wales.

PROCESSES

Information Management Assurance and Advice

Vulnerability identification and management

Data Protection Officer advice service

Hosting the NHS Wales Cyber Resilience Unit as a Welsh Government delegated authority - auditing and compliance

Risk management

Information Governance Framework

Anonymisation and triangulation of data sets

E-learning

Analysis of historical security events

Compliance with Network and Information Systems (NIS) Directive and General Data Protection Regulations

Access control, authentication

Data sharing agreements

TECHNOLOGY

National Intelligent Integrated Audit Solution (NIIAS)

IG Advice Websites

Security Information and Event Management (SIEM)

Online learning

Information Governance Toolkit

Vulnerability Management Service (VMS)

DATA

Audit usage and event logs

Data flows across systems

Protect Patient Identifiable Data

Security event data

Information Management

Threat monitoring data

Information assets

PROTECTING PATIENT DATA

Enabler Roadmap

KEY

NATIONAL SYSTEMS

- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)
- Discovery

HOW WE WORK WITH PARTNERS: Service change is about people and processes. By working at the start with our national and local partners we can understand the future direction of healthcare and help enable transformation through data and technology solutions.

SUSTAINABLE INFRASTRUCTURE VISION

Strategic Objective

Enabling Digital Transformation

Enabler Objective

Sustainable Infrastructure
Develop and maintain a high quality national infrastructure, transitioning to the Cloud for better availability, reliability, safety, security, speed and agility

IMTP 2022-2025

NEED FOR CHANGE

The NHS Wales technical infrastructure is the framework of network connections and services, datacentres, support systems, maintenance and upgrades that provides strength, security and stability to health and care systems across Wales. The *Digital Health and Social Care Strategy for Wales*, and *A Healthier Wales* both refer to building and investing on a 'solid' technical national infrastructure. This will ensure availability of services when and where needed so staff and systems work more effectively with one another - between computers, services, and across the whole of Wales. Without this stable footing, there will be unplanned interruptions to clinical information systems, which can mean clinic cancellations, delayed test results, unavailability of crucial treatment information, and therefore increased risk of patient harm.

The All Wales IT Infrastructure Review (AWIIR) 2020 highlights the need for change. NHS Wales has a significant amount of aging systems, some unsupported. Short term investments have failed to keep pace with infrastructure needs and increasing users. There are three key drivers:

- The need to replace outdated infrastructure which is at risk of failure or is unable to be secured against cyber security attacks
- The need to mitigate risks identified by audit including full testing of restores and outdated firmware/software
- The need to embrace the use of Cloud services.

Sharing of national infrastructure with accompanying investment will be more efficient and less piecemeal.

WHAT CAN DIGITAL DO?

The benefits of digital are evident in our other roadmaps. Realising those benefits is totally dependent on a reliable, secure infrastructure which ultimately makes data available. Recommendations from the All Wales Infrastructure Review suggested:

- Moving to Cloud hosting where relevant
- Design operational resilience and continuity into systems to prevent, respond and adapt to operational disruption
- 24/7 hour availability and working
- Carbon Neutral
- Automation of infrastructure configuration
- Location agnostic, consistent experience for staff

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Monitor, prevent, identify, expand, deploy

DIGITAL HEALTH AND CARE WALES' ROLE

We provide an extensive national infrastructure across NHS Wales. Our **Data Centre Service** team manages ~ 2600 servers in two national data centres and public Cloud. The **Infrastructure Support and Operations Centre** team monitors the various infrastructure components for availability, capacity, etc. The **Networking Services** team maintains the networking infrastructure (routers, switches, firewalls, etc) along with the associated data circuits. The **Infrastructure Design** team develops infrastructure strategies, and produces and assures designs for a wide range of DHCW Services for both on-premises infrastructure and public cloud.

Identity and Collaboration Services provides a National Active Directory service which registers and authenticates every computer and user onto the network. We also run collaboration services such as Email, Video Conferencing, Teams and global configuration of Microsoft 365. We provide a range of **cyber security** services (see *Protecting Patient Data Portfolio*). We also **support end user devices** for our staff and thousands of users in primary care, prisons, hospices and other NHS Wales partners.

OUR DELIVERY STATEMENTS:

- Move more services to the Cloud, ensuring a 'Cloud-first' approach to the design and development of future services (3.01)
- Manage the lifecycle roadmap of systems including the migration of workloads from ageing infrastructure and decommissioning systems (3.03)
- Develop the infrastructure Strategy to meet the growing needs of the service and reflect technological advances. (3.04)
- Securing a replacement to our 2nd data centre and move services as required (3.06)

Trends in last 3 years

SUSTAINABLE INFRASTRUCTURE ENABLER ROADMAP

Enabler Objective

Develop and maintain a high quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility

FUTURE STATE: high-quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility

Servers are mostly hosted on-premises, some elements have reliability challenges. Approximately 20% of servers are in the Cloud. Limited technical resources in some teams

IMTP 2022-2025

PEOPLE

Increasing expectations - spinning up systems quickly, high availability, business continuity

Wider Technical Skill Gap

Staff Increasingly working out of hours needing 24/7 support

Remote working

Users more mobile as a workforce

'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'- Healthier Wales

PROCESSES

Internet first applications

On–premise management Data storage, networking

Fault Finding

Supporting 24/7 working

Meeting demands for Big Data and open architecture

Design

Supporting End User Devices

Infrastructure strategy

Enhanced back up and restore processes

Centre of national expertise, eg cloud

Threat monitoring

Improved infrastructure lifecycle management

Identity Management and Collaboration

On call support for critical systems

Optimised cloud management processes

Remote Desktop Builds

TECHNOLOGY

New Data Centre (No. 1)

New Network (Data Centre No. 1)

Software defined networking

New data Centre (No. 2)

End User Devices

New Network (Data Centre No. 2)

Migrate servers to replacement Virtual Server Farm

Modernise Comms and telephony

Networks

Cloud: migrate systems as 'Infrastructure as a service'

Connectivity Review – increase capacity including internet

Carbon Neutral

Identity and Collaboration Service

Cloud: 'Software as a service', eg device management

Cyber Security monitoring – *see Protecting Patient Data Portfolio*

Cloud: optimise systems using 'platform as a service'

DATA

Orchestration

Performance data

User registers for our clients

Proactive Capacity Management

Availability data

Intelligent monitoring (end user experience)

Monitoring

Forecasting and Modelling

Usage predictions

Reactive Capacity Management

SUSTAINABLE INFRASTRUCTURE Enabler Roadmap

KEY

NATIONAL SYSTEMS

- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)
- Discovery

HOW WE WORK LINK WITH PARTNERS: Digital infrastructure is about technology, processes and data capabilities. We provide a national infrastructure across NHS Wales, utilised by clinical and non clinical staff in local and other national organisations.

FOCUS ON CLOUD

STRATEGIC DRIVER

The functions of Digital Health Care Wales, when established, included reference to adopting a Cloud First approach to data hosting services for new applications and services. It also set the challenge to ensure all existing applications and services are transitioned to a cloud-based platform where possible.

Cloud allows a move away from 'infrastructure reliability' management to lower maintenance platforms, allowing resources to focus time and energy on systems that will support innovation and transform the delivery of health and care essential systems to improve health at pace.

Platforms in the Cloud reduce the maintenance needed for data stores and also provide the capability we need to underpin the National Data Resource (NDR).

Benefits include industrial grade security, future proofing with respect to new areas of functionality such as Big Data and artificial intelligence, reduction in physical maintenance needs, scalability, greater resilience and flexible capacity management.

NEXT STEPS

- Take forward the cloud strategy
- Establish staff training program throughout DHCW
- Enhanced governance and funding for cloud resource
- Implement underpinning cloud infrastructure to support National Data Resource requirements
- Incorporate Cloud migration plans into application roadmaps

STATUS

The DHCW Cloud Strategy has been developed and is based on the following principles:

- Cloud First
- High security
- Designed around service users
- Agile and adaptive governance
- Upskilling of staff
- Federated identity services
- Multi-Cloud provision – for Software as a Service (SaaS) and specific Platform as a Service (PaaS)
- Effective use of cloud tiers (SaaS, PaaS, IaaS) for new and migrated systems
- Ease of consumption eg templated service offerings
- Business processes to align to Cloud, eg finance and procurement
- Continuous optimisation
- Interoperability and portability

Sustainability availability capacity Scalability reliability safety security speed agility flexibility reduced carbon footprint

Back to Summary

DIGITAL HEALTHCARE PROFESSIONAL EMPOWERMENT

VISION

Strategic Objective

Expanding the Digital Health and Care Record

Portfolio Objective

Improving and expanding the content, availability and functionality of the Digital Health and Care Record, agnostic of health board and geographical boundaries and supporting evidence based decision making and connectivity using NHS Wales e-library and the Microsoft 365 suite

IMTP 2022-2025

NEED FOR CHANGE

The *NHS Wales Digital Health and Care Strategy* set an objective to 'Support the Healthcare Professional'. The way to do this was recognised as improving patient care through 'collaborative provision of high quality information, systems and technologies'. Patient data is scattered over paper and digital formats. Paper can be incomplete, locked away or in transit. Digital data can also be incomplete, siloed in a departmental system, bound by organisational boundaries and not communicating with other systems. Clinicians can have a bewildering array of technology to use, with different log ins and different user interfaces from one hospital to the next. This is at odds with an increasingly mobile workforce and a patient who could travel across several health board borders on a single course of treatment and care. Adding in social care and professional boundaries and the border with England, makes it a highly complex landscape. Where that data doesn't join up, key information is lost, decisions can be wrong and patients can be harmed.

New models of care also require data to be available across boundaries and multi-disciplinary groups. Data can inform planning options and features in key National Clinical Programmes and Delivery Plans. The *National Clinical Framework (Mar 2021)* is underpinned by Quality statements, eg Cancer and Heart conditions which reference digital. Digital can support requirements coming out of the Framework – ie ' opportunities to design more person-centred, holistic and efficient pathways rather than patients being seen by many different teams focusing on only one aspect of their health need'. Availability of data enablers holistic care. Quality statements for stroke, diabetes, critical care, neurological conditions and liver diseases are in an advanced stage of development by the relevant implementation groups.

WHAT CAN DIGITAL DO?

Digital can provide an electronic front door to this data, so it is available when needed at any location on demand. The data can be protected in national and local repositories, and called up by simple to use systems by all appropriate healthcare professionals. Digital forms can be built with associated workflow, prompts and decision support to help with consultations and provide a comprehensive standard collection of diagnosis, tests orders, referrals to other clinicians, treatment records, including medications and discharge details. The data can be linked to events and appointments along the patient pathway. It can bring data locked in specialist systems to the wider clinical community.

Order tests, view test results, view documents, refer, prioritise, record diagnosis, plan and record treatment, transcribe medications, advise, notify, discharge

DIGITAL HEALTH AND CARE WALES' ROLE

In DHCW we have developed a system available to doctors and health professionals through a single application - the Welsh Clinical Portal. It shares, delivers and displays patient information from a number of sources with a single log-on, even if that information is spread across health boards, together with key electronic tasks.

The Welsh Clinical Portal has the following functionality: pathology tests and image requesting/reporting, viewing patient lists, referrals prioritisation, creation of discharge letters and medicine transcribing, clinical notes, document creation and viewing, mobile access. Digital documents have been built for nursing, diabetes, cancer and hepatology specialties so far. It is the view through to millions of test results and clinical documents on an all Wales basis.

OUR DELIVERY STATEMENTS:

- Support 'Transforming Cancer Services' by development of the Cancer Informatics Solution using the NHS Wales national architecture (4.01)
- Meet the needs of clinical networks and cross organisation/border patient journeys by enabling recording and linkage of data within the national architecture together with access to clinical repositories-(4.02)
- Expand electronic requesting functionality, results notifications, and acknowledgements to other diagnostics disciplines (4.03)
- Embed patient analytics into our clinical systems (4.04)
- Further enable remote working for healthcare professionals accessing data from anywhere and anytime, including expansion of both the mobile version of the digital health and care record and the re-procurement of Microsoft 365 supported by the establishment a Centre of Excellence (4.06)
- Support delivery of new Systemic Anti Cancer Treatment All Wales solution (4.07)

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DIGITAL HEALTHCARE PROFESSIONAL EMPOWERMENT
Portfolio Roadmap

DIGITAL HEALTH PROFESSIONAL EMPOWERMENT PORTFOLIO ROADMAP

Portfolio Objective

Improving and expanding the content, availability and functionality of the Digital Health and Care Record, agnostic of health board and geographical boundaries and supporting evidence based decision making and connectivity using NHS Wales e-library and the Microsoft 365 suite

FUTURE STATE:

Patient Centric, mobile workforce, electronic processes, quality data, joined up working, systems that can talk to each other, data delivering value

CURRENT STATE:

Silo systems, limited data standards, piecemeal data sharing, location specific, reactive, stores of paper documents, transported on trolleys

Tolley, Laura 03/24/2022 09:52:12

KEY

NATIONAL SYSTEMS
- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)

- Discovery
- Our Partners

IMTP 2022-2025

'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' - Healthier Wales

Evidence Based decision making

Business Change – enabling remote working and less paper

Skilling Up – training staff in digital tools such as electronic test requesting

Workforce Change – making systems available to new roles

HEALTH EDUCATION AND IMPROVEMENT WALES: 'Modernise workforce models - service transformation in strategic programmes for: imaging, pathology; endoscopy; major trauma; unscheduled care; and critical care.

Support the professional frameworks including: optometry; allied health professionals; healthcare sciences and and the all Wales nurse staffing programme.

Lead the development and implementation of a digital capability framework for the healthcare workforce in partnership with DHCW.'

Joining up data for whole system approach

Viewing Community Information in Secondary Care

Viewing Primary Care Data in Secondary Care

Viewing data from specialist systems through a common front end

Knowledge Bases

Electronic Document creation

Clinical note taking

Medicines Transcribing

Referral Prioritisation

Discharge

Test Requesting

NHS COLLABORATIVE national strategic programmes for: cancer, imaging, pathology; endoscopy; major trauma; unscheduled care; and critical care.

Patient level analytics – supporting clinical decision making

Single Cancer Pathway Reporting

National data sets, eg Nursing, Cancer and Diabetic assessments, mental health, looked after children, rehabilitation

Supporting National Audits

Digital Health and Care Record

Microsoft 365

NHS Wales E-Library for Health

Diabetes Informatics Solution

Welsh Nursing Care Record

Cancer Informatics Solution

Pathology Tests Welsh Laboratory Information System

Imaging Picture Archiving System

Local Documents / Data Local specialist systems and repositories

Cancer Data CANISC

Welsh Clinical Portal

See also Primary and Community Care Portfolio

Welsh GP Record

PEOPLE | PROCESSES | DATA | TECHNOLOGY

HOW WE WORK WITH PARTNERS: Service change is about people and processes. By working at the start with our national and local partners we can understand the future direction of healthcare and help enable transformation through data and technology solutions.

FOCUS ON CANCER

STRATEGIC DRIVER

DHCW is working with NHS Wales to modernise cancer informatics to support service delivery, quality improvement, and greater integration of care and data to guide service development in cancer services. The Welsh Government Quality Statement for Cancer 2021 replaces the Cancer Delivery Plan which was in place up to the end of 2020 and emphasises the need for the cancer patient record to be delivered on a 'modern and resilient IT platform that enables greater integration of care and provides the relevant data to guide service development'.

'The ongoing implementation and further development of the single cancer pathway and its underpinning nationally optimised pathways is the vehicle that will support the delivery of consistent, high quality care and improved cancer outcomes'. Data recording of the patient along that journey is essential from which to derive intelligence and insights for further action.

The legacy national cancer system (CaNISC) is at end of life and is being replaced with the DHCW cancer informatics solution.

NEXT STEPS

- Further enhancement and testing prior to go live
- Defining further integrations
- Improving national cancer data sets
- Further development of an infrastructure to support intelligence through the National Data Resource

Tolley, Laura 01/24/2022 09:53:13

STATUS

Overall, considerable progress has been made to mitigate the critical risks posed by the legacy CaNISC system and replace with a modern, resilient, accessible national software for Velindre Cancer Centre and other CaNISC users.

However, more time is needed to support the significant change programme to ensure a safe transition for Velindre Cancer Centre and the deployment is now planned for Qtr 1 2022

- Business analysis and engagement with clinicians has been undertaken, enabling the definition of the scope and requirements of the minimum viable product for cancer informatics to replace the legacy system.
- The programme began releasing the first phase of software for Velindre Cancer Centre (VCC) and Health Boards to test from late 2021 and testing is ongoing.
- The detailed implementation plans for VCC and all Health Board cancer services continue to be developed and refined, led by the newly established Health Board Implementation Oversight Group.
- The CaNISC infrastructure has successfully transitioned to the new national data centre.

Developing Cancer information as part of the single patient record

Access to clinical information – national – 24/7 alerts and notifications, referral tracking, single sign-on, linked identity records, improved audit, improved coding

DHCW & stakeholders

Back to Summary

FOCUS ON NURSING

STRATEGIC DRIVER

A Healthier Wales has a strong focus on digital transformation. Digital can ensure that relevant information is accurate, complete, up to date, and shared between everyone responsible for the individual's care and treatment. This will make services safer and more effective by supporting better clinical decisions, and providing intelligence about likely outcomes to help prioritise and speed up treatment.

These benefits are long overdue for nurses who have been swamped with paperwork as they record copious amounts of information about patients in their care – assessments, medication, admissions, demographics details and much more. This information is shared with other clinicians, social care and the patient but the forms can be different in each Health Board and even in the same hospital with staff recording the same types of vital information but in a non-uniform way.

This project is all about agreeing national clinical standards and then providing an easy way for nurses to record the information at the patient's bedside – in a timely manner and with less repetition.

NEXT STEPS

- New functionality and enhancements to the system
- More nursing assessments standardised and digitised: woundcare record, mouthcare assessment, frailty score, food chart, repositioning chart, end of life care, fluid chart, infection prevention control risk assessment, IV and Cannula care bundles, care planning
- Further roll out across Health Boards in Wales
- Transition to a business as usual funding model

Tollevi Hourmont 03/24/2022 08:52:23

STATUS

The Welsh Nursing Care Record (Hospital) project is beginning the transition from paper to digitalised nursing documents. The aim is to release nurses from the administrative burden of completing paper nursing documents to spend more time on direct patient care.

Collaborative working between DHCW and clinical staff are producing patient assessments and care records chosen to be standardised and rolled out across Wales.

- Transforming nursing documentation by standardising data and making them digital.
- Work to develop the needs and scope of the Welsh Nursing Care Record undertaken with nurses, by nurses, for nurses.
- Using the same standardised nursing language to reduce duplication and give back time to care for patients.
- Nurses completing assessments at the patient bedside on tablet computers or other hand-held devices.
- Reporting capabilities helping to meet auditing needs and reporting requirements.
- Data captured and held centrally, and used to drive improvements and learning across NHS Wales organisations.

The Welsh Nursing Care Record won the Nursing Times Award 2020 for Technology and Data in Nursing and the British Computing Society UK IT Industry Award for Best Healthcare IT Project in the UK in 2021

Seamless care, reduced duplication, improved patient outcomes, more time to care, central storage of data for better sharing and insights

DHCW & stakeholders

Back to Summary

FOCUS ON MICROSOFT 365

STRATEGIC DRIVER

NHS Wales has invested heavily in an all Wales Microsoft Enterprise Agreement. This brings significant opportunity to enable digital transformation across the whole system in support of DHCW's strategic priorities to ***enable digital transformation*** and ***deliver high quality digital services.*** DHCW has already delivered an ambitious programme to enable key Microsoft 365 functionality across Wales and the focus now turns on maximising this investment.

Additionally, a new Microsoft Enterprise Agreement is planned for 2022 which will likely bring additional functionality and further opportunities for digital transformation.

STATUS

The initial programme to implement core Microsoft 365 features across 120,000 users is now near completion. The programme has delivered significant benefits to NHS Wales, including supporting the large scale move to remote working during the pandemic.

It has been acknowledged that investment is required to help establish a national Microsoft 365 Centre of Excellence (CoE) to provide for long-term sustainable support, development, and innovation. This will create a unique strategic capability within NHS Wales and reduce the reliance on external support going forward.

The business case to establish the CoE has been approved by Welsh Government and work is now underway on this new phase.

A new project (to establish the CoE) is in its initiation stage and planning is underway to deliver the outcomes during 2022.

NEXT STEPS

- Design Target Operating Model
- Develop Service Portfolio
- Recruitment
- Establish Strategic Partner
- Demonstrate Benefits
- Agree Service Level Agreement with Health Boards and Trusts

Aoife.Ellen-Laura 03/09/2021 09:51:13

DHCW Centre of Excellence

Microsoft 365

Digital Transformation, Sustainable Services, Innovation, Reduced reliance on third parties

DHCW & stakeholders

Back to Summary

DIGITAL PATIENT EMPOWERMENT VISION

Strategic Objective

Expanding the Digital Health and Care Record

Portfolio Objective

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

IMTP 2022-2025

NEED FOR CHANGE

We live in a digital world. The way we work, bank, shop, communicate and interact has made technology and data a core part of our lives. While health and care in Wales has seen significant digital advances, there is the opportunity to do much more, and put digital truly at the heart of patient care. *A Healthier Wales* set the ambition to provide an online digital platform for citizens, to give people 'greater control and enable them to become more active participants in their own health and well-being'. This will help people to make informed choices about their own treatment and find the most appropriate service for their needs. They can contribute to and share information about their health and care and manage appointments and communications with professionals.

The current approach to citizen digital services is largely uncoordinated and expensive with value diluted across multiple local and national system deployments. This approach results in a lack of joined up records and process, with service offerings split along clinical, geographic and functional lines throughout Wales and between Health Boards, even before looking into future opportunities such as social care and other public sector linkages.

WHAT CAN DIGITAL DO?

Digital services for patients can deliver:

- Enhanced communication and advice between patient and their healthcare provider, enriching the data in the patient's record and reducing the need to visit clinical settings
- Increased efficiency and convenience by providing electronic ways to undertake routine transactions such as booking appointments, ordering prescriptions
- Enabling the patient to feed back on how well they are, whether their treatment has resulted in better outcomes, their experiences and preferences related to their care
- Self monitoring of health and sharing that data with clinicians, eg from wearable devices
- Help carers to see where their loved ones are on the patient journey

Gillies, Laura 03/04/2022 09:52:13

DIGITAL HEALTH AND CARE WALES' ROLE

The vision is to establish a core platform of digital services - developed by multiple parties and forming a best of breed product approach working in an innovative, efficient and safe fashion. Most importantly, all service offerings sit on top of this common platform which needs to define both technical and clinical information interoperability standards, as well as providing identity management and access and a degree of control over the citizen experience.

Digital Health and Care Wales has supported the set up of the Digital Services for Patients and the Public Programme and has undertaken the procurement of platform suppliers. Our staff and health board colleagues working on the National Data Resource Programme (NDR) will work to support the development of the data and information architecture required to open up access to NHS held data. This patient platform will contribute the 'patient facing data' component of the National Data Resource.

OUR DELIVERY STATEMENTS:

- Drive delivery of patient facing health and social care applications via the Digital Services for Patients and the Public Programme (DSPP) working with key stakeholders, including the Centre for Digital Public Services (5.01)
- Operate and grow the digital patient and public core platform services, including working with the National Data Resource programme to develop the data and information architecture required to open up access to NHS held data in a safe, secure and auditable fashion (5.04)
- Launch the NHS Wales multilingual patient app ensuring inclusivity and diversity, and build out with further functionality including the future of My Health Online and patient medication services (5.06)
- Enable third party patient facing initiatives across the health and care service to connect with the NHS Wales patient application and core services (5.07)

Self care and empowerment, feed back and communication

DIGITAL PATIENT EMPOWERMENT

Portfolio Roadmap

KEY

NATIONAL SYSTEMS
- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)

- Discovery
- Our Partners

IMTP 2022-2025

Portfolio Objective

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

FUTURE STATE:

An Online platform to give people greater control and be more active participants in their own health and well-being. Informed choices about their own treatment and care. Contributing to and sharing their health and care data and working with others to co-ordinate the seamless care and treatment they need.

CURRENT STATE:

Limited health digital offerings compared to other areas of life and work. Confusing choice for patients based on location driven services rather than individual needs and experiences.

VALUE FROM DATA

'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 'Healthier Wales'

People and Patients – empowerment through new ways of communication with the health and care service – convenience, confidence, and choice

Carers - contributing and supporting digital use

Health and care workers – new ways of working as patient generated data gets shared and incorporated into wider health and care

Digital Skills and Digital Inclusion

Remote consultation

Carer shared health management

Informed treatment Choice

Identity management and authentication

Other public and third sector service linkages

Record self management and adding to wider health record

Self monitoring

Communication between patient and care professional

Record Viewing and Sharing

Appointment Choice

Online transactions – ordering prescriptions, updating personal details

Contribute valuable data to the National Data Repository

Interoperability and data Standards for patient facing data

Sensitive data considerations

Ensuring strong models of identity and authentication and ensuring patient data is protected

Digital Services for Patients and the Public Gateway Application

NHS Websites Authoring and management tools

PROMS and PREMS *(see also Value from Data Portfolio)*

Integration with local patient/public systems *(see also Information Availability and Flow portfolio)*

My Health Text

My Health Online

TEC CYMRU

PEOPLE | **PROCESSES** | **DATA** | **TECHNOLOGY**

HOW WE WORK WITH PARTNERS: Service change is about people and processes. By working at the start with patients and citizens, and our national and local partners we can understand the needs and future direction of healthcare and help enable transformation through data and technology solutions.

DIGITAL PATIENT EMPOWERMENT PORTFOLIO ROADMAP

Tolley, Lara 03/24/2022 08:53:13

FOCUS ON PATIENTS AND THE PUBLIC

STRATEGIC DRIVER

A Healthier Wales 2019 set the ambition to provide an online digital platform for citizens, to give people 'greater control and enable them to become more active participants in their own health and well-being'. This will help people to make informed choices about their own treatment and find the most appropriate service for their needs. They can contribute to and share information about their health and care and manage appointments and communications with professionals.

The current approach to citizen digital services is largely uncoordinated and expensive with value diluted across multiple local and national system deployments. This approach results in a lack of joined up records and process, with service offerings split along clinical, geographic and functional lines throughout Wales and between Health Boards, even before looking into future opportunities such as social care and other public sector linkages. The DSPP programme also supports the strategic ambition to develop an 'open platform' approach to digital innovation, through publishing national standards for how software and technologies work together, and how external partners can work with the national digital platform and national data resource.

The vision is to establish a core platform of digital services - developed by multiple parties and forming a best of breed product approach working in an innovative, efficient and safe fashion. Most importantly, all service offerings sit on top of this common platform which needs to define both technical and clinical information interoperability standards, as well as providing identity management and access and a degree of control over the citizen experience.

NEXT STEPS

Tolley, Laura
03/24/2022 09:58:13

- Continue collaborative working with partners to develop scope of future work packages, building on the initial core services
- Support specialist pathfinder projects to develop requirements for future development / functionality
- Launch public awareness communications campaign
- Initial go-live of the NHS Wales gateway application
- Develop an accreditation service to enable third party products to be linked to the Patient App and use the core services

Back to Summary

STATUS

- Establishment of the Programme has progressed with the development of a number of stakeholder groups underpinning the Programme Board and informing strategic direction.
- A procurement has concluded and contracts awarded for an Application and Technical Delivery Partner.
- An agile, incremental delivery methodology is being adopted. Contractual work packages will be agreed outlining the scope for each delivery phase. A discovery phase was initiated to embed ways of working and the Proof of Concept and Minimal Viable Product work packages progressed.
- Agreement has been reached with NHS Digital to enable Wales to build upon development work already undertaken to fast-track and enable the vision for the patients and the public of Wales, including the use of NHS Login to provide a seamless solution across the border.
- Significant engagement with a wide range of stakeholders, including patient groups, will be built upon through a programme of user research in collaboration with the Centre for Digital Public Services.

Data and service/application interoperability, access to resources, information governance, identity management, gateway application, user experience and control

DHCW & stakeholders

PUBLIC HEALTH VISION

Strategic Objective

Delivering high quality technology, data products and services

Portfolio Objective

Develop, operate and maintain a set of high quality national digital services to support Public Health prevention and early intervention programmes

IMTP 2022-2025

NEED FOR CHANGE

Public health strategy in Wales focuses on improving health and well-being and reducing health inequalities. This is in the face of challenging times when populations are living longer but with long term conditions; there is a growing disparity in wealth; and there are emerging threats such as antimicrobial resistance and infectious diseases. One such threat materialised with the Covid-19 pandemic. Public Health Wales' Strategy 2018-2030 focussed on areas particularly relevant in the light of Covid-19, eg, improving mental well-being, promoting healthy behaviours, supporting the focus on prevention and early intervention and protecting the public from infection.

As part of the Welsh Government response to lead Wales out of the Covid-19 pandemic, a Public Health Protection Response Plan outlined major activities for concerted public health action:

- Preventing the spread of disease through contact tracing and case management. (Prevention efforts have accelerated through a national vaccination programme in 2021/2022.)
- Population surveillance
- Sampling and testing different people in Wales.

As Wales starts to move out of the pandemic into business as usual, our focus will start to ensure we support existing systems and utilise their functionality for other public health challenges such as flu vaccinations.

WHAT CAN DIGITAL DO?

- Support the Pandemic response with testing systems and dashboards of disease trends
- Prediction modelling and identifying risk areas
- Support prevention activity through digital booking, data recording and reporting of vaccinations
- Joining up information from screening programmes with other patient data to improve clinical decision making and enhance the patient's journey through a joined up health system
- Supporting the promotion of health behaviours through wearable sensors and digital self monitoring tools

Jolley, Lauren
03/2/2022 09:32:13

DIGITAL HEALTH AND CARE WALES' ROLE

We have supported public health for many years by providing systems recording data from **screening programmes** such as bowel and new born hearing. We also provide the tools and infrastructure to make digital content available for health promotion campaigns.

Covid-19. 2020 however saw a significant increase of our role in public health with the development of systems to support the **Covid-19 pandemic response**. In extremely tight timescales we adapted our Welsh Clinical Portal to allow **electronic requesting** of Covid tests on a national basis and we built links with other clinical systems and with other parts of the UK so the test results were available to clinicians, strategists and the wider health service. We put in place a digital **contact tracing system** facilitating the collection of data used to track contacts of those who have tested positive. We went live with the **Welsh Immunisation System** to book and record vaccinations, and we have provided **data services** and **dashboards** from shielded patients identification through to intensive care bed capacity. The provision of data for the Covid Pass is a major undertaking.

OUR DELIVERY STATEMENTS:

- Maintaining and maximising the functionality of our Welsh Immunisation System (6.02)
- Ensure pandemic response systems are sustainable, supported and funded, and not to the detriment of our other solutions (6.03)
- Continue to deliver flows of Covid-19 testing and vaccination data to new users, across borders and integration with new systems as required (6.04)
- Build on the Covid-19 business intelligence successes to extend our value from data offerings (6.05)
- Support priorities from Public Health Wales with respect to national Screening Programmes (6.06)
- Further develop the Welsh Pandemic Record including the Welsh Pandemic Vaccination dashboard (6.07)
- Deliver requirements and enhancements of patient booking applications through the Digital Service for Patients and the Public Programme (6.08)

test requesting, processing tests
contact tracing, screening services
view results booking, appointments

PUBLIC HEALTH

Portfolio Roadmap

PUBLIC HEALTH PORTFOLIO ROADMAP

Portfolio Objective

Develop, operate and maintain a set of high-quality national digital services to support public health prevention and early intervention programmes

FUTURE STATE:

Patient centric, electronic processes, extensive quality data, joined up systems talking to each other, data delivering value, proactive, predictive

CURRENT STATE:

Silo systems, limited data standards, piecemeal data sharing, location specific, reactive

KEY

NATIONAL SYSTEMS

- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)

- Discovery
- Our Partners

IMTP 2022-2025

VALUE FROM DATA

'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' - Healthier Wales

Evidence Based decision making – such as the pandemic response

Business Change – enabling clinicians to remote work and with less paper

Workforce Change – making data and systems available to new roles such as contact tracers

Skilling Up – training mass testing staff and vaccinators to use digital systems

Processes using Artificial Intelligence

Personal monitoring

Joining up data for whole system approach

Online ordering of vaccinations by the public

Proof of vaccinations/ test results to access to venues and international travel

Screening for potential illness

Vaccines - rapid mass scale administration

Decision Support, modelling, eg, Covid risk of admission

Tracing contacts of Covid-19 infected patients

Ordering Covid tests

PUBLIC HEALTH WALES

Population risk stratification

Primary Care information portal – vaccination data, supporting national audits

Welsh Data Hub- single access point for Health Intelligence data and reports including vaccination and Covid dashboard

Covid -19 forecasting and modelling

Clinical Coding Data Quality Dashboard

Terminology Services live

PUBLIC HEALTH WALES (data sharing, feeds, supporting delivery of vaccination programmes etc)

HEALTH BOARDS AND TRUSTS

Welsh Pandemic Record

Welsh Clinical Portal

Welsh Laboratory Information System

Audit Plus

Contact Tracing

HEALTH BOARDS AND TRUSTS

Welsh Immunisation System

New Born Blood Spot Screening

Bowel Screening

Colposcopy (CANISC)

Cervical Screening

Abdominal Aortic Aneurism Screening

PEOPLE | **PROCESSES** | **DATA** | **TECHNOLOGY**

HOW WE WORK WITH PARTNERS: Service change is about people and processes. By working at the start with our national and local partners we can understand the future direction of healthcare and help enable transformation through data and technology solutions.

Tolley, Laura 03/24/2022 09:12:13

FOCUS ON TEST TRACE PROTECT

STRATEGIC DRIVER

Public health strategy in Wales focuses on improving health and well-being and reducing health inequalities. This includes protecting people from infectious diseases and hazards such as the Covid-19 pandemic.

The Welsh Government's strategic aims with regard to Covid-19 are to maintain coronavirus at manageable levels, so cases do not overwhelm the NHS and to balance harm in any response, such as Covid-19 direct and indirect impact on health, society, the economy and exacerbation of inequalities.

The aims of TTP will change, as we move from pandemic to endemic and as we begin to manage Covid-19 alongside other respiratory infections. The aim of TTP since June 2020 has been to break the chains of transmission. Moving forward the new aims are to:

- Focus on protecting the most vulnerable people by:
  - Ensuring they can access treatments when they need to
  - Limiting their risk of infection
- Keep plans in place so we can respond to any local outbreaks
- Keep surveillance in place so we can detect new variants
- Ensure we can respond to a possible resurgence of the virus

NEXT STEPS

- Continuing to respond to the highest priority Test Trace Protect requirements
- Support the transition from pandemic to endemic to begin to manage Covid-19 alongside other respiratory viruses and vaccine preventable diseases
- Support requirements of a wider Welsh vaccination service as they emerge
- Covid Pass requirements, eg oversees vaccinations into Welsh systems, inclusion of test results from Welsh labs into Covid Pass
- Continue to identify cohorts of patients for targeted shielding, treatment and vaccination.
- Patient online vaccination bookings

Back to Summary

STATUS

DHCW has played a digital leadership role in the Welsh Government Test Trace and Protect strategy. This includes the provision of Covid-19 electronic test requesting and results viewing solutions, a case management and contact tracing application, development of a Welsh Immunisation System and the digital Covid Pass. Multiple data integrations have enabled data to flow within Wales, the NHS Covid-19 app, laboratory systems, and other UK locations.

- DHCW has continued to develop the **Welsh Immunisation System (WIS)**, which includes core booking functionality enhanced for boosters and flu, two way SMS appointment messages, online vaccine re-booking, an all-Wales vaccine view, and the exchange of booster data between England and Wales for visibility on the Covid pass. It is rolled out to all community vaccination centres, community pharmacies and GPs. It also interfaces with GP systems – so vaccine records are visible in GP records.
- The **Welsh Pandemic Record** system has been developed so electronic requests can be raised for anyone who books to attend a Welsh Community Testing Unit via the UK booking platform. The aim is to provide a real time status of the patient's journey during their Covid testing. It provides details of citizens' vaccines and Covid-19 test results in one place and enables the flow of COVID-19 positive test results into GP systems
- **Performance dashboards**, such as the Covid-19 Data Hub help policy leaders by giving intelligence on test and tracing data, intensive care capacity and more.
- DHCW worked collaboratively with NHS Digital in England to develop a solution to provide access to the **Covid-19 pass.** (The Pandemic Record dashboard also enables printing of the paper Covid pass) This has been instrumental for the citizens of Wales to start the journey back to normality.

The project is responding in a rapid manner to evolving requirements. This can require a significant reallocation of staff from other projects which can have a knock-on effect on other deliverables.

DHCW & stakeholders

PRIMARY, COMMUNITY AND MENTAL HEALTH VISION

Strategic Objective

Delivering high quality **technology, data products and services**

Portfolio Objective

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

IMTP 2022-2025

NEED FOR CHANGE

The ambitions of *A Healthier Wales* stressed that people should be able to access a range of seamless services delivered as close to home as possible. People would only go to a general hospital when essential. People will be broadly supported by a range of community-based services and activities, building on local community hubs and on GP and primary care support . The Primary Care Model for Wales presents the vision for 'clusters' of professionals – GPs, dentists, pharmacists and others – working together for a local population. Health will work in a co-ordinated fashion with social care 'wrapped around the needs of the individual'. This vision is also reflected in the wider Strategic Programme for Primary Care along with community infrastructure, urgent primary care, and mental wellbeing. These initiatives have seen heightened prominence during the pandemic.

The ability to share information is essential for realising the multidisciplinary workforce needed under new models of care and to support a workforce focussed on the health outcomes of patients. This requires improved quality and consistency of data – key, for example, in the recording of mental health and learning disabilities (Together for Mental Health 2019-2022). The '*Statement of Strategic Intent – A strategic approach to social care data in Wales*' was published in Mar 2021 signifying the intention to work more closely across health and care to make better use of data to improve outcomes for those receiving care and support services. We have contributed to this work and are fully supportive of the principles.

WHAT CAN DIGITAL DO?

Data is needed to support new models of care so that different clinicians in the same team see the same data. That means making systems available, linking information and making it standard. Seeing this would avoid unnecessary duplicated intrusive tests for patients and co-ordinating care better so community treatment and scheduling is joined up between health and social care staff. Mobile platforms are essential to avoid frequent returns to base.

Sharing data has allowed professionals to share work – community pharmacies are increasingly taking on new services, which GPs historically did.

03/11/2021 09:52:13

Register patients, schedule appointments, order tests, view test results, refer, prescribe, plan care, record treatment / care, advise, generate reports / audit data

DIGITAL HEALTH AND CARE WALES' ROLE

We manage the contract for GP computer systems – procure and implement the systems and support the practices. We enabled GPs to work remotely during the pandemic. We have worked with GPs and local community pharmacies to share data and linkages are now there between secondary and primary care records – avoiding the need for multiple phone calls and time wasted. Our services electronically send referrals and discharges between settings and store millions of records in national repositories.

Our staff work on the Welsh Community Care Information System – which enables the safe sharing of information between health and social care nationally. We also support local community organisations with the roll out of Microsoft 365 and video consultations.

OUR DELIVERY STATEMENTS:

- Implementing GP systems migrations from current systems to provide system choice and enable the transfer of data rich patient records between GP Practices whilst looking to future alignment with the open digital health platform (7.01)
- Continue to roll out the Community system including the mobile version as per Strategic Review (7.02)
- Set out the primary and community digital strategy and further integrate these systems across all health settings , including pharmacy, eye care and secondary/tertiary care teams (7.03)
- Procure and migrate onto a replacement for the current Dental Referral Management System (7.04)
- Work to continue on agreeing data sets for community care including mental health, looked after children and rehabilitation, together with business intelligence dashboards linking health with social care data (7.05)
- Support the Accelerated Cluster Development Programme by modernising information availability for those working in geographical localities, where health and care partners collaborate to understand local needs (7.06)
- Deliver healthier children digital priorities by enabling the sharing of data with primary and community care and supporting point of care health collection tools in schools by health professionals (7.07)

PRIMARY COMMUNITY AND MENTAL HEALTH Portfolio Roadmap

PRIMARY, COMMUNITY AND MENTAL HEALTH PORTFOLIO ROADMAP

Portfolio Objective

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

FUTURE STATE:

Patient centric, electronic processes, extensive quality data, joined up systems talking to each other, data delivering value, proactive, predictive. Supporting new models of local care and joined up working with social care and other partners

CURRENT STATE:

Silo systems, limited data standards, piecemeal data sharing, location specific, reactive. Start of clusters of professionals and initial roll out of a national community and social care system

KEY

NATIONAL SYSTEMS
- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)

- Discovery
- Our Partners

IMTP 2022-2025

VALUE FROM DATA

PEOPLE

'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' -Healthier Wales

Evidence Based decision making

Business Change – enabling remote working and cluster working

Skilling Up – training staff in digital tools such community care system, dental referral systems,

Workforce Change – making systems available to new roles

NWSSP: Ensure the smooth transition from the existing manual process for transferring records between practices, managing the potential implications of NHS staff currently employed in that work

NWSSP: Develop a range of support services to accelerated clusters

HEALTH EDUCATION AND IMPROVEMENT WALES: 'Support the development and implementation of multi-professional workforce models for primary and community care…
'Develop a mental health workforce model and plan in collaboration with Welsh Government and Social Care Wales to support the implementation of Together for Mental Health'

PROCESSES

Other Local Partners

Health and Social Care working together

Referral modernisation

Integrated working within and across Clusters of professionals

Social Care Referrals

Making more use of Community Pharmacies *See Medicines Management Portfolio*

Recording and sharing of data between primary, community and secondary care, eg diagnosis, treatment, discharge

Medicines reconciliation

Mental health provision

Consultations

Test Requesting

Prescribing

Referrals to Hospitals

NHS COLLABORATIVE - Develop and publish integrated mental health care pathway and work with health boards to implement
Work with DHCW to develop national mental health standards reporting dashboards

DATA

Contribute valuable data to the National Data Repository

Welsh Point of Care Testing (for GPs) *See Medicines Management Portfolio*

More interoperability with GP system suppliers

Electronic Transfer of Prescriptions *See Medicines Management Portfolio*

GP activity Data dashboard

Welsh Community Care Information System

NWSSP: Maximise use of primary care contractor data, including prescribing data, dashboards and processes

Mental Health Core data set

Dashboards - Health with Social care *(Data Vision for Social Care)*

Standardise GP appointment data

Update GP coding systems

All Wales Data Quality - GPs

Primary Care Information Portal

TECHNOLOGY

GP infrastructure enhancements – broadband, remote access - *See Sustainable infrastructure portfolio*

Replacement for GP remote working service

Dental Referrals

Welsh Clinical Communication Gateway

Choose Pharmacy

My Health online – *See Digital Patient Empowerment Portfolio)*

Welsh GP Record (viewed in out of hours, secondary and other community settings through Welsh Clinical Porta.)

Cypris (Child Health)

GP Systems

GP Test Requesting

GP 2 GP

HOW WE WORK WITH PARTNERS: Service change is about people and processes. By working at the start with patients and citizens, and our national and local partners we can understand the needs and future direction of healthcare and help enable transformation through data and technology solutions.

Tolley, Laura 03/2022 09:22:13

FOCUS ON COMMUNITY CARE

STRATEGIC DRIVER

Transferring care into the community and reducing the reliance on hospitals is a key policy driver for NHS Wales. The Welsh Community Care Information System is a key digital enablement programme for: *A Healthier Wales*, the *Social Services and Well-being Act.*

The Primary Care Model for Wales advocates a whole system approach that integrates health, local authority and voluntary sector services, and is facilitated by collaboration and consultation.

The '*Statement of Strategic Intent – A strategic approach to social care data in Wales*' was published in Mar 2021 signifying the intention to work more closely across health and care to make better use of data to improve outcomes for those receiving care and support services. DHCW are part of this initiative.

The Welsh Community Care Information System is used by community nursing, social care, allied health professionals and mental health practitioners to record care provided and allows the sharing and transfer of cases across regional and organisational boundaries.

NEXT STEPS

- Publish the strategic review and develop a forward plan to deliver recommendations
- Integrations with other national systems
- Mental Health Dataset mandated through a DSCN
- Roadmap for roll out of the Proof of Concept dashboard

Back to Summary

STATUS

The Welsh Community Care Information System is being rolled out on an All Wales basis to social care departments and health boards. A joint health and social care procurement process concluded in 2016 providing an All-Wales contractual framework which all Health Boards and Local Authorities in Wales can use for delivering a community information solution for community and mental health staff and social workers.

Roll Out: Two Health Boards are live (Powys and Hywel Dda) with a further three in pipeline (Cwm Taf Morgannwg, Aneurin Bevan, Swansea Bay). 15 Local Authorities are live. (As at end 2021).

Following stability issues over recent months, the Programme is closely monitoring performance and has commissioned a **Strategic Review** of WCCIS, the recommendations of which will be published in early 2022.

There will be a need for organisations to capture data for the new Mental Health Core Dataset with a **Data Standards Change Notice** (DSCN) due to be published early 2022 to mandate data collection. An impact assessment is currently underway into the ability of all 29 organisations to capture the required data items. Additional data items will then need to be collected in the Welsh Community Care Information System

Other DHCW work in the Community setting includes collaboration with Powys County Council on a proof of concept which brings together and visualises health and social care data for the Powys region. This proof of concept was awarded the UK Local Area Research and Intelligence Association 2021 award for best use of data. A roadmap is in the process of being developed to implement across Wales.

Better consistency of care, access to information, supports care in the community, reduce unnecessary hospital stays, reduce printed paperwork

DHCW & stakeholders

PLANNED AND UNSCHEDULED CARE VISION

Strategic Objective

Delivering high quality **technology, data products and services**

Portfolio Objective

Develop, operate and maintain a set of high quality national digital services to enable new models of planned and unscheduled patient care and management

IMTP 2022-2025

NEED FOR CHANGE

In a bid to improve patient experience and outcomes for those visiting emergency departments across Wales, and in order to move towards a future where planned care services in Wales are sustainable, careful balancing of capacity and demand of NHS services is required. This has reached a critical point in recovering from Covid with overwhelmed A and E departments and a very challenging backlog of cancelled treatments. Transformation programmes focus on planned care, outpatient modernisation and urgent and emergency care. For example the National Programme for Urgent and Emergency Care is concerned with *'what good looks like'* for patients accessing an Emergency Department, using the 6 goals framework – focussing on those at greatest risk, signposting, alternatives to admission, rapid response in physical and mental health crises, optimal hospital care, home first approach.

These services will be designed around patient needs. Planned care services will understand and minimise sources of variation across Wales to improve performance using evidence based practices. They will look to increase the capacity of the health service and transform the way that planned care services are provided. They will care for those with the greatest health need first, making the most effective use of all skills and resources. A Planned Care Recovery plan will be published in 2022 and is expected to focus on areas such as prioritisation of diagnostic services, early diagnosis of cancer patients, eliminating long waiters and an equitable approach to patient prioritisation.

WHAT CAN DIGITAL DO?

The future lies in improving access to information and introducing new ways of delivering care with digital technologies, which must be at the heart of service plans and the vision for prudent and value based healthcare. Planned and Unscheduled Care services in Wales are developing the use of digital technology to see improvements in service delivery, patient safety, communication, error rates, costs and use of data together with artificial intelligence. The modernisation of outpatients will be supported by patient administration systems able to redefine patient contact situations and help clinical decisions with risk stratification tools. Digital can:

- Support and record alternatives to traditional 'outpatient' attendance and emergency consultations and referral process efficiencies
- Improve clinical information flows with less duplication, less variation and more data standardisation
- Remove the need for paper charts in intensive care which are time consuming to complete and transport, are prone to errors and degrade over time. Electronic data will help show bed capacity and variation.
- Show emergency dept live patient tracking and triage status and share information with the Ambulance Service
- Provide an electronic single view of the patient journey

Mae'r data a ddarperir yn y ddogfen hon yn destun hawlfraint

DIGITAL HEALTH AND CARE WALES' ROLE

The administration of patients along their journey of care is supported by our patient administration system, rolled out to most of Wales, recording the activity of referrals, outpatient appointments , admissions, discharges and much more. We also have systems which help clinicians to electronically prioritise referrals. There are other newer systems being rolled out for Planned and Unscheduled Care including the Welsh Intensive Care Information System and the Welsh Emergency Department System. We will be joining up data with the ambulance service.

Our information specialists help standardise the core datasets which will define patient 'contacts' and they also provide analysis and insight into planned and emergency activity such as waiting times and targets.

OUR DELIVERY STATEMENTS:

- Deliver digital and data requirements for outpatient modernisation(8.01)
- Ensure referral pathway efficiencies from hospital to hospital with our patient referral solution (8.02)
- Roll out a system to digitalise intensive care across Wales (8.03)
- Roll out the Welsh Emergency Department System across Wales (8.04)
- Replace the patient administration functionality of the current cancer solution in Velindre with the Welsh Patient Administration System (8.05)
- Implement the Welsh Patient Administration system in BCU West and then across the health board as a single instance. (8.06)
- Support the core datasets for new and developing systems in planned and unscheduled care (8.07)
- Gather requirements for a single view of a patient pathway in secondary care (8.08)
- Deliver integration requirements from initiatives such as 111, Eye care, WAST electronic patient care record (8.09)
- Complete the discovery work for an All Wales maternity system and develop a collaborative plan to deliver digital maternity services (8.10)
- Link Scan for Safety data and feed into UK Medical Devices Information System (8.11)

Referring, prioritising, booking appointments, advising, diagnosing, recording treatment and care, transporting

PLANNED AND UNSCHEDULED CARE
Portfolio Roadmap

PLANNED AND UNSCHEDULED CARE PORTFOLIO ROADMAP

Portfolio Objective

Develop, operate and maintain a set of high quality national digital services to enable new models of planned and unscheduled patient care and management

FUTURE STATE:

Patient centric, electronic processes, extensive quality data, joined up systems talking to each other, data delivering value, proactive, predictive. Supporting flexible care models.

CURRENT STATE:

Silo systems, limited data standards, piecemeal data sharing, location specific, reactive. Supporting a historic reliance on hospital attendances and paper systems.

Tollen Lauris 03/04/2024 09:53:13

KEY

NATIONAL SYSTEMS
- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)

- Discovery
- Our Partners

IMTP 2022-2025

VALUE FROM DATA

PEOPLE

HEALTH EDUCATION AND IMPROVEMENT WALES
Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative and national strategic programmes, eg unscheduled care and critical care

Workforce Change – making data and systems available to new roles and a mobile workforce

Skilling Up – training staff in digital tools such as remote consultations and a new intensive care system

Business Change – enabling clinicians to work remotely out of hours and support recovery of essential services

Evidence Based decision making - from analysing referral patterns, process variations and treatment outcomes

'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 - Healthier Wales

PROCESSES

NATIONAL PROGRAMME FOR URGENT AND EMERGENCY CARE (Welsh Govt)

PLANNED CARE PROGRAMME (Welsh Govt)

NHS COLLABORATIVE
Critical care and trauma network – implement the Wales Intensive Care Information System

Patient pathway management

Referral and Outpatient modernisation – alternatives to outpatients

Intensive Care bedside monitoring

Patient flow and triage

Hospital to Hospital Referrals

Patient and medical records tracking

Patient scheduling and administration

GP Referrals

DATA

Aggregate operational datasets for Intensive Care National Audit and Research Centre

Calculating demand and capacity – based on patient level data

Outpatient minimum dataset re-development

National Reporting of Group Clinic Activity

Data classification work for planned and unscheduled care services – consistent measurement / reduce variation , eg urology referrals data standards

Welsh Emergency Care Data Set to meet the 6 Goals Policy directive

TECHNOLOGY

Welsh Patient Administration System – national instance

Welsh Intensive Care Information System

Welsh Emergency Department System

Welsh Patient Referral Service

Welsh Clinical Communications Gateway *(see Primary and Community Care Portfolio)*

Welsh Patient Administration System

Cancer Network Information System Cymru (CANISC) in Velindre

HOW WE WORK WITH PARTNERS: Service change is about people and processes. By working at the start with our national and local partners we can understand the future direction of healthcare and help enable transformation through data and technology solutions.

FOCUS ON CRITICAL CARE

STRATEGIC DRIVER

Together for Health – A Delivery Plan for the Critically Ill provides a strategic framework for Local Health Boards. It sets out the Welsh Government's expectations of NHS Wales in delivering high quality critical care, ensuring that the right patient has the right care at the right time. The Delivery Plan is split into five core themes as listed below along with a rationale for how the Welsh Intensive Care Information System supports this vision:

- **Delivering appropriate, effective ward-based care** – through the elimination of paper charts and manual observations, meaning less time collecting and accessing information and more time delivering care to patients.
- **Effective critical care provision and utilisation** – improving business intelligence, allowing for real-time or near-real-time reporting of key critical care statistics and by helping to support the reduction in variation across Wales by developing standard procedures through best practice.
- **Timely Admissions to Intensive Care** - through effective reporting and an overview of bed availability.
- **Timely Discharge from Intensive Care** – through improved monitoring of patients and increased data quality, meaning that clinicians are better able to plan and prepare for patients to be discharged.
- **Improving information and Research** - Improved data quality and automated reporting, as well as links to the national data warehouse mean that big data and deep learning techniques can be used to improve clinical practice.

STATUS

- A £13m contract has been awarded for the development of a national critical care information system for NHS Wales with telecommunications company Ascom who will develop and manage the system over a seven-year period. The company's Digistat clinical information system will enable care staff across Wales' 14 adult critical care units to electronically manage care.
- The current focus will remain on continued engagement and involvement of the critical care community across Wales, who have been instrumental in informing the design and creation of standardised assessments and workflows to achieve our aim of reducing variations of care.
- Work is ongoing in terms of planning across NHS Wales.
- An agile, incremental delivery of development and testing has been adopted, which will ensure visibility of progress with tight monitoring and control of the timescales.
- Significant progress has been made to integrate a number of bedside devices to the central solution. Recent tests shared bedside monitor data for all 24 critical care beds within the Grange University Hospital.

NEXT STEPS

- Complete configuration and undertake rigorous testing of the infrastructure both within the national datacentres and for local business continuity within early adopter
- Continue collaborative working with critical care community and system supplier to finalise outstanding clinical refinements.
- Launch staff awareness campaign
- Initiate local project delivery in all remaining Health Boards
- Commence rollout to all adult critical care units across Wales

Record patient assessments, manage prescriptions and drug administration, vital signs and fluid balance, acuity scores, support infection control, daily care plans

DHCW & stakeholders

Back to Summary

FOCUS ON EMERGENCY CARE

STRATEGIC DRIVER

The National Programme for Urgent and Emergency Care is a national programme prioritised by Welsh Government to gain an understanding of *'what good looks'* like for patients accessing an Emergency Department.

This requires the creation of a Welsh Emergency Care Data Set (WECDS) to agree care standards, a uniform approach to measuring activity and a nationally agreed model of care for emergency departments to enable optimisation of clinical outcomes and patient and staff experience. Aims are:

- Improved clinical outcomes by emergency departments.
- Improved patient experience and quality of care within emergency departments.
- Enhanced engagement of emergency departments' workforce.
- Increased value for money achieved from emergency departments funding through innovation, improvement, adoption of good practice and eliminating waste.

Technology is key to the recording of agreed data sets which in turn enables effective clinical decision making and provides intelligence needed to improve clinical outcomes and improved service planning.

NEXT STEPS

- Work on data sets design and roll out for emergency departments and ambulance services
- Making the Welsh Emergency Department system available for roll out in other health boards
- Agree approaches to integrations with other systems

Tollet, Laura
03/24/2022 9:52:53

STATUS

DHCW is implementing a managed service with EMIS Health to deliver the Welsh Emergency Department System (WEDS). DHCW is responsible for hosting the infrastructure, integration with other national systems and managing the national contract. The system has gone live in the first site in Swansea Bay. Key features are:

- Creating a core dataset and understanding of activity and flow through Emergency Departments
- Improving the ability to record structured clinical data and re use that data for better operational management, audit and planning purposes
- Emergency Department live patient tracking and triage status
- Supporting an efficient integrated patient pathway through the emergency department
- Improving the clinical and operational information available

Safer, more informed, efficient, effective and safer data capture, standardised, data analysis, insights

Back to Summary

FOCUS ON WELSH PATIENT ADMINISTRATION

Supporting outpatient modernisation

STRATEGIC DRIVER

Strategic drivers focussing on planned care / secondary care include the *Healthier Wales* strategy and programmes such as Planned Care set up to modernise the outpatient system where patients have to visit a secondary care setting to see a specialist. The Planned Care Programme's aim is to 'support NHS Wales to build sustainable services'. It recognises that service transformation to modernise and streamline pathways of care, as well as further digital solutions are required. There are opportunities to 'implement new pathways to support the management of an increased waiting list for outpatient appointments differently in the future'. This is significantly more of a challenge dealing with the backlog of services impacted by Covid-19.

The National Clinical Framework aims for **more integrated, seamless clinical pathways** – the current system has patients seen by many different teams focussing on only one aspect of their care. Understanding where the patient is on their journey is key to this.

There are five goals of planned care modernisation:

- **Effective referral**: Ensure that referral guidance and thresholds are in place to ensure that those most in clinical need are referred to the appropriate setting.
- **Advice and guidance**: Develop access to high quality advice and guidance to enable informed decision making for individuals as well as primary and secondary care clinicians.
- **Treat accordingly**: Access to appropriate care at the right time at the right place.
- **Follow up prudently:** Giving individuals more choice and control over their care.
- **Measure what's important**: Transforming care to better meet the clinical need of the patient.

Our **Welsh Patient Administration System (WPAS)** plays a key part in planned care modernisation and supports delivery of appropriate, timely treatment by recording where the patient is on their route through secondary care, in particular the administration of outpatient appointments and hospital admissions. It can be used to identify where patients are facing unacceptable delays in treatment and support the planning of NHS services to meet the needs of patients.

Back to Summary

STATUS

The Welsh Patient Administration System is a mature system rolled out to the majority of Health Boards in Wales. It has around 30k users in 2021 and saw a 19% growth in the last three years. Five health boards use the system. Cardiff and Vale has a separate system and roll out is partial in BCU and planned for Velindre Cancer Centre. The average transactions per month are 350 million including admissions, outpatient and emergency attendances. Users include Health Board administration staff and some clinicians.

The modernisation of outpatients is redefining patient contacts to reduce the need for the patient to always travel to a hospital for specialist care. Patient administration systems will therefore need to record this and help clinical decisions with risk stratification, triage and advice functionality, virtual consultation, and remote follow up data recording.

NEXT STEPS

- Implementation of new hardware
- Supporting the WPAS go live in Betsi Cadwaladr Health Board (BCU West into single instance)
- Supporting the go live of the WPAS system in the Velindre Cancer Centre – replacing patient administration functionality currently in an out of support system (CANISC)
- Recording the outpatient modernisation dataset
- Recording the Patient Administration Systems Outcomes dataset
- Development of a referral activity and secondary care patient pathway repository (WRAPPER)
- Future technical design of the Welsh Patient Administration System
- Work on reconfiguring the Welsh Patient Administration System to meet the AMBU / Cwm Taf boundary change

Patient administration, waiting list management, pathway management, emergency department, maternity and theatre management, clinical letter creation. Bed management status.

Dolley, Laura (03/04/2023 09:12:...

DIAGNOSTICS VISION

Strategic Objective

Delivering high quality technology, data products and services

Portfolio Objective

Develop, operate and maintain a set of high quality national digital services to enable the modernisation of diagnostics.

NEED FOR CHANGE

Increasing demand, changes in clinical care, lack of standardisation and scarce expertise have been challenges for diagnostic services for recent years. There is recognition that effective diagnostic services are essential to both the prevention and management of disease. Improvements in diagnostic services can help transform the patient pathway and patient experience and lead to better patient outcomes, improved benefits for NHS Wales and support economic development (*'Pathology Statement of Intent'* and *'Imagining Statement of Intent' – Welsh Government 2019).*

By 2030, NHS Wales aims to:

- Improve service efficiency and effectiveness by identifying opportunities to reconfigure service models for Diagnostics.
- Provide diagnosis closer to the patient to aid the management of life-threatening conditions such as sepsis and infection control, as well as enabling patients to self monitor chronic conditions without visits to healthcare settings.
- Adopt a new strategic approach to the development of high quality, effective and sustainable imaging services for NHS Wales that address the needs of the population, respond to current and future policy direction and ensure long term sustainability.

WHAT CAN DIGITAL DO?

Diagnostic services in Wales are developing the use of digital technology to realise improvements in service delivery, patient safety, communication, error rates, costs and use of data which in turn supports artificial intelligence (AI) which shows promise supporting new models of care and helping with skills shortages. In addition, the fields of genomics, digital cellular pathology and point of care testing are rapidly evolving, driven by cost reduction, increased connectivity and technological innovation. Histologists will use high resolution screens instead of microscopes meaning work can be virtually shared or transferred and opens up the future use of AI in diagnostics.

Jellie Llaus
03/04/2024 09:52:13

Standardisation of tests and access to nationally shared images and results see benefits in avoiding duplication and electronic test requesting reduces mistakes and speeds up the process.

DIGITAL HEALTH AND CARE WALES' ROLE

We provide diagnostic services functionality in numerous systems. This can be supporting specialists in diagnostics with information management and supporting the wider clinical population in terms of functionality to request tests and procedures and viewing the results and reports on an All Wales basis irrespective of organisational boundaries.

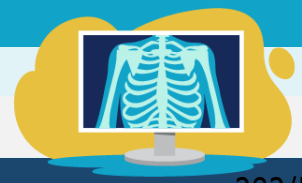
Some of our systems are dedicated to the processing of pathology requests and results, such as the Welsh Laboratory Information Management System, whilst others manage imaging and radiology results, such as the Welsh Radiology Information System and the Welsh Image Archive Service. We also provide procurement support to the Picture Archiving and Communications System Framework Implementation and are assisting with new procurements for laboratory and radiology next generation systems.

We will work with the NHS Collaborative to understand the requirements of the Endoscopy Programme.

OUR DELIVERY STATEMENTS:

- Work with the new national Laboratory Information Management System (LINC) Programme on integration, infrastructure and other requirements (9.01)
- Support the integration of the new Radiology Informatics Solution (RISP), including new Picture Archiving (PACS) and Radiology Dosage Management Solutions (9.02)
- *Expand electronic requesting functionality, results notifications, and acknowledgements to other diagnostics disciplines (See Digital Healthcare Professional Empowerment*)
- Work with diagnostics services across Wales to provide an imaging archiving solution (9.04)
- Enhance the national availability of diagnostic results and reports into national repositories, eg working with initiatives like digital cellular pathology, screening, endoscopy, audiology, cardiology, respiratory, spirometry, medical genetics, English border hospital results (9.05)
- Maintain, dual run and plan to decommission the existing laboratory management system including access to legacy data (9.06)
- Maintain, dual run and plan to decommission the existing radiology management system including access to legacy data (9.07)
- Support the National Endoscopy recovery programme (9.09)

Order tests, processing and recording results.
View results and reports.
Booking appointments.



DIAGNOSTICS PORTFOLIO ROADMAP

DIAGNOSTICS

Portfolio Roadmap

Portfolio Objective

Develop, operate and maintain a set of high quality national digital services to enable the modernisation of diagnostics

FUTURE STATE:

New service models for diagnostics, service efficiency, data standardisation, diagnosis closer to home. Digital opportunities for genomics, molecular pathology and Point of Care Testing

CURRENT STATE:

Separate radiology system instances, national Laboratory system but not fully standardised. National framework agreement for PACs system but image sharing not in place for radiology specialists. Diagnosis services based at hospital sites.

KEY

NATIONAL SYSTEMS

- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)

- Discovery
- Our Partners

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VALUE FROM DATA

'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' Healthier Wales

Evidence Based decision making

Business Change – supporting new models of working

Skilling Up – training staff in digital tools,

Workforce Change – making systems available to new roles , eg point of care testers

HEALTH EDUCATION AND IMPROVEMENT WALES: Modernise workforce models to deliver service transformation for: diagnostics and endoscopy

Machine Learning to aid diagnosis

Digitising cellular pathology

Endoscopy tests and results

Tests at the point of care

Support radiology requesting

Processing and sharing of Covid-19 test from new users and cross border

Processing Pathology Test Requests and Recording Results

NHS COLLABORATIVE - Develop proposals for rapid diagnostics centres (Cancer), transformation of pathology services (LINC system), digital cellular pathology technology options, imaging pressures (new Radiology system) and endoscopy demand. Strategy for Point of Care Testing

Linking diagnostics data with other data to inform outcomes and demand and capacity analysis

Data classification work in relation to Pathology / Radiology information

Welsh Point of Care Testing (for GPs)

Radiology Informatics System Procurement

Laboratory Information Network Cymru (LINC)

Welsh Image Archive Service

Electronic Test Requesting – *see Digital Health Professional Empowerment Portfolio*

Welsh Laboratory Information Management System

Welsh Point of Care Testing (Hospitals)

Welsh Pathology Handbook

Welsh Radiology Management System

PEOPLE | PROCESSES | DATA | TECHNOLOGY

HOW WE WORK WITH PARTNERS: Service change is about people and processes. By working at the start with patients and citizens, and our national and local partners we can understand the needs and future direction of healthcare and help enable transformation through data and technology solutions.

DIGITAL MEDICINES VISION

Strategic Objective

Delivering high quality **technology, data products and services**

Portfolio Objective

Develop, operate and maintain a set of high quality national digital services to enable modernisation of medicines management

IMTP 2022-2025

NEED FOR CHANGE

By 2030, pharmacy services will be designed around patient needs. *Pharmacy Delivering a Healthier Wales* - Apr 2019, describes the transformation needed in the role and contribution of pharmacists: 'A transformation which is required to maximise the health gain the citizens of Wales derive from their interactions with the pharmacy profession.' This is coupled with a drive for greater value and finding cost-saving efficiencies. The vision is:

- Care will be delivered in local communities with pharmacy teams integrated with other services to improve the health and wellbeing of the population
- Together, pharmacy teams will improve patient knowledge and use of their medicines, through co-production
- Pharmacists will focus on optimising therapeutic outcomes using tools that include prescribing
- Pharmacy technicians will improve management and use of medicines
- Pharmacy services will support and drive innovation and equitable access to new medicines and related technologies, providing seamless care for the citizens of Wales

WHAT CAN DIGITAL DO?

The future lies in making patients' medicines visible, outside of organisational and professional silos resulting in safer patient care. Management of medicines expenditure improves through better access to data. Further digitalisation, such as all medicines prescribing will reduce the use of paper and this improves safety by reducing the risk of transcribing errors and introduces efficiencies by safeguarding the timely transfer of information.

Improvement from digital comes in the areas of:

- Electronic prescribing
- Electronic medicines administration
- Central patient electronic health record
- Patients access to their own health record
- Online consultations and online triage
- Personal monitoring devices and assistive technology
- Artificial intelligence systems, Big Data

Recording and viewing medicines information including vaccines, prescribing, dispensing, reconciling, sharing, reviewing

Gillian Lewis 03/24/2023 09:12:13

DIGITAL HEALTH AND CARE WALES' ROLE

Medicines management is a vein which runs through many of our digital information services. We already provide medicines management functionality in numerous systems.

Some of our systems are dedicated to the processing of medicines such as our Welsh Hospital Pharmacy Stock Management System. Others share data about medicines across care setting such as the Welsh Clinical Portal which can be seen in secondary and primary care.

Medicines management is also all about safety and some of our systems, eg Choose Pharmacy, enable the reconciliation of medicines prescribed in secondary and primary care . Our teams have looked extensively at the future opportunities around electronic prescribing and electronic transfer of prescriptions and have started a programme of delivery.

OUR DELIVERY STATEMENTS:

- Respond to the Welsh Government commissioned E-Prescribing Review by implementing a major transformation programme (10.02)
- Provision of a shared medicines record that utilises a centralised medicines reference service, allowing access to medicines information regardless of where this originated - enhancing patient safety and streamlining the delivery of care. (10.03)
- Implement electronic transfer of prescriptions by establishing the digital communication of prescription information between prescribing and dispensing systems within primary care to enable efficient processes. (10.05)
- Implement e-prescribing across secondary care in Wales through the delivery of electronic prescribing and medicines administration (ePMA) solutions, adhering to national open standards to ensure interoperability. (10.06)
- Introduction of patient access to medicine information from primary, secondary and community pharmacy systems via the development of a patient app to help promote patient empowerment and self care. (10.07)

DIGITAL MEDICINES

Portfolio Roadmap

Portfolio Objective

Develop, operate and maintain a set of high quality national digital services to enable modernisation of medicines management

FUTURE STATE:

Patient centric, electronic prescribing and medicines management, extensive quality data, joined up systems talking to each other, data delivering value, proactive, predictive

CURRENT STATE:

Paper prescribing, silo systems, limited data standards, piecemeal data sharing, location specific, reactive

KEY

NATIONAL SYSTEMS
- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)

- Discovery
- Our Partners

IMTP 2022-2025

'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' -Healthier Wales

Evidence Based decision making

Business Change – supporting new models of working including clusters

Skilling Up – training staff in digital tools, eg Welsh Immunisation System. Optimising therapeutic outcomes using tools that include prescribing.

NWSSP: Ensure a smooth transition from the existing manual prescribing service, managing the potential implications of NHS staff currently employed in that work

Workforce Change – making systems available to new roles

HEALTH EDUCATION AND IMPROVEMENT WALES: 'Support the Modernisation of the Pharmacy Workforce, plan for and implement the Initial Education and Training Standards for Pharmacy (IETP)'

PEOPLE

PROCESSES

Decision Support

Chemotherapy prescribing

Sharing dental referral meds info

Patient access to own medications record

Making better use of Community Pharmacies: Common ailments, emergency medicines, Flu vaccine etc

Covid-19 Vaccines administration

Medicines Reviews

Electronic Discharge

Medicines reconciliation and validation

Recording

Prescribing

Transcribing

Dispensing

Ordering (including patients)

VALUE FROM DATA

DATA

E-prescribing and integration with other systems, eg community

Standardisation of medicines data to maximise interoperability between systems across care settings.

Electronic Transfer of Prescriptions

Systemic anti cancer therapy system replacement

WAST 111 (Salus)

Linking medication data to reported outcomes to understand which interventions provide the best outcomes for patients

Welsh Immunisation System *See Public Health Portfolio*

Reporting on medicines usage and shortages – common reference service ensures consistent reporting

Hospital Pharmacy

NWSSP: Working to establish the All Wales Transforming Access to Medicines Service (TRAMs)

Choose Pharmacy - *see Primary and Community Care Portfolio*

My Health Online (ordering prescriptions) *See Digital Patient Empowerment Portfolio*

TECHNOLOGY

Welsh Intensive Care Information System *See Planned and Unscheduled Care Portfolio*

Welsh Clinical Portal (Discharges) *See Digital Healthcare Professional Empowerment Portfolio*

HOW WE WORK WITH PARTNERS: Service change is about people and processes. By working at the start with patients and citizens, and our national and local partners we can understand the needs and future direction of healthcare and help enable transformation through data and technology solutions.

Tolley, Laura 03/24/2022 08:52:14

FOCUS ON DIGITAL MEDICINES

STRATEGIC DRIVER

A Welsh Government Review of E-prescribing was published in 2021 with a view to introduce e-prescribing through the lifecycle of a prescription. E-prescribing and medicines management can improve and digitise the way patients, clinicians and pharmacists access and manage the provision of medicines across the health system. 'This will include: patients' access to medicines, prescribing of medication by clinicians, the assurance and dispensing of prescriptions by pharmacists, and the auditing and pricing of medicines by monitoring authorities.'

This Programme will partner with DHCW programmes to deliver patient access to medications (Digital Services for Patients and the Public – DSPP) and a medicines data store (National Data Resource). It will join the dots with other DHCW built or procured systems such as Choose Pharmacy and the Welsh Hospital Pharmacy Stock Management System.

NEXT STEPS

- Resourcing and recruitment for the programme
- Award a framework contract to enable health boards to select a suitable electronic prescribing and medicines administration system for secondary care
- Readiness work for local implementations (ePMA)
- Designing a Shared Medicines Record

Electronic prescriptions, electronic signatures, digitally inclusive, complimenting current ways that patients access services

STATUS

The Programme has been initiated with the backing of Welsh Government and comes with associated funding. The Senior Responsible Officer has been appointed, along with a lead architect and senior programme management. Steering Group meetings have been established and the Programme is working through the set up and planning activities.

There are **four main threads:**

- **hospital e-prescribing and medicines administration (ePMA)**
- **electronic transfer of prescriptions from GPs to Community pharmacies**
- **shared medicines record**
- **patient access**

These will deliver:

- A digital service for the issue and receipt of prescriptions, eradicating paper from the prescription process
- A method for prescriptions to be sent electronically from the authorising prescriber directly to the pharmacy for fulfilment
- Electronic drug charts in hospitals to simplify administration of medicines
- Ordering of repeat prescriptions and recording of when medications have been taken (through the Digital Services for Patients and the Public App)
- Removing the purchase and long-term storage costs of paper prescriptions from the prescribing process
- Data shared with clinicians across Wales so that it can be used where and when it is needed for better care; anonymised data available for secondary uses

DHCW & stakeholders

Back to Summary

RESEARCH AND INNOVATION VISION

Strategic Objective — Driving Value and Innovation

Portfolio Objective — Delivering research and innovation for service improvement

IMTP 2022-2025

NEED FOR CHANGE

Research and innovation in the digital and data sense is about the introduction and application of new processes and ideas to solve problems and bring improvements to benefit staff and the wider NHS in Wales. The need to derive insight and knowledge from the vast quantities of data which the NHS records is essential in recovering from the Covid-19 pandemic and bringing solutions to deal with the resultant challenges.

Innovation, modernisation and improvement of digital health is central to the DHCW vision and the driving force behind many, if not all, of the deliverables and aims described in this plan.

Prerequisites include the identification and adoption of best practice, an evidence-based approach to health informatics, the promotion and appraisal of knowledge management resources, intelligence sharing across networks and, where gaps or uncertainty remain, agile but structured research programmes.

DHCW recognises its role as a long established key provider of expertise, data and infrastructure for Welsh Government commissioned Research and Innovation conducted across the NHS and academia in Wales, and the need to rationalise and where possible address the demand for such support beyond the traditional domains of technology and informatics - for example in areas such as precision medicine, Value in Health, genomics and the impact of the 'Triple Challenge' (Covid19, Future Generations and Climate Change) on healthcare provision and planning.

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OUR DELIVERY STATEMENTS:

- An increased focus on Research and Innovation, building the internal team and developing a Research and Innovation strategy aligned to DHCW's strategic objectives and the needs and demands of the health and care system in Wales (11.01)
- In response to the Data strategy, develop the framework and structures to ensure data science practice and Artificial Intelligence approaches are supported (11.02)

DIGITAL HEALTH AND CARE WALES' ROLE

Whilst our future focus will be on defining a Research and Innovation strategy for DHCW encompassing the breadth of our functions and responsibilities, a more expansive role in leading on digital R&I strategy across healthcare and other sectors will be also be adopted, both nationally and internationally. This will be underpinned by more formal and selective partnerships with academia, government bodies and industry, especially so for those priority areas ('domains') requiring specialist collaboration where established centres of excellence already exist.

DHCW will also add R&I value to the growing data store of clinical information derived from our own home grown digital solutions, those of our local health partners and those provided by external third party suppliers, bringing together Data Science and more traditional health intelligence methodologies to support clinical and service planning decisions. The National Data Resource (NDR) and NDR Data Strategy will be a key strategic resource here. DHCW and the NDR Programme will work with colleagues in Welsh Government, Public Health Wales, Health Boards, Trusts and academia to realise the benefits. R&I links with Health and Social Care Research Wales, Digital Health Ecosystems Wales, Life Sciences Hub, the Covid Evidence Centre, Health Technology Wales and other specialist R&I bodies will also be nurtured.

To help develop a culture of applied Research and Innovation and formalise strategy and processes for R&I across the organisation, a R&I Working Group has been established to coordinate engagement, enablement and delivery. For 2022/2023 priorities include:

- R&I requirements gathering and engagement (working with Health and Care Research Wales)
- Establishment of a Secure Research Platform (SeRP) and IG protocols for R&I data access (hosted by DHCW/NDR but accessible to DCHW research partners)
- Appraising Advanced Analytics proposed R&I 'use cases' (including those based on predictive analytics, Artificial Intelligence based clinical support, Natural Language Processing to unlock unstructured data, Machine Learning algorithms and Chatbots)
- Joining with UK and international digital research networks to deploy and establishing strategic partnerships with academia and industry for agreed key DHCW R&I domains

Modelling, analysing, evidencing, predicting, partnering, pseudonymising, networking, innovating

VALUE FROM DATA

Portfolio Objective

Driving value from data for better patient outcomes and service planning

EXAMPLES FROM PUBLIC HEALTH

DATA HUB

Developing the Data Hub for both COVID-19 summaries and in-depth explorations of data. Develop other data views to facilitate more informed decision making in near real-time.

RISK STRATIFICATION

Linking data from multiple sources allows the identification of patients for specific interventions based on a range of risk factors (eg COVID-19)

EXAMPLES FROM PRIMARY CARE

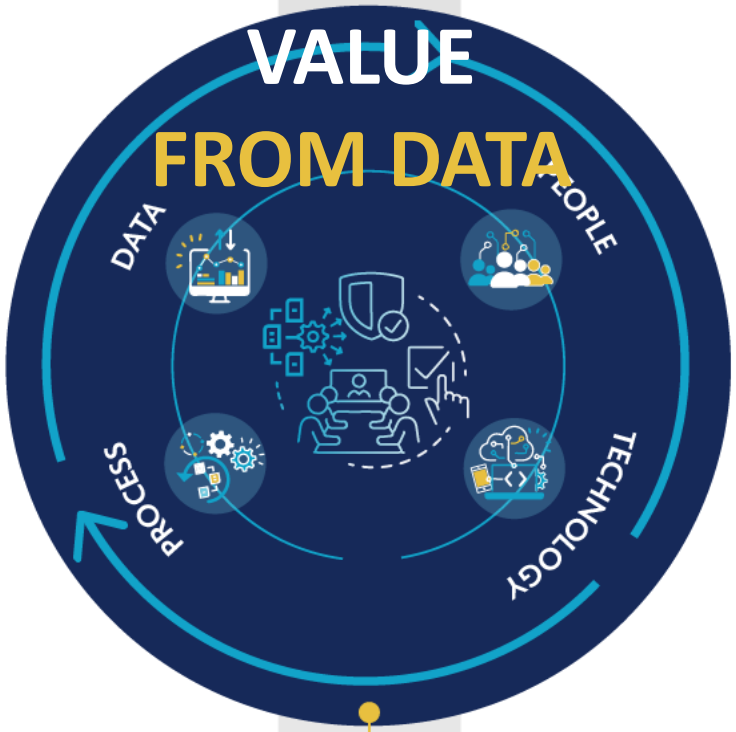
PRIMARY CARE INFORMATION PORTAL

Supporting the needs of General Practices, Clusters, Health Boards and Welsh Government at the individual patient and aggregate data levels. The Portal provides a wide range of analyses to benefit both direct patient care and service planning. Main areas of analysis currently includes COVID-19 and vaccination priority groups, National Audits, Quality Assurance and Improvement Framework (QAIF), chronic disease management and screening and vaccinations data for Public Health Wales.

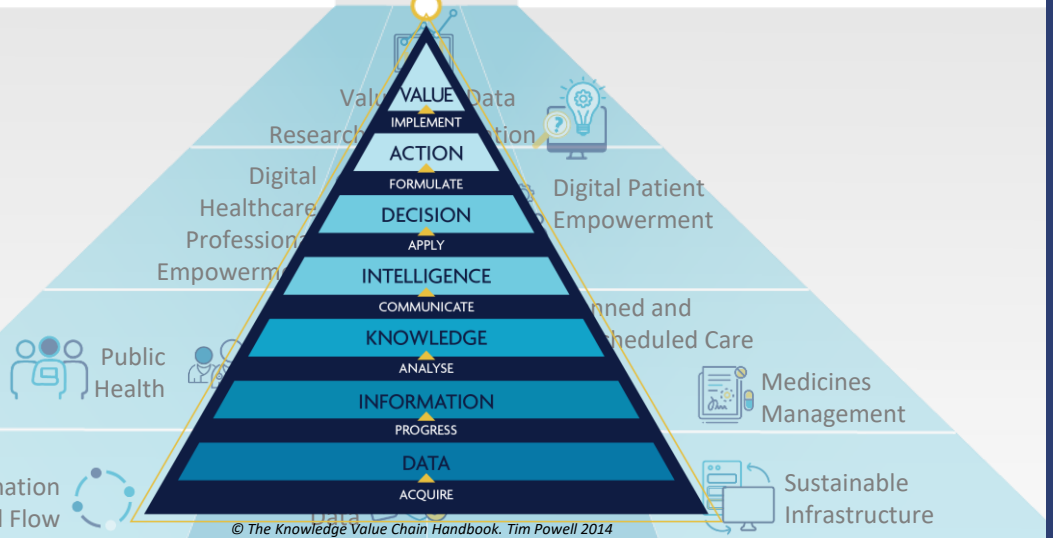
EXAMPLES FROM COMMUNITY CARE

NATIONAL DATA SETS

Development of datasets to provide insight on delivery of health and social care services and monitor demand, capacity and delivery across Wales. Standardised data will provide benefit in terms of safety, quality, effectiveness and improved outcomes in areas such as Rehabilitation Services, District Nursing, Looked After Children and across Mental Health Services.



'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' - Healthier Wales.



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EXAMPLES FROM PLANNED AND UNSCHEDULED CARE

VALUE IN HEALTH

The Value in Health website gives health boards the mechanism to implement a Value Based approach to service planning and development. Dashboards on specific clinical areas, such as Lung Cancer and Heart Failure, bring together data from a wide range of data sources providing insight on efficiency and outcomes.

DATA LINKAGE

Linking events data across multiple settings for individual patients benefiting in clearer understanding of patient pathways for improved efficiency.

OUR DELIVERY STATEMENTS:

- Continue to deliver the requirements of the COVID-19 response including new developments around data, analysis and reporting (12.01)
- Deliver the analysis and modelling of data in relation to the NHS reset and recovery of services provision (12.02)
- Utilise our systems in support of the Value in Health Programme, including support for the development of standards for PROMS and PREMS. (12.03)
- Bring together information streams and dashboards into one Health Intelligence Portal including, Primary Care, COVID -19, Value in Health, Cancer and Unscheduled Care data. (12.05)
- As an official Stats publishing body, improve the availability of data in the public domain (12.06)
- Support the National Clinical Framework with data visualisation opportunities to redesign and improve patient pathways (12.07)
- Support the implementation of the Health and Social Care Quality and Engagement Act as it becomes embedded (12.08)
- Open up data, within appropriate IG controls, to improve access and overall value of the use of healthcare data (12.09)
- Ensure continued access to GP data for the wider system (where agreed) for primary care and system recovery. (12.10)

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Digital Health and Care Wales

Our Financial Plan

Tolley, Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES

IMTP
2022-2025

Back to Contents

IMTP FINANCIAL PLAN OVERVIEW

THE FINANCIAL STRATEGY

The Financial Strategy of the organisation both supports and underpins the service and investment strategy set out within the plan. It translates the objectives, activity and consequential resource requirements to form a fully integrated financial plan with accompanying mitigating actions to ensure a balanced position can be delivered. For 2022/2023 a gross revenue requirement amounting to £152m is forecast to underpin the resource requirement with capital investments totalling £9.9m being made throughout the year.

The key financial objective is to provide quality and value for money services whilst ensuring a sustainable underpinning financial baseline for the organisation. It is recognised that this is no easy task with the impact of increasing service growth; identifying opportunities for savings/income generations take on greater importance.

Spend Area	Revenue				Capital			
	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m
Core	102.314	110.463	119.757	125.885	2.969	2.259	2.259	2.259
DPIF	14.441	31.536	26.962	23.030	6.700	7.145	3.588	2.920
COVID-19	11.492	10.258	0.000	0.000	0.865	0.500	0.000	0.000
Total	**128.247**	**152.257**	**146.719**	**148.915**	**10.534**	**9.904**	**5.847**	**5.179**

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KEY PLANNING ASSUMPTIONS

The IMTP financial plan is predicated upon all Wales guidance and assumptions whilst remaining agile in respect of COVID-19 developments.

Whilst the current plan presents a breakeven position, there are increasing challenges as a consequence of pressures within all service portfolios, consequently a Cost Improvement Target is to be levied on discretionary budgets. The financial plan is reflective of workforce recruitment and onboarding forecasts.

SUPPORTING VALUE

The finance team in partnership with service leads and stakeholders Wales wide will look to initiate a review of organisational funding flows to ensure the most effective mechanism is in place to support efficient planning and provide the best outcomes.

RESOURCE AND INVESTMENT INITIATIVES OUTLINED WITHIN THE PLAN:

Cloud Adoption

The financial plan is reflective of the organisations cloud adoption roadmap and cloud first approach to data hosting services for new applications and services. One of the key impacts of this change in supporting technology are shifts in expenditure items from Capital (CAPEX) to an Operating (OPEX) model.

A 'Product Centred' organisational structure

The move to dedicated multidisciplinary resource centred teams assigned to a specific product or service is supported within the financial plan. It is intended for this change to generate efficiency through improvements in workforce productivity and facilitate improved development pace and performance.

Digital Priority Investment

Over the planning term confirmed Welsh Government funded investments to support strategic digital priorities (such as Digital Medicines Transformation, National Data Resource etc) are included.

COVID-19

Development and ongoing service provision for supporting Test, Trace and Protect (TTP) and vaccines digital solutions are included within the plan for a 12 month period in line with Welsh Government funding assumptions.

RISKS AND OPPORTUNITIES

The organisation will continue to closely monitor any risks associated with its financial plan to ensure activity is delivered within financial resources and achieve a break-even position.

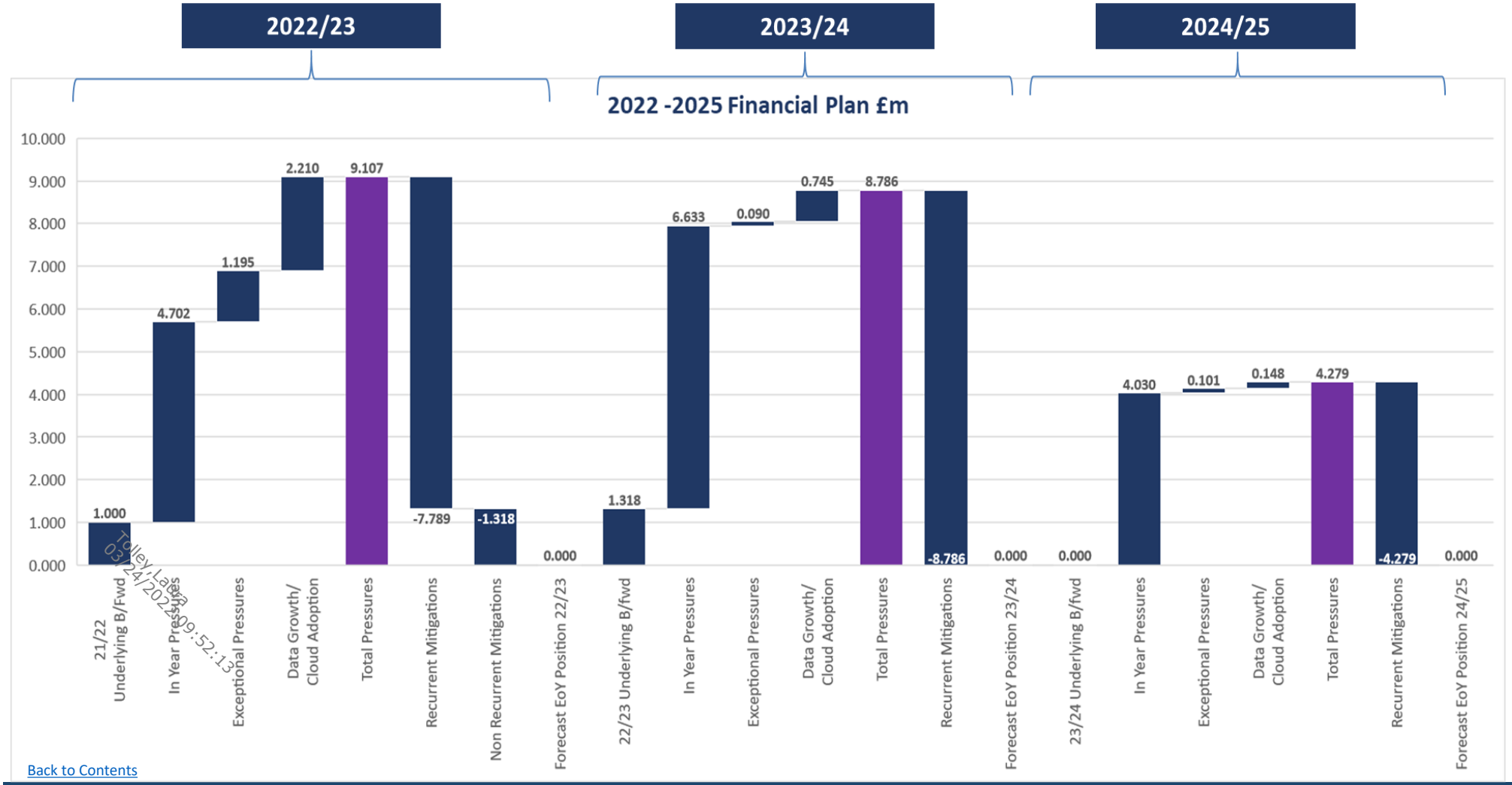
Financial risk is managed as an integral part of the overall Risk Management Strategy. The risks identified as part of the planning process surround themes such as assumed funding, increased energy costs and digital cost inflation. Whilst recruitment to vacancies within the establishment will be progressed at pace, there is the potential for slippage in expenditure against the budgets set – this has not been reflected within budgets.

Back to Contents

IMTP FINANCIAL PLAN REVENUE OVERVIEW

THE FINANCIAL STRATEGY

The organisation is required to break even on its revenue allocation – in order to achieve this a challenging mitigation plan has been constructed. Key to this is the construction and implementation of an effective funding flow mechanism to support the changing nature of development and provision of digital services.



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Financial Plan

The organisation has identified new national/local inflationary and growth pressures assessed as £9.1m, £8.8m and £4.3m respectively. These assessed costs place a significant pressure on DHCW. In year pressures include pay and non pay inflation whilst exceptional items reflect recent significant increases in energy prices and national insurance.

Incorporated within the forecast pressures are additional costs as a consequence of new services resulting from a completed digital revised funding model which supports current and future service delivery models and growth.

To offset these increases DHCW has identified savings and efficiencies to be delivered via recurrent cost improvement programmes including the reduction of travel related expenditure which will contribute to a decreased carbon footprint. Whilst there is a significant non recurrent savings element in 2022/2023 this will be bridged via additional funding for growth and cloud adoption from 2023/2024 onwards.

Back to Contents

IMTP FINANCIAL PLAN REVENUE SOURCE AND APPLICATION OF FUNDING

SOURCE OF REVENUE FUNDS

The source of the majority of the organisation's recurrent revenue income supporting core services is directly sourced from Welsh Government (circa 69% of the current financial plan for 2022/2023) including an allocation for capital charges (depreciation). All other anticipated income relates to the payment for a range of services provided to NHS Wales, England and Northern Ireland. Typically, income streams have more of a 'trading' relationship (via service level agreements) and consequently can be more volatile in nature due to changes in service levels/terminations. It should be noted that a substantial amount of organisational funding is linked to ring fenced expenditure such as the provision of All Wales contracts (eg all Wales licensing, specific schemes/initiatives such as digital priority initiatives (DPIF) or services such as primary care IM&T Support). Non recurrent Welsh Government allocations have increased significantly over the last three years as a consequence of the pandemic digital response and additional support for digital priority investment.

Source of Funds	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m
Recurrent				
Welsh Government - Core	44.834	51.346	55.467	57.329
Welsh Government - Primary Care IM&T	14.802	15.220	15.448	15.564
Welsh Government - Depreciation	9.221	9.484	9.484	9.484
NHS Wales - SLA	12.958	9.784	13.894	15.915
All Wales Digital Licensing	18.200	23.912	24.747	26.876
Other Income	2.299	0.717	0.717	0.717
Total	**102.314**	**110.463**	**119.757**	**125.885**
COVID-19 Response				
Test, Trace & Protect	5.912	4.282		
Vaccination	5.550	5.976		
Other	0.030			
Total	**11.492**	**10.258**	**0.000**	**0.000**
Digital Priority investment Fund				
Allocation	14.441	31.536	26.962	23.030
Total	**14.441**	**31.536**	**26.962**	**23.030**
Grand Total Funding	**128.247**	**152.257**	**146.719**	**148.915**

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APPLICATION OF REVENUE FUNDS

The projected application of funds to support IMTP deliverables are identified below.

Application of Funds	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m
Core				
All Wales Digital Licensing	18.817	24.364	25.229	27.411
Information & Communications Technology	15.695	17.888	19.986	20.625
Application Development & Support	15.352	16.200	20.966	23.357
Primary & Community Services	17.402	15.220	15.448	15.564
Clinical Informatics	9.238	10.322	10.597	10.827
Depreciation	9.221	9.484	9.484	9.484
Finance & Business Assurance	6.248	6.389	6.654	6.888
Strategy & Engagement	5.405	5.089	5.405	5.539
Executive	1.735	2.292	2.675	2.795
People & Professional Development	1.490	1.683	1.738	1.784
Board & Governance	1.361	1.532	1.575	1.611
Total Core Allocation	**101.964**	**110.463**	**119.757**	**125.885**
COVID-19				
Test, Trace & Protect	5.912	4.282		
Mass Vaccinations	5.550	5.976		
Other	0.030			
Total COVID Allocation	**11.492**	**10.258**	**0.000**	**0.000**
Digital Priorities				
Investment Schemes	14.441	31.536	26.962	23.030
Total Digital Priorities Funding	**14.441**	**31.536**	**26.962**	**23.030**
Total Allocation of Funds	**127.897**	**152.257**	**146.719**	**148.915**

Notes:

- 21/22 Forecast £0.350m underspend
- All Wales licensing figure excludes Primary Care.
- Future allocations will be assessed annually in line with plan requirements.

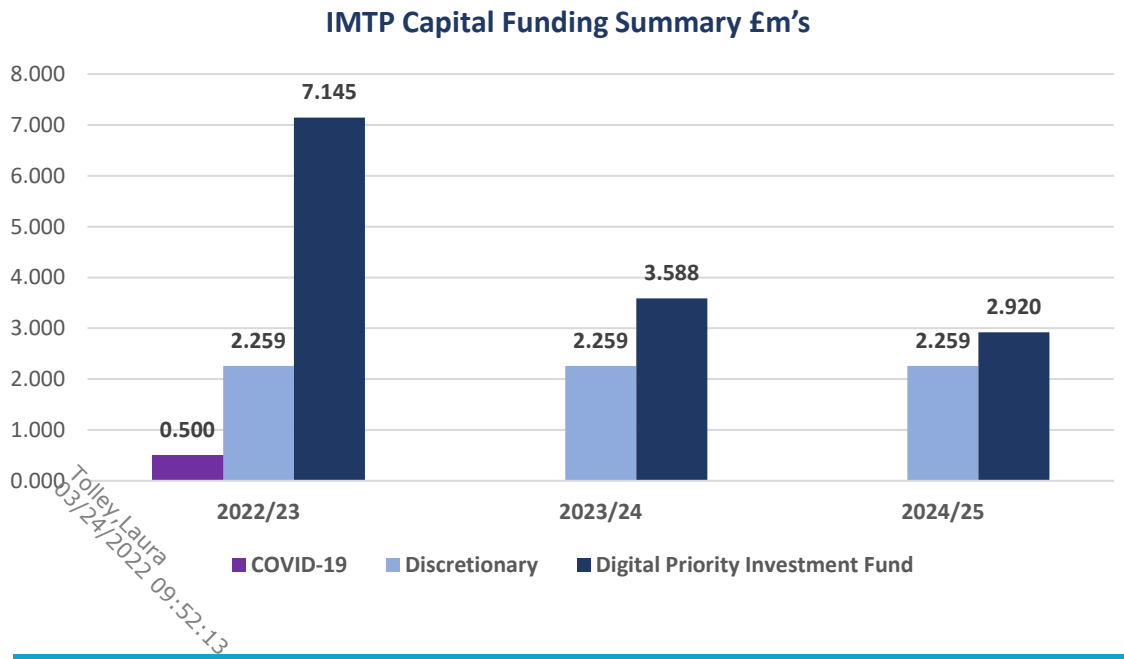
IMTP FINANCIAL PLAN PLANNED CAPITAL INVESTMENT

THE CAPITAL PLAN

The organisation's plan is underpinned by investment to support infrastructure lifecycle management, investments in digital solutions, and a general asset refresh in order to achieve the organisational goals and maintain standards of service and resilience.

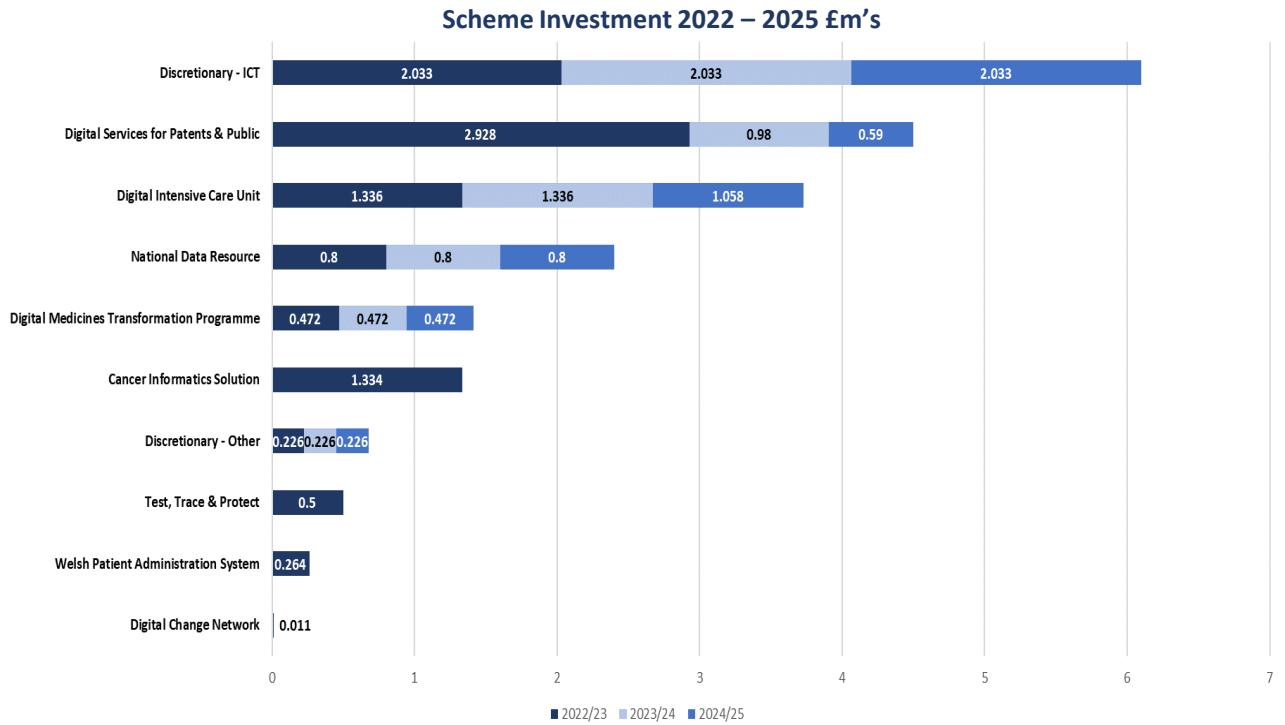
Capital funds are received exclusively from Welsh Government and are grouped by:

- Discretionary Capital Funding: Available for the organisation to allocate to support internally prioritised schemes
- Digital Prioritisation Investment Funding (DPIF) (single purpose funding subject to confirmation)
- COVID-19 response funding.



Tolley, Laura 03/24/2022 09:52:13

The capital plan assumes funding of £9.9m in 2022/2023, £5.8m in 2023/2024 and £5.2m in 2024/2025 to support key plan deliverables. The plan supports the procurement of hardware and software and where applicable the cost of internally developed assets.



Throughout the year capital disbursements may be allocated to NHS organisations in line with conditions of digital priority funding projects (DPIF).

The organisation requires significant capital investment in order to refresh underpinning data centre services and networks. At present a major proportion of discretionary capital funding has been ring fenced to support some of the immediate requirements.

As part of the plan and route map to cloud adoption, additional requirements will be submitted to Welsh Government via business cases .

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Digital Health and Care Wales

Our Workforce Plan

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03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES

IMTP
2022-2025

Back to Contents

DIGITAL HEALTH AND CARE WALES WORKFORCE VISION

Tolley, Laura
03/24/2022 09:52:13

Back to Contents

DIGITAL HEALTH AND CARE WALES WORKFORCE ACTION PLAN

AIM:

Extraordinary leadership

Our leaders are emotionally intelligent and embrace change, enabling innovation and continuous improvement to deliver the outcomes our partners and users value and want, inspiring and encouraging their teams to do the same. Challenge the status quo to deliver great performance, supported by a focus on personal resilience, resourcefulness and agility, so their teams are equipped to deliver high quality services.

Great organisation to work

All of our people have a great experience at work and they understand the part they play to achieve our vision, outcomes and to deliver an unrivalled user experience. We have an inclusive and diverse culture where our people are supported by their managers and feel confident that their voice is heard. We want everyone to thrive at work and feel empowered to be the best they can be.

Strategic workforce planning

We will model, predict, prioritise and implement workforce strategies to ensure we interpret workforce requirements to deliver our overall business strategy. This includes strengthening targeted strategies to tackle our gender pay gap, reducing inequality of outcomes and any other significant workforce development needs. These plans are developed with, and owned by key leaders in the organisation, supported by the Workforce and OD team.

Grow our own

Developing DHCW schemes which translate strategic workforce planning into targeted action, inspiring talent and promoting diversity and inclusion. These schemes will grow the future generation of talent, develop the people we have here now, supporting learning and development at all life stages. It will enable us to develop the skills and capabilities we need now as well as in the future, creating opportunities in our communities to secure our future talent, whilst supporting our industry to promote Digital and Information Technology as careers of choice.

Well-being and engagement

Every individual in DHCW will be confident to play their part in delivering best in class service, through excellence in their technical competence and developing emotionally intelligent, well-being and personal skills. They will reach their potential by developing their skills continually with lifelong learning, as an inspiration to colleagues, partners, clients, families and communities whilst enjoying work life balance.

New ways of working

Our world is changing exponentially; we have demonstrated that we can adapt to work very differently in challenging circumstances and will continue to build on this model in the next twelve months to optimise the opportunities that technology, innovation and digitalisation bring. Embracing difference and including everyone is a fundamental part of developing a future ready mind-set so we stay ahead of the game.

Tudalen yr Aelodau 29.5.23

CHALLENGE:	ACTION PLAN:
Resourcing	• Implement AI to maximise opportunities and reduce onboarding time • Reviewing opportunities for new roles and skill mix changes • Continue targeted recruitment plans for technical and other specialist roles • Reviewing and adopting new innovative recruitment and retention practices • Map roles to Digital, Data and Technology Plus Profession Capability Framework (DDaT) with clear links to career and development pathways • Continue working with University and local community partners to maximise recruitment
Training and development	• Succession planning and talent management for key roles • Development and roll out of leadership and management programme • Development and implementation of Board and Senior Leadership Programme
Growing our own	• Defining career pathways aligned to DDaT Plus framework, creating a Skills Hub to reskill/upskill roles to support retention • Implement 'trainee' and apprenticeship' schemes across the organisation, maximising opportunities to attract candidates from diverse backgrounds and experience • Reducing reliance on traditional training routes and increasing part time and internal retraining programmes
Culture and Organisational Development	• Defining DHCW culture and behaviours framework – in line with the vision and values of the new organisation which drives technology adoption and digital work • Improving our understanding of the workforce and succession planning • Compliance with the 85% PADR target supporting regular meaningful conversations with our staff
Technology and new ways of working	• Implement Workforce Platform to analyse and predict workforce trends and strategic workforce planning • Explore integrated approach to manage an unintegrated workforce through the lens of workforce ecosystem • Development and roll out of the New Ways of Working Strategy and Framework • Maximising use of technology to support an agile culture and flexible workforce
Well-being and engagement	• Develop and implement 'virtual' Well-being room • Continue to focus on managing sickness absence levels below the Welsh Government target • Explore ways to implement Robotic Process Automation to perform routine tasks in the workforce department • Continuing to contribute to *A Healthier Wales - Workforce Strategy for Health and Social Care*
Diversity/Equality /Welsh Language	• Support the implementation of the Welsh Language Standards • Develop recruitment and development programmes to reduce gender pay gap, ensure sufficient flexibility to support diversity in the candidate pool and address inequality of outcomes in terms of career prospects
Changing the shape of the workforce	• Workforce planning - identify the talent needs for DHCW's future goals, and establishing a strategy to ensure the organisation has the right mix of talent, technologies and right mix of different employment models to reach these goals eg Architecture, Cloud, Data etc. • Navigating demographic shifts - the challenges of managing a five-generation workforce with changing expectations and needs, as well as the accelerated speed of market shifts (eg, changes in user demand/expectations, organisation models) • Increase in Client Service workforce to support 7 day services

Back to Contents

AREAS OF FOCUS

The Workforce and Organisational Development team played a key part in many different stages of the initial Covid-19 response. Since Mar 2020, all of our staff have been able to work remotely from their homes with a small number of key roles on a rota to work on site.

A key focus for workforce will be to ensure we recognise a more significant change is required to keep pace with business demands and ensure that we have the right skills and resources in place to deliver our plan. Recruitment will continue to be a major priority, led by our recruitment taskforce, as we increase our workforce significantly in both numbers and skills set over next 3 years. We will also engage expertise and resources through a number of other routes to create more agile and responsive capacity and to bring in specialist expertise as required to successfully roll out key initiatives and Digital Priorities Investment Fund projects such as Microsoft 365, the Test, Trace, Protect (TTP) developments, and E-Prescribing.

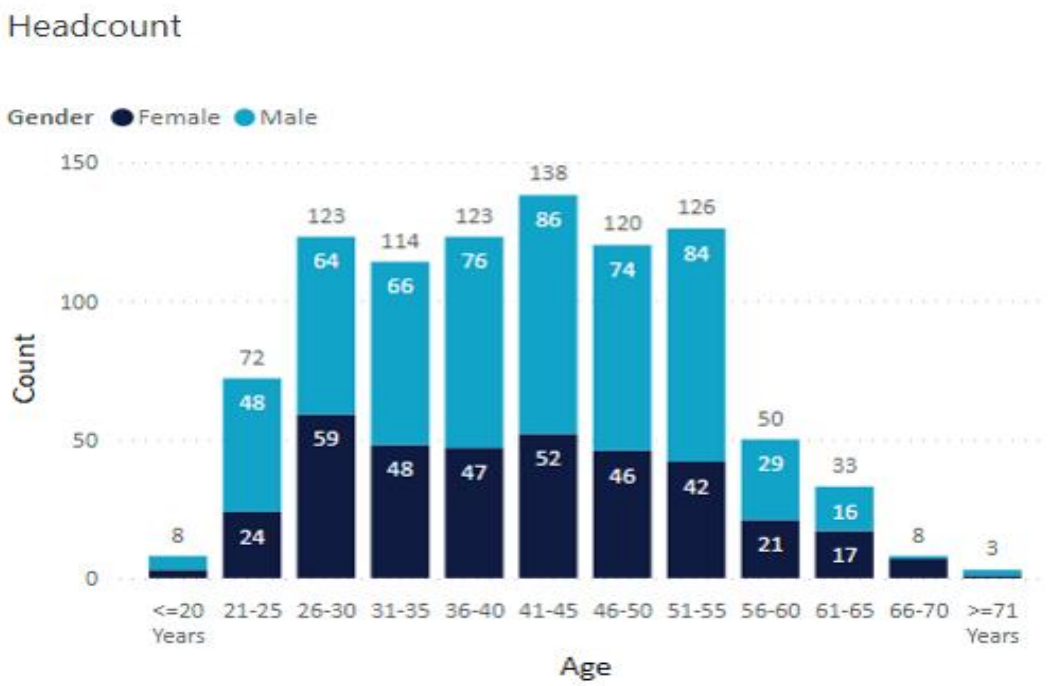
Workforce planning indicates in particular, an increase in the request for analysts (14%), project managers (7%), software developers (7%), and architects (4%) which makes up 32% of overall known vacancies. In addition to these roles, there will a requirement to support key strategic programmes such as Cloud, 'product' management and data science initiatives.

CURRENT WORKFORCE

DHCW currently employs 960 staff in post as at mid Mar 2022. Including vacancies, the total figure is 1084). We anticipate that this will increase further to 1312 WTE by Mar 2023 – our overall establishment capacity will therefore increase by approximately 21% in 2022/2023 in order to support the expanded digital investment requirements and Covid-19 response. The Covid-19 requirements will flex in line with Welsh Government policy and service requirements.

Our workforce profile reflects a relatively young mix with succession planning and talent management key aspects of our leadership development programme. We are focused in our recruitment and career pathways planning on equality and diversity to reflect the population in Wales.

Workforce Gender and Age Profile



DHCW will align future workforce requirements against the outcome from the findings from All Wales Digital Professional Workforce Review Ie identifying which roles are likely to increase and skills requirement. This will impact on wider workforce planning in terms of recruitment, upskilling and re-skilling.

Back to Contents

DIGITAL HEALTH AND CARE WALES RECRUITMENT CHALLENGE

Workforce Growth

DHCW's recruitable workforce is projected to increase by over 53% in two years dominated by non recurrent digital development funding. This includes:

- Additional digital priorities investment fund (DPIF) priorities confirmed and funded such as ePrescribing and Medicines Management, Microsoft 365 Centre of Excellence and Digital Services for Patients and the Public
- Underpinning support of COVID-19 Digital Response
- SHA Board, Executive Team and related functions

Supporting the Growth via the Recruitment Task Force

- Nearly 340 vacancies have been filled since Mar 2021.
- An anticipated 228 extra staff are required in 2022/2023. When including expected establishment vacancies this brings the total recruitment requirement to 363.
- Work is ongoing with recruitment specialists (3 agencies contracted).
- Attendance will increase at Careers Fairs plus DHCW hosted fairs.
- Procurement strategies are in development to bring in external resourcing, assuming:
  - 30% vacancies filled through commercial strategy
  - 70% vacancies filled through DHCW initiatives including growing our own.

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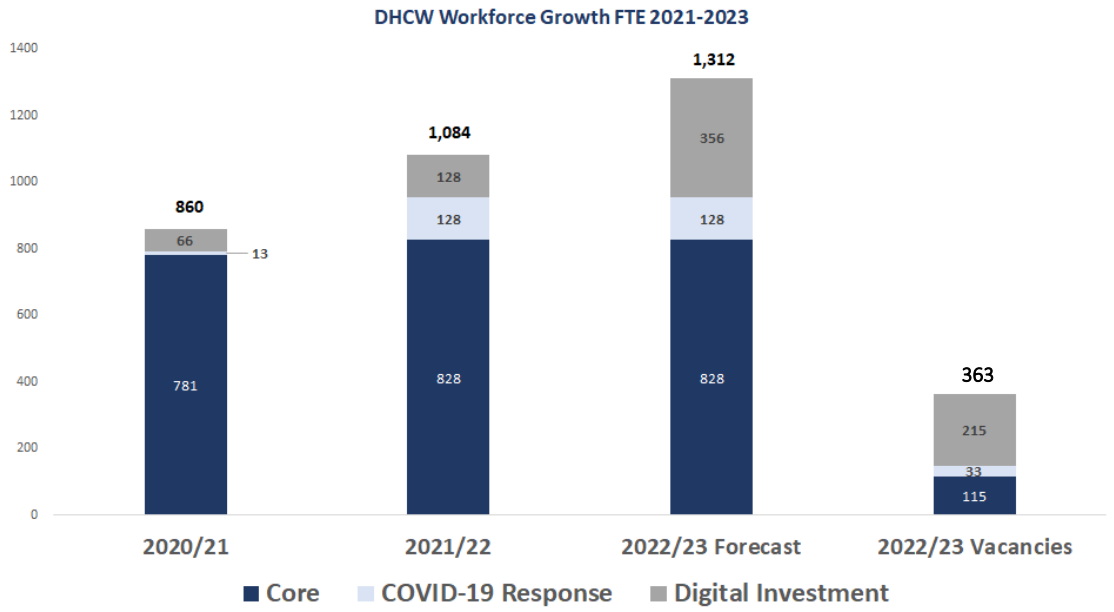

NB: The first 3 columns of the graph covers establishment numbers including vacancies. The final column looks just at vacancies to meet 2022/2023 resource requirements. For note – the staff in post total for 21/22 is expected to be ~960. *(The 1084 figure includes vacancies for 2021/2022.)*

Whilst core workforce is relatively stable, with low turnover, supporting the requirement for DPIF schemes and COVID response we anticipate will require significant growth over 2-3 years.

Back to Contents

GIG CYMRU NHS WALES
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Digital Health and Care Wales

Our Quality and Regulatory Compliance Plan

Tolley, Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES

IMTP
2022-2025

Back to Contents

QUALITY AND REGULATORY COMPLIANCE

DELIVERING HIGH QUALITY DIGITAL SERVICES:

Our Quality and Regulatory objectives relate directly to Delivering High Quality Digital Services.

Quality is at the heart of all we do and from the strategic objectives, we have identified key international standards that support quality definition and direction.

- Controls – through the governance framework and Quality and Regulatory Group forming part of the Audit and Assurance Committee.
- Planning - Annual Quality and Regulatory Plan and measurements - integrated across the directorates and supported by the internal audit programme.
- Improvements – The organisation has a strong culture of organisational learning and improvement with focus on measurements, analysis and controls.

Our internal Quality Framework is supported by the Integrated Management System (IMS). All policies, standing operating procedures, templates and other guidance can be found in our IMS.

We maintain certification to the following International Standards:

- ISO 9001:2008 Quality Management Systems
- ISO 14001:2004 Environmental Management Systems
- ISO 20000-1:2011 IT Service Management Systems
- ISO 27001:2013 Information Security Management Systems
- BS 76000:2015 Valuing People Standard
- BS10008 Evidential weight and Legal admissibility
- Service Desk Institute

Bolley, Laura 03/21/2022 9:52:1

Back to Contents

DHCW staff

THE IMMEDIATE FUTURE:

QUALITY and REGULATORY COMPLIANCE:

- Ensure that quality management systems support the organisation from a quality and regulatory perspective by the implementation of a documentation strategy supported by an electronic quality management system (iPassport).
- Ensure management responsibility and commitment is evident throughout the organisation through clear role definitions and responsibilities monitored through the Quality and Regulatory Group.
- A medical devices plan and strategy is being developed and focus will be around developing internal processes, systems and standards to enable compliance with regulation / legislation.
- Provide quality and regulatory support to all the standard leads with a harmonised approach through use of the quality portal and external audit.
- Ensure robust reporting tools are in place to enable measurement, analysis and improvement.
- Develop a regulatory and compliance framework to support monitoring and changes to legislation and standards.
- Development of the internal audit framework and training support.

HEALTH AND CARE STANDARDS

BACKGROUND

The Health and Care Standards Wales 2015 set out the requirements for the delivery of healthcare in Wales at every level and in every setting. The standards have been designed to fit the seven themes of the NHS Outcomes and Delivery Framework and establish a basis for improving the quality and safety of healthcare services, by providing a framework to identify strengths and areas for improvement.

The seven themes collectively describe how a service provides high quality, safe and reliable care, centred on the person. Person centred care is positioned in the centre of illustration and the dependence on good governance, leadership and accountability is illustrated by placing them around the seven themes. The seven themes are (supported by an overarching Governance, Leadership and Accountability Standard) are:

- Staying Healthy
- Safe Care
- Effective Care
- Dignified Care
- Timely Care
- Individual Care
- Our Staff

Leads for each standard applicable to DHCW have been identified and an assessment is undertaken annually to assess compliance. This is subject to review by the relevant director lead and the Risk Management Group prior to submission to the Management Board and DHCW Committees.

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Improvement actions identified from the self-assessment will be included within the DHCW Health and Care Standards improvement plan and monitored by the Risk Management Group with reports at mid and end year. A comprehensive update report will be provided to the relevant DHCW Committee at the end of the period with the next annual submission.

Citizens of Wales

DHCW staff

DHCW will work to improve their compliance with the following Standards over the coming year:

Standard	Example Evidence
0 Governance, Leadership and Accountability	Standing Orders and Standing Financial Instructions, Schedule of Board, Committee, Advisory Group and Management Board Meetings
1 Staying Healthy 1.1 Health Promotion	Health and Wellbeing SharePoint pages and links to HEIW and All Wales resources
2 Safe Care 2.1 Managing Risk and Health and Safety 2.4 Infection Prevention and Control 2.9 Medical Devices, Equipment and Systems	Risk Management Group Papers and Board and Committee Reports, Compliance Testing and Reporting, Medical Devices Group Terms of Reference and Implementation Plan
3 Effective Care 3.1 Safe and Clinically Effective Care 3.2 Communicating Effectively 3.3 Quality Improvement, Research and Innovation 3.4 IG and Technology 3.5 Record Keeping	Wales Informatics Assurance Group (WIAG) Process and Clinical Risk Management Process, Welsh Language Standards Action Plan, Publication of Board and Committee Papers, Research and Innovation Group, Collaboration with Universities, BS10008 Certification
Dignified Care 4.2 Patient Information	This is a new area of focus for DHCW but will look at services provided under the Digital Services for Patients and the Public Programme
6 Individual Care 6.2 People's Rights 6.3 Learning from Feedback	BS 76005 Standard Diversity and Inclusion Standard recertification, Equality and Diversity SharePoint page, Listening and Learning at Board, Stakeholder Engagement
7 Our Staff 7.1 Workforce	BS76000 Standard Valuing People certification, People and OD Strategy, Training Plans, Skills Inventory

We will review progress against the Health and Care Standards Improvement Plan via the Risk Management Group Work Plan

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Digital Health and Care Wales

Our Sustainability Plan

Tolley, Laura
03/24/2022 09:52:13

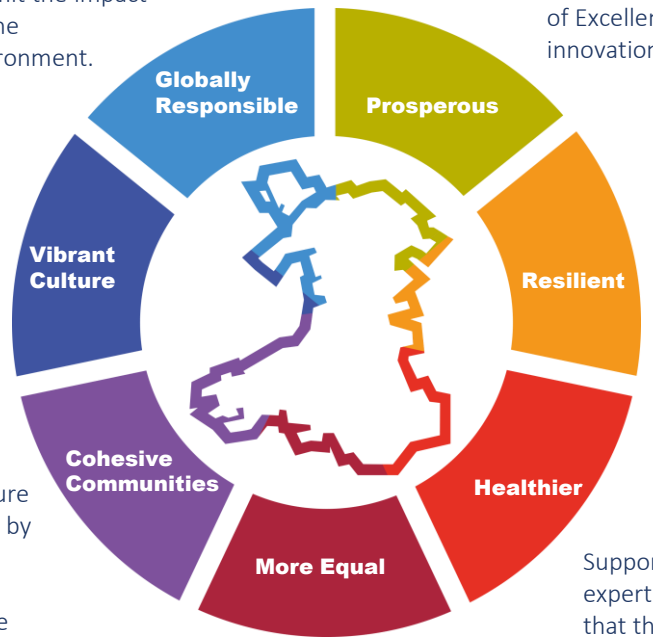
DIGITAL HEALTH AND CARE WALES

IMTP
2022-2025

Back to Contents

WELL-BEING OF FUTURE GENERATIONS (WALES) ACT 2015

OUR STRATEGIC WELL-BEING OBJECTIVES



Embed a sustainable culture to limit the impact on the environment.

Work to strengthen the international recognition of NHS Wales as a Centre of Excellence for digital innovation.

Actively promote the use of the Welsh language.

Improve the health and well-being of the citizens of Wales, helping to sustain a healthy, productive population that contributes to society.

Promote a culture of volunteering by creating the conditions for citizens to share their experience and to learn new skills.

Support the sharing of expert knowledge so that the citizens of Wales are better able to access the best possible healthcare when they need it.

Attract and develop skills, and provide opportunities for existing and future generations.

To be reviewed 08/12/2021 09:52:13

Back to Contents

DHCW staff

NEED FOR CHANGE:

The Well-being of Future Generations (Wales) Act 2015 requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

The purpose of Digital Health and Care Wales naturally aligns to delivering the digital needs of *A Healthier Wales* - one of the seven core well-being goals of the Future Generations Act, and Welsh Government's long-term plan for Health and Social Care; the other well-being goals also resonate with our approach but we have more to do.

THE IMMEDIATE FUTURE:

Activities continue throughout Digital Health and Care Wales to deliver against our well-being objectives. Each year we review progress against activities within each objective, and identify additional activities where necessary. Some of the key activities for this IMTP are:

- Accelerate the digital transformation of health and care in NHS Wales as the trusted delivery partner for the provision of digital health and care services.
- Undertake collaborative design and add new capabilities to the Digital Health and Care Record, including delivering on the twelve portfolios and enablers that underpin this IMTP.
- Work with our delivery partners on the plan for Digital Services for Patients and the Public, including the NHS Wales bi-lingual app which will support the citizens of Wales to take a more active role in their own health and well-being.
- Deliver on our new Decarbonisation Strategic Delivery Plan.
- Undertake a significant programme of organisational development as part of our strategic approach to the new Special Health Authority.
- Continue to promote and support activities which celebrate diversity and inclusion.
- Continue to promote and support use of the Welsh language.
- Work on an all-Wales basis to share best practice and embrace partnership working, including social partnerships.
- Work with Welsh Government to complete the Digital Workforce Review across NHS Wales.

In this IMTP we aim to review our well-being Goals and wider approach to sustainable development in collaboration with the Digital Health and Care Wales Board.

DECARBONISATION PLAN (1 OF 2)

Decarbonisation:

A clear and ambitious green recovery will be a key component to how we respond following the COVID-19 pandemic. The recently published NHS Wales Decarbonisation Strategic Delivery Plan demonstrates how NHS Wales can play its part in the recovery and its commitment to the Wellbeing of Future Generations (Wales) Act 2015, which directs us to consider long-term persistent problems such as poverty, health inequalities, and climate change.

DHCW have produced their own Decarbonisation Strategic Delivery Plan which describes how we will work to reduce our carbon footprint in line with Welsh Government strategy.

DHCW is in a unique position to contribute towards reducing carbon emissions across the wider NHS by providing and improving digital solutions across NHS Wales such as those allowing for digital transfer and storing of information and solutions which allow for remote consultation.

In recognition that the nature of our business activities may have an environmental impact; we are fully committed to decreasing this impact across the scope of our operations and the services we deliver.

Becoming more environmentally aware we are actively taking steps to measure and reduce our carbon footprint to improve sustainability at DHCW by implementing improvement opportunities, enhancing our communication, and placing a greater focus on how we dispose of our waste.

The Estates and Compliance team are currently responsible for defining the approaches and implementing the initiatives detailed within this delivery plan. Beyond that, the team also works to collate and maintain environmental performance data, produce environmental statistics and reports as necessary, analyse environmental performance data and improve environmental communications across the organisation. However, Estates and Compliance cannot deliver our decarbonisation aims without the assistance of key stakeholders both within DHCW and external to the organisation.

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07/12/2022 09:52:13

Back to Contents

THE IMMEDIATE FUTURE:

Members of the Senedd endorsed the Welsh Government's declaration of a Climate Emergency in 2019. The NHS Wales Strategic Delivery Plan, which DHCW are fully committed to, responds to this declaration, and is aligned with Welsh Ministers goal of achieving a net zero public sector by 2030.

DHCW will be developing our approach to Decarbonisation with our Board to contribute towards this target by:

- Further enhancing our principles for reducing carbon in the six main activity areas identified by Welsh Government:
    - Carbon management
    - Buildings
    - Transport
    - Procurement
    - Estate planning and land use
    - Approach to healthcare
- We will undertake a full review of progress to date to determine the effectiveness of our actions.
- We will fully engage with Welsh Government and other stakeholders to share best practice.

We will implement the DHCW Decarbonisation Strategy and Plan and work to achieve Year 1 targets during 2022/2023

DELIVERING HIGH QUALITY DIGITAL SERVICES:

Our Decarbonisation Plan objectives relate directly to Delivering High Quality Digital Services.

- Digital Health and Care Wales has assessed its baseline carbon footprint for 2019/2020. The gross carbon emissions for scopes 1, 2 and 3 were **19,858 T CO2e** (net 19,652 T CO_2e). This includes the emissions generated from remote working, as well as the use of third party data centres.

- Procurement related emissions were the largest component (87%) of our carbon footprint, and the category with the most uncertainty. The plan to reduce procurement related emissions is being led by NWSSP through their own delivery plan. However, with our digital expertise, we acknowledge that we have a major role to play in assisting NWSSP to identify realistic reduction pathways for procurement of IT goods and services. We will work with NWSSP in 2022 to scope out the way forward so that numeric reduction targets may be set for subsequent years.

- Our Delivery Plan is focused on our office buildings and data centres, all transport (business, fleet and staff commuting) and activities (ie non-procurement activities). Working remotely is also included as it demonstrated significant carbon reduction savings in 2020/2021 and is a work model that DHCW can effectively adopt and commuting was a significant factor in our baseline review year.

- The Decarbonisation Pathway has been designed to achieve the NHS Wales 2025 and 2030 targets of 16% and 34% emissions reductions in the gross operational emissions. DHCW has forecast its non-procurement 'operational' emissions up to 2029/2030 to predict the impact of key actions in our delivery plan. DHCW have established a Decarbonisation Group with representatives from a range of areas, including estates, infrastructure, commercial services, finance and workforce and organisational development.

- We are currently developing an action plan to deliver annual energy reductions, installing additional EV charging points, improving our understanding of the NWSSP carbon accounting tool and exploring new sustainable ways of working.

Tolley, Laura 03/24/2022 09:52:13

DHCW staff

Back to Contents

THE IMMEDIATE FUTURE:

DECARBONISATION:

Our priorities (which cover buildings, transport, procurement and approach to healthcare as per the NHS Wales Plan) for the next three years include:

2022/2023	• Improve building management systems to achieve year on year reductions in emissions related to natural gas • Work with NWSSP to develop a strategy for low-carbon ICT procurement • Work with data centre providers to improve energy performance • Install further additional EV charging points • Trial EV vehicles for fleet use • Undertake staff travel survey • Reduce business mileage
2023/2024	• Estates rationalisation • Review EV opportunities for lease vehicles • Review data centre efficiency (using PUE measurement) • Further reduction of business mileage • Roll out Sustainable Procurement Code of Practice as provided by NHS Wales Shared Service Partnership • Work with ICT suppliers with regards to unnecessary waste packaging and single use plastic
2024/2025	• Review of travel plan • Review and update of low carbon ICT procurement strategy • Further estates rationalisation • Liaise with landlords to convert remaining buildings electricity tariff to REGO (Renewable Energy Guarantee of Origin) certificated supply • Continued remote working and promotion of home energy efficiency initiatives

FOUNDATIONAL ECONOMY

STRATEGIC DRIVERS

The foundational economy is built from the activities which provide the essential goods and services for everyday life, regardless of the social status of consumers. These include, for example, infrastructures; utilities; food processing; retailing and distribution; and health, education and welfare.

They are generally provided by a mixture of the state (directly or through funding outsourced activities); small and medium enterprise (SME) firms; and much larger companies such as privatised utilities or branches of companies such as the major supermarkets, who often originate from outside of Wales.

The Healthier Wales foundation economy programme 'looks at how and where we can procure goods and services that can help the Welsh economy and support our population. By spending our budgets in Wales, we will support Welsh companies that provide jobs and training in a local supply chain. Local supply chains are also better for our environment and more resilient to global changes'.

These key strategic drivers shape our response to the Foundational Economy:

- *The Well-being of Future Generations (Wales) Act 2015.*
- *A Healthier Wales*
- Procurement reform initiatives

WHAT THIS MEANS FOR DIGITAL HEALTH AND CARE WALES

- Using progressive procurement we will use our spending power to support the foundational economy, social value/community benefits and decarbonisation
- Exploring historical and planned procurement expenditure to identify contracting opportunities to capture interest of local business and addressing any barriers for SMEs to contract with us
- Working with our procurement partners in NHS Wales Shared Services Partnership to identify medium/long term localising spend categories
- Reducing the consumption of resources, by working with and encouraging our supply chain to use whole life costing
- Identifying those opportunities in the supply chain to address environmental, social and economic impact as a consequence of the goods and services delivered

Item 4 Appendix 1 - 09/12/2021 09:52:13

STATUS

Our achievements to date include:

- Environmental policy and accreditation
- Sustainable Risk Assessments (SRA) are carried out on all procurement exercises with a value in excess of £25,000 and VAT
- Specific questions are built into procurement activity to take account of the foundational economy
- Resource based requirements specify % residing in Wales
- Contracts executed with local contractors for:
    - Consultancy - to support the roll out of Microsoft 365 across NHS Wales
    - Cleaning
    - Security
- Strategic contracts – resources resident in Wales , eg PACS (Imaging contract)
- Continued use of 'Sell to Wales' to stimulate SME interest in organisation's procurement requirements

NEXT STEPS

- Development of a Decarbonisation Policy
- Development of a Sustainability Policy
- Ongoing training for staff

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Our Partners

Tolley, Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES

IMTP
2022-2025

Back to Contents

FOCUS ON Engagement

STRATEGIC DRIVER

Our Strategic principles are

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.

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.

Back to Summary

STATUS

The SHA board approved DHCW's stakeholder engagement strategy in Sept 2021. This will be turned into an action plan for coming years. The aims are to:

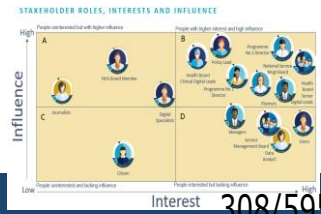
- Influence the work of our stakeholders
- Achieve a good level of awareness and understanding of our work among stakeholders
- Provide effective opportunities for stakeholders to influence our work
- Receive useful input from stakeholders and use it to adjust our priorities and improve our programmes, 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.

Current Forums: Executive Strategic Planning Meetings with Health Boards, Trusts and National Support Organisations, National Support Organisations Peer Group, Digital Leadership Group, attendance at National Programme Boards, Directors and Assistant Directors of Planning, Directors and Deputy Directors of Finance

NEXT STEPS

- Review existing meetings and forums to align with Stakeholder Engagement Strategy
- Support the new Independent Members Digital Network
- Agree a programme of work with the Patient and Public Assurance Groups (DSPP)
- Engage on future strategic directions (NHS Wales Digital Strategy refresh).
- Establish secure online forums for discussion around planning and priorities
- Publish the Stakeholder Engagement Strategy and Plan with any appropriate graphics (including Welsh language)
- Sign up to the Welsh National Digital Inclusion Charter

National Plan: A key objective is to develop joint plans with partner organisations. This can then be jointly updated and be viewed as a national shared plan.



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ALIGNMENT WITH PARTNERS (1)

Digital Health and Care Wales Alignment with Partners 2022

	Health Education and Improvement Wales	NHS Wales Shared Services Partnership	NHS Wales Health Collaborative	Anuerin Bevan	Betsi Cadwaladr	Cardiff And Vale	Cwm Taf Morgannwg	Hywel Dda	Powys	Swansea Bay	Velindre	WAST	Public Health Wales
Enablers								Key	Intended Availability	In readiness	In Use	Other linkage	
Information Availability and Flow													
Open architecture, information standards, integration, repositories, reference data	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												
National Data Resource													
Protecting Patient Data													
Information Governance and Cyber Security	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												
Sustainable Infrastructure													
Core infrastructure, Cloud, remote working	Develop and maintain a high-quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility												
Products													
Digital Professional Empowerment													
	Improving and expanding the content, availability and functionality of the Digital Health and Care Record, agnostic of health board and geographical boundaries, and supporting evidence based decision making and connectivity using NHS Wales e-library and Microsoft Office 365 suite.												
Cancer Informatics Programme												TBC	
NHS Wales eLibrary for Health													
Office 365													
Welsh Clinical Portal													
Electronic Test Requesting (Pathology)													
Electronic Test Requesting (Radiology)													
Electronic Test Requesting (new request types)													
Welsh Information System for Diabetes Management													
Welsh Nursing Care Record (Hospital)													
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												
Digital Services for Patients and the Public													
NHS Wales Websites													
Public Health													
	Develop, operate and maintain a set of high-quality national digital services to support Public Health prevention and early intervention programmes												
Test, Trace and Protect													
Screening Services													
Primary, Community and Mental Health													
	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												
Choose Pharmacy													
Cluster Working													
Child Health (CYPRiS)													
Dental E Referrals													
GP Systems													

Tolley, Laura 03/24/2022 09:52:13

ALIGNMENT WITH PARTNERS (2)

Digital Health and Care Wales Alignment with Partners 2022

	Health Education and Improvement Wales	NHS Wales Shared Services Partnership	NHS Wales Health Collaborative	Anuerin Bevan	Betsi Cadwaladr	Cardiff And Vale	Cwm Taf Morgannwg	Hywel Dda	Powys	Swansea Bay	Velindre	WAST	Public Health Wales
GP Test Requesting													
Welsh Community Care Information System													
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													
111 - Not DHCW project. Integration only													
Eye Care Digitisation - Not DHCW project. Integration role													
Maternity - in discovery													
WAST Electronic Patient Care Record - Integration													
Welsh Clinical Communications Gateway													
Welsh Emergency Department System													
Welsh Intensive Care Information System													
Welsh Patient Administration System					Partial								
Welsh Patient Referral Service				Local solution									
Diagnostics													
Develop, operate and maintain a set of high-quality national digital services to enable the modernisation of diagnostics.													
Endoscopy (HB systems consuming eMPI and WRRS)													
Laboratory Information Network Cymru (LINC) New - not													
Welsh Laboratory Information Management System													
Radiology Informatics Solution Procurement New - not													
Welsh Radiology Information System (current)													
Welsh Imaging Archive Service													
Welsh Point of Care Testing													
Digital Management													
Develop, operate and maintain a set of high-quality national digital services to enable modernisation of medicines management													
Welsh Hospital E-Prescribing Pharmacy and Meds Admin													
Electronic Transfer of Prescriptions (GP to Community													
E-prescribing and Medicines Management (Secondary													
Patient Access to Medications													
National Medicines Repository													
Welsh Hospital Pharmacy Stock Management System													
Research and Innovation													
Delivering research insights and innovation for service improvement													
Value from Data													
Deriving value from data for better patient outcomes and service planning													
See National Data Respository above													
Data and Analytical Services													
PROMS and PREMS / Value in Health													

Tolley, Laura
03/24/2022 09:52:13

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Our Deliverables

Tolley, Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES

IMTP
2022-2025

Back to Contents

FOCUS ON PRODUCT

STRATEGIC DRIVER

We need to engage users and stakeholders in the plans for our products and ensure they are fit for purpose and have a direction of travel in terms of functionality, technology, data and user uptake. There are several elements to this:

User research and design - The next cultural shift is towards using a **design system** approach (eg Gov.UK Design System) based on rigorous user research which brings together components, styles, patterns and code which teams can pick or use to achieve fast development with consistent appearance, colours, and position of design elements. This approach saves time and allows teams to focus more on the user need and experience. It also organises its content more centrally which would require dedicated support teams. Communities can then create and propose new components to consider. Service designers ensure the service is designed around customer research and understanding to achieve quick user interactions and a good user experience.

Product Roadmaps - Functional improvements are just one part of a much wider roadmap which needs to be viewed as part of the overall NHS Wales open architecture and the changing needs for our services. User uptake strategies, design processes, service delivery, technical improvements, movement to Cloud and data maturity need to be defined and options appraised to feed a longer term roadmap which can be shared with stakeholders and adapted in an agile manner as user needs and industry standards change.

Organisational development -The product approach is a different way of working and organising software development that differs significantly from the traditional projects approach. Projects are generally time limited with defined outcomes, the product approach recognises the need to maintain and develop applications through the life of the product (possibly through many iterations) until such time as the product is no longer deemed to provide value and is decommissioned or replaced. Although generally applicable to digital age development this way of working is especially suited to those who aim to drive organisations through a digital platform and is a recognised norm in the industry.

Back to Summary

STATUS

- Digital Health and Care Wales has over recent years moved away from waterfall development to an agile approach both for in house development and using external suppliers but as yet not moved to a full product and/or service design approach
- Significant workforce developments and training are needed to embrace this challenge and we are at the start of the journey. We are leading a national **Digital Workforce Survey** commissioned by Welsh Government which will look at the roles across our organisations and the new roles we need to embrace such as:
- Templates of Product Roadmaps outputs have been designed
- A consideration of revised **Product** organisation structure is underway follow… an early adopter which has been running for a year

- Content designer
- Content strategist
- Graphic designer
- Service designer
- Technical writer
- User researcher

NEXT STEPS

- Define 'Product' approach
- Developing an action plan from the findings of the Digital Workforce Review
- Development of roadmaps in collaboration with the service
- Early Phase Roadmaps
- Organisational re-structure plans

DHCW & stakeholders

Content designer - GOV.UK (www.gov.uk)

Organisational

Qtr 1	Qtr 2	Qtr 3	Qtr 4	2023/2024	2024/2025

The next three years see acceleration of our drive to be the trusted digital partner for Wales. This sees a focus on our workforce development, sustainability plans, our quality agenda, supporting digital change in the health boards with a network of change agents and devising and implementing strategies for Cloud, Open Architecture and Data. Development of product roadmaps and the skills development of staff in user and service design is another focus area along with strong financial and corporate governance and implementing our engagement plan and Welsh Language Strategy.

Business Continuity

Further enhance Business Continuity by expanding impact assessment work (3162)

Quality Standards and Regulatory

Form a Medical Devices and Alerts Group - raise awareness and understand implications of the UK Medical Devices Regulations for our services (3416)

Continue to drive quality principles across the organisation including ongoing support of current quality standards and legislation (3428,3426)

Implement quality and regulatory processes for supporting end to end product lifecycle and release (3417)

Document Management

Implement Document Management Strategy:3509

Decarbonisation

Implement DHCW Decarbonisation Plan and meet initial targets (3448)

Estates

Development of estates strategy reflecting New Ways of Working (3449)

Service Management

Redesigned Service management system and policy (3533)

Digital Change Network

Building a Digital Change Network (3642)

Corporate Governance

Annual Governance Reports, Statements and Accounts (3748,3749,3750,3751)

Develop Welsh Language strategy for recording and sharing requirements across NHS Wales Systems. Increasing the provision and range for Welsh Language in use across DHCW (3826, 3827, 3828, 3829, 3830)

Strategies

DHCW Strategy: finalise the organisational strategy (3075)

Engagement: Implement the DHCW engagement strategy including promotion of digital inclusion alongside our Digital Services for Patients and the Public Programme

Open Architecture Strategy: Develop plans for the 'Architecural Building Blocks'

Product Strategy: review organisational structure and plan product roadmap approach

Cloud Strategy: implementation

Data Strategy: implementation

Workforce Strategy: implementation

Tolley, Laura
03/24/2022 09:52:13

Information Availability and Flow

Strategic Objective: Enabling Digital Transformation

Enabler Objective: 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

Information Availability and Flow

Qtr 1	Qtr 2	Qtr 3	Qtr 4	2023/2024	2024/2025

The next three years are about taking forward the actions from the Digital Architecture Review by establishing 'architectural building blocks' (ABBs) which makes the move to an Open Architecture and enhanced data exchange between systems and driving forward the National Data Resource Programme. We will continue to enhance our repositories with new types of data and documents.

Digital Architecture - Building Blocks

Patient Identity and Demographics ABB (3650), Enabler ABBs (3675) and Primary Care Record ABB (3681) plan					
Application Programming Interface (API) Management Tool- making it operational and continue to deploy new APIs				Continue to enhance and implement services, open integration service, APIs and repositories as Architectural Building Blocks	
Commission FHIR Façade (3857)	Enabling FHIR API via Façade				
Encounters ABB (3656) and Clinical Documents ABB (3678) plan		***For information:*** *Architecture Building Blocks (ABBs) are the underlying components and interactions that make possible the Health and Care Record in Wales. We have identified nine data specific ABBs that facilitate the record and allow that data to persist in a National Data Store.*			
Diagnostics ABB (3664) plan					
Integration Hub ABB (3671) plan					
Reference Data and Terminology ABB (3685) plan					
Clinical Data Engine ABB (3688) plan		*A further series of 'enabler' ABBs have also been identified that together allow interoperability between applications and each building block and include data and integration standards plus supporting technologies for messaging and Application Programming Interfaces (APIs) and their management. FHIR (Fast Healthcare Interoperability resources) is a standard which defines how data about health can be shared irrespective of how it is stored in systems.*			

National Data Resource

Revised National Data Resource Programme Governance (3638)	Plan developed for National Data Strategy implementation (3639)	Deliver the Data Strategy		Deliver the Data Strategy	
Procurement of national data platform (3640)			Commence delivery of the national data platform components	Migrating new and existing data services onto the national data platform	

Data Sets

National data set work - *see Planned and Unscheduled Care, and Primary, Community and Mental Health Portfolios for details*				National data set work	

Other

Continue to populate the national test results and document respositories with national test results and documents, such as audiology, cardiology, genetics, English results (3738, ,3740,1418,3741,3742,3743, 3744,3755, 3746,3747, 3734, 3735, 3736, 3737)				Continue to populate the national test results and document respositories with national test results and documents	
			Define a Master Staff Index (3723)	Welsh Clinical Portal single instance (lite) (3578)	Welsh Clinical Portal to open standards

Tolley, Laura
03/24/2022 09:52:13

Protecting Patient Data

Strategic Objective

Enabling Digital Transformation

Enabler Objective

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.

Protecting Patient Data

Qtr 1	Qtr 2	Qtr 3	Qtr 4	2023/2024	2024/2025
The next three years are about hosting the Cyber Resilience Unit which supports organisations in adherence to the Network and Information Systems (NIS) Directive, promoting the national IG framework and drive the cyber security agenda.					
Information Governance					
	Create IG Toolkit for other services accessing Welsh resident information including Prison Health and Hospices (3070)	Roadmap Development - NIIAS Solution Roadmap Development (3823)			
Develop and promote a national IG framework for Wales to enable safe and secure sharing of patient information which will include the approach to the Wales Accord for Sharing Personal Information (WASPI) , an extended Information Governance toolkit, our auditing approach and supporting the Digital Services for Patients and the Public Programme in terms of identity management and access controls.					
Continue to provide Data Protection Officer support to primary care and secondary care					
Cyber Security and Cyber Resilience Unit					
Implementation of Cyber Service Improvement Plan (3697)					
Start re-procurement of a security incident and event monitoring tool (3696)	Ongoing audit and assurance from Cyber Resilience Unit - ie audit and support Health Boards in Wales and report our national adherence to the Security of Network and Information Systems (NIS) Regulations to the Welsh Government			Ongoing audit and assurance from Cyber Resilience Unit in line with regulatory changes	
Transference of the Cyber Resilience Unit from project management phase to business as usual and maintenance (3429)					

Tolley, Laura
03/24/2022 09:52:13

Sustainable Infrastructure

The next three years are focussing on developing our Cloud Strategy - a major area of work not just for infrastructure but impacting on many disciplines such as architecture, finance and data flows. We will also move from our 2nd legacy data centre and continue to upgrade our legacy infrastructure and technical debt.

Qtr 1	Qtr 2	Qtr 3	Qtr 4	2023/2024	2024/2025
Further develop our infrastructure strategy , eg hosting, operating systems, networking , authentication, application delivery, data platforms, monitoring, and infrastructure management (3727)					
Implement underpinning cloud requirements to support National Data Resource and migration of other DHCW services. (3483)		Migrate services to cloud in line with product roadmaps			
Adopting Cloud First principles in procurements			Planning for Cloud: engagement, scope definition, design specification for next phase of Cloud adoption(3668)		
Review second data centre provision (3481)			Implement requirements of potential data centre (3482) and new network	Implement requirements of potential data centre (3482)	
Legacy end of life work such as upgrading Server 2012 (3480,3602, 2491, 3693, 3707, 3708, 3709, 3710)				Legacy end of life work	
Plan approach to GP third party applications (3605)		Consider output from All Wales Infrastructure Programme regarding service related support tools (ITSM) (3600)			Complete GP desktop and server refresh (3612)
Design the replacement of WPAS infrastructure -on-premises (3724)	Deliver replacement WPAS infrastructure				
Upgrade the server virtualisation solution (3711,3712,3713)					

Tolley, Laura
03/24/2022 09:52:13

Digital Healthcare Professional Empowerment

Strategic Objective: Expanding the Digital Health and Care Record

Portfolio Objective: Improving and expanding the content, availability and functionality of the Digital Health and Care Record, agnostic of health board and geographical boundaries and supporting evidence based decision making and connectivity using NHS Wales e-library and the Microsoft 365 suite

Digital Healthcare Professional Empowerment

Qtr 1	Qtr 2	Qtr 3	Qtr 4	2023/2024	2024/2025

The next three years will see further expansion of our Welsh Clinical Portal product to Health Boards and other settings. Test requesting functionality will roll out more widely and covering new types of tests; we will make more types of documents viewable and facilitate the recording of clinical content using electronic forms for cancer, nursing and diabetes. It is a key period for launching our Cancer solution to replace our out-of-support system, CANISC and is a major initiative to maintain availability for cancer treatment. Rolling out our award winning Nursing system is also a key priority. A Microsoft 365 Centre of Excellence will provide support, development and innovation to users nationally and more knowledge bases will be procured.

Cancer					
Build Interfaces to Cancer Solution Phase 1, 2 and 3 National Architecture (2779)(2952)					
Initial implementation of Cancer Solution					
				Develop Business Case for Systemic Anti-Cancer Therapy (SACT) solution (2229)	
Nursing					
	Rolling out more functionality for our Nursing system to more sites, including introducing new standardised assessments and integrating with the clinical data repository for storing and retrieving allergies and adverse reactions (3180, 3181 and 3619)			Increased uptake of digital nursing solution	
Diabetes					
		Recording paediatric diabetes content in Welsh Clinical Portal (2612)	Further uptake of diabetes solution with enhancements	Increased uptake of digital diabetes solution	
Test Requesting, Mobile working, recording and availability of Clinical Information through the Welsh Clinical Portal					
Upload e-form for Emergency Medical Retrieval and Transfer Service (EMRTS) documents (3567)	Make Phlebotomy functionality available to further health boards (3622)			Welsh Clinical Portal single instance (lite) (3578)	
				Decommission TRRR result repository (3566)	
Making tests result and clinical documents stored in our national repositories available to care providers across all settings				Making tests result and clinical documents stored in our national repositores available to care providers across all settings	
Further roll out of electronic test requesting including radiology requesting				Expand electronic requesting functionality, results notifications, and acknowledgements to all diagnostics disciplines	
	Proof of Concept for Cardiology test requesting form phase 1 (2646)				
Welsh Clinical Portal mobile document view available for national use (3620)	Allergies and Adverse Reactions available on mobile solution (3618)				
Establish the M365 Centre of Excellence (3820)			Maximise benefits of M365		
Knowledge Bases					
Ongoing procurement of clinical and other specialist knowledge resources and data bases via the E-Library Platform					

Tolley, Laura
03/24/2022 09:12:13

Digital Patient Empowerment

Strategic Objective: Expanding the Digital Health and Care Record

Portfolio Objective: 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

Digital Services for Patients and the Public (MS checked)

Qtr 1	Qtr 2	Qtr 3	Qtr 4	2023/2024	2024/2025

This year is driving forward our digital platform for patients and the public, with our suppliers and stakeholders. The approach will be an agile, user designed one where scope can change quickly to meet emerging demands and priorities. There is a list of initial priorities but targets dates will be confirmed closer to the time.

Iterative development of the Patient App, with initial priorities including registration and authentication, consent model, and auditing. (3107,3643,3108, 3629)				Continued launches of the NHS Wales multilingual patient app with further functionality.	
Other priorities are planned to include a diary, bookings, patient reported outcomes, medicines management, documents, seeing tests and results, PSA Testing, integration with other suppliers. Work will run closely with National Data Resource initiatives.					
	Incorporating the services currently provided through My Health Online, with specific requirements informed by the user research undertaken in collaboration with Centre for Digital Public Services, into the new Patient Application.				
Develop an Accreditation Service to enable third party products to be linked to the Patient App and use the core services such as identification management and the patient record. This will create a more flexible approach where developments can be undertaken by a wide range of providers.					

Tolley, Laura
03/24/2022 09:52:13

Public Health

Qtr 1	Qtr 2	Qtr 3	Qtr 4	2023/2024	2024/2025

The next three years will still see DHCW supporting the Covid-19 requirements, particularly around the booster vaccinations, pandemic surveillance, and testing and moving more to a business as usual status. Public health initiatives which took a back seat to Covid-19 could restart and provide requirements for DHCW.

Test Trace and Protect	
Respond to the highest priority Test Trace and Protect requirements	Remaining Test Trace and Protect requirements and futureproof the service
Continue to support the data and analytics requirements of the Covid-19 response and recovery of services	Continue to support the data and analytics requirements of the Covid-19 response and recovery of services
Strategic Review of digital response to Covid 19 (3834)	
Deliver requirements and enhancements of Covid-19 Patient Vaccination Booking applications, eg booster requirements	
Screening	
Respond to priority Public Health Wales screening requirements (3839)	Respond to Public Health screening requirements

Tolley, Laura
03/24/2022 09:52:13

Primary, Community and Mental Health

Qtr 1	Qtr 2	Qtr 3	Qtr 4	2023/2024	2024/2025

The next three years will still see DHCW responding to a strategic review for the Welsh Community Care Information System, onboarding a new GP supplier, enhancing Choose Pharmacy, procuring a dental referral system and responding to requirements in Cluster working.

Primary					
Implementation of the new GP Systems Framework, including onboarding of new entrant supplier (3489)				Call off from GP Systems Framework enabling GPs to migrate systems	
Support the Accelerated Cluster Programme (3500)					
	Develop Roadmap for the Welsh Clinical Communications Gateway (e-referrals and discharges) Solution (3505)			Implement stages of Welsh Clinical Communications Gateway product roadmap	
Community					
Roadmap developed for the Welsh Community Care Information System (3718)	Integration requirements from community care to other settings and linked systems				
Respond to and implement priorities from the Strategic Review of the Welsh Community Care Information System				Implement priorities from the Strategic Review of the Welsh Community Care Information System	
Continue to progress the Information element of the Welsh Community Care Information System Programme (3588)					
Engage with stakeholders to agree the priorities across Community and Mental Health information requirements (3589)			Healthy Child Wales Programme functionality enhancements in the Child Health system (2807)	Deliver healthier children digital priorities	
Mental health functionality available to early adopter health boards within the Welsh Community Care Information Solution					
Reprocure dental referral solution (3499)	Roll out dental referral system				
Choose Pharmacy System roadmap, eg further enhancements to Independent Prescribing Service and Emergency Contraception Service to support Pharmacy: Delivering a Healthier Wales policy (3556, 3560, 3557, 3563, 3553, 3628)					
Define requirements for further test requesting from GPs, eg radiology workflow, histopathology, gynaecology, cytology (3599, 3615, 3616)					

Tolley, Laura
03/24/2022 09:52:13

Planned and Unscheduled Care (1 of 2)

Strategic Objective Delivering high quality technology, data products and services

Portfolio Objective Develop, operate and maintain a set of high quality national digital services to enable new models of planned and unscheduled patient care and management

Planned and Unscheduled Care

Qtr 1	Qtr 2	Qtr 3	Qtr 4	2023/2024	2024/2025

The next three years will focus on supporting the Outpatient Modernisation, Planned and Unscheduled Care priorities by linking more systems and data together, standardising that data and rolling out new speciality systems.

Rolling out Speciality Systems

- Welsh Emergency Department System available for implementation in remaining Health Boards (2603,2286)
- Emergency Dept System implementations (2605,3436,3437,3438,3439,3440,3441)
- Integrating the new Eye Care system with DHCW national Systems (3418,3419,3424)
- Integrating the new Welsh Emergency Dept System with the Welsh Ambulance Service electronic patient record so information is shared about A and E attendance with ambulance staff (3421)
- Supporting and enhancing speciality systems and deriving value from the data collected in them
- Integrating the Welsh Ambulance 111 call administration system (Salus) with the Welsh Care Records Service so a 111 episode summary is available to other clinicians(3538)
- Digital intensive care available for go live in first health boards (3081,3078, 3595,3597)

Outpatient Modernisation and Secondary Care Patient Journey

Referrals

- Sending referrals between hospitals - New and Follow Up patient referrals - pilot (3608 and 3610)
- Ensure referral pathway efficiencies from hospital to hospital with our patient referral solution
- Roll out electronic advice between primary and secondary care
- Deliver digital and data requirements of Outpatients Modernisation

Datasets

- Plan delivery of the Welsh Emergency Care Dataset across emergency departments (3719)
- Production of a Data Standards Change Notice for Welsh Ambulance Service Patient Care Record dataset (3717)
- Ongoing data standards work to ensure common recording of data to help understand the pressures and opportunites for the service
- Production of a Data Standards Change Notice for Patient Administration systems Outcomes (3720)
- Production of a Data Standards Change Notice for the Outpatient Modernisation Data Set (3721)
- Plan developed for ICD 11 coding implementation (3841)

Tolley, Laura
03/24/2022 09:52:13

Planned and Unscheduled Care (2 of 2)

Planned and Unscheduled Care

Qtr 1	Qtr 2	Qtr 3	Qtr 4	2023/2024	2024/2025

The next three years will focus on supporting the Outpatient Modernisation, Planned and Unscheduled Care priorities by linking more systems and data toegther, standardising that data and rolling out new speciality systems.

Outpatient Modernisation and Secondary Care Patient Journey

Welsh Patient Administration System

Welsh Referral Activity and Patient Pathway Enterprise Repository (WRAPPER) database available (1818)	Welsh Referral Activity and Patient Pathway Enterprise Repository (WRAPPER) functionality available (2251)		Design Single all-Wales instance of Welsh Patient Administration System (1819)		
For information ***Welsh Referral Activity and Patient Pathway Enterprise Repository (WRAPPER).*** *The plan for WRAPPER is to deliver an architectural component that will allow multiple systems across Wales to provide administrative data (spells, events, pathways etc) to a national, standards-based repository thus delivering a single view of a patients journey through the NHS in Wales (secondary care initially). WRAPPER will also have an Open FHIR API to allow other permitted apps to provide and use administrative data for patients.*					
Supporting Welsh Patient Administration Go live BCU West into single BCU instance structure (170, 1611)	Determine the Cloud hosting strategy for Welsh Patient Administration (3796)			Readiness Complete ABMU / Cwm Taf to Cwm Taf instance (2244)	
	Supporting Welsh Patient Administration System Go-Live in Velindre Cancer Centre - replacing administration functions of out of support Cancer system (CANISC) (1701)			Move BCU East into single BCU instance (2921)	

Powys / England Cross Border

Set up a team looking at cross border projects (3647)					
New maternity System Options Appraisal (3445)					

Tolley, Laura 03/24/2022 09:52:13

Diagnostics

Strategic Objective: Delivering high quality technology, data products and services

Portfolio Objective: Develop, operate and maintain a set of high quality national digital services to enable the modernisation of diagnostics.

Diagnostics

Qtr 1	Qtr 2	Qtr 3	Qtr 4	2023/2024	2024/2025

The next three years will see us supporting new system procurements for laboratory management and digital imaging solutions. This will involve considerable work to decommission our existing systems and address legacy data issues. We will also deliver requirements for the Endoscopy Programme.

Imaging

Preparation work to move images from health boards into a national archive		Start Data Migration of images into national archive (3646)			
	Roadmap development of existing Welsh Radiology Information System considering its final releases, replacement, legacy data migration and exit strategies (2312, 2313,2925,3752, 3753)				
Support the new Radiology Informatics System Procurement (3511) - an end to end diagnostics radiology system				New radiology solution - confirm supplier (3408)	

Other Diagnostics

Work with NHS Wales Health Collaborative and new Laboratory Supplier to design integration with national systems, confirm validation, testing and infrastructure considerations, and work through the data transformation of legacy data and dual running (3463)					
Continue to add new types of results and reports into national repositories				Continue to add new types of results and reports into national repositories	

Endoscopy

Review the requirements from the National Endoscopy Programme as they emerge. (3453)					
Work with suppliers and health boards to get more endoscopy results into national repositories (3455,3456,3570)					

Other

			Supporting the Genomics Partnership Wales in national genomics strategy work (3732)		

Tolley, Laura
05/24/2022 09:52:13

Digital Medicines

Qtr 1	Qtr 2	Qtr 3	Qtr 4	2023/2024	2024/2025

The next three years will see the start of a major, complex programme of work looking at e-prescribing and medicines administration across multiple settings from primary and community through to secondary care. This includes patient access to medicines data and the development of shared medicines repositories.

E-Prescribing and Medicines Administration (ePMA)					
Award Contract Framework(s) to enable health boards to buy Electronic Prescribing and Medicines Administration systems in Hospitals (1683)	Readiness work for early implementations of hospital E-prescribing and Medicines Administration system(s) (1687 and 1685)			Support the implementation of e-prescribing across Secondary Care in Wales	
Shared Medicines Repository					
	Design a Shared Medicines Record (3459)		Proof of Concept to use the shared medicines record (3460)		
				Introduction of patient access to medicine information from primary, secondary and community pharmacy systems via the development of a patient app to help promote patient empowerment and self care - see Digital Patient Empowerment Portfolio / Digital Services for Patients and the Public programme	
Electronic Transfer of Prescriptions (GP to Community Pharmacies)					
Preparatory work for introducing the Electronic Transfer of Prescriptions between GP Practices and Community Pharmacies (3484)				Proof of Concept to enable the Electronic Transfer of Prescriptions between GP Practices and Community Pharmacies (3485)	
				Implement Primary Care electronic transfer of prescriptions	
Community Pharmacies - *see Primary, Community and Mental Health Portfolio*					
Hospital Pharmacy Stock Control					
Ongoing releases for the Hospital Pharmacy Stock control system					

Tolley, Laura
03/24/2022 09:52:13

Research and Innovation					
Qtr 1	Qtr 2	Qtr 3	Qtr 4	2023/2024	2024/2025
Engage with key stakeholders to ensure clear understanding of R&I priorities (3592)	Complete the development of DHCW R&I Strategy and Policy (3594)	Delivery of the Research and Innovation Strategy			
Establish plans to address the R&I priorities to include a review of current R&I activities, projects and partnerships (3593)					

Tolley, Laura
03/24/2022 09:52:13

Value from data

Qtr 1	Qtr 2	Qtr 3	Qtr 4	2023/2024	2024/2025

The next three years will see further focus and progress on deriving value from data in all areas, particularly Covid-19 response and recovery, primary and community care and Value in Health.

Primary Care Information	
Support, where applicable, the core clinical indicators and Quality Improvement initiatives within the Quality Assurance and Improvement Framework component of the General Medical Services (GMS) contract (3584)	Ensure continued access for primary care and the wider system (where agreed) to GP data, for primary care and system recovery.
Support the data extraction requirements and/or presentation of the results of national audits (3585)	
Under the guidance of the Data Quality System Governance Group, continue to develop the Primary Care Information Portal including additional reporting in respect of COVID-19 requirements (3587)	
Community Information	
Continue to progress the Information element of the WCCIS Programme (3588)	Work to continue on agreeing data sets for community care including mental health
Value in Health Information	
Continue to support the requirements of the Value in Health Programme (3591)	Utilise our systems to support the Value in Health Programme
Health Intelligence	
Publish catalogue of DHCW data sources available for secondary use (3824)	
Review requirements of UK Statistical Authority Code of Practice and produce compliance action plan including a schedule of our official outputs (3825)	
Continue to support the requirements of the COVID-19 response including new developments around data, analysis and reporting (3574)	Continue to deliver the requirements of the COVID-19 response including new developments around data, analysis and reporting
Bring together information streams and dashboards into one Health Intelligence Portal including, primary care, Covid -19, Value in health, cancer and unscheduled care data (3581)	Bring together information streams and dashboards into one Health Intelligence Portal including, primary care, Covid -19, Value in health, cancer and unscheduled care data
Support the requirements of the Cancer Informatics Programme, specifically around the CANISC replacement and Single Cancer Pathway work (3598)	

Tolley, Laura
03/24/2022 09:52:13

GIG CYMRU NHS WALES
Iechyd a Gofal Digidol Cymru
Digital Health and Care Wales

Appendix 1

Well-being of Future Generations Act

Tolley, Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES

IMTP 2022-2025

Back to Contents

SUPPORT THE SHARING OF EXPERT KNOWLEDGE SO THAT CITIZENS ARE BETTER INFORMED ABOUT THEIR HEALTH AND ARE ABLE TO ACCESS THE BEST POSSIBLE HEALTHCARE WHEN THEY NEED IT

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru Digital Health and Care Wales

LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS

A HEALTHIER WALES:

Welsh government wants everyone to have long, healthy, happy lives. For this to happen we need to help people look after themselves well, and we need to make sure we have the right health and social care services to help people stay well, get better when they are ill, or to live the best life possible when they have problems that won't get better.

A Healthier Wales is Welsh Government's long-term plan to deliver on the aspirations summarised above. Our role as Digital Health and Care Wales is to deliver on the digital technology needed to support our NHS Wales staff and the people of Wales in improving the health and well-being of our country. Wales has shown that it is able to deliver healthcare differently, enabled by digital services

Our approach to delivering on *A Healthier Wales* starts with our strategy, our mission, vision and values, and underpins the planning and development of all of our digital health and care services. Achievements in 2021/2022 include:

- The new Hospital Pharmacy stock management system has been rolled-out to every hospital in Wales, improving computerised dispensing, stock and data management.
- Provision of access to Covid-19 passes for the people of Wales, supporting people's ability to circulate in society in wider groups;
- Go-live of the Welsh Pandemic Record to capture people's Covid-19 testing and results data.
- Migration to a state-of-the art data centre which will be a springboard for cloud computing and will enable safer, more stable services.
- The Welsh Nursing Care Record is available in over 50 inpatient wards across Wales, revolutionising the way nurses manage patient information and allowing more time to care.
- Electronic test requesting delivers results to clinicians in ways that increase patient safety and reduce time and duplication.

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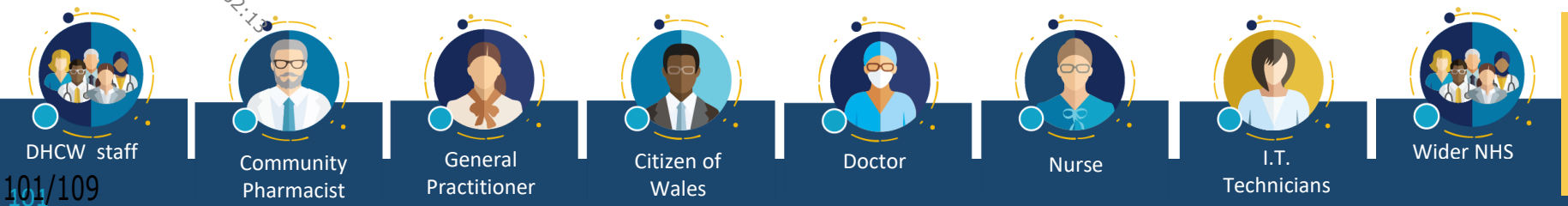
09/24/2022 09:52:13

THE IMMEDIATE FUTURE:

As a Special Health Authority we will further develop our approach to sustainable development with our Board, as well as the following key areas described throughout our plan:

- **Information availability and flow** – develop an 'open platform' approach to digital innovation, by responding to national standards.
- **Protecting patient data** - develop an Information Governance and Cyber Security framework.
- **Sustainable infrastructure** – develop and maintain a high quality national infrastructure.
- **Digital healthcare professional empowerment** – accessing a content rich care environment agnostic of health board and geographical boundaries.
- **Digital patient empowerment** – provide digital services for patient and the public.
- **Public Health** – services to support public health prevention and early intervention.
- **Primary and community care** – build digital infrastructure across primary and community care.
- **Planned and unscheduled care** – services to enable new models and planned and unscheduled care.
- **Diagnostics** – services to enable the modernisation of diagnostics.
- **Medicines management** – services to enable the modernisation of medicines management.
- **Research and Innovation –** delivering research insights and innovation
- **Value from Data** – drive value from data for better outcomes and service planning.



Our IMTP has *A Healthier Wales* at its heart, including all the services we develop and support as trusted delivery partner for digital health and care services across NHS Wales.

IMPROVE THE HEALTH AND WELL-BEING OF THE CITIZENS OF WALES, HELPING TO SUSTAIN A HEALTHY, PRODUCTIVE POPULATION THAT CONTRIBUTES TO SOCIETY

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru Digital Health and Care Wales

LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS

A RESILIENT WALES:

A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change.

As the system leader in delivery of digital services in NHS Wales we are key stakeholders in facilitating the improvement in health and well-being of the citizens of Wales by delivering better technology for better care. As services develop and take-up increases, the opportunities fore better care naturally develop. Added to this, the services available to citizens to take a more active role in their own health and care are beginning to emerge in our plan.

- Digital Services for Patients and the Public is progressing, with Digital Application Partner and Digital Delivery Partner contracts being in early stages of development and it will allow citizens to engage in better co-productive dialogue with their healthcare provider, as well as providing them with richer information from their health and care record.
- The functionality and services currently delivered through My Health Online (which is available in all GP surgeries and it allows citizens to request repeat prescriptions, make appointments with their GP, and in some cases to see a coded view of part of their medical record) will become available in the NHS Wales multi-lingual patient app as an integral part of Digital Services for Patients and the Public.
- Choose Pharmacy supports the re-balancing of primary care services, reducing the burden on GPs and improving access to a range of health and self-care options that can be delivered by local community pharmacies. This helps to educate the public into understanding their role in making better service choices that support longer term sustainability of NHS Wales resources. Choose Pharmacy includes:
  - Common Ailments Scheme allows pharmacists to consult and provide medications for a range of common ailments.
  - Discharge Medicines Review provides a way for pharmacists to review medicines with patients when they are discharged back into the community, increasing safety by ensuring there are no interactions between prescribed drugs.
  - Emergency Medicines Supply enables pharmacists to prescribe medicines for pre-existing conditions when the GP surgery is closed.
  - Emergency Contraception can be prescribed to women and girls aged 13+ since 2011. Including the service as part of Choose Pharmacy means that data can be collected to support the actions of the pharmacist and to inform policy makers.
  - Sore Throat Test and Treat enables a pharmacist to swab a patient for group A Streptococcus and where appropriate dispense antibiotics. The service helps to reduce the number of antibiotics prescribed and also allows pharmacists to exercise antimicrobial stewardship in the fight against inappropriate use of antibiotics.
  - Seasonal Flu Vaccine Programme enables community pharmacists to engage in administering flu vaccine to certain groups.

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03/2022 09:12:13

THE IMMEDIATE FUTURE:

The Digital Service for Patients and the Public (DSPP) Programme Board has approved four pathfinder projects (Primary Care integration, PSA testing, PROMs and 3rd party integration such as PKB/DrDoctor).

The programme has awarded the Digital Application Partner and the Digital Development Partner contracts to Kainos to develop an NHS Wales app. Kainos will collaboratively work with the DHCW NDR programme to develop interoperability and connections to those applications.

CHOOSE PHARMACY:

'Our aim is to make community pharmacies the first port of call for many patients. Whether it is for coughs, colds, earache, hay fever, conjunctivitis or head lice, over 700 community pharmacies in Wales are providing free advice and treatment without the need for a prescription and without having to make an appointment with a GP.'

Support for Community Pharmacies (2019)

We will develop our longer-term plan towards A Resilient Wales in 2022/2023.

WORK TO STRENGTHEN THE INTERNATIONAL RECOGNITION OF NHS WALES AS A CENTRE OF EXCELLENCE FOR DIGITAL INNOVATION

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru Digital Health and Care Wales

LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS

A PROSPEROUS WALES:

An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.

- This year our CEO, Helen Thomas, has presented on the approach and achievements of Digital Health and Care Wales at several conferences and events including a Tech-UK industry market briefing event and the Healthcare Finance Management Academy conference, the Team Wales conference and Value In Health week.
- Our strengthening relationships with universities and strategic alliance with WIDI aids the commitment to ensure students are given the opportunities through apprenticeships, internships, student and graduate placements, industry focused academic programmes.
- We are the leader for Digital Professionalism for NHS Wales and represent the organisation in Welsh Government and other NHS strategic forums. We regularly attend virtual events and several senior leaders have spoken at international and national conferences /universities and developed articles in published journals.
- Recent awards include 'Best Healthcare Project' for the Welsh Nursing Care Record; our CEO, Helen Thomas, was awarded Digital CEO of the Year and our Procurement Team won the COVID-19 Outstanding Response Award.
- We have continued to support Welsh Government's and NHS Wales' fight against the Covid-19 pandemic through TTP, with enhancements to the Testing and Contact Tracing platforms, and the Vaccination system, as well as rolling-out the Welsh Pandemic Record and the Covid-19 Vaccine Passport.
- We have continued to develop and deliver data and information on the TTP reporting datasets and associated dashboards, and significant work has been carried out to improve the efficiency of refresh processes for contact tracing and Covid-19 testing data, making it available to Health Boards, and other NHS Wales organisations through the Data Hub. We have also provided the data necessary to conduct the vaccine schedule.
- Our Director team regularly meets with peers across the four home nations of the United Kingdom to share ideas, successes and innovations. The team also meets with the digital healthcare leadership in the Republic of Ireland.

Rhaglen Gwaith 8/3/2022 09:12:13

THE IMMEDIATE FUTURE:

As a Special Health Authority we will develop our longer-term plan for international recognition as a Centre of Excellence for Digital Innovation.

- We are working on an all-Wales basis to share best practice and embrace partnership working supporting the Director General and Chief Executive of NHS Wales who is encouraging more cross-boundary working over the coming years.
- We are working with Welsh Government on a Digital Workforce Review to ensure that we have the skills and knowledge in the digital workforce to meet our future needs.
- We will continue to encourage staff to sign up as a member of the British Computer Society (BCS) to help develop and recognise a robust, capable, and professional workforce.

AWARDS OF 2021:

- 'Best Healthcare Project' at UK IT Industry Awards for the Welsh Nursing Care Record
- Digital CEO of the Year
- 'COVID-19 Outstanding Response Award – NHS and Healthcare Organisations' award

As a Special Health Authority we continue to develop our longer-term plan towards A Prosperous Wales.

ATTRACT AND DEVELOP SKILLS, AND PROVIDE OPPORTUNITIES FOR EXISTING AND FUTURE GENERATIONS

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru Digital Health and Care Wales

LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS

A MORE EQUAL WALES: THE SOCIO-ECONOMIC DUTY

The Socio-economic Duty give us an opportunity to do things differently in Wales. It puts tackling inequality at the heart of decision making, and will build on the good work public bodies are already doing. Wales aims to develop a society that enables people to fulfil their potential no matter what their background or circumstances.

- We have achieved and maintained certification to the BS 76005 Valuing People standard which demonstrates that our staff are valued and engaged to utilise their skills, capabilities, experience, behaviours and knowledge.
- We recruited 6 apprentices and our first NHS Wales Graduate Management trainee last year. In addition, we have introduced new roles in organisational development to progress the delivery of internal training programmes and 'growing our own' agenda.
- We are developing a Diversity and Inclusion Strategy and reviewing our internal forums.
- We are playing a key role in a Digital Workforce Review with Welsh Government to identify a framework for skills and competencies for the digital workforce in NHS Wales.
- We have increased the capacity of Mental Health First Aiders (MHFA) in the organisation and developed an internal MHFA network for peer support.
- A Health Informatics Apprenticeship Framework Steering Group has been established with the aim to develop a Health Informatics apprenticeship pathway at levels 2, 3 and 4 that is fit for purpose for healthcare in Wales.
- Over 300 of our staff are members of the British Computer Society and staff are encouraged to join the Federation for Informatics Professionals register of Informatics Professionals.
- We continue to develop our strategic partnership with Wales Institute of Digital Information (WIDI). 35 employees are studying Digital Degree apprenticeships and 14 employees are studying level 3 and level 4 Health informatics courses. Two employees are undertaking the new MSc Digital Skills for Health and Social Care Profession.
- We have procured an E-Learning platform to give access to a wider framework of technical training to develop our staff
- We are continuing to develop partnerships with Universities across Wales to build our pipeline of future talent.
- We have developed and delivered a new Management Development Programme to enhance the skills and knowledge of our managers.
- Our New Ways of Working Group has developed options for the longer-term ways of working post pandemic; DHCW is leading the way to become an agile digital organisation where staff choose where they want to, aiding recruitment and retention.

Tudalen gaurau 03/08/2022 08:52:13

THE IMMEDIATE FUTURE:

We will continue to promote and support initiatives which celebrate diversity and inclusion, developing new ways of attracting skills and ensuring opportunities for existing and future generations

To further increase awareness of the impact of socio-economic issues and how we can help to close the gap, we will undertake the following:

- Continue to work with WIDI and develop external partnerships to develop our staff and grow our future pipeline of talent.
- We will continue to encourage and support staff to join the Federation for Informatics Professionals (FED-IP) register as Informatics professionals.
- Implement DHCW Internships in 2022
- Develop a DHCW Leadership Model and the roadmap to support the implementation of the leadership programme.
- Develop and implement a maturity matrix for each Tier of management
- Accelerate recruitment activity to meet the talent needs of Digital Health and Care Wales.

We will develop our longer-term plan towards A More Equal Wales and the Socio-economic duty in 2022/2023.

PROMOTE A CULTURE OF VOLUNTEERING BY CREATING THE CONDITIONS FOR CITIZENS TO SHARE THEIR EXPERIENCE AND TO LEARN NEW SKILLS

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru Digital Health and Care Wales

LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS

A WALES OF COHESIVE COMMUNITIES:

A Wales of Cohesive Communities encourages the development of communities that are attractive, safe, viable and well-connected. This includes listening to the views of our communities to promote positive inclusion and continually identify barriers and how they can be overcome. Some of the initiatives we have been undertaking in this area include:

- Our programme of coaching and mentoring, working with schools and Universities and active patient engagement continues.
- Our new Stakeholder Engagement Strategy will provide focus to developing and reinforcing our strategic relationships. As part of this, we will continue to review and reset our priorities to align with Health Board and Trust priorities and pressures, engaging closely with our stakeholders from across NHS Wales, enabling us to start developing joint digital transformation plans with NHS Wales organisations. The engagement we are now having with NHS Wales partner organisations, staff and stakeholders is at the right level to influence strategic decisions on digital transformation, meaning that we are set up to participate, influence, build trust and confidence and execute system leadership.
- Working and collaborating with Health Education and Improvement Wales (HEIW) on national initiatives to support and deliver the objectives of *A Healthier Wales*: Workforce Strategy for Health and Social Care (NHS Wales) such as the NHS Wales General Management Trainee programme and the NHS Wales Staff Survey
- Reciprocal arrangements are in place with universities for our staff to undertake and /or present at masterclasses in the universities, and for lecturers from universities to undertake training sessions with our staff.
- As a member organisation of the Charter for International Health Partnerships in Wales, we continue to promote the concepts of global health and sustainable development. During the pandemic, we continued to support Wales for Africa by undertaking a virtual activity to fundraise to create a hub for learning.
- A short-term placement has been agreed for our Graduate Management Trainees to spend time with Welsh Government to assist with the response to Covid-19.
- Our Business Change Team continues to support and educate front-line colleagues across NHS Wales in the use and benefits of new and existing digital services. Of particular note is the support we have provided to roll-out of the Nursing Care Record. The Team has also developed a Change Ambassador programme to support and embed business change at grass-roots level.

Digitally Laurel 10/24/2021 8:55:13

THE IMMEDIATE FUTURE:

We will continue to promote and share the support mechanisms that have been embedded in the organisation, and will further develop those which are new to us or require different approaches.

- Re-launch of the new DHCW Health and Wellbeing group early in 2022
- Presentation to Local Partnership Forum on the proposed programme of work for DHCW in Africa for wider engagement and discussion
- We will complete the organisational status check for Gold Corporate Health Standard and apply for the new revised standard in 2022
- Post pandemic, revisit the Health Informatics Frontline vocational experience (Hi-Five) placements which enable our staff to experience work in other areas of NHS Wales, strengthening working relationships across Wales
- Re-introduce work experience placements, when restrictions are lifted.

We will develop our longer-term plan towards A Wales of Cohesive Communities throughout this IMTP period.

ACTIVELY PROMOTE USE OF THE WELSH LANGUAGE

A WALES OF VIBRANT CULTURE AND THRIVING WELSH LANGUAGE:

The Welsh Government's Cymraeg 2050 strategy describes an ambition to reach a target of 1 million Welsh speakers by the year 2050. A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.

As an organisation we have a responsibility to create the right environment for new learners to acquire and use the language, and for fluent speakers to converse and conduct at least part of their day-to-day working life in Welsh, also being able to transact with colleagues and partners outside the organisation who wish to converse in Welsh. Additionally, there will be goodwill and a feeling of ownership regarding the language amongst those who do not speak it. We have appointed a Welsh Language Services Manager to lead in this area.

We will adopt the principle established in the Welsh Language Act 1993 that, in the conduct of public business in Wales, the Welsh and English languages should be treated on a basis of equality. We have developed a Welsh Language Scheme and are committed to provide a level of Welsh Language services equivalent to the Welsh Language Standards being adopted by similar public organisations in Wales.

We will continue to manage our responsibilities for use of the Welsh Language using our Welsh Language Action Plan to monitor progress and improvements.

Tolley, Laura 03/24/2022 09:52:13

THE IMMEDIATE FUTURE:

Activities being undertaken throughout the organisation to actively promote use of the Welsh Language include:

- Our new Welsh Language Services manager will oversee the implementation of a Bilingual Skills Strategy across DHCW.
- We will continue to lead on all-Wales work to optimise the quality and quantity of Welsh Language services that we are able provide.
- Further development of our multi-disciplinary team, inclusive of Welsh speakers and representatives of all activities undertaken, to ensure compliance. The team is led by an Informatics Service Director, and includes a technical lead (both of whom speak Welsh as a first language), to ensure Welsh language requirements are considered in all existing and new developments.
- We will continue to refine the Welsh language capabilities of our national systems to support NHS Wales organisations.
- We will continue to work with NHS Wales Shared Services Partnership for translation services.
- We have identified which roles require Welsh Language skills to be an essential requirement and are actively recruiting Welsh speakers.
- We have ongoing engagement with the Welsh Language Commissioner and Welsh Government.
- We will run Welsh lessons for all abilities (we are also exploring opportunities for intensive tutoring of those with intermediate skills to allow them to quickly progress to a level whereby they are confident to use the Welsh language during the working day).
- We will assess and respond to the specific Welsh language requirements relating to digital systems that will be recommended by the Welsh Government More than Words Task and Finish Group.
- We will produce a bilingual NHS Wales App.

We will continue to raise awareness of the Welsh Language by the publication of articles, newsletters and awareness sessions.

DHCW staff

EMBED A SUSTAINABLE CULTURE
TO LIMIT THE IMPACT ON THE ENVIRONMENT

A GLOBALLY RESPONSIBLE WALES:

A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.

Since our staff moved to remote working in Mar 2020 we have continued to make improvements to sustainability as part of our new ways of working. Our travel costs have reduced, we have a new estates management strategy with fewer buildings, and the buildings we do retain will be used differently to reduce consumption of stationery, paper, printer cartridges etc. We have developed a more flexible approach to working location, enabling staff to work more from home under a range of options.

We are certified to ISO 14001:2015 Environmental Management Systems standard and as far as is practicable, we implement similar housekeeping and waste management practices throughout Digital Health and Care Wales, encouraging staff to be mindful of energy consumption.

We monitor environmental performance throughout the year and we maintain data on how much:

- waste we send to landfill and the cost of its disposal
- waste we recycle and the cost of its disposal
- electronic waste (WEEE) we dispose of
- electricity and gas we use
- water we consume
- Data is captured on a daily, weekly, monthly and quarterly basis, allowing us to track how much waste is being produced and how much energy is being consumed each year.

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THE IMMEDIATE FUTURE:

We have developed a Decarbonisation Strategic Delivery Plan which is outlined in this IMTP. We are committed to achieving continued improvements in carbon management, energy and water management, travel and transport, waste management, environmental management systems, sustainable procurement, awareness raising and training. We will be developing longer-term plans for these important issues throughout the period, as follows:

- Waste Management - Minimise waste through careful purchasing, efficient (re)use of resources and recycling of materials, where appropriate.
- WEEE waste - Dispose of all equipment that comes under the Waste Electrical and Electronic Equipment regulations in a compliant manner.
- Energy - Reduce our carbon footprint and save energy across all sites.
- Sustainable Procurement – we will work with NWSSP colleagues and continue to use the Sustainable Procurement Code of Practice.
- Water - Reduce the amount of water that we consume across all sites.
- Environmental Management - Maintain a structured environmental management system, to promote good environmental performance and ensure continual improvement.
- Legal Compliance - Ensure we remain compliant with all applicable environmental legislation.
- Communication, Awareness Raising and Involvement - Engage with a greater number of our employees year on year for continual EMS improvement.
- Air Conditioning - Minimise the escape of fluorinated gases to the environment.

We update our Sustainability Action Plan every Qtr to ensure that consistent improvement is made against our targets.

DHCW staff

GIG CYMRU NHS WALES
Iechyd a Gofal Digidol Cymru
Digital Health and Care Wales

Appendix 2

Our Key Systems by Portfolio

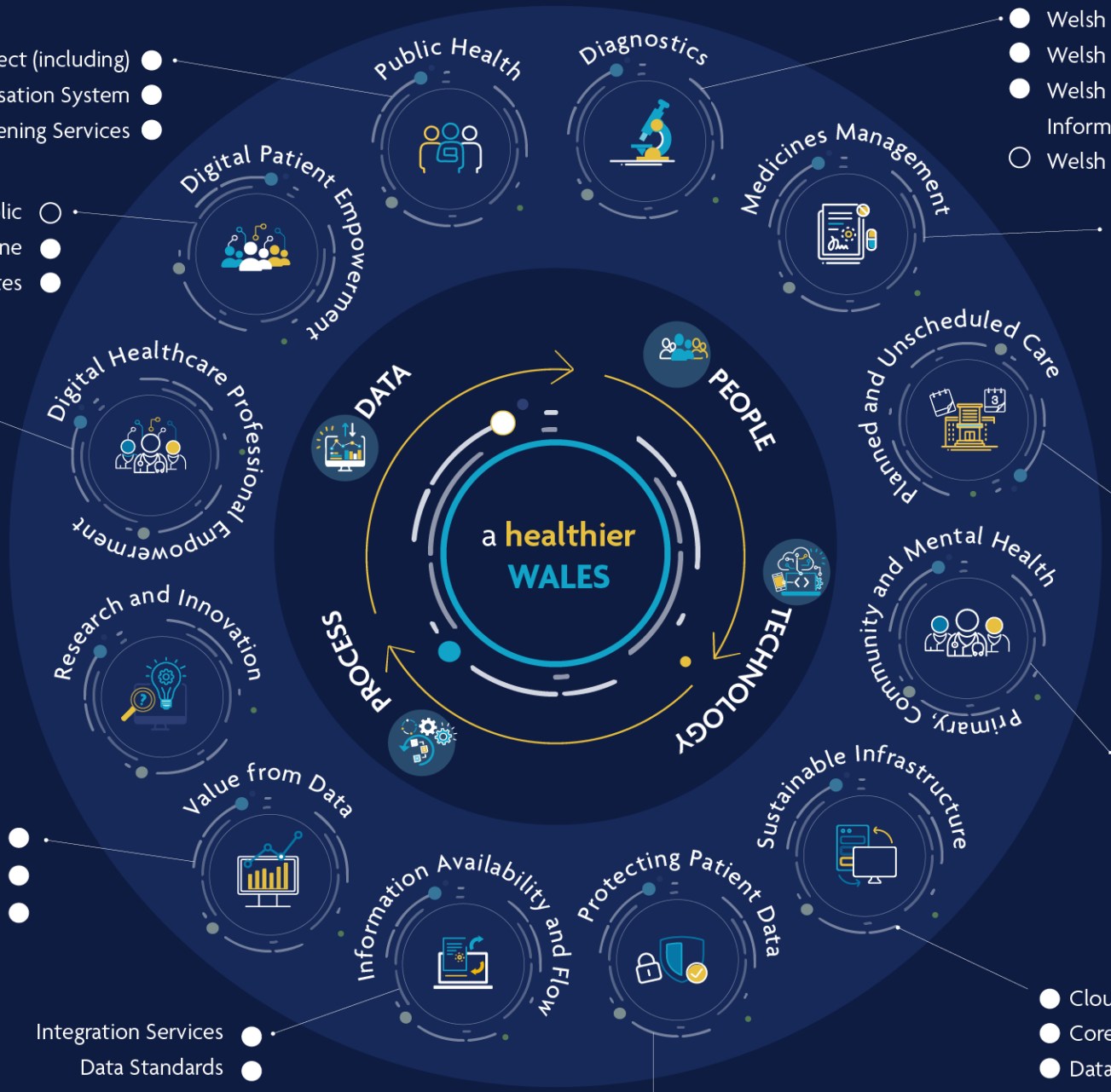
Tolley, Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES

IMTP
2022-2025

Back to Contents

DHCW Portfolios and Services



- Test, Trace, Protect (including)
- Welsh Immunisation System
- Screening Services

- Welsh Point of Care Testing
- Welsh Laboratory Information Management System
- Welsh Radiology Information System - Radiology Informatics Solution
- Welsh Imaging Archive Service

- Digital Services for Patients and the Public
- My Health Online
- NHS Wales Websites

- Electronic Transfer of Prescriptions (GP to Community Pharmacy)
- Welsh Hospital Pharmacy Stock Management System
- Electronic prescribing and medicines administration (secondary care)
- National Medicines Repository

- Welsh Clinical Portal
- Electronic Test Requesting
- Cancer Informatics
- Welsh Nursing Care Record
- Diabetes Informatics
- Microsoft 365
- e-Library for Health

- Welsh Patient Administration System
- Welsh Clinical Communications Gateway
- Welsh Emergency Dept System
- Welsh Intensive Care Information System
- Welsh Patient Referral Service

- GP Test Requesting
- GP Systems
- Dental E-referrals
- Child Health (CYPRiS)
- Choose Pharmacy
- Welsh Community Care Information System

- PROMs and PREMs
- Value for Health
- Business Intelligence Dashboards

- Cloud
- Core Infrastructure
- Data Centre Transition Project

- Integration Services
- Data Standards
- Architectural Building Blocks
- Welsh Care Records Service
- Master Patient Index

- National Intelligent Integrated Audit Solution
- Information Governance Toolkit for Wales

KEY

Outlined Circles indicate

Tolley, Laura
03/24/2022 09:52:13

DHCW **Decarbonisation Strategic Delivery Plan**

2021 - 2030

DIGITAL HEALTH AND CARE WALES
December 2021

Tolley, Laura
03/24/2022 09:52:13

TABLE OF CONTENTS:

1. Who We Are 3
1.1 Digital Health and Care Wales 3
1.2 Our People 3
1.3 Our Carbon Management 3
1.4 Seren Environmental Consulting Ltd 3
2. Statement of Commitment 4
3. The Climate Emergency and Decarbonisation Targets 5
3.1 Climate Emergency 5
3.2 Decarbonisation Targets 5
4. Principles for Public Reporting 8
4.1 Using the Principles for the Welsh Net Zero reporting approach system 8
5. Wellbeing of Future Generations Act 10
5.1 Wellbeing Objectives 10
6. Measuring DHCW's Carbon Footprint 11
6.1 DHCW and the NHS Wales Carbon Footprint 11
6.2 Organisational Boundary 11
6.3 Emission Footprint Boundary 11
6.4 DHCW's Baseline Data 12
7. DHCW Baseline Carbon Footprint 2019/20 13
7.1 Gross Emissions 13
7.2 Net Emissions 15
7.3 Buildings 15
7.4 Transport 19
7.5 Procurement 23
7.6 Home Working 24
7.7 Improvement and Revision Approach 27
8. 2025 and 2030 Emissions Targets 28
8.1 Assumptions 29
9. Strategic Delivery Plan 30
9.1 NHS Wales Strategic Delivery Plan 30
9.2 Mobilisation 30
9.3 Improvement and Revision Approach 30
9.4 Decarbonisation Initiatives 31
10. ROADMAP 41

Tabled Paper 03/24/2022 09:52:13

10.1 NHS Wales approach 41
10.2 Roadmap Review and Revision 41
10.3 DHCW Roadmap 42
11. Conclusions 46
12. Glossary 47
13. References 48

Tolley Laura
03/24/2022 09:52:13

1. Who We Are

1.1 Digital Health and Care Wales

Established in April 2021, we are the National Organisation building and designing digital services for NHS Wales.

We are a new Special Health Authority created 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. Building on recent digital investment, we have a leading role in delivering the national programmes needed for modern technology-enabled healthcare. These large-scale developments will make a significant difference to the people of Wales.

As a relatively new organisation, we have a bold and ambitious programme of integration and innovation that includes expansion of the digital patient record and the creation of a world-leading national data resource, improving the way data is collected, shared, and used.

Our key responsibilities are mobilising digital transformation and ensuring high quality care, expanding access to the Digital Health and Care Record, delivering high-quality digital services and enabling big data analysis for better outcomes.

In order to deliver the digital aims of Welsh Government and to ensure the very best digital solutions for the people of Wales, we work collaboratively with health and care professionals, patients and public, industry and academia.

Our Values reflect and complement the NHS Wales Core Principles and wider public services values; they are at the core of how we work, both within DHCW and in our interactions with others.

1.2 Our People

We are led by a Board made up of executive directors and independent members, which is our most senior decision-making body. At the time of writing, DHCW has 885 employees.

1.3 Our Carbon Management

The Estates and Compliance team are currently responsible for defining the approaches and leading on implementing the initiatives detailed within this Delivery Plan. Beyond that, the team also works to collate and maintain environmental performance data, produce environmental statistics and reports as necessary, analyse environmental performance data and improve environmental communications across the organisation.

However, Estates and Compliance cannot deliver our decarbonisation aims without the assistance of key stakeholders both within DHCW and external to it (particularly NWSSP). As we do not own any of our offices or data centres, engagement with our landlords is vital to making meaningful progress.

1.4 Seren Environmental Consulting Ltd

This report was prepared with the assistance of Seren Environmental Consulting Ltd, who were selected to collaborate with Digital Health and Care Wales in the development of its Decarbonisation Strategic Delivery Plan following a competitive procurement process.

Seren Environmental Consulting Ltd are a small environmental management consultancy based in Swansea and Cardiff. Operated since 2003 by its two Directors, Amanda Thorpe and Matt Hines, the consultancy provides environmental management audit and consultancy including ISO14001 and carbon strategy for a wide range of organisations in the public and private sector.

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2. Statement of Commitment

A Foreword by the Chief Executive, Helen Thomas

Members of the Senedd endorsed the Welsh Government's declaration of a Climate Emergency in 2019. The NHS Wales Strategic Delivery Plan, which DHCW are fully committed to, responds to this declaration, and is aligned with Welsh Ministers goal of achieving a net zero public sector by 2030.

Following the COVID-19 pandemic, a clear and ambitious green recovery strategy will be crucial. The Digital Health and Care Wales (DHCW) Decarbonisation Strategic Delivery Plan has been developed to support the ambitions set out within the NHS Wales Decarbonisation Strategic Delivery Plan. The plan demonstrates how NHS Wales can contribute to the recovery and its commitment to the Wellbeing of Future Generations (Wales) Act 2015, which addresses long-term persistent challenges such as poverty, health inequity, and climate change.

We have made significant progress in decarbonising our estate in recent years; however, we recognise that there is more to be accomplished. This Delivery Plan allows us to take a fresh look at our building and energy needs, as well as procurement, travel, and other emissions sources. Some of these emissions are beyond our direct control; highlighting the challenge we have in working collaboratively to influence the decisions of others.

DHCW are in a unique position to contribute towards reducing carbon emissions across the wider NHS by providing and improving digital solutions across NHS Wales, such as those allowing for digital transfer and storing of information and solutions that allow for remote consultation.

In recognition that the nature of our business activities may have an environmental impact, we are fully committed to decreasing this impact across the scope of our operations and the services we deliver.

Becoming more environmentally aware, we are actively taking steps to measure and reduce our carbon footprint to improve sustainability at DHCW by implementing improvement opportunities, enhancing our communication, and placing a greater focus on how we procure goods and services.

While there are a number of activities that can aid us in lowering the amount of carbon emissions that we emit as an organisation, we believe they must be undertaken as part of a comprehensive plan to ensure a complete transformation.

Crucially, our strategy is underpinned by the belief that any steps taken must consider not only how to address generated carbon emissions, but also how we as an organisation can become carbon efficient.

Our positive actions have contributed to embedding a sustainable culture within our organisation, reducing our negative effect on the environment. We will continue to actively work towards achieving our targets in this immensely important area.

In conclusion, each individual at DHCW has a part to play in decarbonising our estate and the wider health service in accordance with prudent healthcare. The decisions you make as an individual, or as a member of the team, will contribute to lowering emissions and enhancing our environment.

Helen Thomas
Chief Executive
Digital Health and Care Wales

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3. The Climate Emergency and Decarbonisation Targets

3.1 Climate Emergency

We know with high confidence that climate change is happening today (Climate Change Committee, 2021) **and is the result of greenhouse gas emissions caused by anthropogenic (human) activity. Impacts from climate change are being felt today and will continue to increase in the future**. The rising global temperature will be increasingly widespread and will lead to wider changes to our weather. Additionally, many impacts of climate change are already being detected and reported.

Globally, the IPCC (Intergovernmental Panel on Climate Change) has identified a range of concerns for the future (IPCC, 2021), including:

- irreversible impacts – even at more moderate changes in global temperature, particularly for Arctic ecosystems and coral reefs.
- extreme weather events
- severe impacts on the world's poorest and most vulnerable populations
- environmental and economic damage
- large-scale singular events (such as further sea level rises as major ice sheets melt over Greenland and Antarctica)

Specifically, in the UK, the UK Climate Change Committee, 2021 has stated:

- The chances of experiencing hot summers like in 2018 have doubled in recent decades and are now about 10-20% per year. This will rise to 50% by 2050.
- Sea levels have risen by 16cm since 1900 and will continue to rise for centuries due to time lags in the climate system.

The UK climate change risk assessment (CCRA) shows a range of risks to the UK under different future scenarios of climate change and provides estimates of the current and future level of risk from flooding and coastal change; water scarcity; extreme heat; wildfires and storms (Climate Change Committee, 2021). These hazards will have increasing impacts on the natural environment, people, and the economy within Wales in addition to the UK as a whole. At the same time, there could be some opportunities, including reduced energy demand in winter, and a growing adaptation services sector. It is likely that these risks and opportunities will become increasingly more prominent in the future. New risks could emerge, as global greenhouse gas emissions continue to rise.

The climate change risks can be limited by reducing greenhouse gas emissions (mitigation) and preparing for change (adaptation). It is accepted that action to limit future global greenhouse gas emissions will help restrict future changes in the climate system.

3.2 Decarbonisation Targets

3.2.1 Global Climate Targets

Climate change is clearly recognised as a global problem needing a global response to keep global warming to 'well-below' 2°C above pre-industrial levels, and 'pursuing efforts' to keep it below 1.5°C. At the 26th session of the Conference of the Parties (COP 26) to the UNFCCC (United Nations Framework Convention on Climate Change) held in Glasgow (November 2021) a formal commitment was made by countries and companies across the world to secure global net zero carbon emissions by 2050 and to keep 1.5 degrees of warming within reach. Few who

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have followed developments at COP26 will be in doubt as to the magnitude of the challenge ahead. In Wales, the Welsh Government has set out its intent for the public sector:

3.2.2 Welsh Government - A Net Zero Public Sector by 2030

In 2019, the Welsh Government declared a Climate Emergency and launched 'Prosperity for All: A Low Carbon Wales', which set out the Welsh Government's plan for decarbonisation in Wales (Welsh Government, 2019). Since then, Welsh Government has put in place binding legislation, strategies, and ambitions to drive carbon reduction activity in Wales. In particular, a Welsh Government Ministerial Ambition' has been set to achieve a Net zero Public Sector by 2030, including the health sector and NHS Wales.

In March 2021, the Senedd passed a suite of regulations to increase Wales' emissions targets from those originally set in 2018/19 and to set Carbon Budgets accordingly. These targets and carbon budgets are now set in law and are as follows:

- Carbon Budget 2 (2021-25): 37% average reduction (with 0% offset limit);
- Carbon Budget 3 (2026-30): 58% average reduction;
- 2050: at least 100% reduction (Net Zero)

In May 2021, The Welsh Government published its Welsh Public Sector Net Zero Carbon Reporting Guide (Welsh Government, 2021), which detailed the principles and priorities for the Welsh Public Sector Net Zero Carbon reporting approach (known as the Welsh Net Zero Reporting Approach). This Guide defines the operational and organisational scope and the data which public bodies in Wales will need to assemble in order to fulfil the reporting requirements. A Net Zero Carbon reporting spreadsheet for the public sector has also been published.

In October 2021, The Welsh Government published its All Wales Plan 2021-2025 (Working Together to Reach Net Zero) focusing on specific actions and expectations needed to meet its 2025 carbon emission reduction targets.

The All Wales Plan specifically identified that a 7% carbon emission reduction by 2025 was needed from the public sector, as a whole, if Wales, as a whole, is to meet its collective net zero carbon targets by 2050.

The Welsh Government has established a 'Team Wales' approach, which means that there is an acknowledgement that different parts of the public sector will be able to make greater or lesser contributions to the net zero carbon reduction programme and that opportunities from carbon sequestration by NRW (Natural Resource Wales) managed woodland could also be legitimately included to offset those residual emissions that are difficult to eliminate (Welsh Government, 2021).

This is the reason that NHS Wales and DHCW do not themselves have absolute net zero targets by 2030. With this collaborative approach, the emissions from NHS Wales are included with all (780+) public sector organisations, including NRW and its woodlands. However, as NHS Wales has been identified as the biggest carbon emissions emitters, and potentially, one of the more challenging organisations to decarbonise, particularly against a potential increasing demand for health and care services, NHS Wales has to meet its share of the collective public sector target.

3.2.3 NHS Wales - 1 Million tonnes

As the largest partner in the public sector, NHS Wales has recognised it has a significant contribution to make towards the 'Team Wales' target of a net zero public sector by 2030.

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The NHS Wales 2018/19 Carbon Footprint (Carbon Trust, 2020) was calculated to be approximately **1 million tonnes CO_2e, which represents around 2.6% of Wales's total greenhouse gas emissions**. This has been set as the baseline for emissions reduction targets for NHS Wales going forward. Boundaries for scope 3 emissions have

been defined (GP surgeries, pharmacies and dentists are a notable exclusion) and the future approach for NHS Wales has been established.

The NHS Baseline identified four key source areas for its carbon emissions, and their relative contributions to the 1 million tonnes of carbon emissions:

- Building Use (21%)
- Procurement (62%)
- Fleet & Business Travel (15%)
- Staff, Patient & Visitor Travel (2%)

These four categories are replicated in the NHS Wales Decarbonisation Strategic Delivery Plan, which was published in March 2021 (NWSSP) (Carbon Trust, 2021). The 2021 Decarbonisation Strategic Delivery Plan defined how NHS Wales intends to contribute towards a net zero Public Sector by 2030 by establishing 46 initiatives for decarbonising NHS Wales.

The NHS Wales Decarbonisation Strategic Delivery Plan has set the following headline targets:

- 16% reduction in carbon emissions by 2025
- 34% reduction in carbon emissions by 2030

3.2.4 Digital Health and Care Wales

DHCW recognise the Climate Emergency and the need for all those in the public sector to contribute to the ambitious net zero carbon by 2050 goal for Wales set by Welsh Government. All NHS organisations are expected to cascade the NHS Wales Decarbonisation Strategic Delivery Plan across their organisations and to develop and publish their own actions plans to demonstrate how initiatives within the plan will be delivered. This is our Plan.

In this Delivery Plan, Digital Health and Care Wales has:

- Outlined the decarbonisation challenge for our organisation
- Stated our commitments
- Estimated its baseline emissions using Welsh Government methodologies
- Identified priority sources of carbon emissions
- Established targets in line with those of NHS Wales (which in turn are aligned to the collective public sector ambition of being net zero by 2030)
- Shared the challenge that is particularly associated with procurement related carbon emissions
- Defined a mechanism for monitoring progress
- Adopted those initiatives within the NHS Wales Decarbonisation Strategic Delivery Plan that are relevant to DHCW
- Developed a roadmap of commitments and specific actions up to 2030 (which will be reviewed in 2025 and 2030) by which it will achieve its carbon reduction targets for 2025 and 2030.

We have established targets in line with those set by NHS Wales (which in turn are aligned to the collective public sector ambition of being carbon neutral by 2030) for our non-procurement emissions. These are:

- 16% reduction in carbon emissions by 2025
- 34% reduction in carbon emissions by 2030

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We are developing our understanding of our significant procurement emissions in order to set a clear path to the 2025 and 2030 numerical targets. We intend to work with our colleagues at NHS Wales Shared Services Partnership (NWSSP) to define a clearer strategy in 2022.

4. Principles for Public Reporting

4.1 Using the Principles for the Welsh Net Zero reporting approach system

The Welsh Net Zero reporting guide sets out thirteen principles to be adopted for public sector reporting. The principles are in order of priority and with the higher ranked principle expected to take precedence if there is conflict or uncertainty.

Digital Health and Care Wales have adopted these Principles when preparing the Baseline and Decarbonisation Strategic Delivery Plan.

Principle name	Principle Adopted
1. Transparency	Reporting has been transparent and has clearly stated the boundary, methods, data sources, uncertainty and assumptions used for estimation of emissions and removals. Areas of weakness or low-grade data have been highlighted.
2. Good decision-making	DHCW will focus resources on accurately estimating and reporting on the most important activities. For DHCW, this is Procurement, followed by Building Use (particularly electricity consumption at the outsourced Data Centres), and then Business Fleet & Travel.
3. Consistency	The methodology used to report emissions and removals has been applied consistently for 2019/20 and for subsequent prediction modelling. Changes reported between time periods will reflect actual changes to the quantity of emissions or removals, and not changes to the organisation or method. Outsourced activities will be accounted for to avoid carbon leakage. Clarification of scope definition with regards to procurement may be further defined and refined. This will be clearly reported. Confirmation of the rules for including/excluding examples where either DHCW occupies a small space (rooms or works stations) in another workplace and is not charged for the carbon impacts or vice versa, where another NHS team may sit within a DHCW workplace but is similarly not cross-charged for the carbon generated.
4. Partnership working	DHCW understands that the 2030 ambition for the Welsh public sector can only be met by assessing carbon neutrality across the whole sector. Both NHS Wales and Digital Health and Care Wales have internal targets, independent of the overall Welsh public sector ambition and collaboration, partnership, open and honest communication and supportive networks will be critical to delivery of the Decarbonisation Strategic Delivery Plan.
5. Usefulness of data	Our reported data reported will be directly useful for both measuring progress towards meeting the 2030 targets but also in understanding the risks and opportunities of targeted action. It is anticipated that our data will be of use to others within NHS Wales.
6. Local Economic Growth	DHCW implements sustainable procurement and works hard to influence the wider economy through its demand for goods and services and its support for sustainable, low carbon economic growth. The carbon impact data generated and reported through this approach could support activities to develop and sustain low carbon markets in Wales and to provide evidence for supporting existing and potential future suppliers to those markets.
7. Comparability	DHCW understands that the carbon neutral ambition for the Welsh public sector covers the whole sector and therefore it needs to report using the same operational and organisational boundaries, adjusted for organisation type, using the same standardised methodology and emission factors. Variations in boundaries and methodology based on

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Principle name	Principle Adopted
	organisational or geographical variation will always be clearly documented (in the case of the DHCW footprint versus that of NHS Wales 2018/19, the inclusion of home-working, necessitated by the profound changes to working patterns brought by the pandemic).
8. Completeness	Reporting has included estimates for all emission sources within the agreed organisational and operational boundary, unless there is evidence to suggest that the emission source is not relevant for DHCW. For existing emission sources, where activity data was not available, DHCW has followed the provided methodology for estimating activity data, for example, benchmark estimates based on estate size or employee numbers.
9. Proportionate reporting burden	The resources used to estimate emissions and removals have been proportionate to the significance of the source, firstly within NHS Wales, and secondly to DHCW. Whilst completeness and accuracy are important, DHCW has been mindful that it has to balance the need for robust estimates with the required resources. This means not devoting resource to reducing uncertainty for elements (such as waste and water) that form a very small component of the footprint.
10. Improvement over time	DHCW's data sets have some uncertainty. DHCW is therefore committed to improving the quality of reporting data over time, within the context of the overall reporting system. Methodologies will only be changed where this results in an improvement in terms of accuracy. There is an expectation that the methodology for assessing carbon data from procurement will evolve significantly over the reporting time period. Where DHCW has estimated emissions for significant source using simple approximations and benchmarks of activity data, DHCW will improve the methodologies in line with Principle 9.
11. Accuracy	DHCW will reduce uncertainty in estimates of activity data and continually improve the accuracy of reporting, subject to Principle 9. Initial opportunities for this are identified later in this plan.
12. Maintenance and extension of ambition	DHCW will commit to reducing all emissions further where possible and continue to search for new opportunities for carbon reductions. The boundaries of the reporting system may also be revised in the future to include emission sources outside the direct control and/or resetting of DHCW's ambition to achieve net carbon removals.
13. Peer review	To strengthen and share knowledge, DHCW is open to having its reported data peer reviewed by another NHS Wales reporting organisation. DHCW looks forward to participating in a peer learning community within NHS Wales.

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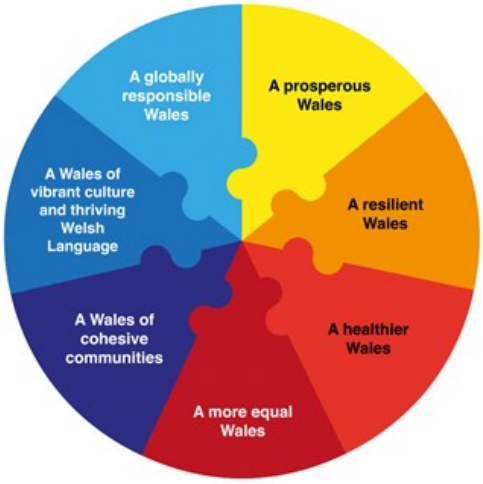
5. Wellbeing of Future Generations Act

The Act came into effect in April 2016, which at the time made it the only piece of legislation of its kind in the world. It represents a significant opportunity for improving and changing life in Wales as a whole. The Act outlines how public bodies in Wales should collaborate to improve the economic, social, environmental, and cultural wellbeing of Wales.

In order to do this, we ensure as far as is practicable, that we deliver our work in accordance with the Sustainable Development principle; *to act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs*.

The Act has established seven national wellbeing goals for Wales, illustrated below. We will contribute towards delivering these national goals through our Decarbonisation Strategic Delivery Plan, new ways of working and wellbeing objectives.



5.1 Wellbeing Objectives

A HEALTHIER WALES - Support the sharing of expert knowledge so that the citizens of Wales are better informed about their health and able to access the best possible healthcare when they need it.

A GLOBALLY RESPONSIBLE WALES - Embed a sustainable culture to limit the impact on the environment.

A MORE EQUAL WALES - Attract, develop skills, and provide opportunities for existing and future generations.

A WALES OF COHESIVE COMMUNTITIES - Promote a culture of volunteering, by creating the conditions for citizens to share their experience and to learn new skills

A WALES OF VIBRANT CULTURE AND THRIVING WELSH LANGUAGE - Actively promote the use of the Welsh Language.

A PROSPEROUS WALES - Work to strengthen the international recognition of NHS Wales as a Centre of Excellence for Digital Innovation.

A MORE RESILIENT WALES - Improve the health and well-being of citizens across Wales, helping to sustain a healthy productive population that contributes to society.

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6. Measuring DHCW's Carbon Footprint

6.1 DHCW and the NHS Wales Carbon Footprint

DHCW did not exist as an entity when the NHS Wales Carbon Footprint 2018/19 was calculated. At the time, its predecessor, the NHS Wales Informatics Services (NWIS) operated from within Velindre University NHS Trust. The NHS Wales carbon footprint (1,001,378 tCO2e) included NWIS (along with NWSSP and the Welsh Blood Service) within the 'Footprint Boundary', under the collective Velindre University NHS Trust footprint.

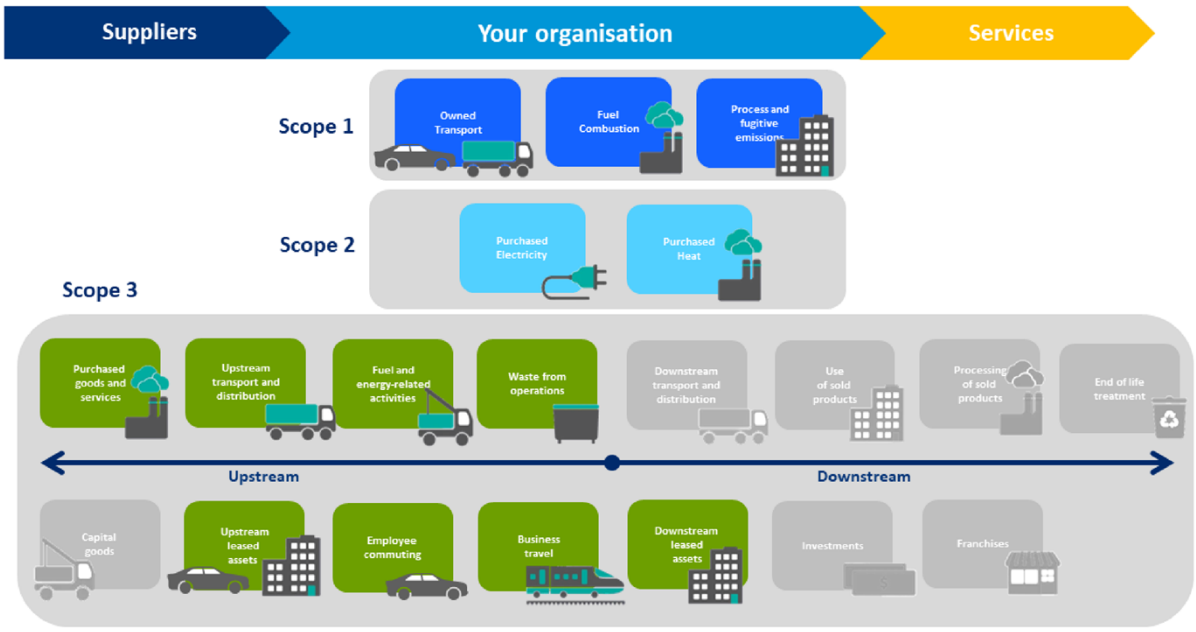
Other entities within NHS Wales have been able to use the NHS Wales Carbon Footprint 2018/19 in formulating their response to the NHS Wales Decarbonisation Strategic Delivery Plan. However, DHCW is unable to do so, without first estimating its own baseline emissions. Accordingly, DHCW has selected the subsequent year (2019/20) as its baseline year and estimated its own carbon footprint in that year. The rationale for 2019/20 as a baseline was that it was the first full year of carbon data associated with DHCW's building portfolio and business travel arrangements as a separate organisation. At the time of writing, most data for 2020/21 was also available; however, this period was not suitably representative, dominated as it has been by the pandemic. In the discussion of DHCW's 2019/20 baseline emissions, reference is made to preliminary 2020/21 data where it is useful for context and contrast.

6.2 Organisational Boundary

For the purposes of this Carbon Footprint, DHCW as an entity forms the organisational Footprint Boundary.

6.3 Emission Footprint Boundary

In common with the NHS Wales Carbon Footprint 2018/19, the operational boundaries are set using the Scope 1-3 Framework established by the Green House Gas Protocol (GHG Protocol, 2004).



NHS Wales Carbon Footprint Boundary (Carbon Trust, 2020)

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The footprint boundary follows that of the NHS Wales footprint; *the majority of emission types considered outside of the Footprint Boundary (shown in above image in grey) are 'Scope 3 Downstream' emissions. This is largely due to the lack of products downstream from NHS Wales; the nature of the organisation is such that there are no 'sold products'*. (Carbon Trust, 2020)

6.4 DHCW's Baseline Data

The scope 1 and 2 carbon emissions associated with our building use and business travel have been monitored since 2019/20, by the Estates and Compliance team within DHCW, as part of its longstanding environmental management system (certified to ISO 14001:2015) which is independently audited each year. As our carbon, accounting has improved, so has the robustness and increased inclusivity of the Estates led data.

Through our ISO 14001 EMS, DHCW has put monitoring protocols in place to collate and analyse resource consumption and environmental data, much of it relevant to its carbon footprint. DHCW has developed a carbon accounting tool, based on UK Government published carbon factors to monitor its greenhouse gas emissions. The range of data currently collected includes:

- Electricity consumption
- Gas consumption
- Water (Supply & Treatment)
- General Waste Landfill
- General Waste WtE (Waste-to-Energy)
- Recyclable Waste (including confidential waste)
- WEEE (E-Waste)
- Business Mileage
- Fleet Vehicles
- Fleet Vehicles (Electric Vehicle (EV))
- F-Gas
- Procurement

Data availability, data quality, calculation methodologies and opportunities for reducing uncertainty are discussed against each type of carbon emission in the next chapter. Some very significant opportunities for reducing uncertainty exist. However, a baseline year of 2019/20 has been established, which is the first full year of carbon data associated with our building portfolio and business travel arrangements as part of being a separate organisation. Our emissions are subdivided into the four categories used by NHS Wales as follows:

- Building Use
- Procurement
- Fleet & Business Travel
- Staff Travel

When analysing and reporting on the data, NHS Wales aggregates the fleet and business travel with staff travel under the general headline of Transport.

For the purpose of carbon accounting, we include our outsourced Data Centres as part of the Building Use category rather than under a procurement classification. In the baseline year, DHCW's own servers occupied rack space in two data centres. Although DHCW have no direct control over elements of data centre operation (e.g. cooling, considered under Scope 3 emissions), the servers themselves are owned and managed by DHCW and therefore emissions are considered as Scope 2 rather than Scope 3 emissions. Our rationale is simply that if a building includes our people or our equipment, then it makes sense for that building to be included in the footprint.

In addition, we have chosen to report estimated emissions from home working. These are small for 2019/20 but projected to be much larger in subsequent years. While this sets up a potential conflict with the NHS Wales baseline footprint (which excludes homeworking) under Principle 7 Comparability, we feel it meets the higher-ranking Principle 2 Good Decision Making. Moreover, recent approaches to carbon footprinting in Wales have begun to include homeworking, for example a case study by Natural Resources Wales (Welsh Government, 2021).

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7. DHCW Baseline Carbon Footprint 2019/20

7.1 Gross Emissions

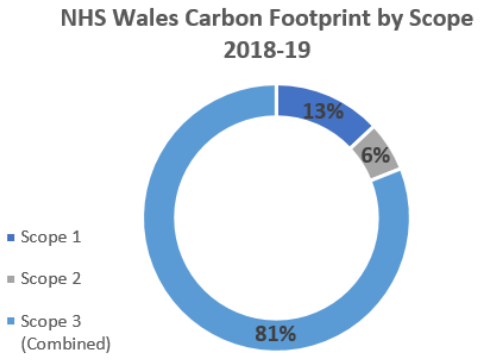
The DHCW 2019/20 Gross Carbon Footprint has been calculated at 19,858 tCO2e.

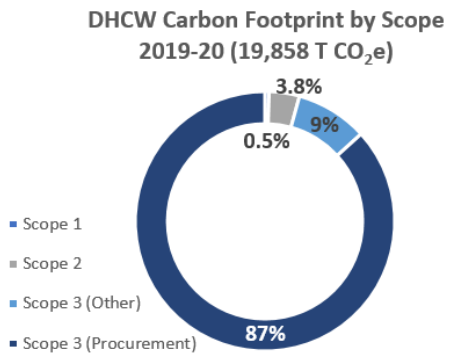
This is about 2% of the NHS Wales 2018/19 baseline Carbon Footprint (1,001,378 tCO2e) and places it among the smaller entities within NHS Wales; similar to Public Health Wales but less than Powys Teaching Health Board (Carbon Trust, 2020). In the following sections, the overall footprint is broken down in various ways to aid understanding and in comparison with the NHS Wales footprint as a whole. Initially it is broken down Scope by Scope as set out in the GHG protocols:

- Scope 1: Emissions from activities owned or controlled by the organisation that release emissions into the atmosphere. They are direct emissions. Examples of scope 1 emissions include emissions from combustion in owned or controlled boilers, furnaces, vehicles; emissions from chemical production in owned or controlled process equipment.
- Scope 2: Emissions released into the atmosphere associated with the organisation's consumption of purchased electricity, heat, steam, and cooling. These indirect emissions are a consequence of the organisation's activities but which occur at sources that the organisation does not own or control.
- Scope 3: Emissions that are a consequence of the organisation's actions, which occur at sources that it does not own or control and which are not classed as scope 2 emissions. Examples of scope 3 emissions are business travel by means not owned or controlled by the organisation (staff using personal cars for work travel), waste disposal which is not owned or controlled, or purchased materials or fuels and energy consumption at outsourced Data Centres. (HM Government, 2019). This also includes those emissions associated with remote working.

Examples specific to DHCW's footprint are:

- Scope 1: exhaust emissions from DHCW fleet vehicles.
- Scope 2: power generation emissions to provide electricity consumed at DHCW's offices.
- Scope 3: emissions in the production of IT equipment procured by DHCW.





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NHS Wales' carbon footprint is dominated by Scope 3 emissions. This is even more so for DHCW's footprint, with Scope 3 Procurement emissions representing over 86% of the footprint. These emissions also have some data uncertainties due both to the methodology used and the data set available.

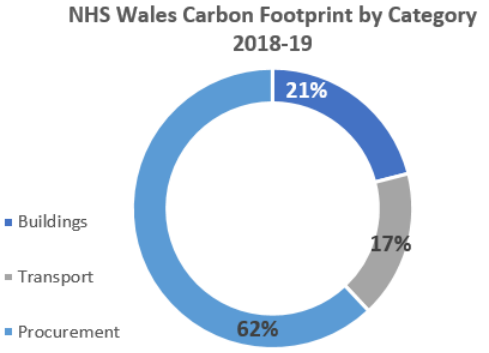
Of the remaining 14% of DHCW's footprint, scope 2 emissions are the next largest source with scope 1 emissions being the smallest contributor.

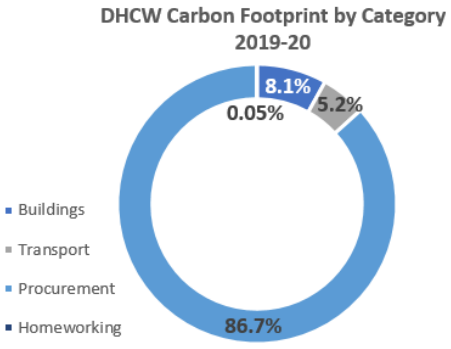
In the NHS Wales 2018/19 Carbon Footprint report, emissions were broken down into three main categories; building use, transport, and procurement. The DHCW footprint adds Homeworking, as shown in the following summary table:

Broad Category	Category	Scope	Emissions (T CO2e)	%
Building Use	Natural Gas	1 & 3	92	
	Electricity (Offices)	2 & 3	400	
	Water & Waste	3	10	
	Electricity (Datacentres)	2 & 3	1,109	
	Subtotal		1,611	8%
Procurement		3	17,207	87%
Transport	Business Travel	3	138	
	Fleet	1	22	
	Subtotal		160	1%
Staff	Commuting	3	871	
	Home Working	3	9	
	Subtotal		880	4%
Total			19,858	100%

Table 1: Summary of DHCW's baseline 2019/20 emissions by scope

The following figures contrast the relative importance of the categories in the NHS Wales (Carbon Trust, 2020) and DHCW footprints.





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7.2 Net Emissions

The NHS Wales 2018/19 Carbon Footprint report follows the GHG Protocol and UK Environmental Reporting Guidelines in making a dual report to reflect 'Net Emissions'. This report does likewise.

DHCW's 2019/20 Net Emissions were 19,652 T CO_2e.

NHS Wales' energy procurement policy has moved to the purchase of REGO certified renewable electricity, and over half of DHCW's electrical consumption is covered by REGO certification. This is consumption at Tŷ Glan-yr-Afon, Cardiff and Bocam Park, Pencoed.

REGO certificates are issued by OFGEM (Office of Gas and Electricity Markets) to generators of renewable electricity. Certificates can be used by licensed electricity suppliers to prove to the final customer that the energy was produced from renewable sources (i.e. off-site renewable generation). However, REGO certified renewable electricity is included when UK Government determines the overall carbon intensity of UK grid electricity, in order to calculate emission factors. DHCW uses these emission factors when calculating emissions relating to its electricity consumption, including that not covered by REGO certification. As there is the clear potential for double-counting the renewables component, REGO certificated electricity is not permitted to be used by public bodies as an offset reduction within the reportable Carbon Footprint.

For the purpose (only) of Net Emissions, REGO certified electricity is considered as zero carbon for generation (Scope 2) and associated 'well-to-tank' (Scope 3), but not for the associated transmission and distribution of the electricity (Scope 3).

In 2019/20, one of the two data centres used by DHCW reported use of 100% renewables, but certification details were not available at the time of writing. If REGO Certification were proven, the Baseline Net Emissions would be revised to 19,247 T CO_2e.

7.3 Buildings

7.3.1 Introduction

DHCW currently occupy approx. 6,500 m^2 of office floor space in a diverse range of buildings, under different landlords.

DHCW has a portfolio of six leased offices across Wales. These are:

- Cardiff: Tŷ Glan-yr-Afon, 21 Cowbridge Road East (TGA)
- Cardiff: Castlebridge 2, Cowbridge Road East (CB2)
- Mold: Media Point – Unit 3, Mold Business Park (MMP) – occupied 2021
- Pencoed: Bocam Park (Bocam Park)
- Pontypool: Mamhilad House, Mamhilad Park Estate (Mamhilad)
- Swansea: Technium 2, Swansea Waterfront Innovation Quarter (Technium)

DHCW also has a small presence at the National Imaging Academy in Pencoed. All our leased offices sit within a wider healthcare, university, or commercial campus. We have no associated land or grounds with the lease arrangements. Our leased space varies from whole buildings to a few floors.

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In addition to our offices, DHCW delivers services to NHS Wales from owned servers located at two third-party datacentres. During the footprint year, these were located in Blaenavon and Newport. In 2021, we closed our activities at Blaenavon and moved to a new Data Centre in Rhondda Cynon Taf.

7.3.2 Gas

7.3.2.1 Introduction

Natural gas is largely non-renewable (a small percentage of UK grid gas is biomethane) and there are significant Scope 3 emissions associated with production and shrinkage (losses) during transmission. Natural gas is used for heating and hot water across most of DHCW's buildings. Bocam Park and MMP do not have gas heating.

7.3.2.2 Footprint Summary

Natural gas related emissions accounted for 92 TCO_2e, which is just under 6% of the calculated Building emissions.

7.3.2.3 Footprint Methodology

Emissions were estimated based on the methodology recommended by Welsh Government (Welsh Government, 2021) for TGA and Mamhilad, where gas meter information was available. Our gas consumption at Castlebridge, Technium and our previous North Wales office is estimated rather than metered because the landlord has apportioned our share of a communal heating system based on the amount of space we occupy.

7.3.2.4 Reducing uncertainty for current methodology

There are no actions identified to further reduce the uncertainty of the emissions methodology.

7.3.3 Electricity (Buildings)

7.3.3.1 Introduction

Use of electricity results in Scope 2 and Scope 3 emissions. Use of electricity in our buildings and datacentres is a significant element of our building carbon footprint.

We currently procure renewable electricity for half of our workplace offices, including our largest office (as do the owners of the Data Centres). This carbon footprint report follows UK Government carbon accounting rules (HM Government, 2019), which stipulate that this renewable electricity must not be rated as zero emissions (see 'Net Emissions' 7.2) but that the normal grid electricity carbon factor be used.

7.3.3.2 Footprint Summary

Electricity-related emissions accounted for 400T CO_2e, which is 25% of the calculated Building emissions.

7.3.3.3 Footprint Methodology

Emissions were estimated based on the methodology recommended by Welsh Government (Welsh Government, 2021), using metered data for all sites except our previous North Wales office, where an estimate of consumption is based on floor area.

7.3.3.4 Reducing uncertainty for current methodology

DHCW will investigate sub-metering at MMP.

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7.3.4 Electricity (Datacentres)

7.3.4.1 Introduction

In the baseline year, DHCW was using two major third-party data centres to locate and operate its equipment, at Blaenavon and Newport, in order to deliver its services to the rest of NHS Wales.

Data centres are major users of energy. The energy efficiency of datacentres is measured using industry benchmarks including:

- PUE (power usage effectiveness), which divides the amount of power coming into a data centre by the amount of power used to run data centre information technology equipment (cooling systems, UPSs, etc.).
- SUE (server usage effectiveness), which is a complement to PUE but also takes IT equipment efficiency into account when calculating data centre energy efficiency.
- DCIE (Data Centre Infrastructure Efficiency), which is expressed as a percentage calculated by dividing IT equipment power by total facility power.

While it has its limitations, PUE is the most often quoted benchmark.

A Cloud Strategy has recently been developed. Cloud services are much easier to scale than traditional on-premises environments. In an on-premises environment, in order to scale an application, we would have had to purchase an additional server or storage. 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.

7.3.4.2 Footprint Summary

Carbon emissions for the two datacentres was calculated at 1,109 TCO_2e, which is 68.5% of the calculated Building emissions.

7.3.4.3 Footprint Methodology

For the Newport Datacentre, carbon emissions relating to rack space power consumption were calculated based on the methodology for deriving carbon emissions from electrical consumption recommended by Welsh Government (Welsh Government, 2021), using monthly meter reads provided by the Data Centre.

No data was available for the Blaenavon datacentre, so on the basis that approximately the same amount of DHCW equipment was located at the two data centres, the Newport Datacentre metered consumption was adopted for the Blaenavon Datacentre.

The Scope 3 emissions around the wider operation of the datacentres (cooling loads etc.), apportioned to the DHCW equipment, were estimated using PUE's. 2019 PUEs were not available for either datacentre. A PUE of 1.3 for Newport was based on an average 'fleet' PUE reported by the Data Centre for their range of datacentres. A PUE of 1.83 for Blaenavon was based on a UK & Ireland average from an EC study (Avgerinou, Bertoldi, & Castellazzi, 2017). These may be overestimates of real-world efficiency and should more information become available, an adjustment to the baseline will be straightforward.

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Use of 100% renewable energy at Newport was not rated as zero, and instead, UK Grid emission factors were used.

7.3.4.4 Reducing uncertainty for current methodology

A number of actions are identified:

- Obtain (and maintain) monthly meter data for data centres.
- Obtain (and maintain) PUE information from providers.
- Evaluate the robustness of reported PUEs, for example compliance with Green Grid comprehensive measurement standards or EU Code of Conduct for Energy Efficiency in Data Centres.

7.3.5 Water and Sewerage

7.3.5.1 Introduction

Water requires treatment prior to supply and on its return to the environment. It is pumped and pressurised to reach end-users. All of these activities require energy and therefore result in greenhouse gas emissions. The water industry contributes 0.8 per cent of annual UK greenhouse gas emissions (Environment Agency, 2008). DHCW uses water for domestic purposes only (toilets and wash hand basins, drinking water, vending machines etc.). DHCW has no process uses of water.

7.3.5.2 Footprint Summary

Water and sewerage related emissions accounted for 5T CO_2e, which is 0.3% of the calculated Building emissions. The footprint does not justify actions on the basis of carbon emissions reduction. DHCW will however, continue to deploy best practical environmental management as part of its certified ISO 14001 programme and will continually improve to drive down all impacts associated with the water consumption in its offices.

7.3.5.3 Footprint Methodology

Emissions were estimated based on the methodology recommended by Welsh Government (Welsh Government, 2021), where meter data is available. Where metered data is not available (at Castlebridge, Technium 2 and MMP), the calculated value for TGA was used, factored by gross floor area (Castlebridge, Technium and MMP are 13.5 times, 4 times and 3.4 times smaller respectively than TGA).

7.3.5.4 Reducing uncertainty for current methodology

There are no actions identified to further reduce the uncertainty of the emissions methodology, due to the small contribution of water and sewerage to the total footprint.

7.3.6 Waste

7.3.6.1 Introduction

Waste management generates emissions from transportation to processing and final disposal, whether that be to landfill sites, waste incineration or recycling sites. DHCW generates typical office type waste and waste electronic and electric equipment associated with its ICT activities. DHCW has a zero to landfill policy and has established waste minimisation and recycling programmes for all of its waste streams.

7.3.6.2 Footprint Summary

Waste emissions accounted for 4.5 TCO2e, which is 0.28% of the calculated Building emissions. The footprint does not justify actions on the basis of carbon emissions reduction. DHCW will however, continue to deploy best practical environmental management as part of its certified ISO 14001 programme and will continually improve to drive down all impacts associated with waste in its offices.

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7.3.6.3 Footprint Methodology

Emissions were estimated based on the methodology recommended by Welsh Government (Welsh Government, 2021), using the relevant BEIS (Business, Energy, and Industrial Strategy) emissions factors, where tonnages were

reported by the waste contractor. For some sites, a basic estimation was made based on the waste collection contract.

7.3.6.4 Reducing uncertainty for current methodology

There are no actions identified to further reduce the uncertainty of the emissions methodology, due to the small contribution of water and sewerage to the total footprint.

7.4 Transport

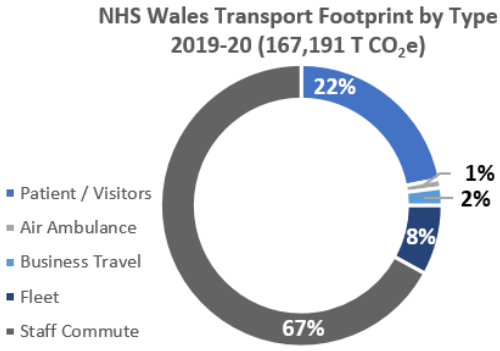
7.4.1 Introduction

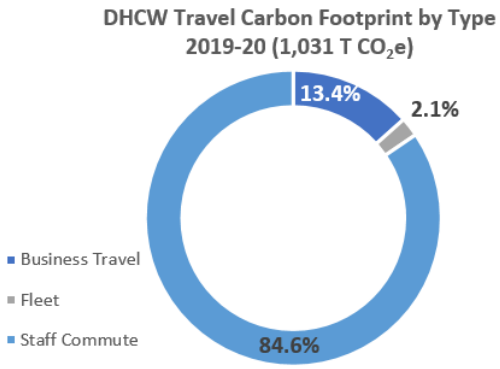
DHCW are a digital delivery service and its staff are required to travel to different NHS Wales primary and secondary care facilities, from GP Practices to hospitals, across Wales. Some activities can only be carried out physically on site. This could be an installation or troubleshooting type task but equally it could be to check equipment or interact with existing digital capability and work collaboratively with the local NHS team. During the pandemic, DHCW significantly reduced business travel by accelerating the ability to provide many digital services remotely. It is likely that this mode of remote service delivery will be sustained at a high level, but there will always be a residual requirement to travel which cannot be completely eliminated.

To a large extent, the geographical spread of the office network was to have staff local to all of the NHS Health Boards and Trusts, and therefore minimise both business and commuter travel.

7.4.2 Footprint Summary

Employee commuting was the largest element of transport emissions for NHS Wales, totalling 67% of the 165,000 TCO_2e transport emissions (Carbon Trust, 2020). In DHCW's baseline year, commuting was also the largest component, totalling 85% of the 1,031 TCO_2e transport emissions. Staff commuting is a higher proportion of the DHCW footprint due to the absence of patient/visitor journeys, which form a major component of the NHS Wales transport footprint.





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7.4.3 Fleet

7.4.3.1 Introduction

DHCW operates a small fleet of vans (11), which are based across its Office locations and are used predominantly to transport IT equipment to and from NHS Wales locations. One electric van is used exclusively by the Estates and Compliance team for maintenance purposes.

7.4.3.2 Footprint Summary

Fleet emissions accounted for 21.6 TCO_2e, which is 2.1% of the calculated Transport emissions.

7.4.3.3 Footprint Methodology

Emissions were estimated based on the methodology recommended by Welsh Government (Welsh Government, 2021), using fuel card data to gather information on litres of fuel consumed and calculate emissions using the appropriate fuel and WTT (Well-to-Tank) emission factors. Fleet vehicle data is acquired from Fuel Card reports. The quantity of fuel, in litres, is derived directly from the Fuel Card system reports.

7.4.3.4 Reducing uncertainty for current methodology:

There are no actions identified to further reduce the uncertainty of the emissions methodology.

7.4.4 Business Travel

7.4.4.1 Introduction

It has been straightforward to obtain data on our business journeys. This data has been collected for a number of years. However, it does not include any business journeys made by bus and train. These might currently be low in number and carbon impacts, but it is recognised that this is a data gap that we wish to address. With 96% of staff working remotely, business travel has been kept to a minimum.

7.4.4.2 Footprint Summary

Business Travel emissions accounted for 138 TCO_2e, which is 13.4% of the calculated Transport emissions.

7.4.4.3 Footprint Methodology

Emissions were estimated based on the methodology recommended by Welsh Government (Welsh Government, 2021), using mileage data and calculate emissions using the appropriate fuel and WTT emission factors. Business mileage data is acquired directly from finance. The activity data is calculated by taking the cost claimed back by employees multiplied by 0.45p (standard mileage charge).

7.4.4.4 Reducing uncertainty for current methodology:

Emission Factors for an average car of unknown fuel type was used. DHCW will consider options for capturing information on actual cars used.

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7.4.5 Commuting

7.4.5.1 Introduction

Commuting is travel between an employee's home and place of work. Associated emissions are Scope 3 emissions, including direct emissions from the exhausts of workers' road vehicles and emissions from public transport systems. Some organisations choose to place commuting outside of their carbon footprint reporting boundary. Welsh Government has chosen to include employee commuting in the Net Zero boundary, as did NHS Wales in their 2018-19 Carbon Footprint; DHCW have therefore included an estimate in our baseline. Welsh Government's rationale is as follows:

> *Although, there are aspects of these journeys that are not under the full control of organisations e.g. the mode of transport and the commuting distance, organisations can influence it by:*
>
> *› Availability of facilities promoting active travel such as secure bicycle parking facilities, showers and lockers*
>
> *› Reducing availability of facilities promoting private travel such as employee parking*
>
> *› Introducing working practices such as location flexibility so that employees can chose to work in an office closer to their residence*
>
> *Therefore, during the stakeholder workshop, the Welsh Public Sector made a collective decision to include employee commuting in the Net Zero reporting boundary. (Welsh Government, 2021)*

As discussed elsewhere in this report, the increase in remote working has reduced commuting emissions but increased emissions from power and heating in employees' homes. The net movement in Scope 3 carbon emissions (and its scale) depends on a wide variety of factors, many of which vary over time.

7.4.5.2 Footprint Summary

Commuting (Scope 3) emissions formed a significant part of DHCW's operational carbon footprint and the methodology employed has a level of uncertainty.

DHCW commuting emissions have been estimated at 872 TCO2e for the 2019/20 baseline year (84.6% of the Transport emissions), based on 660 employees and 2% homeworking.

In 2020/21, homeworking reached an exceptional 96% in response to the pandemic and the estimated commuting emissions sank by over 95% to 40 TCO2e. There has also been a significant increase in staff numbers.

DHCW is unusual compared to the other organisational elements of NHS Wales. Most NHS Wales employees are, in large proportion, healthcare professionals and support staff who must travel to a healthcare facility such as one of the main hospitals or other places of employment to deliver their services to the public. A far greater proportion of DHCW's workload can, and is, delivered remotely, provided sufficient planning and infrastructure are in place, meaning that total commute miles can be kept to a minimum.

Nevertheless, DHCW may also find opportunities to influence staff on their mode-of-transport choice.

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7.4.5.3 Footprint Methodology

Emissions were estimated based on the methodology recommended by Welsh Government, using average commuting distances, data from a publicly available study on the proportion of different modes of transport used by commuters in England and Wales (see table below); and emission factors for these modes.

Travel mode	% split
Car	64%
Car passenger	6.6%
Taxi/ mini cab	0.4%
Walking	9.5%
Moped/ Motorbike	0.6%
Bus	4.5%
Rail	1.9%
Cycling	1.4%
Work from home	10.4%
Other	0.5%

Table 2: Commuting Modal Split (Welsh Government, 2021)

No travel survey has been conducted by DHCW at present and no DHCW-specific data on commuting distances or modes of transport was available. In the absence of this information, other data can be substituted, albeit with a higher degree of uncertainty. The result is a Tier 1 Methodology with a high level of uncertainty (Relative Standard Deviation (RSD) +/-25%). Data specific to DHCW was the headcount (as FTE) and the proportion of homeworkers.

According to the WG Carbon Reporting Guidance, the average commuting distance in Wales is 9.5 miles / 15.3 km, based on an RAC study (RAC Foundation, 2013). However, the NHS Wales 2018/19 Carbon Footprint Report estimates commute distance using information specific to NHS Wales staff. Staff commute distances were derived from payroll expenses data in which employee average distance from office to home is recorded. Staff travel survey data was also available for some Trusts, which gave commute distances and transport types.

For DHCW's baseline, it was decided to use the mode of transport breakdown in the WG Carbon Reporting Guidance, along with an average of the commute round-trip journeys reported by the various Health Board/Trust travel surveys in the NHS Wales 2018/19 Carbon Footprint Report. NHS organisations that reported, calculated a round trip average varying between 15.56 and 29.39 miles. An average of 20.63 miles / 33.2 km has been derived for use by DHCW. UK Government (Dept for Business, Energy & Industrial Strategy, 2020) business travel Emission Factors for the relevant year were used.

For FTE (full-time equivalent) headcount, DHCW use the national Electronic Staff Record (ESR), which contains information, which is essential for effective workforce planning. The system has a range of tools and functions, which enable employers to enter, store and analyse historical and current information about the Workforce.

7.4.5.4 Reducing uncertainty for current methodology:

The current footprint uncertainty can be reduced by gathering DHCW-specific information on commuting distances and modes of transport. DHCW will improve its approach from 2022 by carrying out a staff travel survey to gather this information.

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7.5 Procurement

7.5.1 Introduction

DHCW purchase a wide variety of goods and services. Some of these purchases relate to our own needs and others (for example software licences) to the wider needs of NHS Wales. The annual spend is approximately £75M, when spend on staff pay is excluded. There is a close relationship with the NHS Wales Procurement Team – known as NHS Wales Shared Services Partnership (NWSSP).

The procurement spend of just under £75M (19/20) is substantial, but only around 4% of the NHS Wales 'non-pay' spend of £1,863m as reported in the 2018/19 carbon footprint report (Carbon Trust, 2020). DHCW's procurement spend is likely to be similar in future years.

7.5.2 Footprint Summary

Procurement emissions accounted for 17,207 TCO_2e, which is over 86% of the calculated DHCW 2019/20 Carbon Footprint. This compares with NHS-Wales' 2018/19 Procurement footprint estimate of 62% of total emissions.

Procurement (Scope 3) emissions form by far the largest part of DHCW's carbon footprint and the methodology employed has a high level of uncertainty.

7.5.3 Footprint Methodology

Basic information on DHCW's procurement spend on goods and services was provided from the NHS financial management system. Emission estimates were based on the methodology recommended by Welsh Government (Welsh Government, 2021).

The methodology simply multiplies the spend in pounds by an emission factor for the industry sector in which the spend was made. For example, £10M spend on computer equipment, using an Emission Factor of 0.41 for the SIC (Standard Industrial Classification) Code 26 *computer, electronic and optical products,* equates to scope 3 emissions of 4,107 TCO2e.

The Welsh Government methodology is assigned a Tier 1 (low) level of accuracy with a high level of uncertainty (RSD of +/-25%).

The method uses UK Government emissions factors derived in 2011, in the absence of more recent metrics. It should be understood that both the carbon intensity of some sectors and the purchasing power of sterling will have changed in the interim period.

- Overall, the purchasing power of sterling will have decreased since 2011.
- Overall, the all-sector average carbon intensity will have decreased since 2011.

In order to avoid double-counting of emissions with other parts of the calculated carbon footprint, some sub-categories of spend should be removed. For example, as DHCW have calculated business travel separately, expenditure on this category under SIC 49.3-5 *Road Transport* should not be included. However, the supporting information behind the broad categories available for the 2019/20 footprint did not allow these estimates to be made with any confidence in the time available and an unknown element of double-counting must therefore be assumed.

It should be noted that the NHS Wales 2018/19 footprint report (Carbon Trust, 2020) pre-dates the Welsh Government guidance and uses a related but rather more complex economic input-output analysis for procurement carbon emissions. This model uses more recent Emission Factor information and adjusts for currency purchasing power.

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However, this method also follows the broad approach of spend against emission factor. Aside from accuracy, both methods are problematic, in that they cannot be used for target setting. For example, DHCW may target direct engagement of its major IT supplier leading to significant emission reductions, but the calculated footprint, correlating only to spend, would remain unaffected.

7.5.4 Reducing uncertainty for current methodology

The current footprint estimate is based on a basic review of summary information in a restricted timescale, most likely leading to inaccuracy beyond that envisaged by the methodology. In 2022, DHCW will improve its approach by the following measures:

- Clarify which procurement model is to be used by NHS Wales going forward.
- More detailed analysis of spend to:
  - Better understand spend in categories with substantial spend and opaque descriptions e.g. *37470-Miscellaneous Expenditure* and *37400-Other General Provisions*.
  - Assess whether the emission factors used for these categories were realistic
  - Identify and strip out double-counting within DHCW's own carbon footprint, for example relating to travel or building management.
  - Identify and strip out double-counting with other NHS Wales bodies' carbon footprints, for example where ICT equipment is procured for those bodies.
  - Investigate and clarify the procurement Scope 3 emissions boundaries, where DHCW procure ICT equipment on behalf of other NHS Wales bodies.
  - Separate capital and non-capital goods and services to align with GHG protocol and WG guidance.
- Use the output from this analysis to re-baseline the 2018/19 procurement carbon footprint.
- Set up an MoU or similar with DHCW Procurement and NWSSP on data provision and footprint allocation in future years.
- The Welsh Government guidance recommends their procurement methodology in the absence of freely available calculated product footprints for the majority of goods and services (Welsh Government, 2021). However, in ICT, calculated footprint information is becoming available. For example, DHCW are major users of one provider's servers, laptops, and related products, for which carbon footprint information is available on a model-by-model basis. DHCW will investigate whether for some ICT procurement categories, emissions can be more accurately derived from manufacturers' information rather than from crude emission factors.

7.6 Home Working

7.6.1 Introduction

Encouraging home working has the potential to reduce Scope 1 and 2 emissions from DHCW's buildings; in the short term through reduced energy demand at existing offices, and in the medium term through opportunities to reduce the office portfolio. Home-working also reduces Scope 3 emissions relating to commuting, as less journeys have to be made.

However, home workers consume energy for office equipment, home heating and in some settings home cooling. These result in Scope 3 carbon emissions, which may not have occurred if the workers had been in the office. Including the indirect, displaced scope 3 emissions from remote working in our baseline will allow meaningful comparisons with year-on-year performance to be undertaken, especially for 2020/21, which saw only 4% working in the office locations.

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In order to properly account for these Scope 3 emissions, DHCW has applied a methodology developed by EcoAct, in partnership with Lloyds Banking Group and NatWest Group (Ecoact, 2020). The methodology evolved as a

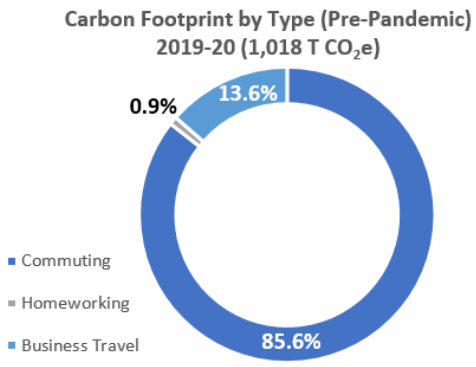
response to the huge increase in home-working due to the COVID-19 Pandemic, in which DHCW itself saw a successful migration to 96% homeworking. Considering the Welsh Government's target for 30% remote working (Carbon Trust, 2021), the need to account for related emissions within DHCW's carbon footprint is clear, to avoid over-reporting of savings.

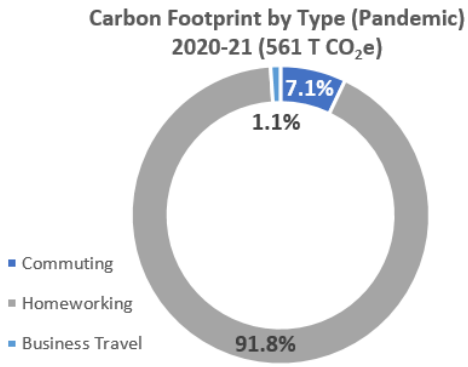
The current version of Welsh Government carbon reporting guidance requires estimation of Scope 3 commuting emissions but not Scope 3 home-working emissions. Given the increasing importance of home-working, the latter must inevitably change and DHCW has made the decision to add it to their baseline year. It is noted that NRW has already reported its working from home emissions (Welsh Government, 2021) and calculated both the impact of remote working during the pandemic and what this could mean for its future emissions if it were to operate at levels of 30% or 60% homeworking.

7.6.2 Footprint Summary

Using the EcoAct Base Case methodologies, a footprint of 9.4 TCO_2e has been calculated for the 2019/20 baseline year, based on an average 2% home working, which was wholly due to pandemic lockdown in the last weeks of the period. Less than 10% of these emissions arise from use of office equipment and lighting; the remainder arise from home heating. In 2020/21 the huge increase in homeworking (estimated at 96% over the year) led to a >5000% increase to 515 TCO_2e. However, there was a corresponding reduction in carbon emissions from business travel and commuting, and there was an overall net reduction of 500 tonnes. It should be noted that working remotely significantly reduced travel related carbon emissions, which are usually challenging to address (as well as reducing office building related emissions).

Category	2019/20 Pre Pandemic TCO2e	2020/21 During Pandemic TCO2e
Commuting	871	40
Homeworking	9	515
Business Travel	138	6
Total T CO2e	1018	561





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03/24/2022 09:52:13

7.6.3 Methodology

As the Welsh Government carbon reporting guidance does not require estimation of Scope 3 homeworking emissions, it provides no methodology. Within the WG framework, the methodology adopted would be classed as a Tier 1 method with high uncertainty (RSD +/-25%).

For detail on the homeworking methodology adopted, the reader is referred to the EcoAct Homeworking Emissions Whitepaper (Ecoact, 2020). The methodology offers 'Base Case' and 'Enhanced Case' for Office equipment, Heating energy and Cooling energy. In the absence of additional data, DHCW have adopted the Base Case for office equipment, the Base Case for Heating Energy and have discounted Cooling energy as not significant in Wales during the baseline period. The method assumes (based on a 2020 NatWest Group staff survey (Ecoact, 2020)) that in approximately 1/3 of cases, there is another occupant present and no additional need for heat arises from home working.

DHCW-specific data used for the exercise were the average headcount as Full Time Equivalent (FTE) and the percentage home working. The latter was calculated by the small number of weeks at the end of the baseline year that offices were shut due to the pandemic.

7.6.3 Reducing uncertainty for current methodology

The current footprint estimate uses the EcoAct Base Case throughout. DHCW will transit from Base Case to Enhanced Case data wherever reasonable to do so, using EcoAct's own recommendations as a starting point:

- Working Hours and Days:
  - Adjust to DHCW specific contract hours and working days (considering annual leave allowance)
- Office Equipment Emissions:
  - Collect internal records for standard issued equipment (laptop/tablet/screen), including number of devices and typical "in use" power consumption, or;
  - Staff Survey to confirm typical equipment in use. Data from respondents apportioned across non-respondents
  - Staff Survey to confirm typical lighting equipment in use. Data from respondents apportioned across non-respondents.
  - Staff Survey to confirm proportion of colleagues purchasing Green energy at home. Used to support Market-Based reporting and/or the encouragement of green tariff take up.
- Heating Energy Emissions:
  - Staff Survey to confirm typical home energy use and shared occupancy. Where shared occupancy arises and other occupants are "homeworking", companies should report a proportional share of emissions. Where other parties are "stay at home" (e.g. stay at home parent/carer) companies can exclude heating emissions on account of zero increment. Data from respondents apportioned across non-respondents.
  - Staff Survey to verify DHCW's assumptions re. home cooling.

In addition, DHCW need to put in place a system to track the amount of working from home when its offices are back in normal operation.

Tolley Laura
03/24/2022 09:52:13

7.7 Improvement and Revision Approach

Opportunities to improve accuracy and reduce uncertainty have been identified against each category of emission reported. As the 2020/21 Carbon Footprint is close to being finalised, DHCW will action these opportunities where possible, prior to collation of its 2021/22 Carbon Footprint. These activities are captured in the Roadmap (see Section 9). It is anticipated that some more straightforward opportunities could be realised in time for the 2020/21 Carbon Footprint.

Where it is possible to correct errors or significantly improve uncertainty, DHCW may revise the 2019/20 Baseline Carbon Footprint.

Tolley Laura
03/24/2022 09:52:13

8. 2025 and 2030 Emissions Targets

DHCW has mapped its emission decarbonisation pathway between 2019/20 and 2029/30. A 'Business as Usual' scenario has not been included because it is not a viable or intended option.

Note: There is an expected reduction in the carbon emissions for 2020/21 and 2021/22 due to the significant impacts of the COVID-19 pandemic. The graph has taken this into account, although the footprint for 20220/21 is yet to be finalised.

The Digital Health and Care Wales decarbonisation targets are set as follows:

Scope 1 and 2 Emissions (excluding Procurement data):

DHCW Target	Emissions (T CO_{2e})	Percentage reduction from 2019/20	Cumulative Savings from Initiatives will total T CO_{2e}
Baseline	2,651	-	-
2025	2,227	-16%	424
2030	1,750	-34%	901

Scope 1, 2 and 3 Emissions Total (including Procurement data):

DHCW Target	Emissions (T CO_{2e})	Percentage reduction from 2019/20	Cumulative Savings from Initiatives will total T CO_{2e}
Baseline	19,858	-	-
2025	16,681	-16%	3,177
2030	13,106	-34%	6,752

Note that the figures in the first and third tables do not match in 2025 and 2030 because one set are targets (tables 1 and 2) and the other (table 3) are predictions.

Our Delivery Plan is designed to achieve the NHS Wales 2025 and 2030 targets of 16% and 34% emissions reductions in our gross operational emissions. We have forecast our non-procurement 'Operational' emissions up to 2029/30 to predict the impact of our key actions in our Delivery Plan. For clarity,

- Third party Datacentres are included because (i) better data is available than procurement spend-based emissions factors, and (ii) we consider the emissions directly related to our equipment's energy consumption to be Scope 2 (datacentre cooling etc. remains Scope 3).
- Home-working is included because, although very small in the baseline (660 FTE staff, with approx. 2% homeworking), we expect it to be an integral part of our operational arrangements going forward.

The plan to reduce procurement related emissions is being led by NWSSP through their own Delivery Plan. However, with our digital expertise, we acknowledge that we have a major role to play in assisting NWSSP to identify realistic reduction pathways for procurement of IT Goods and Services. We will work with NWSSP in 2022 to scope out the way forward so that numeric reduction targets may be set for subsequent years.

Non-Procurement Operational Emissions - 10 Year Predictions	2019/20	2024/25	2029/30
Office Buildings	502	233	102
Data Centres	1,109	921	779
Working Remotely	9	166	145
Transport	1,031	762	690
Total TCO2e	2,651	2,083	1,716

Table 3: Baseline Emissions and Predictions for 2025 & 2030 for Operational Emissions (Office Buildings, Data centres, Transport & Working Remotely)

Public Board 29/09/2022 - 9.2.3

Our modelling of predicted carbon reductions from this Decarbonisation Strategic Delivery Plan gives a 21% reduction by 2025 and a 35% reduction by 2030. There is an element of cautiousness when carrying out the modelling. DHCW intends to review and report on its carbon footprint annually. This will then be the opportunity to assess performance against predicted carbon emissions. It is likely that individual years may vary up or below predictions but that the 2025 and 2030 targets are achievable by carrying out the proposed decarbonisation initiatives.

In carrying out the modelling, a number of technical assumptions have been made, and must be included, for reasons of transparency. These assumptions are as follows:

8.1 Assumptions

8.1.1 UK Grid Emission Factor

The UK Grid Emission Factor is forecast to fall significantly by 2030. This has been modelled into the office and homeworking electricity footprint. National Grid have forecast the carbon intensity of the grid for the next 5 years and carried out modelling based on four grid carbon intensity 10-year scenarios'; '*Steady Progression*'; '*System Transformation*'; '*Consumer Transformation*' and '*Leading the Way*' (National Grid ESO, 2020). We have used the most conservative of those '*Steady Progression*' to estimate annual grid emission factors for Indirect (Electricity) and WTT Electricity (Generation). The Emission factors for Transmission & Distribution – UK Electricity and WTT – UK electricity (T&D) have been kept at 2019 values.

8.1.2 Datacentre Footprint

Data requirements are expected to rise as the Digitalisation of NHS Wales continues, therefore we have developed a Cloud Strategy to define and communicate our unified strategy and direction on the adoption of cloud computing technologies and services. Cloud computing services are uniquely positioned to support our strategic technology requirements for the future. We will adopt cloud computing services using a cloud-first approach for both new and existing workloads by 2024. The efficiency of IT equipment is expected to rise. As discussed above, the UK Grid Emission Factor is expected to fall. For now, a working assumption is made that these competing factors will broadly cancel themselves out. This is a critical assumption with a high level of uncertainty; improvement in this area is a priority.

Other assumptions include:

8.1.3 Homeworking:

- Average home heating to become 5% less carbon intensive from 26/27, 10% from 29/30.
- Carbon awareness raising with staff will yield a 1% year-on-year reduction in home workers' electricity-related emissions.

8.1.4 Commuting:

- National measures to reduce commuting carbon intensity will contribute at least 50% of the forecast footprint reductions.

8.1.5 Datacentres:

- Datacentres used will conform with the EU Code of Conduct on Data Centre Energy Efficiency (for example in PUE reporting), or national or ISO equivalent.
- There will be a move to a Cloud based approach over future years.

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03/24/2022 09:52:23

8.1.6 Office Lighting:

- 40% of baseline office electricity consumption is lighting.

- 10% of baseline office electricity consumption is LED lighting.
- On average, a 40% reduction in consumption is achieved per luminaire when change to LED.

9. Strategic Delivery Plan

9.1 NHS Wales Strategic Delivery Plan

NHS Wales identified 46 Decarbonisation Initiatives, of which 20 were directly or indirectly applicable to Digital Wales. In producing their Decarbonisation Strategic Delivery Plan, NHS Wales provided a framework, which Health organisations could adopt to show compatibility, integration, and support. The DHCW Delivery Plan is deliberately adapted and co-ordinated with that of NHS Wales to demonstrate synergy.

9.2 Mobilisation

The success of this Delivery Plan will be highly dependent on the governance structure put in place at DHCW. As with NHS Wales, DHCW will have an ambitious management approach to ensure sustained momentum, and provide the financial investment put forward to support implementation.

The following activities set out the implementation approach for the Delivery Plan; these are split between mobilisation and an improvement approach. Further detail regarding the specific actions, responsibilities, and target dates are available.

- ❖ DHCW will always show leadership and commitment to deliver this Decarbonisation Strategic Delivery Plan in order to address the Climate Emergency for Wales as declared by Welsh Government and the Senedd.
- ❖ A 'Decarbonisation Group' will be put in place to oversee implementation of the Delivery Plan; this will include a wide range of interested parties from within DHCW.
- ❖ A 'Decarbonisation Programme Manager' will be put in place as a dedicated role to drive the focussed implementation of the Delivery Plan. Specifically, this will be managed by the Estates and Compliance Team.
- ❖ 'Action Plans' will be embedded into our existing ISO 14001:2015 environmental management system developed – these will be reviewed annually
- ❖ DHCW will enable the successful implementation of the Delivery Plan by supporting access to additional resource and finance for delivery of initiatives, using external resources and collaborating with NHS partners and third parties where necessary.

9.3 Improvement and Revision Approach

- ❖ Our Estates and Compliance Team will oversee the evolution of our monitoring and measurement processes to capture improved data coverage, reduce the level of uncertainty and communicate carbon performance – aligned with Welsh Government and NHS Wales reporting guidelines.
- ❖ DHCW will actively support the work of NWSSP in the progression of procurement emission related carbon accounting.
- ❖ DHCW will issue a revision of this Delivery Plan with updated and refined targets by 2023.
- ❖ DHCW will review the success of this Delivery Plan implementation in 2024 and issue an update on the Plan in 2025.

Tolley, Laura
03/24/2022 09:52:13

9.4 Decarbonisation Initiatives

NHS Wales lists six activity streams for which decarbonisation activities have been identified:

- Carbon Management
- Buildings
- Transport
- Procurement
- Estate Planning and Land Use
- Approach to Healthcare

Each activity has a subset of decarbonisation initiatives that DHCW must consider and implement if relevant to its activities. The following table summarises the NHS Wales initiatives and DHCW's intentions, where they are relevant.

Note: In the below tables, initiatives (rows) greyed out are not applicable to DHCW.

9.4.1 Carbon Management

No.	NHS Wales Initiative	DHCW Initiative
1	Implement best practice carbon management with dedicated roles in place to undertake Delivery Plan initiatives.	DHCW has appointed the Estates and Compliance team to lead on the Decarbonisation Delivery, with support from key teams (and an external Consultant to assist with the development of the Plan). DHCW has a certified ISO 14001 environmental management programme through which it will plan, do, check and act upon all decarbonisation initiatives.
2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	DHCW actively uses digital noticeboards and TENtalks to raise awareness on all aspects of sustainability, including climate change, throughout the year. Dedicated sustainability and environmental management SharePoint pages are used to communicate the Decarbonisation Strategic Delivery Plan and our carbon footprint.
3	Drive the engagement required for decarbonisation across each organisation's leadership teams to develop a focussed and active approach to project implementation.	DHCW has senior leadership involvement for all aspects for its environmental management and sustainability programmes. This is fully extended to include Decarbonisation of Digital Health and Care Wales.

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03/24/2022 09:52:13

9.4.2 Buildings

No.	NHS Wales Initiative	DHCW Initiative
4	Progress a transformational energy and water efficiency retrofit programme across the estate – every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.	DHCW leases all of its workspace from commercial organisations or other NHS Health Bodies. As part of refurbishment projects, prior to DHCW occupying two of our premises (MMP and CB2), we actively engaged with our landlords, to install efficient heating and cooling systems. DHCW commits to including Decarbonisation and energy efficiency upgrades of those buildings we occupy. This will be included as a central priority and obligation within our Estates Strategy and in our liaison and negotiations with the landlords. This includes both the office buildings and the Data Centres. We will adopt cloud computing services using a cloud-first approach for both new and existing workloads
5	Fully replace all existing lighting with LED lighting by 2025.	Whilst there has been a progressive rollout of LED lighting across our portfolio of office buildings, it is not yet 100%. DHCW will commit to installing 100% LED lights by 2025, if not sooner.
6	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources	*Initiative relates to conducting Heat Studies in hospitals and is therefore not applicable to DHCW.*
7	Progress low carbon heat generation for all non-acute sites larger than 1,000m^2 by 2030.	DHCW currently has workspace in one building that is larger than 1000m^2 (Tŷ Glan-yr-Afon). This building is leased to DHCW only; however, a section of the building is separated from DHCW occupied areas and houses local residents. The building uses natural gas for heating purposes. Gas consumption is monitored. DHCW will work with its landlord to seek low carbon alternatives to using natural gas for heating at TGA.
8	We will not plan to install any further natural gas CHP plant - renewable CHP will be championed instead. For existing CHP plant, we will prioritise decommissioning over investment in major refurbishment of failed CHP from 2025, with the	*DHCW does not have any natural gas CHP on its office or data centre sites and has no intention of installing natural gas CHP in the future, therefore this initiative is not applicable to DHCW.*

Tolley Laura 03/24/2022 09:52:13

No.	NHS Wales Initiative	DHCW Initiative
	ambition for all CHP to be decommissioned by 2030.	
9	Take an active approach to efficient control of energy in buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023.	DHCW commits to taking an active approach to efficient control of energy in our buildings, using our certified ISO 14001 EMS. DHCW Estates and Compliance team will work with all its landlords to achieve up-to-date, standardised, and effective BMSs by 2023. DHCW commits to taking an active approach to improve efficiency, the refurbishment and upgrading of building technology, including BMS, is part of our ongoing Estates Strategy and scope for future BMS improvements have been identified. DHCW currently has workspace in six buildings that are leased either from commercial organisations or Health Boards and rack space in two commercial Data Centres. Energy efficiency in the data centres we use is a key performance indicator both in the procurement process and in ongoing operational relationships.
10	Determine the overall viable potential for onsite renewable energy generation at each NHS Wales organisation by 2023. Install half of this potential by 2026, and the remainder by 2030	Due to the nature of our building leases, there are currently no onsite renewable energy opportunities for DHCW at its office buildings. This is therefore determined to be zero at this time. There are solar panels installed on one of the commercial data centres and panels are about to be installed on the other Data Centre but these properties are not owned by DHCW.

9.4.3 New Builds and Major Refurbishments

No.	NHS Wales Initiative	DHCW Initiative
11	Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals and adopt a net zero building accreditation approach which will be defined by 2022.	*DHCW does not carry out construction or major refurbishment of buildings. In general, all refurbishments are internal and interior modifications of the workspaces. At this moment, initiatives relating to New Builds and Major refurbishment are not directly applicable. Should this ever change, then DHCW is committed to implementing these Initiatives also.*

Tolley Laura 03/24/2022 09:52:13

No.	NHS Wales Initiative	DHCW Initiative
12	All project teams to have an independent client-side sustainability representative to provide due diligence support for the optimal low carbon design across all development stages – and be responsible for ensuring the Net Zero Framework process is followed.	DHCW has appointed the Estates Team to provide sustainability guidance on building leases and refurbishments and support the Net Zero Framework. Sustainability will be considered as part of all future projects.
13	Integrate Modern Methods of Construction (MMC) into the design and construction of new buildings – this will consider modular design, offsite fabrication, and just-in-time delivery to minimise construction-related carbon emissions	*DHCW does not carry out construction or major refurbishment of buildings. In general, all refurbishments are internal and interior modifications of the workspaces. At this moment, Initiatives relating to New Builds and Major refurbishment are not directly applicable. Should this ever change, then DHCW is committed to implementing these Initiatives also.*
14	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.	DHCW installed 4 electric vehicle charging points at Tŷ Glan-yr-Afon in 2017/18 and a further 4 more in 2020/21 at Media Point. Plans are in place to install an additional 4 EV charging points at TGA in 2021/22. DHCW is committed to working with its landlords to install additional EV charging points.
15	Prioritise low carbon heating solutions as a key design principle. No fossil fuel combustion systems are to be installed as the primary heat source for new developments.	DHCW has a mixed portfolio of offices and the associated heating arrangements are diverse. Opportunity was taken at the new office, Media Point, Mold to switch away from using natural gas as the means of heating (and to purchase a renewable electricity tariff). DHCW is committed to working with its landlords to prioritise low carbon heating and will not install fossil fuel heating as the primary heat source in any new office building.
16	Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales	*DHCW does not carry out construction or major refurbishment of buildings. In general, all refurbishments are internal and interior modifications of the workspaces. At this moment, initiatives relating to New Builds and Major refurbishment are not directly applicable. Should this ever change, then DHCW is committed to implementing these Initiatives also.*

9.4.4 Transportation

No.	NHS Wales Initiative	DHCW Initiative
17	NWSSP will work with Health Boards and Trusts to develop the best practice approach for electric vehicle (EV) charging technology,	DHCW will work with all NHS organisations, including NWSSP with regards to electric vehicle (EV) charging technology, procurement, and car space planning.

Oxley Laura 03/24/2022 09:52:15

No.	NHS Wales Initiative	DHCW Initiative
	procurement, and car park space planning – this will include consideration of NHS Wales' own fleet, staff vehicles, and visitor EV charging.	DHCW has already started installing EV charging points.
18	A standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance - this will entail central fleet management oversight within each organisation.	DHCW will participate in any NHS standardised centralised system of vehicle management for owned and leased vehicles.
19	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.	DHCW does not procure vehicles. Instead, DHCW has a policy of leasing vehicles for staff business use through the NWSSP All Wales Lease Scheme.
20	All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class.	*Initiative relates to the procurement of large freight vehicles and is therefore not applicable to DHCW.*
21	All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles, and public transport.	DHCW is committed to decarbonising its vehicle travel and will work with other Health Boards and Trusts to increase the availability of electric charging points to facilitate staff use of electric cars and vans. DHCW provided public travel alternatives as an option (Rail via Transport for Wales and Cardiff First bus) to all our staff. DHCW has a documented Travel Plan. We will carry out a travel survey and review the use of staff vehicles for business travel alongside the use of lease cars.
22	The Welsh Ambulance Service NHS Trust will continue to develop their electric vehicle charging infrastructure network plan for the existing NHS Wales estate to facilitate the roll-out of electric vehicles.	*Initiative relates to the Welsh Ambulance Service NHS Trust and is therefore not applicable to DHCW.*
23	The Welsh Ambulance Service NHS Trust will aim for all rapid response vehicles procured after 2022 to be at least plug-in hybrid EV, or fully	*Initiative relates to the Welsh Ambulance Service NHS Trust and is therefore not applicable to DHCW.*

Tolley Laura
6/24/2022 09:52:13

No.	NHS Wales Initiative	DHCW Initiative
	battery-electric in appropriate locations.	
24	The Welsh Ambulance Service NHS Trust will actively engage with vehicle manufacturers for research and development of low carbon emergency response vehicles and report annually, with the ambition to operate plug-in electric, or alternative low carbon fuelled, emergency ambulances by 2028.	*Initiative relates to the Welsh Ambulance Service NHS Trust and is therefore not applicable to DHCW.*

9.4.5 Procurement

No.	NHS Wales Initiative	DHCW Initiative
25	NWSSP will transition to a market-based approach for supply chain emissions accounting.	Currently, Digital Health and Care Wales is using the supply chain emissions tool provided by Welsh Government for use in the public sector. It is anticipated that the method of carbon accounting for procurement emissions will evolve. DHCW believes its specific type of digital and ICT goods and services are well suited to early adoption of more refined accounting tools.
26	NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers.	DHCW purchases goods and services directly. It also uses the services of NWSSP. Both organisations follow the Sustainable Procurement Codes of Practice for all purchased goods and services, regardless of which organisation takes the lead Buying role.
27	Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services.	DHCW has established protocols for increasing the amount of goods and services purchased locally, and this has commenced. DHCW will continue to drive value to the local supply chain in Wales, whilst maintaining high standards for goods and services.
28	100% REGO-backed electricity will be procured by 2025, and 100% green gas by 2030.	DHCW procures 100% REGO-backed electricity for 3 buildings including for our largest workspace, which is also the biggest energy user. This equates to 60% of our electricity consumption being sourced from sustainable, renewable generation. This generated 114 tonnes of saving in 2020/21 and is an important procurement priority for DHCW. The Data Centres we use have confirmed that they purchase renewable electricity (and do not use natural gas for heating). DHCW is committed to moving to 100% REGO backed electricity by 2025 and 100% green gas by 2030.

Tolley Laura 03/24/2022 09:52:13

No.	NHS Wales Initiative	DHCW Initiative
29	NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise.	DHCW work closely with NWSSP and use Sustainable Procurement Code of Practice. DHCW uses the Welsh Government methodology for monitoring carbon emissions related to its procurement spend and this can be used to assess performance in decarbonisation of its purchases.
30	Sustainability will be embedded within strategic governance – NHS Wales - NWSSP Procurement Services will work across Wales to champion decarbonisation in the supply chain, and influence decarbonisation ambitions for buildings and transport	DHCW to continue to work closely with NWSSP and use Sustainable Procurement Code of Practice. DHCW uses the Welsh Government methodology for monitoring carbon emissions related to its procurement spend and this can be used to assess performance in decarbonisation of its purchases.
31	NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport.	DHCW to continue to work closely with NWSSP and use Sustainable Procurement Code of Practice.
32	NWSSP Procurement Services will actively develop and support procurement requirements to support implementation of the NHS Wales Decarbonisation Strategic Delivery Plan.	DHCW will ask NWSSP to work with them to assist in the Decarbonisation of our Procurement processes, as this is the most significant part of the DHCW carbon emission footprint.

9.4.6 Estate Planning and Land Use

No.	NHS Wales Initiative	DHCW Initiative
33	All-Wales strategic estate planning will have carbon efficiency as a core principle – quantified carbon will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.	DHCW does not own any buildings. This provides a more agile and flexible capability in terms of the type and amount of workspace that we lease. Where practicable, we embed ourselves within workspaces that belong to other organisations, who would share our vision and ambition for decarbonised workspaces. DHCW strategic estate planning will have carbon efficiency as a core principle and will use this Decarbonisation Strategic Delivery Plan, the carbon accounting tools and its smarter working programme to deliver carbon efficiency across the Estate.
34	NWSSP and Welsh Government will advise Health Boards and Trusts on an appraisal approach for allocating land for uses such as renewable energy generation, greenhouse gas	*Initiative relates to NWSSP and Welsh Government land appraisal and is not applicable to DHCW.*

Bolley Laura 03/24/2022 09:52:13

No.	NHS Wales Initiative	DHCW Initiative
	removal and afforestation – NHS Wales organisations will maintain green space and utilise land for decarbonisation, including collaborating with neighbouring landowners.	
35	Large-scale renewable energy generation opportunities with private wire connections to NHS Wales sites will be progressed where viable.	DHCW will be open to any opportunities for private wire connections to any of its sites. However, this may not be viable, given that DHCW does not own any of its properties.
36	Our approach to 21st-century healthcare will be central to the design of new hospital developments – redesigning the whole journey with care closer to home in a carbon-friendly primary care estate with a reduced need to visit hospitals.	*Initiative is not applicable to DHCW, as this relates to the design of new hospitals.*

9.4.7 Approach to Healthcare – Smart Working

No.	NHS Wales Initiative	DHCW Initiative
37	Support the Welsh Government's target for 30% of the Welsh workforce to work remotely, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.	DHCW has New Ways of Working policies and procedures in place and provides remote working technology to all of our staff and will aim to exceed 30% of our workforce working remotely. Many of our staff and contractors are able to work effectively remotely. It is envisaged that remote working will be an integral part of our day-to-day activities and that there will have been a parallel decarbonisation of Wales's electricity supply such that we are optimistic that our carbon emissions from electricity consumption in the office or the remote location will naturally reduce. Apart from its own staff, DHCW has a huge influencing role to enable increased remote working in other parts of NHS Wales. DHCW is committed to identifying opportunities for remote working and working with NHS Wales partners to implement supporting systems, as well as designing and maintaining such systems to ensure that they operate effectively. The Welsh Government target for remote working (30%) has already been exceeded in 2020/21. Whilst it is not envisaged that the levels of home working achieved during the pandemic will be maintained, DHCW does intend to;

Tolley Laura 03/24/2022 09:52:13

No.	NHS Wales Initiative	DHCW Initiative
		• maintain the capacity to achieve >90% remote working in a similar scenario to the current pandemic • maintain >30% remote working during normal years • play a lead role in facilitating remote working for other parts of NHS Wales • provide resources and incentives to staff to use less carbon intensive modes of transport when they do commute
38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	DHCW will continue providing technology services to primary and secondary care services enabling them to continue to utilise virtual services i.e. 'Teams' and 'Attend Anywhere', for online consultations. DHCW will be at the forefront of digital technology and is expecting to increase its workforce to respond to a demand for virtual services and associated data management.

9.4.8 Approach to Healthcare – Education

No.	NHS Wales Initiative	DHCW Initiative
39	Health education will be used to champion decarbonisation across our service – we will encourage sustainable healthcare practice, waste efficiency, and low carbon staff and patient behaviour.	DHCW raise awareness of all of the above good practices on a regular basis through monthly Environmental Awareness communications, the Environmental SharePoint page etc. All DHCW employees are also required to undertake Environmental, Waste and Energy Training. DHCW formally review our environmental management status annually, using data to scrutinise our performance and inform future priorities, adjusting to take advantage of any opportunities or to correct any areas of weakness.

9.4.9 Approach to Healthcare – Healthcare and Medicines

No.	NHS Wales Initiative	DHCW Initiative
40	Support the work of existing working groups such as the Welsh Environmental Anaesthetic Network to raise awareness of the carbon impact of medical gases and transition to a culture where gases with low global warming potentials are prioritised	*Initiative not applicable to DHCW as it relates to the use of medical gases.*

Tolley, Laura 03/24/2022 09:52:13

No.	NHS Wales Initiative	DHCW Initiative
41	Explore methods of minimising gas wastage and technologies to capture expelled medical gases.	*Initiative not applicable to DHCW as it relates to the use of medical gases.*
42	Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the overreliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.	*Initiative not applicable to DHCW as it relates to the use of inhalers.*
43	Transition the existing use and distribution of carbon-intensive and high global warming potential (GWP) inhalers to alternative lower GWP inhaler types where deemed suitable.	*Initiative not applicable to DHCW as it relates to the use of inhalers.*

9.4.10 Approach to Healthcare – Waste

No.	NHS Wales Initiative	DHCW Initiative
44	Support the development of guidance by 2022 for best practice reduction of pharmaceutical waste.	*Initiative not applicable to DHCW as it relates to reducing pharmaceutical waste.*
45	Develop a 'plastics in healthcare' initiative to address waste in the delivery of health care – this will aim to tackle PPE, single use plastics, and packaging waste.	DHCW use PPE such as face coverings, gloves when attending patient facing healthcare settings. DHCW will participate and contribute to all strategies delivering single use plastics and packaging waste, without compromising patient or staff safety. DHCW will adopt all relevant guidance from NHS Wales. DHCW will adopt remote working strategies to minimise the need to enter clinical settings and use PPE. DHCW delivers as close to zero to landfill as possible.
46	Engage with pharmacists and prescribers to build upon and support existing efforts to encourage responsible disposal of inhalers through discussions with patients, information leaflets, posters and media.	*Initiative not applicable to DHCW as it relates to the use of inhalers.*

Tolley Laura
03/24/2022 09:52:13

10. ROADMAP

10.1 NHS Wales approach

NHS Wales has set out a strategic roadmap for its NHS Wales Initiatives, summarising planned activity on each of the 46 initiatives out to 2030. DHCW has set out its own roadmap below. By following this roadmap, we are confident of achieving the NHS Wales 2025 and 2030 targets for our Operational Footprint (Roadmap Buildings and Transport elements).

- 2025 Target 16% reduction – predicted 21%.
- 2030 Target 34% reduction – predicted 35%.

The Roadmap to Procurement targets is less certain. NHS Wales has set out a strategic roadmap, which gives NWSSP the strategic role in leading all of the procurement strands of the NHS Wales Delivery Plan. DHCW's role is a supporting one and the DHCW Roadmap for Procurement is indicative only, relying as it does on an NWSSP low-carbon procurement strategy that is to be developed. The NHS Wales carbon footprint for 2018/19 shows ICT-related procurement as a very small (<5%) component of the overall procurement footprint and centrally, NWSSP might rightly focus elsewhere, on the more sizeable components. Conversely, DHCW's footprint is dominated by ICT-related procurement, and by definition DHCW are the subject-matter experts within NHS Wales. For these reasons, while working within NWSSP's Delivery Plan framework, DHCW must provide leadership on emissions reduction in ICT procurement.

10.2 Roadmap Review and Revision

The roadmap below will be regularly reviewed, initially at the end of 2022 as by then NWSSP's strategy should be available and improvements in footprint methodologies (particularly for procurement) may have revealed a need to change the path of some Roadmap actions. It is anticipated that the outlined actions shown below will be incorporated into DHCW's detailed annual ISO14001 Objectives, which include a robust structure for defined targets, responsibilities, and intra-year timescales, along with a well-established process for routine review.

If regular review shows that the Roadmap is not delivering the forecast emission reductions, additional actions may be considered. Some could achieve significant reduction but come with significant change. For example;

- Moving to datacentres with a 100% renewables direct-wire PPA (Purchase Power Agreement) would enable all data centre emissions to be removed from the footprint under existing rules, leading to an additional 29% reduction on the forecast 2030 footprint. Availability of such datacentres within Wales by 2030 is not within DHCW's control, although DHCW could engage with other Public Sector datacentre customers to encourage providers down this route.
- Reducing staff headcount back to around the 600 FTE level would reduce commuting and homeworking emissions, leading to an additional 5% reduction on the forecast 2030 footprint. This figure is provided for illustration; no view is given on DHCW's continued ability to deliver its organisational goals with such a reduction. If anything, future demand for digital services may lead to a headcount increase, which put additional pressure on DHCW's footprint aspirations.

Tolley Laura
03/24/2022 09:52:13

10.3 DHCW Roadmap

	Buildings	Transport	Procurement	Approach to Healthcare
2021	Action Plan and Building Priorities to be agreed to deliver a 1% year on year energy efficiency reduction.	4 EV charging points to be installed.	Develop an understanding of NWSSP carbon accounting tool for Procurement of DHCW goods and services.	96% of staff working remotely during the pandemic.
2022	Implement actions to improve carbon footprint methodologies (see Section 6). Liaise with all landlords with regards to the BMS capabilities, LED lighting coverage and REGO certification. Recommence roll-out of LED lighting. Improve building management to allow 1% year-on-year reductions in emissions related to natural gas consumption. Implement priority 'TM44' energy survey recommendations. Explore option for shared accommodation to enable notice to be given on small site. Datacentre carbon working group to work with providers and use Best Practice Guidance of the EU CofC on Data Centre Energy Efficiency for decision making regarding (e.g.);	Implement actions to improve carbon footprint methodologies (see Section 6). 2 EV vans to be trialled. Liaison with lease vehicle companies to understand opportunities. Liaise with landlords with regards to increasing the number of EV charging points. Staff travel survey to be undertaken. Developing Travel Plan and practical measures (cycle storage and showers, EV charging etc.) to (with the aid of national measures) reduce carbon intensity of commuting by 5% by 22/23. Working smarter to enable a 10% year-on-year reduction in business mileage (on 2019 baseline).	Implement actions to improve carbon footprint methodologies (see Section 6) including thorough review of spending to remove double-counting and wrongly allocated spending. Devise procurement methodology not wholly dependent on spend and emission factors. Work with NWSSP to develop a strategy for low-carbon ICT procurement, including (e.g.) building carbon reduction requirements into invitations to tender; developing (or adopting) low carbon standards for ICT equipment, as part of NWSSP's Sustainable Procurement Code of Practice. Datacentre carbon working group to work with providers and use Best Practice Guidance of the EU CofC on Data Centre Energy Efficiency for monitoring of datacentre performance.	Implement actions to improve carbon footprint methodologies (see Section 6). Evaluate the best operational model for DHCW with regards to working remotely post pandemic & maintain a minimum 30% working remotely strategy. Promote home working energy efficiency measures to staff.

Tolley, Laura
03/24/2022 09:52:13

	• Selection and Deployment of new IT Equipment • Deployment of New IT Services • Management of Existing IT Equipment and Services • Data Management • IT Reporting			
2023	Estate Rationalisation: 1 floor sub-letting at TGA Estate Rationalisation: option to vacate smaller location. Continue LED lighting roll-out. 1% y-o-y reductions in gas-related emissions. Use of datacentres with a PUE of 1.3 or better by 2023/24.	Review the EV opportunities for lease vehicles. Working smarter to enable a 10% year-on-year reduction in business mileage.	Roll out Sustainable Procurement Code of Practice as provided by NWSSP.	Maintain a minimum 30% working remotely strategy. DHCW will work with its ICT suppliers with regards to unnecessary waste packaging and single use plastic.
2024	Liaise with landlords to convert remaining buildings electricity tariff to REGO renewable. 1% y-o-y reductions in gas-related emissions. Estate Rationalisation: option to vacate smaller location. Complete LED lighting roll-out Upgrade/refurbishment of largest energy consuming office building.	Promote EV opportunities for staff within the lease car scheme. Significant drive for public and active travel and implement a plan to reduce the carbon intensity of staff commuting. Working smarter to enable a 10% year-on-year reduction in business mileage. Further develop Travel Plan and practical measures to (with the aid of national measures) reduce	Regular review and revision of low-carbon ICT strategy with NWSSP.	Maintain a minimum 30% working remotely strategy. Promote home working energy efficiency measures to staff.

Tolley, Laura
03/24/2022 09:52:13

	We will adopt cloud computing services using a cloud-first approach for both new and existing workloads.	carbon intensity of commuting by 10% by 26/27.		
2025	Estate Rationalisation: option to vacate smaller location. 1% y-o-y reductions in gas-related emissions 100% REGO electricity will have been procured. Use of datacentres with a PUE of 1.2 or better by 25/26.	DHCW will review the electric options for its remaining fleet vehicles and increase the proportion of electric vehicles in use. Working smarter to enable a 10% year-on-year reduction in business mileage.	NWSSP will have updated to market based emissions accounting and will engage with supply chains to support decarbonisation. Assist in this process for major ICT contracts. Engagement with key suppliers on decarbonisation.	Maintain a minimum 30% working remotely strategy. DHCW will continue to develop digital technology to support a smart communication approach between NHS sites and with the public at home.
2026	Estate Rationalisation: 2 floor sub-letting at TGA . 1% y-o-y reductions in gas-related emissions.	Strategy of Working smarter to ensure a 5% year on year business travel reduction. Working smarter to enable a 10% year-on-year reduction in business mileage.	Engagement with key suppliers on decarbonisation.	Maintain a minimum 30% working remotely strategy. Promote home working energy efficiency measures to staff.
2027	Investigate alternatives to natural gas heating. Use of datacentres with a PUE of 1.1 or better by 2027/28. 1% y-o-y reductions in gas-related emissions.	Working smarter to enable a 10% year-on-year reduction in business mileage.	Engagement with key suppliers on decarbonisation.	Maintain a minimum 30% working remotely strategy.
2028	Liaise with landlords to install non fossil fuel heating in TGA for completion by 2030.	All leased vehicles will be electric (or hybrid if rural network of EV charging points not yet fully operational).	Engagement with key suppliers on decarbonisation.	Maintain a minimum 30% working remotely strategy. Promote home working energy efficiency measures to staff.

Tolley, Laura
03/24/2022 09:52:13

2029	Estate Rationalisation: 3 floor sub-letting at TGA .	Working smarter to enable a 10% year-on-year reduction in business mileage.	Engagement with key suppliers on decarbonisation.	Maintain a minimum 30% working remotely strategy.
2030	Every building will have undergone an energy efficient upgrade – low carbon heating, renewable electricity purchased and most energy efficient building that is practicable. DHCW will have a smaller physical footprint through smarter working practices.	Continue to work smarter to enable a 10% year-on-year reduction in business mileage. All leased vehicles will be electric (fully EV, where rural network of EV charging points allows.	NHS Wales believes that significant parts of the supply chain will have progressed to net zero emissions.	Maintain a minimum 30% working remotely strategy. Promote home working energy efficiency measures to staff.

Tolley, Laura
03/24/2022 09:52:13

11. Conclusions

Digital Health and Care Wales has assessed its baseline carbon footprint for 2019/20. The gross carbon emissions for scopes 1, 2 and 3 were **19,858 T CO2e** (net 19,652 T CO_2e). This includes the emissions generated from remote working, as well as the use of third party Data Centres.

Procurement related emissions were the largest component (87%) of our carbon footprint, and the category with the most uncertainty. The plan to reduce procurement related emissions is being led by NWSSP through their own Delivery Plan. However, with our digital expertise, we acknowledge that we have a major role to play in assisting NWSSP to identify realistic reduction pathways for procurement of IT Goods and Services. We will work with NWSSP in 2022 to scope out the way forward so that numeric reduction targets may be set for subsequent years.

Our Delivery Plan is focused on our Office Buildings and Data Centres, all Transport (business, fleet and staff commuting) and activities (i.e. non-procurement activities). Working remotely is also included as it demonstrated significant carbon reduction savings in 2020/21 and is a work model that DHCW can effectively adopt.

The Decarbonisation Pathway has been designed to achieve the NHS Wales 2025 and 2030 targets of 16% and 34% emissions reductions in the gross Operational emissions. DHCW has forecast its non-procurement 'Operational' emissions up to 2029/30 to predict the impact of key actions in our Delivery Plan.

Our modelling of predicted carbon reductions from this Plan gives a 21% reduction by 2025 and a 35% reduction by 2030 DHCW intends to review and report on its carbon footprint annually. This will then be the opportunity to assess performance against predicted carbon emissions. It is likely that individual years may vary up or below predictions but that the 2025 and 2030 targets are achievable by carrying out the proposed decarbonisation initiatives.

Immediate Decarbonisation Initiatives (2021-2025) have been identified and prioritised as follows:

Priority	Initiative
1	With NWSSP, accelerate carbon accounting tools for procurement related carbon emissions and fast track DHCW procurement activities in the overall decarbonisation pathway, beginning in 2022.
2	Consolidate working remotely as a future operational model and embed in the strategic direction of DHCW.
3	Review the Estates Strategy to actively reduce the physical workspace.
4	Work closely with the Data Centres to optimise energy efficiency and its close monitoring. Migrate to Cloud computing services to enhanced energy savings.
5	Accelerate the energy reduction programmes at our office buildings, in particularly prioritising the installation of LED lights, upgrading air handling and BMS and ensuring smart metering is throughout the portfolio. Carry out early investigations into the feasibility of phasing our natural gas for heating purposes.
6	Undertake a Travel Survey in 2022 and continue liaison with lease vehicle providers to increase the availability of electric alternatives.
7	Support the use of electric vehicles through the installation of EV charging points across DHCW and for areas outside of our control, engage with our landlords to install additional EV charging points.
8	Create a Decarbonisation Team, with senior leadership, adopting an 'urgency' approach to the criticality of its remit and scope.

Tolley, Laura 03/24/2022 09:02:13

DHCW is committed to playing its part in the decarbonisation of NHS Wales. The targets are challenging but achievable, they will require increased provision of resources, and pro-active micromanagement of all aspects of carbon accounting and improvement programmes.

12. Glossary

Carbon footprint - a term for the carbon emissions from an organisation or individual. A carbon footprint will likely also include non-carbon greenhouse gases, such as methane or refrigerants, which also contribute to climate change.

CO_2e - Carbon dioxide equivalent is a term for describing different greenhouse gases in a common unit. For any quantity and type of greenhouse gas, CO_2e signifies the amount of CO_2, which would have the equivalent global warming impact.

Emission Factor - a coefficient that allows conversion of activity data into GHG emissions. It is the average emission rate of a given source, relative to units of activity or process.

Greenhouse Gas Protocol (or GHG Protocol) - an international standard for reporting on emissions of greenhouse gases such as carbon dioxide.

Greenhouse gases (GHG) - gases that have been identified as contributing to climate change. The main definition of GHGs comes from the Kyoto Protocol, and includes carbon dioxide and methane as the main sources of warming.

Power Utilisation Efficiency (PUE) – a measure of data centre energy efficiency, which divides the amount of power coming into a data centre by the amount of power used to run data centre information technology equipment (cooling systems, UPSs, etc.).

REGO - Renewable Energy Guarantee of Origin certificates; certificates which show that electricity (or gas) has been generated from a low-carbon source.

Scope 1 Emissions - Direct emissions from combustion of gas and other fuels.

Scope 2 Emissions - Emissions resulting from the generation of electricity and other energy purchased.

Scope 3 Emissions - Emissions made by third parties in connection with operational activities.

WEEE - Waste Electrical and Electronic Equipment.

Well-to-Tank - also known as upstream or indirect emissions, is an emissions factor, which accounts for all the GHG emissions released into the atmosphere from the production, processing and delivery of a fuel or energy.

Tolley Laura
03/24/2022 09:52:13

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03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
FINANCE REPORT FOR THE PERIOD ENDED FEBRUARY 28 2022

Agenda Item	6.1

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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 Noting
Recommendation	
The Board is being asked to: **DISCUSS** the contents of this finance report for 28 February 2022 and **NOTE** the forecast year end achievement of key financial targets.	

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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	WPAS	Welsh Patient Administration System

1. SITUATION / BACKGROUND

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 Financial Performance and issues for the period to February 28th 2022.

The report sets out the financial position as at the end of February 2022 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) as the year progresses.

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: During the month a notional cash limit has been indicated by Welsh Government and the organisation will now seek to manage residual balances to a maximum of £2m.

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1.1 General Performance

All Welsh Government allocations have now been finalised with DHCW required to manage the revenue and capital position with no further reprofiling of funding exercises planned.

DHCW continues to support and enhance the Covid responses in both the Vaccine and Test, Trace and Protect programmes. During the month the major developments focused on completion of the Vaccine Booking Solution which went live on February 14th which is reflected by the associated increase in capital spend reported.

April – February position: Digital Health Care Wales is reporting achievement of all financial targets for the first eleven months of the financial year with a presented revenue underspend of £0.428m and a capital spend to plan with £2m spend profiled for March. The organisation has met the PSPP target (recording 97% of all invoices paid within the stipulated 30 day deadline) whilst of the £2.3m debt registered at February 28th 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: DHCW is forecasting a £0.350m year end underspend position for revenue and breakeven for capital with no identified unmitigated material 21/22 financial risks at the time of writing. The forecast is predicated upon material revenue spend plans within digital priority investment fund completing prior to March 31st.

Cash Management - Cash balances stood at £4.8m at the end of February. The intention is to reduce carrying cash balances to the agreed £2m.

SHA Transition Update - The exercise to decouple assets and liabilities from the Velindre NHS Trust balance sheet has now been completed and signed off by Audit Wales. The final action is to complete the cash transaction in order to reflect asset values within DHCW.

Financial Risk - At present there are no unmitigated financial risks identified to the achievement of meeting the key targets of remaining within 21/22 revenue and capital resource limits.

Opportunities – The organisation continues to pursue savings/efficiency opportunities. The previously reported initiatives implemented in October within the Test, Trace and Protect digital service has resulted in £0.7m of costs being avoided.

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1.2 Developments Since Last Reports

As part of the end of year review with the Welsh Government Digital Team, DHCW reviewed

future activity and spend plans. The net result presented a decrease in in revenue requirement of £0.855m whilst the capital resource requirement has decreased by £1.401m

The following high level financial movements have occurred in revenue and capital funding.

Table 1:Movement in Capital & Revenue Funding

	Capital Movement £000's	Revenue Movement £000's
Income		
Core Organisational	0	0
COVID-19 Response	-511	30
Digital Priority Investments	-890	-885
Total	-1,401	-855

1.3 Future Developments

The organisation has a number of digital pipeline investment schemes in varying stages of approval intended to be funded via the Digital Priority Investment Scheme. At present the indicative funding requirement for the IMTP planning term totals £95.2m (revenue & capital over three years). Further details on an individual scheme basis can be found in section 9.

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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 2:Performance against KPI's

INDICATOR	CUMULATIVE PERFORMANCE	FORECAST OUTLOOK	COMMENT
Revenue Breakeven (To secure that the organisations expenditure does not exceed aggregated income)	£0.428m Underspend ↓ Movement	£0.350m Underspend ↔ Movement	Small period operational surplus of £0.428m a decrease of £0.122m from the December position – it is forecast for this to decrease over the final quarter to £0.350m (some 0.3% of turnover) by the end of the financial year.
Remain within Capital Expenditure Limit (To ensure net Capital Spend does not exceed the Capital Expenditure Limit)	Breakeven ↓ Movement	Breakeven ↔ Movement	£8.9m spend (an increase of £4.0m since last board). The current capital funding envelope is £10.9m. It is planned to spend the residual capital balance of £2.0m in March.
Public Sector Payment Policy (To pay a minimum of all non NHS creditors within 30 days of receipt of a valid invoice)	97% ↔ Movement	95% ↔ Movement	PSPP target achieved. Target – 95%, Actual 97%. 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	£4.8m ↑ Movement	Positive Cash Balance ↔ Movement	Cash balance has increased from £2.4m to £4.8m.

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2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

2.1 SUMMARY OF PERFORMANCE AGAINST KEY FINANCIAL TARGETS

2.1.1 April to February Revenue Performance

DHCW is reporting a revenue surplus of £0.428m net of cost improvement targets for the period to February 28th. The underspend is expected to decrease during March as spend plans are completed. 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 3: Summary of Revenue Performance by Area

	Period Budget £000's	Period Actual £000's	Underspend/-Overspend £000's
Income			
Core Organisational	90,242	91,916	1,674
COVID-19 Response	10,674	10,203	-471
Digital Priority Investments	9,568	10,625	1,057
Total	110,484	112,744	2,260
Expenditure			
Core Organisational	89,388	90,678	-1,290
COVID-19 Response	10,716	10,201	515
Digital Priority Investments	10,380	11,437	-1,057
Total	110,484	112,316	-1,832
Period Surplus/(Deficit)	**0**	**428**	**428**

Additional costs to support GP PSBA networking (£1.6m) are offset by corresponding recharges to Local Authorities resulting in a reported over recovery of income.

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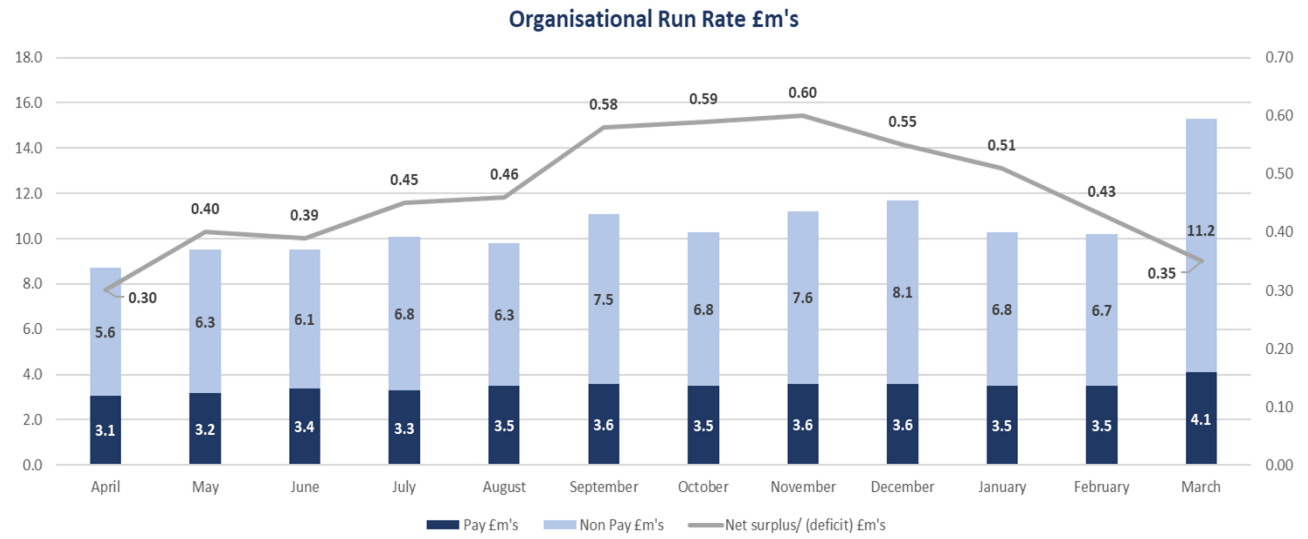
2.1.2 The Organisational Run Rate and Forward Look

The re-profiled spend for March presents a step up from the initial forecast.

Figure 1:Organisational Expenditure Run Rate



The March uptick in spend is impacted by the material items below :

- Emerging Primary Care IM&T costs (offset by associated WG funding) £1.6m
- Cyber security licencing £0.8m
- Residual disbursement invoices £0.6m
- ICT Remedial Activity & Networking Timing £0.4m
- DPIF Spend Movement to March £0.4m

Developments of note:

There were four main developments during February;

1. Cyber Security: Warnings have been issued by the National Cyber Security Centre (NCSC)around the increasing threat landscape, and last week, UK Organisations were advised to bolster their cyber security resilience due to the escalations in Ukraine. DHCW are leading the response to the heightened security risk and the applying learning from the attack against the Health Service Executive (HSE) in Ireland in May 2021. A key finding from the report was that "HSE also had no security monitoring solutions deployed to help investigate and respond to security threats detected across its IT environment." To mitigate this risk and increase system security it was agreed DHCW would lead a national procurement for additional functionality. This resulted in significant price savings (72% - £2.4m) and DHCW will coordinate the cost recharges with participating businesses before the end of the financial year.

The financial impact is a profiled increase income and non pay spend for March .

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2. **Annual Leave**: The exercise to estimate annual leave payment and carry forward requirements has indicated a net movement of £0.444m. The calculation basis has been a combination of formal submissions for payment and ESR reports for total leave outstanding capped at 10 days c/fwd. This will be further revisited prior to financial year end. The provisional payment date is planned for April.
   The financial impact is a profiled increase pay spend for March.

3. **GP Primary Care System**: payments to the supplier have now been quantified and agreed by stakeholders and Welsh Government. The funding to support the transaction has been agreed.
   The financial impact is a profiled £1.1m increase in non pay spend for March.

4. **VAT Recovery**: The VAT position has now been clarified with Ernst & Young and a total of £0.139m revenue incorporated within the position as an accountancy gain whilst capital balances have formed part of the funding adjustment with Welsh Government.

2.2 Capital

For the financial year 2021/22, DHCW 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 February Capital Performance

DHCW has recorded £8.9m of capital spend against a current allocated allowance of £10.9m leaving a residual balance of £2.0m to be spent before the end of the financial year.

Table 4: 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					
Infrastructure Communications	2,919	2,632	2,632	0	287
Estates & Facilities	50	16	16	0	34
Total Discretionary	**2,969**	**2,648**	**2,648**	**0**	**321**
Digital Priority Investment					

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Digital Services for Patients & Public	2,428	1,581	1,581	0	847
Digital ICU	1,184	1,121	1,121	0	63
Cancer Informatics Solution	1,818	1,422	1,422	0	396
WPAS Infrastructure	1,080	1,080	1,080	0	0
Hospital Pharmacy System	324	286	286	0	38
National Data Resource	296	62	62	0	234
Cross Borders	9	0	0	0	9
Total Digital Priority Investment	**7,139**	**5,552**	**5,552**	**0**	**1,587**
COVID-19					
Test, Trace & Protect	355	300	300	0	55
Vaccines	510	445	445	0	65
Total COVID-19	**865**	**745**	**745**	**0**	**120**
Total Capital Plan	**10,973**	**8,945**	**8,945**	**0**	**2,028**

2.2.2 Movement in Capital Resource Limit

The movement in the organisations capital funding envelope (capital resource limit or CRL) since the last board report is presented below. There is a reduction in capital funding totaling £1.4m.

Table 5:Movement in Capital funding

Scheme	December Allocation £000's	February Allocation £000's	Movement £000's
Discretionary			
Total Discretionary	**2,969**	**2,969**	**0**
Digital Priority Investment			
Digital Services for Patients & Public Programme	2,428	2,428	0
Digital ICU	1,184	1,184	0
Cancer Informatics Solution	1,818	1,818	0
WPAS Infrastructure	1,080	1,080	0
National Data Resource	500	296	-204
Hospital Pharmacy System	457	324	-133
Enhancing Digital Solutions in Powys	0	9	9
Welsh Community Care Information Solution	183	0	-183

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Total Digital Priority Investment	**7,650**	**7,139**	**-511**
COVID-19			
Test, Trace & Protect	1,245	355	-890
Vaccines	510	510	0
Total COVID-19	**1,755**	**865**	**-890**
Total Capital Plan	**12,374**	**10,973**	**-1,401**

Movements are as a consequence of:

- **National Data Resource**: Reprofiled capital spend returned to Welsh Government.
- **Hospital Pharmacy System**: Return to Welsh Government of prior year VAT recovery gains.
- **Enhancing Digital Solutions in Powys**: Newly approved scheme with funding allocated.
- **Welsh Community Care Information Solution**: Transfers to Bridgend Local Authority to support supplier development.
- **Test, Trace & Protect**: Funding reprofile to support developments next financial year and the return to Welsh Government of prior year VAT recovery gains.

2.2.3 Capital Forecast

The current forecast is for the organisation to remain within its resource limit.

3. DETAILED PERFORMANCE

The following section presents the detailed financial performance for the organisation brigaded by Directorate (encompassing recurrent activity) and non-recurrent areas such as Digital Investment Priority Fund Schemes and COVID-19 Response. Movement in Revenue Resource Limit

The material items contributing to the movement in the organisations revenue funding envelope revenue resource limit or RRL) since the last board report include:

- Digital Priority Investment -£0.855m
- COVID-19: Test, Trace & Protect £0.030m

3.1 DHCW Directorate Financial Performance

DHCW is currently organised into seven directorates that are currently reporting a net underspend of £0.428m against plan for the first eleven months. 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 the Board & Governance, Executive Team, Engagement & Transformation Services and Finance & Business Assurance Directorates are predominately as a result of recruitment lag in new SHA functional roles. Application Development & Support and the Information Services Directorate have recorded general operational underspends.

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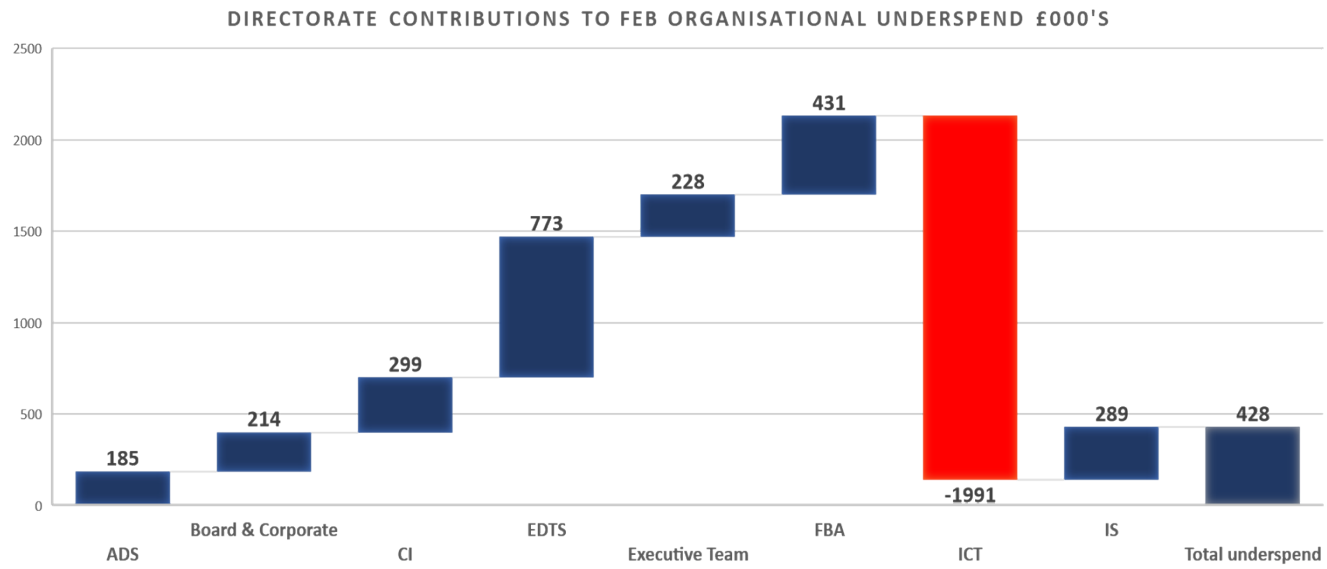
Figure 2:Core Activity Directorate Performance



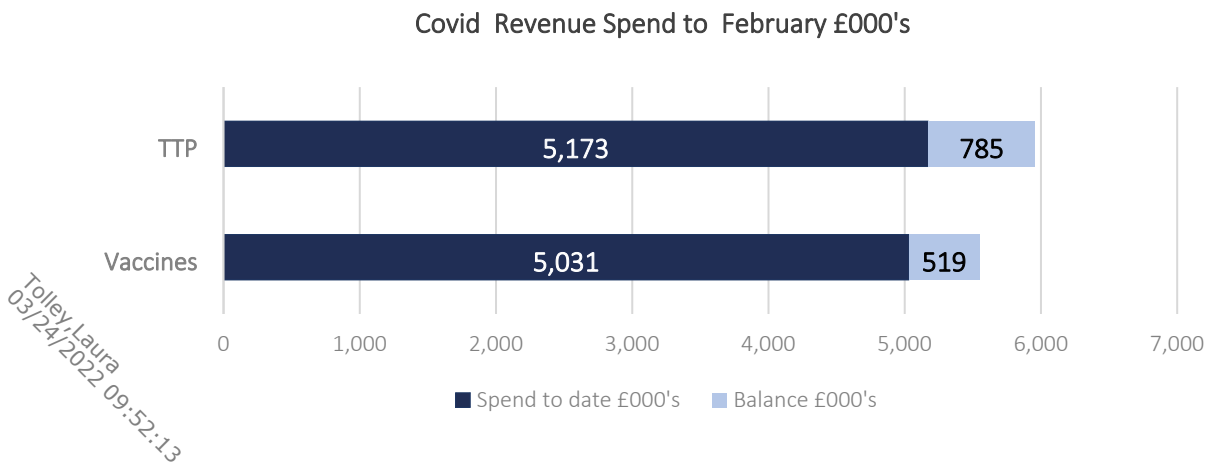
The Information Communications Technology Directorate is reporting an overspend of £1.991m for the first eleven months as a result of the requirement to support increased activity and the impact of cloud adoption. The mitigation to manage the overspend is in place this financial year whilst the organisation provides for a recurrent sustainable position as part of the IMTP process.

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.

At the end of February the cumulative spend for Covid is £10.2m with a residual spend of £1.3m in March. Covid is forecast to spend to budget, but remains particularly sensitive to impactors upon volumes whether as a consequence of policy changes or the status of the pandemic.

Figure 3:Covid Response Revenue Spend



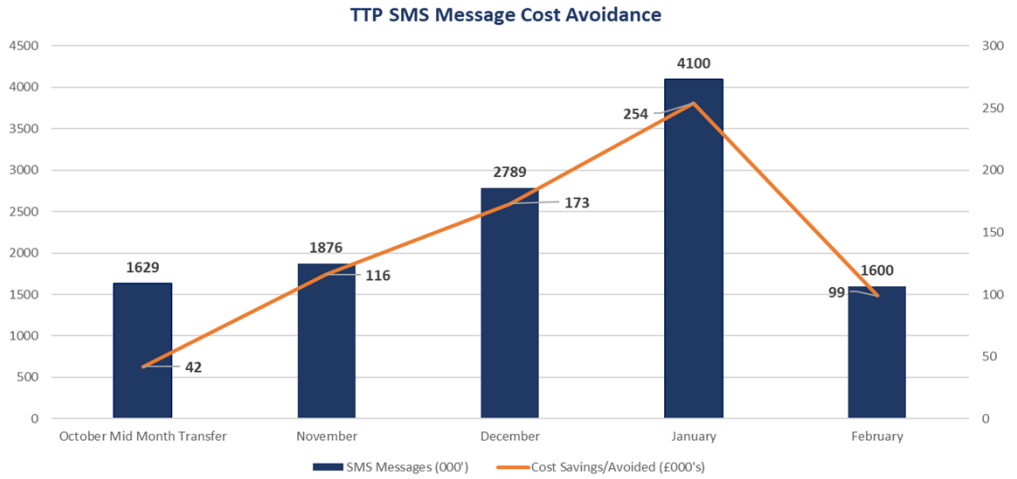
Test, Trace & Protect licence requirement has remained consistent over the period with Microsoft at 4,100 and Solgari at 3,250 users.

Vaccine volumes, texts and letters have further decreased in February to 1.831m texts and 0.302m letters.

3.2.1 Test, Trace & Protect

The Test, Trace & Protect alerts have decreased from January to February by 60%. There are £0.7m of costs avoided as a result of the migration to the new supplier.

Figure 4:Test,Trace & Protect - SMS Message Cost Avoidance



Test, Trace & Protect alerts during increased significantly in January but there has been a reduction experienced in February. The cost increase due to January volumes has been absorbed by a 79% reduction in unit cost (from 7.8p to 1.6p per text) as a result of the migration of SMS services.

Costs totalling £0.684m have been avoided to date.

3.2.2 Vaccines

The solution is currently reporting an effective breakeven position against revised plan. The vaccine scheduling solution has seen decreased volumes since the accelerated vaccination programme as a result of addressing the omicron variant. The recent decision to roll out vaccinations to children aged 5-11 is not expected to materially affect the forecast for March.

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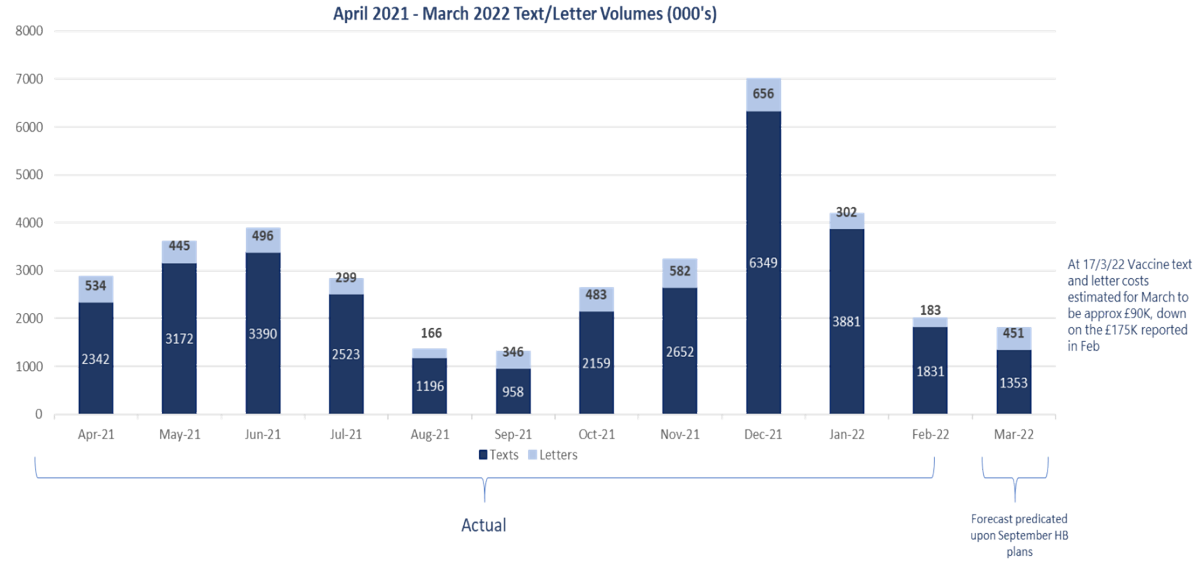
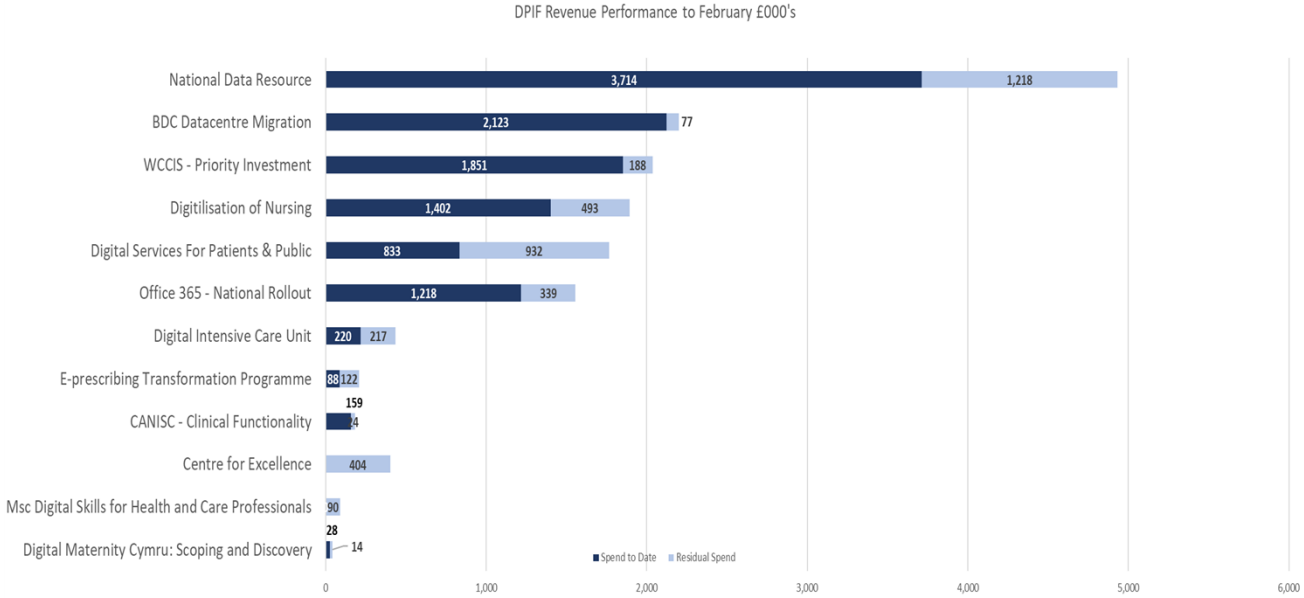
Figure 5: Vaccines Scheduling Text/Letter Volumes Profile



3.2.3 Digital Priority Investment

A total of £15.7m is currently allocated to support digital investment. Either directly via WG (£14.4m) and the remainder supported via DHCW & NHS Collaborative (relating to the recent Datacentre Migration and implementation of the Digital Intensive Care revenue funding).

Figure 6: Digital Investment Spend



With revenue spend totalling £11.7m, a balance of £4.0m remains to be spent or disbursed before the end of the financial year. Finance staff will continue to liaise with project leads, Welsh Government and the appropriate governance groups to ensure timely declaration of any movement from current forecast to enable mitigating actions to be pursued.

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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 97% achievement against a target of 95%.

6. CASH

The cash balances at the end of February amounted to £4.8m, post reporting discussion with Welsh Government has resulted in a preferred maximum balance of £2m. The balance 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.

As at February 28th the debtors total stood at £2.3m (£0.2m higher than December) with no disputes lodged and no aged debt exceeding 90 days.

Allied to the cash asset transfer action some £8.7m invoices to Health Boards are expected to be raised and settled during March.

3 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

3.1 Risks

The previously identified risk to achievement of the PSPP target of 95% has now been mitigated.

3.2 Opportunities

Whilst the previously identified COVID Response related opportunities (such as licencing, text messaging, letter distribution efficiencies and cost avoidance) have now crystalised and are reflected within the financial plan the organisation will continue to assess and implement alternate solutions for improving service provision whilst reducing transactional costs (such as the vaccines booking functionality).

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4 ADDITIONAL INFORMATION

4.1 Transfer on Current & Non Current Assets From Velindre NHS Trust to Digital Health and Care Wales

The exercise to determine the S1 & S2 balances to be transferred from Velindre to DHCW has now been reviewed and approved by Audit Wales. A Summary of the S1 and S2 values are given below showing £27.872m of Capital assets to be transferred to DHCW and £9.833m of Net Working Capital transferred.

Table 6: NWIS Balances For Transfer

Schedule	Item	Balance £m's
S1	Total Property plant and equipment and Intangible Assets	27.872
S2	Total Value Net Working Capital Transferred	9.833

The next steps are to work with Welsh Government and Velindre to complete the cash transaction to effect the transfer of assets and working Capital before the 31st March 2022 enabling DHCW to formally present an organisational balance sheet.

4.2 Microsoft Office 365 Enterprise Agreement Renewal

In July 2022, the current three year agreement will end. This necessitated a reprocurement exercise to be completed. 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 & Business Assurance has set up a multi-disciplinary negotiation team with a view to timely reprocurement and maximising cost avoidance.

At present there the latest offer includes a mix of licencing discounts with additional security provision.

Organisational are to review and validate final licence requirements whilst removing inactive/dormant accounts.

Financial Appraisal – Movement in licencing Mix, Volume & Price to be completed

Ancillary Products to support the investment will also be delivered

1. Benefits presented
2. Benchmarking of final requirements
3. How to drive value

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4.3 Annual Accounts 2021/22

Welsh NHS bodies are required to prepare an annual report and accounts compliant with the determination and directions given by Welsh Ministers. A Manual for Accounts (MfA) is prepared annually by the Health and Social Services Group in Welsh Government, which provides guidance on the statutory requirements to assist in the production of the reports. It is for each organisation to interpret the guidance and to apply the principles to their own individual circumstances.

On the 18th of January 2022 the organisation received its "Accounts Direction". This is given by Welsh Ministers in accordance with paragraph 3(1) of schedule 9 to the National Health Service (Wales) act 2006 (c.42) and with the approval of Treasury.

The accounts direction sets out the period and basis of preparation of the accounts, key developments are that there is a requirement for a 15 month set of accounts rather than the usual 12 month as a result of timing of the organisations establishment.

The final 2021-22 NHS Wales Manual for Accounts (MFA), DHCW Accounts Template and Returns schedules were issued by Welsh Government and received on 11/03/2022.

The key reporting deadlines for 2021/22 are detailed below :

- Indicative Day 5 financial performance to Welsh Government 07/04/2022
- March Monthly Monitoring Return Submission 25/04/2022
- Draft Accounts Submitted 29/04/2022
- Audit Committee & SHA Board Approval 14/06/2022
- Audited Accounts & Returns Submitted 15/06/2022

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5 FUTURE DEVELOPMENTS

5. 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, 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 formal funding letters will be forthcoming and will be approved (where not already received). These schemes have been added to the initial financial plan for 2022/23 – 2024/25.

Table 7: DPIF IMTP Investment 2022 - 2025

Scheme	Capital £m's	Revenue £m's	Total £m's
Digital Priority Investment			
National Data Resource	2.400	23.934	**26.334**
Digital Medicines Transformation Programme	1.416	16.353	**17.769**
Digital Services for Patents & Public	4.498	16.745	**21.243**
Welsh Community Care Information System	0.000	7.500	**7.500**
Digital Intensive Care Unit	3.730	3.600	**7.330**
Cancer Informatics Solution	1.334	2.928	**4.262**
Welsh Nursing Care Record	0.000	2.346	**2.346**
DHCW Welsh Patient Administration System	0.264	1.992	**2.256**
Digital Change Network	0.011	1.701	**1.712**
Office 365 Centre of Excellence	0.000	1.617	**1.617**
DHCW Research and Development	0.000	0.750	**0.750**
MSc Digital Skills for Health and Care Professions	0.000	0.720	**0.720**
Welsh Emergency Department System Acceleration	0.000	0.662	**0.662**
Enhancing Digital Solutions in Powys	0.000	0.580	**0.580**
Digital Maternity Cymru	0.000	0.100	**0.100**
Total Capital Plan	**13.653**	**81.528**	**95.181**

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5.2 Organisational Underlying Financial Assessment for IMTP

As part of the IMPT Financial exercise presents core operational pressures totaling £9.1m over areas including:

General Pressures

- Pay Award & Pay - Incremental Drift
- Non Pay Inflation
- Capacity & Licencing Increases
- Data Growth/Cloud Adoption
- SHA & Strategic Requirements
- Microsoft O365 Licence

Exceptional Pressures

- National Insurance Increases
- Energy/Fuel Increases

Following the WG and FDU touch point meeting in March, DHCW highlighted the implications for the exceptional items on DHCW ability to balance its second and third year positions. The response from WG indicated that whilst no further funding was specifically identified, IMTP plans should anticipate central risk management processes alongside local mitigations to offset these pressures.

DHCW is confident that it will balance is financial IMTP for 2022/23.

6 RECOMMENDATION

The Board is being asked to:

DISCUSS the contents of this finance report for 28 February 2022 and **NOTE** the forecast year end achievement of key financial targets.

7 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:	

Tolley-Laura 03/04/2022 09:52:13

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:
Choose an item.	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

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

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Digital Health and Care Wales

SHA Board Meeting March 2022

Financial Performance: Period to February 28th

Tolley, Laura
03/03/2022 09:12:13

CONTENTS

2021/22 Financial Performance

- Summary Performance
- Organisational Run Rate
- Core Activities
- COVID Response
- Digital Priorities Investment
- Capital Programme
- Velindre Transfer
- Annual Accounts 2021/22

Future Issues

- IMTP Underlying Assessment
- IMTP Digital Investment

21/22 FINANCIAL PERFORMANCE

DIGITAL HEALTH AND CARE WALES

DHCW BOARD FINANCE REPORT FEBRUARY SUMMARY PERFORMANCE

FINANCIAL PERFORMANCE AGAINST KEY INDICATORS

DHCW is reporting delivery against its financial performance indicators for period *(ref Table 2, page).*

INDICATOR	CUMULATIVE PERFORMANCE	FORECAST OUTLOOK	COMMENT
Revenue Breakeven (To secure that the organisations expenditure does not exceed aggregated income)	£0.428m Underspend ↓ Movement	£0.350m Underspend ↔ Movement	Small period operational surplus of £0.428m a decrease of £0.122m from the December position – it is forecast for this to decrease over the final quarter to £0.350m (some 0.3% of turnover) by the end of the financial year.
Remain within Capital Expenditure Limit (To ensure net Capital Spend does not exceed the Capital Expenditure Limit)	Breakeven ↓ Movement	Breakeven ↔ Movement	£8.9m spend (an increase of £4.0m since last board). The current capital funding envelope is £10.9m. It is planned to spend the residual capital balance of £2.0m in March.
Public Sector Payment Policy (To pay a minimum of all non NHS creditors within 30 days of receipt of a valid invoice)	97% ↔ Movement	95% ↔ Movement	PSPP target achieved. Target – 95%, Actual 97%. 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	£4.8m ↑ Movement	Positive Cash Balance ↔ Movement	Cash balance has increased from £2.4m to £4.8m.

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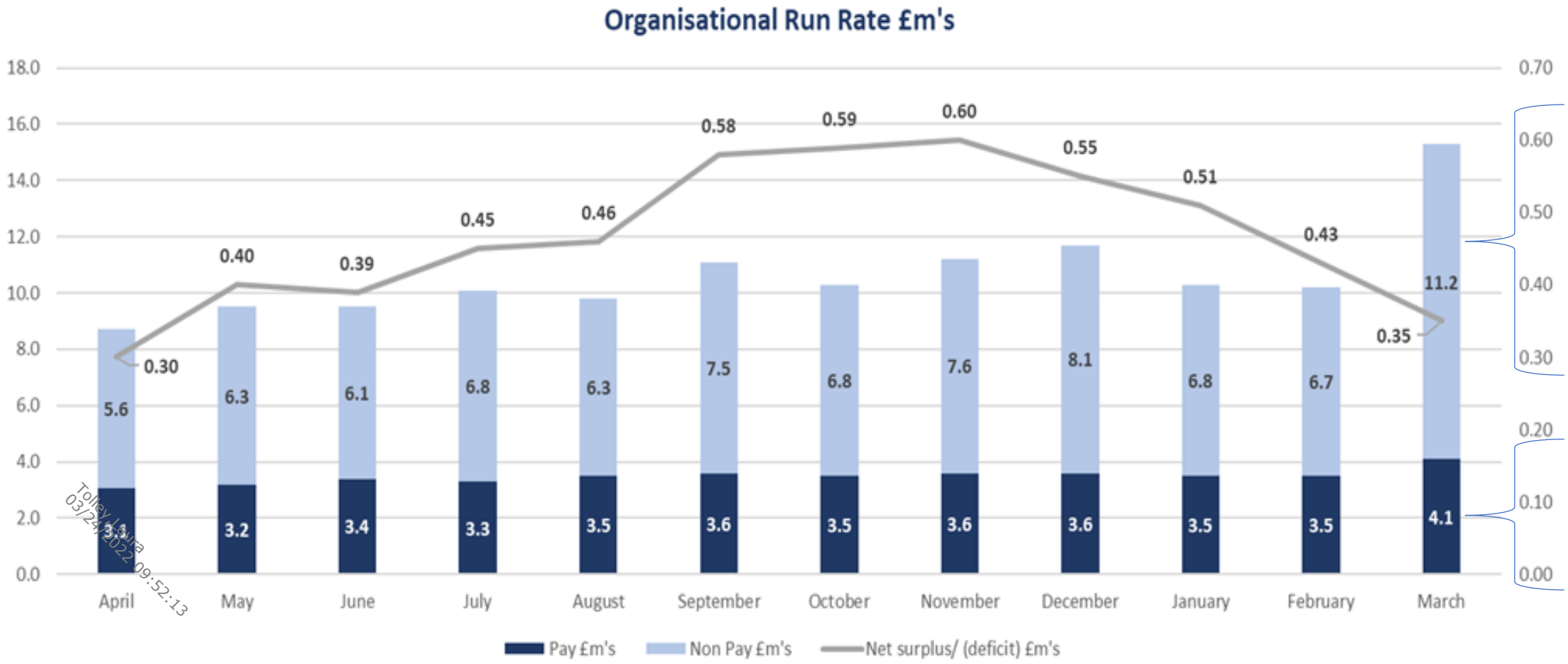
RUN RATE AND FUTURE AND FORWARD LOOK

The expenditure run rate is forecast to increase in March as a consequence of planned reprofiled spend and Cyber Security & Primary Care IM&T Developments (Ref Figure 1, Page 9).



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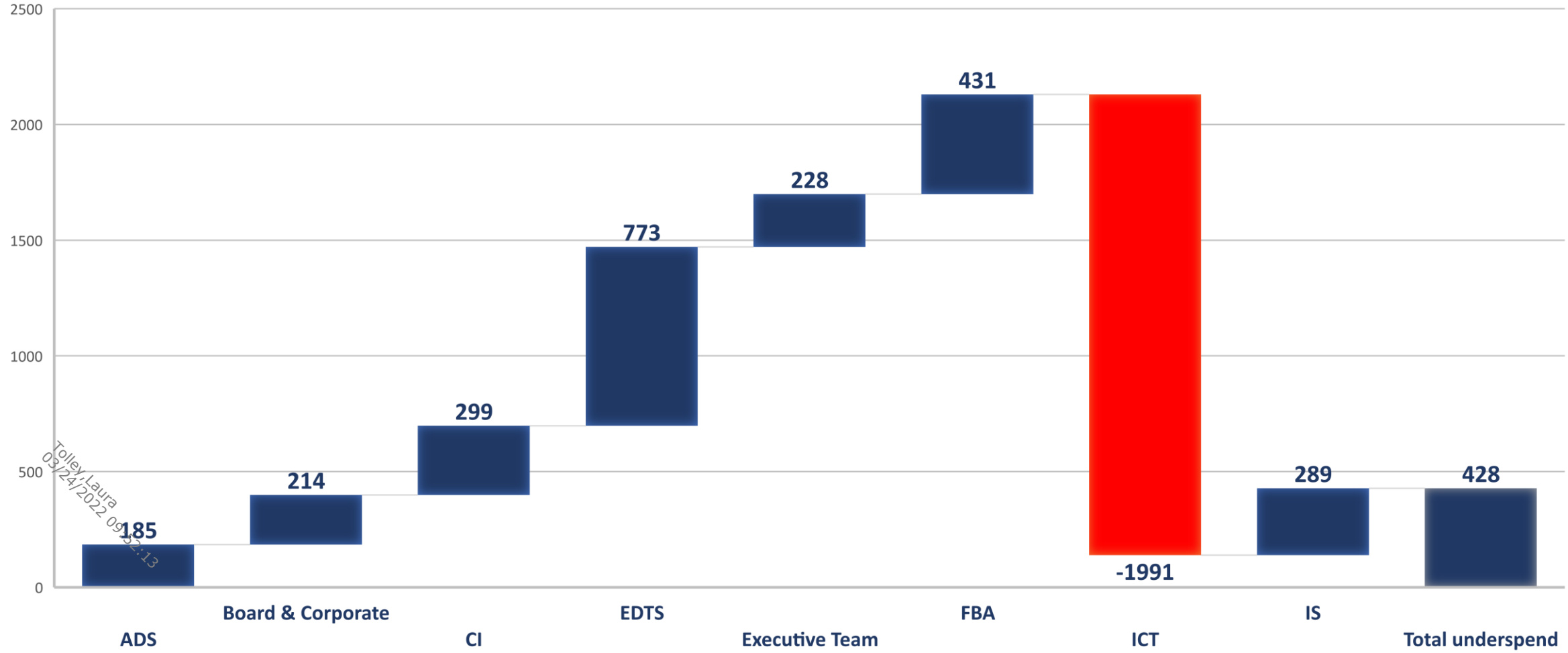
Increase in March run rate includes:
Emerging Primary Care IM&T costs £1.6m
Cyber security licencing £0.8m
Residual disbursement invoices £0.6m
ICT Remedial Activity/Networking £0.4m
DPIF Spend Movement to March £0.4m

Increase in March run rate includes:
Annual Leave Provision £0.4m

CORE DIRECTORATE PERFORMANCE

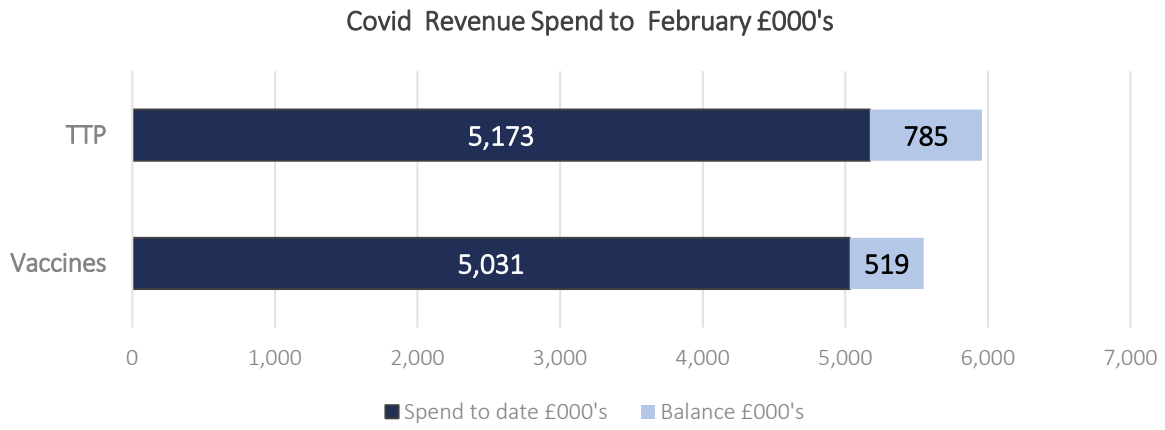
To February DHCW is reporting an underspend of £0.428m, the recruitment lag in functions is part of the SHA formulation but this has offset the continued pay and non pay pressures in infrastructure as highlighted below) *(Ref Figure 2, page 11).*

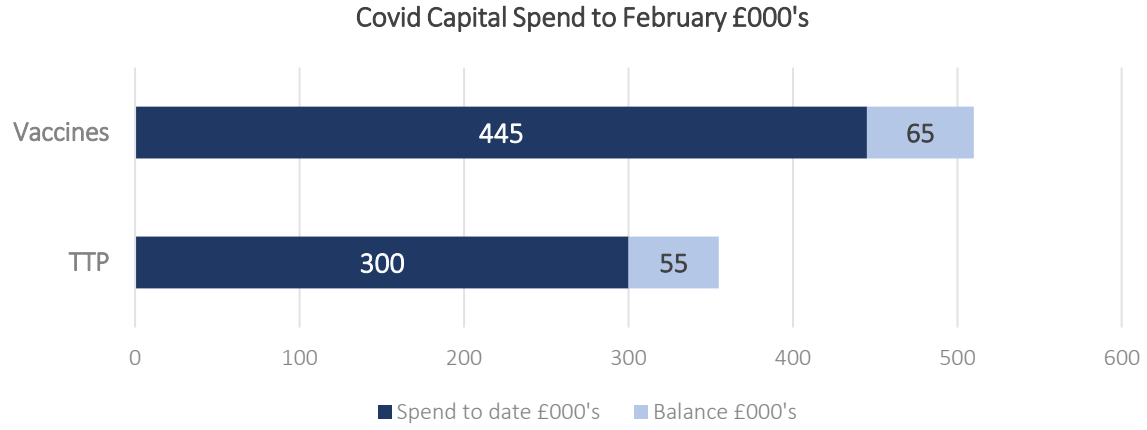
DIRECTORATE CONTRIBUTIONS TO FEB ORGANISATIONAL UNDERSPEND £000'S

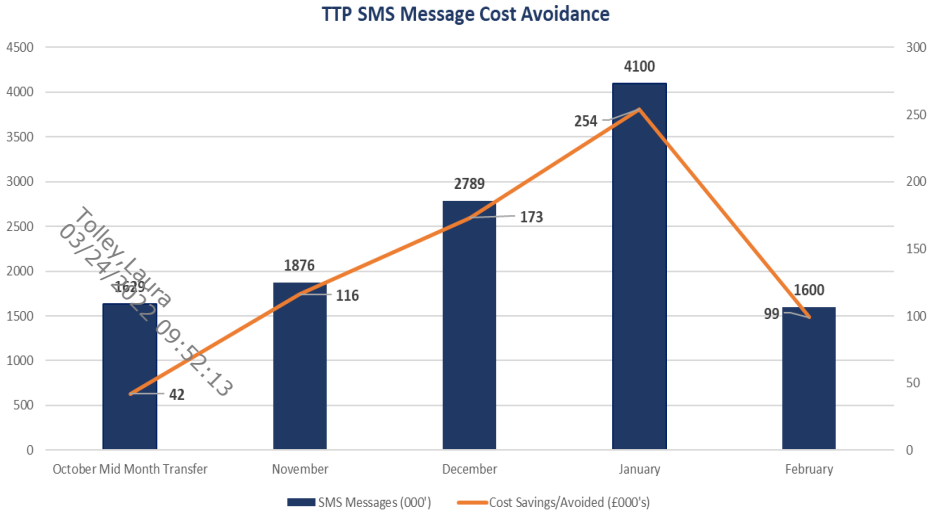


COVID 19 RESPONSE

DHCW has received our final revenue allocation bringing the total for vaccines to £5.550m and TTP £5.912m totalling £11.462K. At the end of February the cumulative spend for Covid is £10.2m with a residual spend of £1.3m in March. *(Ref Figure3,4,5 page 12 & 13).*

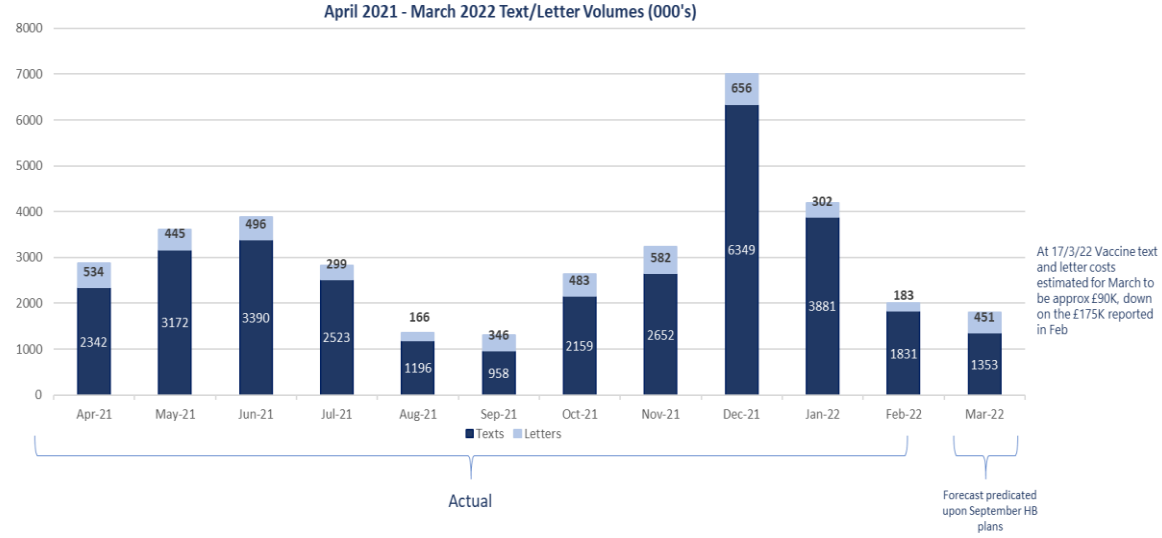






Test, Trace & Protect alerts during increased significantly in January but there has been a reduction experienced in February. The cost increase due to January volumes has been absorbed by a 79% reduction in unit cost (from 7.8p to 1.6p per text) as a result of the migration of SMS services.

Costs totalling £0.684m have been avoided to date.



At 17/3/22 Vaccine text and letter costs estimated for March to be approx £90K, down on the £175K reported in Feb

DIGITAL INVESTMENT

The organisation has allocated £15.7m revenue as part of the Digital Priority Investment Fund, Core contribution & Critical Care Implementation Group Allocation. With £11.7m spent to date there remains a residual balance of £4m to spend before the end of the financial year. *(Ref: Figure 6, page 13)*

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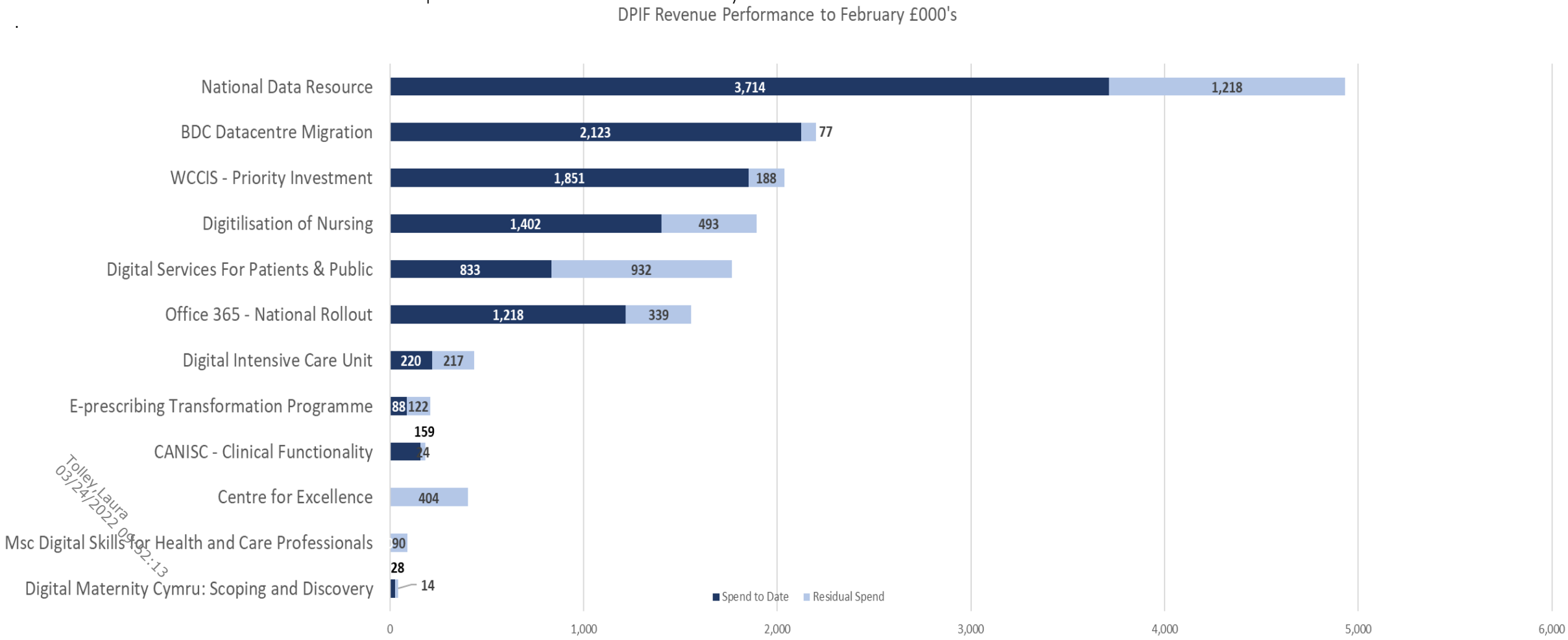

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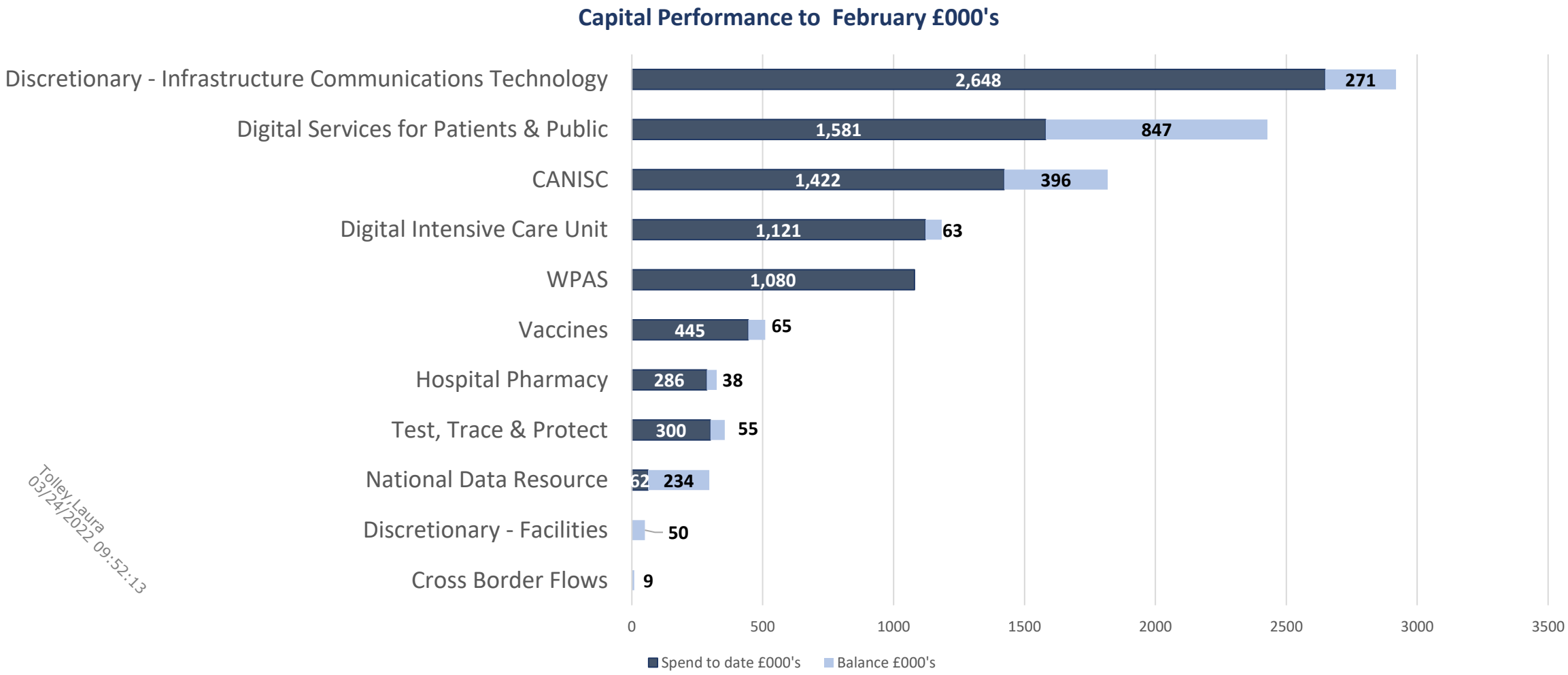
CAPITAL PROGRAMME

Capital Spend of £8.9m has been recorded against a current planned capital spend of £10.9m, this leaves a residual balance of £2.0m to be completed this financial year *(Ref Table 4, Page 9)*.



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THE TRANSFER FROM VELINDRE UNHST

As part of the final actions DHCW is transferring balances from its previous host organisation to form the organisational balance sheet *(Ref Table 16, Page 13).*

The s1 Statement of Non Current Assets to transfer (e.g. buildings, Infrastructure) and the s2 Statement of Current Assets (e.g. Debtors, Creditors etc) have been reviewed by Audit Wales with the final transactions enabling the final transfer of assets from Velindre due to take place this month.

DHCW will then be able to formally present an organisational balance sheet with the baseline transfer totalling £37.705m.

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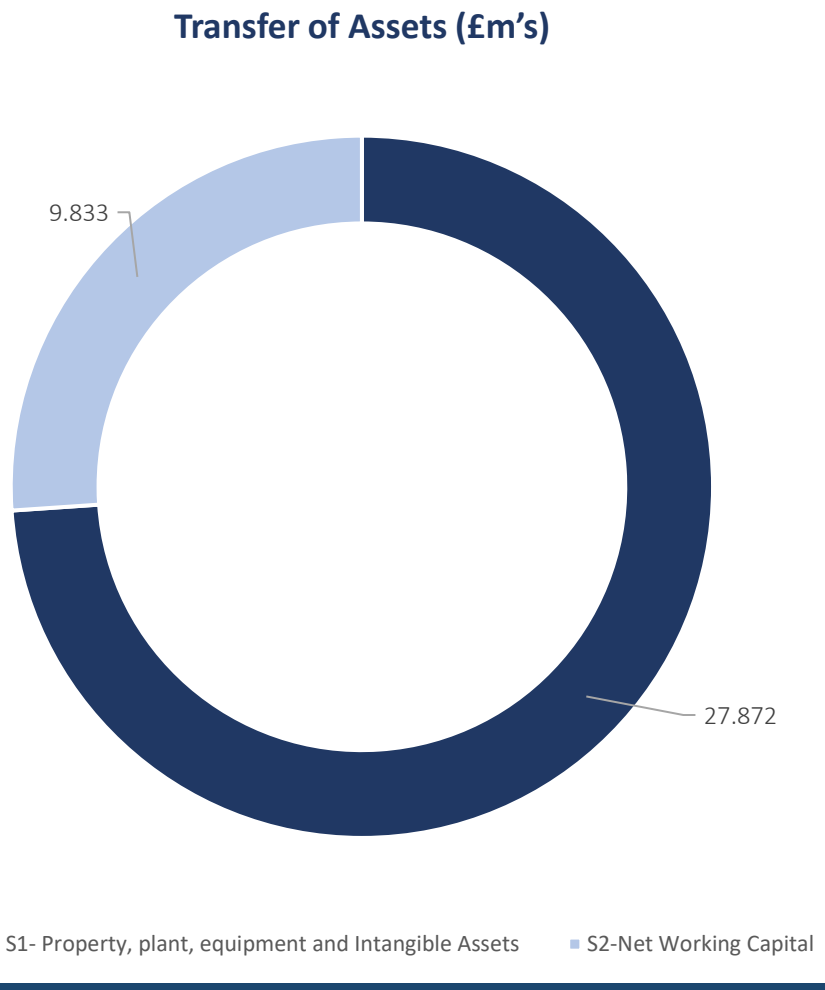

DHCW FINAL ACCOUNTS 2021/22

Welsh NHS bodies are required to prepare an annual report and accounts compliant with the determination and directions given by Welsh Ministers. A Manual for Accounts (MfA) is prepared annually by the Health and Social Services Group in Welsh Government, which provides guidance on the statutory requirements to assist in the production of the reports. It is for each organisation to interpret the guidance and to apply the principles to their own individual circumstances*(ref Page 16).*

The final 2021-22 NHS Wales Manual for Accounts (MFA), DHCW Accounts Template and Returns schedules were issued by Welsh Government and received on 11/03/2022.

The key reporting deadlines for 2021/22 are detailed below :

• Indicative Day 5 financial performance to Welsh Government	07/04/2022
• March Monthly Monitoring Return Submission	25/04/2022
• Draft Accounts Submitted	29/04/2022
• Audit Committee & SHA Board Approval	14/06/2022
• Audited Accounts & Returns Submitted	15/06/2022

DHCW finance team will continue to liaise with Audit Wales to ensure successful completion of this statutory obligation.

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03/24/2022 09:52:13

FUTURE ISSUES

THE FINANCIAL STRATEGY

The organisation is required to break even on its revenue allocation – in order to achieve this a challenging mitigation plan has been constructed. Key to this is the construction and implementation of an effective funding flow mechanism to support the changing nature of development and provision of digital services .

As part of the IMTP Financial exercise presents core operational pressures totalling £9.1m over areas including:

General Pressures

- Pay Award & Pay - Incremental Drift
- Non Pay Inflation
- Capacity & Licencing Increases
- Data Growth/Cloud Adoption
- SHA & Strategic Requirements
- Microsoft O365 Licence

Exceptional Pressures

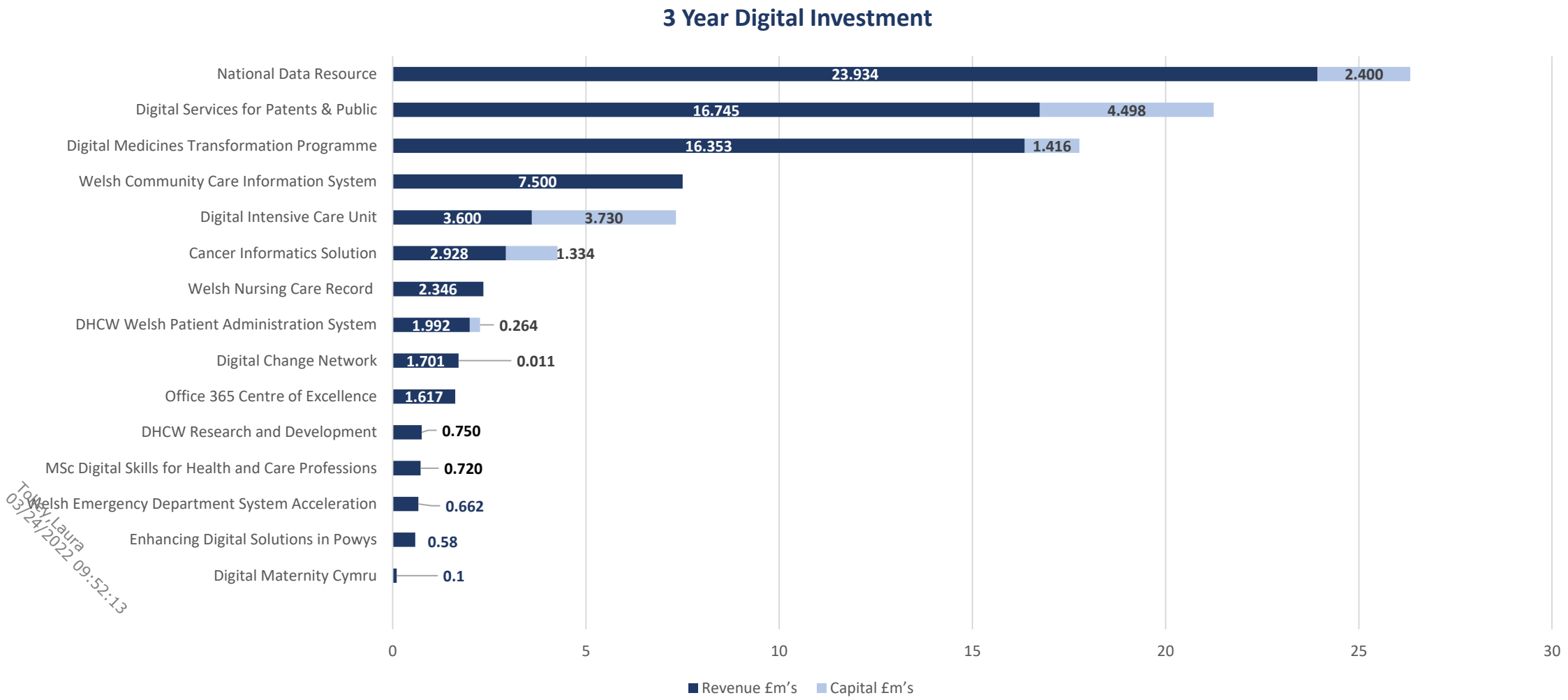
- National Insurance Increases
- Energy/Fuel Increases

Following the WG and FDU touch point meeting in March, DHCW highlighted the implications for the exceptional items on DHCW ability to balance its second and third year positions. The response from WG indicated that whilst no further funding was specifically identified, IMTP plans should anticipate central risk management processes alongside local mitigations to offset these pressures.

Tolley, Laura
03/24/2022 09:52:13

DIGITAL INVESTMENT PRIORITY FUND

Investment schemes to be funded from the Welsh Government Digital Priority Investment Fund. Cases for investment are in various stages of approval *(Ref Table 7, Page 16).*



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DHCW BOARD FINANCE REPORT

RECOMMENDATION

The board are requested to note the contents of the financial report for February 28th and the forecast year end achievement of key financial targets.

- The underspend financial position of £0.428m reported at February 2022
- The forecast year-end planned underspend of £0.350m
- Status of the Capital Programme
- The status of the financial transfer from Velindre NHS Trust and cash transactions anticipated in March
- Annual Accounts Timetable
-

Tolley, Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
INTEGRATED ORGANISATIONAL PERFORMANCE REPORT

Agenda Item	6.2

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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

Executive Sponsor	Helen Thomas, Chief Executive
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 January /February 2022.	

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03/24/2022 09:52:13

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	SNOMED-CT	Systematised Nomenclature of Medicine – Clinical Terms
MDT	Multi-Disciplinary Team	KPI	Key Performance Indicator
SMS	Short Message Service	TTP	Test, Trace, Protect
CV	Curriculum Vitae	STEM	Science, Technology, Engineering and Mathematics

1. SITUATION/BACKGROUND

1.1 This document provides a summary of the Digital Health and Care Wales (DHCW) Integrated Organisational Performance Report (IOPR). A similar report is presented to DHCW Management Board monthly where board 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.

1.2 The IOPR is included in full at item 6.2i Appendix A.

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

2.1 With the increasing threat of cyber incidents during uncertain times we have increased security measures, working closely with the National Cyber Security Centre and colleagues across NHS Wales and Welsh Government, to protect our national digital systems.

2.2 During January and February, we have seen the residual impact of the increased number of Covid-19 cases in our workforce over the winter period, combined with the impact on local interdependencies with partner organisations throughout NHS Wales, resulting in delays and change controls in some areas. Additional external resource is in place and the number of Covid-19 cases in our workforce halved in February.

- The Cancer Minimum Viable Product has been further delayed as the programme has been amended to include additional scope and complexity.
- New dates have been agreed for the Proof of Concept of Digital Services for Patients and the Public due to an unavoidable delay in awarding the contract to the supplier.
- The Mental Health Core Data Set is nearing completion, but there has been some modification of approach by Welsh Government, which has required an amendment to delivery dates.
- Availability of the Intensive Care System for roll-out has been subject to supplier delays as well as revisions to design and an extension to the testing/validation period.
- The all-Wales image Sharing project has been further delayed whilst health boards and the supplier revise their plans.

Tolley, Laura 03/24/2022 09:41:13

For Test, Trace, Protect (TTP) we are working with Welsh Government to establish a longer-term plan which will support the requirements of a wider Welsh vaccination service as they emerge. Meanwhile, the TTP milestones have been modified to consider work that no longer needs to be completed, as well as inclusion of additional requirements identified by Welsh Government. We will continue to respond to Welsh Government's needs in this way.

2.3 Achievements in January and February 2022, include:

- We have made significant progress in the deployment of the operational terminology service (SNOMED-CT), into NHS Wales national clinical systems, creating opportunities to increase data quality and patient safety through standardisation.
- In the Welsh Clinical Portal details of patient adverse reactions to drugs, and warnings to inform clinicians about patients who have pre-existing issues and other situations of note, can now be recorded using SNOMED-CT, directly improving provision of care and patient safety through standardisation.
- Cancer dataset records for tumour sites and sub-sites are also now available in SNOMED-CT in the Welsh Clinical Portal.
- Multi-Disciplinary Teams (MDTs) functionality in the Welsh Clinical Portal for cancer patients is now supported by SNOMED-CT. MDTs are the joint working approach across geographic sites and health board boundaries that enable multiple clinicians to discuss a patient's condition and to make key decisions about treatment options and care. The MDT meetings supported by SNOMED-CT also enable collection of clinical data that then enables participation in national audits and peer review, to provide educational forums for training junior staff.
- Outcomes for Myeloma cancer clinics can now be recorded, including diagnosis and past medical history, using the standardised SNOMED-CT nomenclature. This also supports the linkages between diagnostics and prognostics, with data on outcomes and treatments, improving opportunities for analysis.
- We have helped to deliver operational standards to the 111 patient triage service to enable consistent coding of diagnosis using SNOMED-CT, increasing data quality and accuracy.
- We have completed the build of our new Clinical Data Repositories which will enable the digital storage and retrieval of clinical data across geographic boundaries throughout NHS Wales.
- Further work on a proof of concept for our Digital Services for Patients and the Public programme has resulted in a demonstrable prototype for the NHS Wales App. This is a significant step forward in being able to deliver the app to the citizens of Wales. User research and design activities with citizens from Wales began in December 2021, informing the design of both the application and range of services.
- We have now closed down our Data Centre Transition programme and the previous data centre has been decommissioned from our estate, with the new data centre being fully operational.

Tolley, Laura
03/24/2022 09:52:13

2.4 There are two corporate risks relating to the plan:

- potential recruitment delays - our Recruitment Task Force is working across the organisation and with external support to accelerate recruitment, however progress is challenging as noted in the Recruitment section below.
- additional Covid-19 workload – this continues to impact on our planned activities and the current uncertainty in the management of the pandemic makes this a challenging area to fully address. We will continue to seek to minimise wider disruption depending on requirements and capacity.

2.5 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 October Board. The full report provides further details on these areas.

- Operational Services Support – GREEN

Support is stable with Key Performance Indicators (KPIs) being achieved across all domains in January and February.

- Significant IT Service Incident Management – GREEN
  There were two significant IT service Incidents in January, one of which breached its KPI resolution target. This was related to January's peak in Covid-19 cases in Wales and the subsequent large volume of Short Message Service (SMS text message) test result notifications sent to citizens. Limits set in the software were amended to accommodate the peak. There were six significant IT service incidents in February, none of which breached the resolution KPI. However, it is noted that one network incident caused intermittent disruption and slowness to internet connections for three days.

- Personal Development Appraisal Reviews Compliance – AMBER

Compliance was at 79% in February, remaining below the 85% target. Increased activity on specific plans and targeted training is underway with those areas of the organisation that need support to achieve compliance.

- Audit – AMBER

Tolley, Laura 03/24/2022 12:52:23

Due to an external dependency there are three audit actions which were unable to be closed in the expected time scales. These actions require review by the Radiology Service Management board which has been re-scheduled to March 2022. It is expected that the actions will be closed following the meeting.

2.6 Workforce

The Recruitment Task Force continues to make a positive impact on recruitment, although the volume of work required continues to pose a challenge. 324 posts have been filled to date and there are 126 vacancies in active recruitment.

DHCW continues to work with three recruitment agencies to support recruitment of the volume of staff needed, and a new CV database is now in use. Additionally, we are building links with Women In Tech and other Science, Technology, Engineering and Mathematics (STEM) organisations to help address the gender pay gap and to diversify our recruitment. We have attended Job Fairs in Cardiff University, Cardiff City Hall and Rhondda Cynon Taf Council and in the next period we will be continuing to raise the profile of DHCW with Bridgend College and Careers Wales.

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 the Board in this report.

4 RECOMMENDATION

4.1 The Board is being asked to:

DISCUSS / REVIEW the report as representative of the performance of the organisation for the period January /February 2022.

Tolley, Laura
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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
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
DHCW Management Board	17th February	Approved

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03/24/2022 09:52:13

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

Tolley, Laura
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Digital Health and Care Wales

SPECIAL HEALTH AUTHORITY BOARD REPORT

FEBRUARY 2022

Integrated Organisational Performance Report

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DIGITAL HEALTH AND CARE WALES

BOARD REPORT

CONTENTS

Scorecard

Corporate Planning

Financial Performance

Workforce

Commercial Services

Operational Service Management

Clinical Assurance and Information Governance

Governance and Quality

Engagement

DIGITAL HEALTH AND CARE WALES

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.

- **Significant IT Service Incidents – GREEN:** there were eight significant IT service incidents logged in the two month period, one of which breached the SLA resolution target.
- **Audit – AMBER:** three actions have passed their target date due to a dependence on the Radiology Service Management Board which was re-scheduled to March.

Workforce Measures

- **Sickness Absence – GREEN:** sickness absence has decreased to 3.15%.
- **Appraisal compliance – AMBER:** has dipped from 82% in January to 79% in February; the Welsh Government target is 85%.
- **Statutory and Mandatory Training – GREEN:** compliance is above target at 92%.

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	FINANCE & WORKFORCE			GOVERNANCE & QUALITY		
FINANCE	Forecast Revenue Small operational surplus	Forecast to remain 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 = 97%)	Three audit actions have passed their implementation date and management action is not complete	ISO and BS Standards compliant with requirement	GOVERNANCE & QUALITY
WORKFORCE	Sickness absence (actual 3.15%)	Appraisals compliance target = above 85% (achieved 79%)	Statutory and Mandatory Training compliance target = above 85% (achieved 92%)	Clinical Risk Management	Corporate Risk Management	
OPERATIONAL SERVICE DELIVERY	Commercial Services contract management compliant with KPI	Operational Service Support is stable with KPIs being achieved across all domains	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	ENGAGEMENT & FEEDBACK
	Clinical Assurance and Information Governance requests and incidents resolved within KPI	Eight significant IT Service Incidents, one breached the SLA resolution target	Other metric under development	Customer feedback Satisfaction to Local Service Desk target above 90% (actual 93%)	Other metric under development	
	OPERATIONAL SERVICE DELIVERY			ENGAGEMENT & FEEDBACK		

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Iechyd a Gofal Digidol Cymru
Digital Health and Care Wales

CONTENTS

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.

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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.

DIGITAL HEALTH AND CARE WALES

BOARD REPORT

Digital Health and Care Wales | PLAN ON A PAGE

DIGITAL HEALTH AND CARE WALES BOARD REPORT: FEBRUARY 2022

Key: Change Control

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 were on Covid priorities	Procuring an Application Programming Interface Management System RAG Reason: Delayed due to conflicting priorities → Oct 21 → Nov 21 Building national data stores and standards as part of the National Data Resource Programme		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		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 RAG Reason: redrafting	New Data Centre move → 100% complete – (Subject to SHA approval Mar 2022)	
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
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	Emergency dept system available for roll out → Dec 21		Respond to Covid-19 recovery initiatives 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	Electronic radiology requesting available for further roll out	Business Case for new radiology system → Nov 21 All Wales Image Sharing Pilot		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		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

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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 have seen change controls to the plan due to the ongoing impact of Covid-19 and external influences.

PORTFOLIO REF	PORTFOLIO 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	In response to the Digital Architecture Review (2019) a detailed set of building blocks have been documented during Q2 in partnership between the DHCW and National Data Resource (NDR) architect teams. DHCW and NDR are in partnership, procuring a consultancy service to develop a Data Strategy which will take into account national requirements. Work has continued to progress on SNOMED-CT (medical terminology service); we have now deployed ten instances of SNOMED-CT into our systems, and the Clinical Data Engine has gone live in the first health board. **Impact:** The Architectural Building Blocks create the foundations for data acquisition, sharing and analysis. The Data Strategy item will create a data strategy to drive work forward, to effectively utilise data and ensure that the wide-ranging work being done in the NDR Programme is aligned to a clear direction of travel. The continued deployment of SNOMED-CT has wide reaching benefits through standardisation of data, enhancing useability, supporting multidisciplinary discussion on patient cases, and increasing patient safety.
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 Cyber Resilience Unit has been completed. The Unit continues to plan and coordinate Network and Information Systems (NIS) Regulations compliance baselining activity for NHS Wales. The unit will also act as an incident reporting function to Welsh Government for any NIS breaches. The various readiness activities such as developing an Information Asset Register, identifying and training Information Asset Owners continue to progress. **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 transition of systems to the infrastructure in our new data centre is complete and the project has closed. The development of a Cloud strategy is in its latter stages of drafting. **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.

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03/24/2022 09:52:43

PORTFOLIO REF	PORTFOLIO 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 Boards/Trusts - Hywel Dda, Velindre, Swansea Bay, Powys and Cwm Taf Morgannwg, with over 3000 monthly users. This is a key national milestone – for the first time nurses are using nationally agreed standard assessment forms completed by them electronically. Nearly 950k digital assessments and inpatient nursing notes 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 patients. Less duplicated data entry, fewer transcribing errors, better data.
		We continue to populate our national repositories with electronic documents (35 million) and test results (216 million) and now nursing assessments. This month has seen increased sharing of data across Health Board boundaries. Views of results data have increased significantly compared with last year (90% growth). We are see growth in cross boundary views of pathology tests and patient documents – 1 in 10 test results and 1 in 6 electronic documents were produced in a neighbouring health board. We had added a new data store called the Clinical Data Engine which has gone live in Cwm Taf Morgannwg with the first use of OpenEHR (an open standard specification in health) for allergies and patient warnings. **Impact**: Availability of these data stores 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 paper copies. It also removes the need for repeat investigations for patients. The Clinical Data Engine will mean clinical information will start to be made available to multiple systems removing the need to repeat questions to 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	Contracts signed for the new Digital Services for Patients and the Public (DSPP) platform, to be developed on an iterative basis. A proof of concept has begun - refining use cases and starting development. Additionally, discovery reporting is complete and delivery proposals have been updated. A further work package has been approved. **Impact**: This enables work to begin on the NHS Wales App and underpinning technology/services to help patients participate electronically with health and care services 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	DHCW has played a digital leadership role in the Welsh Government Test Trace and Protect strategy. This includes the provision of Covid-19 electronic test requesting and results viewing solutions, a case management and contact tracing application, development of a Welsh Immunisation System and the digital Covid Pass. Multiple data integrations have enabled data to flow within Wales, the NHS Covid-19 app, laboratory systems, and other UK locations. We continue to respond to frequent new requirements – the latest being configuring systems to cope with the expansion of the booster programme. **Impact:** The DHCW Covid-19 contact tracing, testing and vaccination solutions are crucial in the policy decision making and operational management of the pandemic. Our provision and analysis of data helps the prioritising of activity on the ground.
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 awards have taken place for the new GP Suppliers (EMIS imminent), 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 has taken place this year, nationally and locally on upgrading the Welsh Community Care Information System and working with local authorities on solutions which bring together and visualise health and social care data such as in Powys. **Impact:** These initiatives will support integrated working across primary and community care settings to progress, promoting to care close to home.

Tolley, Laura
03/24/2022 09:52:13

PORTFOLIO REF	PORTFOLIO 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	Our Welsh Patient Referral Service now features electronic advice functionality so doctors in primary and secondary care can request and receive guidance about patients electronically and in some cases this means that patients do not need to come into hospital for an appointment. Our Welsh Emergency Department System had its first go live in Swansea Bay (Neath Port Talbot Minor Injuries Unit) where users moved from paper to a paper-free environment. **Impact:** Our functionality supports clinicians and other NHS Wales staff being able to work remotely and reduce the need for face to face appointments. The e-Advice functionality saw first-appointment savings in its first week. The emergency department system will allow sharing across organisations improving efficiency and safety.
09	**Diagnostics:** Develop, operate and maintain a set of high-quality national digital services to enable the modernisation of diagnostics	Endoscopy results from two health boards are now available across Wales. The new Laboratory systems (LINC) Full Business Case was approved by Welsh Government, the contract has now been signed and the service is design/configuration stage. DHCW is supporting the interoperability design phase. The procurement has started for the new Radiology Informatics Solution. The Invitation to Tender has gone to the market and shortlisting is complete. Invitations to participate in dialogue is now underway. DHCW is leading the procurement. **Impact:** Due to the healthcare constraints of Covid-19 the number of endoscopy procedures required is increasing; making results available centrally helps to support ease of access to patient results and swift diagnosis. These early stages in the LINC and Radiology Informatics Solution 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.	The Hospital Pharmacy Stock Management Service has been rolled out to all health boards. The new stock control system has been implemented at hospital sites in Aneurin Bevan, Betsi Cadwaladr, Cardiff and Vale, Cwm Taf Morgannwg, Powys, Hywel Dda, Swansea Bay Health Boards and Velindre Trust, and three prisons (HMP Swansea, HMP Cardiff and HMP Berwyn). The new Digital Medicines portfolio is being initiated with the appointment of a Senior Responsible Officer and other senior posts. The secondary care Electronic Prescribing and Medicines Administration framework procurement is now underway. **Impact:** Users have confirmed that we are supporting modernisation in medicine stock control 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, and reducing variation. The Digital Medicines programme will include electronic prescribing for hospitals which will improve patient safety and drive efficiencies.
11	**Value from Data:** Driving value from data for better patient outcomes and service planning	We have scoped-out the requirements and service options for the development of a Research and Innovation function. We have created a number of National Data dashboards that combine and visualise a wide range of information relating to clinical outcomes, secondary care activity, case mix variables, mortality, and socio-economic factors for specific clinical areas. These innovative dashboards are being utilised by clinical teams, special interest groups, clinical networks, support functions and other stakeholders to inform better decision making. **Impact:** This provides key data and information, informing better patient outcomes and service planning, and also improves service planning for innovation.

Tolley, Laura
03/24/2022 09:42:12

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-19 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.

Tolley, Laura
03/24/2022 09:52:13

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CONTENTS

Highlights

Financial Management

Tolley, Lauren
03/24/2022 04:52:13

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.

DHCW is reporting achievement of all 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 £0.428m after applying the savings target profile.
- Capital – Current Spend of £8.9m against plan
- PSPP – DHCW have paid 97% of non-NHS invoices within 30 days.

INDICATOR	RESULT	SUMMARY
Revenue Breakeven (To secure that the organisations expenditure does not exceed aggregated income)		Small operational surplus of £0.428m – The current forecast is for an end of year underspend of £0.350m.
Remain within Capital Expenditure Limit (To ensure net Capital Spend does not exceed the Capital Expenditure Limit)		£8.9m spend for period against a capital limit of £10.9m
Public Sector Payment Policy (To pay a minimum of all non NHS creditors within 30 days of receipt of a valid invoice)		PSPP target achieved. Target – 97%
Bank Sufficient bank balances		Balance as at 28/02 £4.8m

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SUMMARY:

- The organisational forecast end of year revenue underspend remains at £0.350m. Vacancy gains are offset by pressures of both pay and non-pay relating to ICT.
- In February DPIF Revenue spend to date is £11.7m, with a remaining spend of £4m in the last month. Predominantly this relates to £0.9m in DSPP, £1.2m NDR and £0.4m in Digitalisation of Nursing.
- Additional spend is profiled for March as a consequence of Primary Care payments(£2.9m), Microsoft Security updates(£0.8m)
- Capital spend to date is £8.9m with a remaining balance of £2.0 yet to be spent. Focus will be on the remaining spend relating to DSPP and Vaccines there are currently orders approved for £1.1m relating to these schemes.
- Forecast assumes DHCW will manage the financial impact of annual leave payments and carried forward leave internally.
- PSPP target attained and sufficient cash balances in place.

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CONTENTS

Summary

Task Force Update

Workforce

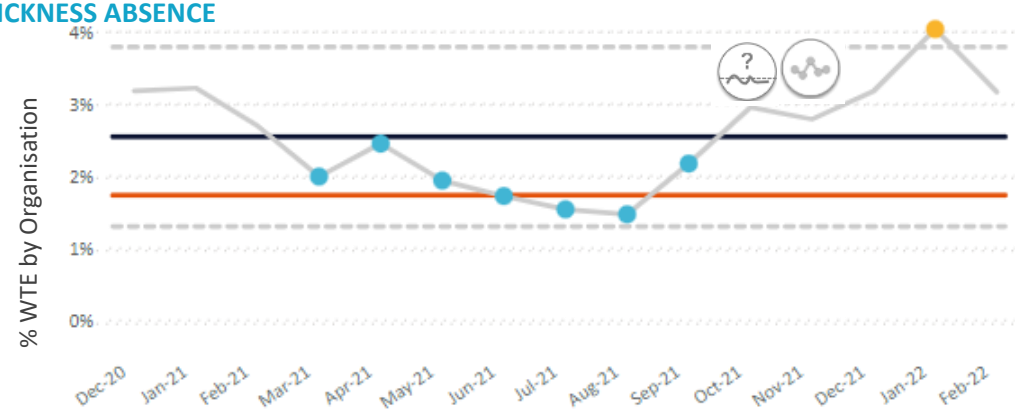
Tolley, Laura
03/11/2022 09:53:13

Workforce data is held in the Electronic Staff Record (ESR) and is overseen by the Workforce & Organisational Development Tea m (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:

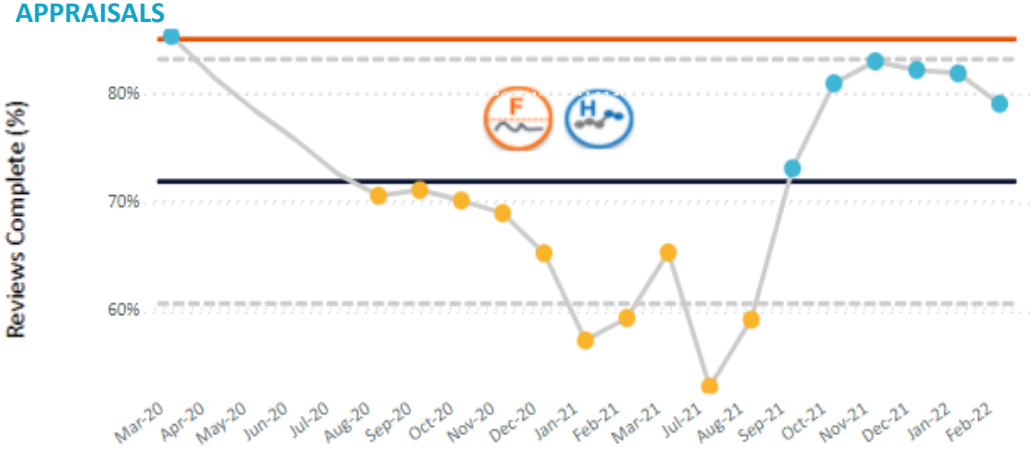
- Sickness Absence
- Appraisals
- Statutory & Mandatory Training

SICKNESS ABSENCE



Sickness absence has decreased from 4.03% last month to 3.15% this month. This the figure includes 15 known Covid-19 related cases; a decrease from 27 last month. Long term sickness has decreased by 0.83% to 1.70% whilst short term sickness has decreased slightly by 0.05% to 1.45%. Of the 22 long term sickness cases reported 10 have returned and one has retired. The remaining 11 are in receipt of support from the Workforce Team.

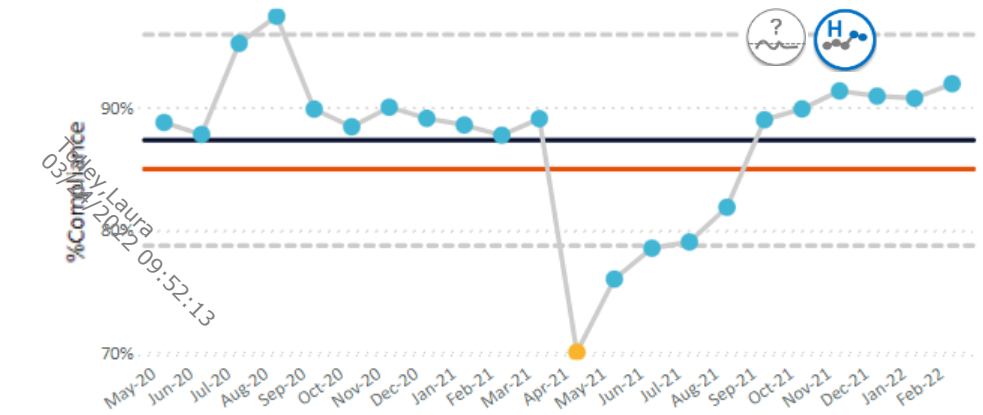
APPRAISALS



Appraisal completion rate is 79.00% this is a decrease of 3.00% on last month. This is below the Welsh Government target of 85% for NHS Wales.

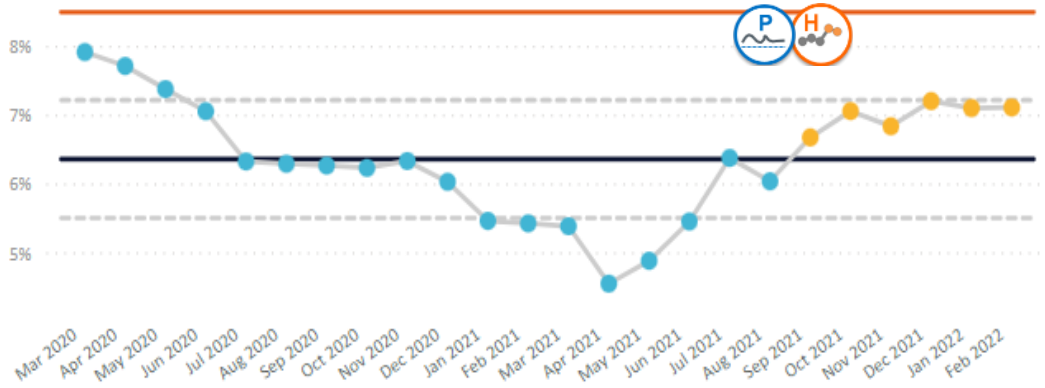
NOTE: April, May and June 2021 are not included due to loss of data which occurred in the establishment of the SHA

STATUTORY AND MANDATORY TRAINING



Statutory and Mandatory Training compliance has increased by 1.1% on last month (90.9%) to 92% which is above the Welsh Government target of 85% for NHS Wales.

TURNOVER



Turnover is 7.09% (7.08 % last month), a slight increase from January (3 leavers). The Workforce Team continues to carry out Exit Interviews to identify any themes and actions required.

Recruitment Task Force weekly meetings are held, and an update provided at the weekly Directors meeting.

FOCUS DURING FEBRUARY

- Planning complete for frequent roles to be advertised through Linked In and CV Library.
- Jobs Fairs attended: Cardiff University, Cardiff City Hall and RCT Council online fairs.
- Priority roles in DSPP and E-Prescribing identified for focused recruitment drives.
- Targeting Welsh Language translation in job descriptions.
- Building links with Women In Tech and other STEM organisations to help address the gender pay gap and diversify recruitment.

PROGRESS TO DATE – WTE ACTUAL 934.98 (956 STAFF IN POST)

- 324 posts filled since 1st April 2021
- 32 vacancies are currently live on Trac
- 12 vacancies are at the shortlisting stage
- 19 vacancies are at the interview stage
- 63 vacancies are at the offer/PEC stage
- 2 vacancies have a confirmed start date

FOCUS IN MARCH

- NHS Jobs 3 Go Live – 7th March
- Create automated reports and dashboards through Robotics and Power BI for live recruitment updates.
- Jobs Fairs – Bridgend College and Careers Wales.
- Building a talent pool on Trac, moving our CV database to the new system to improve candidate communication and reporting.
- Working with Welsh Language Services Manager to create action plan to support compliance of Welsh language regulations for recruitment by March 2023.

Tollis, Laura
03/04/2022 09:52:13

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CONTENTS

Procurement Schedule

Commercial Services

Tolley, Laura
03/24/2022 09:53:23

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.

The following procurement contracts will be presented to the DHCW Board for approval as noted in the Schedule.

TITLE	ALL WALES / DHCW INTERNAL	OVERVIEW OF THE SCOPE	INDICATIVE CONTRACT VALUE	INDICATIVE TERM (YEARS)	CONTRACT START DATE	SHA BOARD DATE	CURRENT STATUS
Specialist Resources (consultancy) for DSPP Programme Management and Delivery	All Wales	Specialist consultancy resources to support delivery if DSPP Programme and deliverables.	£1.8m	1+1+1	01/04/2022	31/03/2022	Board Approval Pending
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	Procurement abandoned	Following a competitive tender exercise, no suitable alternatives were identified. Additionally capacity requirements for TTP are to be reduced by 75% in May which leads to a material change in requirements.
VMWare Enterprise License Agreement	DHCW Internal	Enterprise Licensing Arrangement to enable the organisation to run more applications using fewer physical servers on virtualised machines.	£300k	1+1	01/04/2022	31/03/2022	Requirements for renewal have been reduced to £300k (ex Vat) and will no longer require Board Approval
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+2	01/07/2022	26/05/2022	Negotiations are ongoing as is work to reduce the licencing requirements and profile of users. DoFs and DoDs are engaged and appraised of progress bi weekly.
Welsh Hospital e-Prescribing and Medicines Administration	All Wales	Provision of a framework for Electronic Prescribing systems for Health Boards in NHS Wales.	£105m	4+2	01/04/2022	26/05/2022	Procurement has been published to market via Open Procedure. Supplier day conducted 010/03/2022.

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03/24/2022 09:52:13

The following procurement contracts will be presented to the DHCW and or Management Board for approval as noted in the Schedule.

TITLE	ALL WALES / DHCW INTERNAL	OVERVIEW OF THE SCOPE	INDICATIVE CONTRACT VALUE	INDICATIVE TERM (YEARS)	CONTRACT START DATE	SHA BOARD DATE	CURRENT STATUS
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	26/05/2022	Progressing to plan
Data Centre	All Wales	Provision of a Data Centre service to host NHS Wales Services and Infrastructure	£4m	5	01/07/2023	28/07/2022	In plan
NDR Data Platform	DHCW Internal	Provision of a Licensing Solution Partner to provide the Authority with licensing and services to support the development and implementation of the NDR Data Platform.	£10m	2+1+1	01/10/2022	28/07/2022	Procurement planning stage
Data Engine	DHCW Internal	Digital Health and Care Wales is seeking to procure technical capability to facilitate access to structured clinical data using open standards, and a mechanism for capturing data as a Clinical Data Engine (CDE). This forms a key building block to the open architecture approach as described as a deliverable of the National Data Resource Programme.	£3m	3+1+1	01/08/2022	29/09/2022	Procurement planning stage
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	24/01/2022	01/12/2022	In plan
Radiology Imaging System	All Wales	Digital solution to store, access, review and report radiology images	£40m	10	15/04/2023	30/03/2023	In plan

Tolley, Laura
03/24/2022 09:52:13

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CONTENTS

Summary

Incidents and Service Requests

Significant IT Service 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.

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SUMMARY:

- Operational Service Support is stable with KPIs being achieved across all domains.
- There were two Significant IT Service Incidents in January and six in February. One Incident in January was not resolved within the target Service Level Agreement resolution time.
- 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.

Tolley, Laura
03/24/2022 09:52:13

OPERATIONAL PERFORMANCE
Incident & Service Request Management

PERFORMANCE AREA	METRIC	FEB-21*	MAR-21*	APR-21*	MAY-21*	JUN-21*	JUL-21	AUG-21	SEPT-21	OCT-21	NOV-21	DEC-21	JAN-22	FEB-22
National Services - Critical (Excluding GP Services)	Score denotes % of **Incidents** resolved within the SLA target *(Resolved total can include Incidents logged outside the month)	1442 (93%)	1703 (95%)	1791 (92%)	1476 (94%)	1632 (95%)	1891 (89%)	1622 (95%)	2085 (95%)	1901 (90%)	1990 (94%)	1526 (92%)	1446 (95%)	1484 (95%)
	Score denotes % of **Service Requests** resolved within the SLA target *(Resolved total can include SRs logged outside the month)	5813 (96%)	5746 (97%)	5547 (97%)	5054 (96%)	5322 (97%)	7497 (96%)	5630 (92%)	6254 (97%)	6117 (96%)	7107 (98%)	7087 (98%)	6634 (98%)	5989 (97%)
National Services – Standard	Score denotes % of **Incidents** resolved within the SLA target *(Resolved total can include Incidents logged outside the month)	288 (98%)	374 (98%)	474 (98%)	430 (97%)	441 (99%)	392 (96%)	423 (99%)	419 (97%)	419 (96%)	392 (99%)	284 (98%)	293 (97%)	369 (97%)
	Score denotes % of **Service Requests** resolved within the SLA target *(Resolved total can include SRs logged outside the month)	1152 (98%)	2046 (99%)	1170 (98%)	1061 (96%)	1799 (96%)	1809 (97%)	1273 (93%)	1288 (96%)	1278 (96%)	1295 (97%)	1059 (96%)	1226 (97%)	1269 (96%)
Desktop Support Service - Critical	Total **Incidents** Resolved (% resolved within timescale - Target > 90%)	1365 (97%)	1537 (97%)	1332 (98%)	1430 (97%)	1,431 (97%)	1423 (95%)	1274 (91%)	1461 (97%)	1448 (96%)	1350 (97%)	1276 (96%)	1389 (97%)	1374 (96%)
	Total **Service Requests** Resolved (% resolved within timescale - Target > 90%)	987 (97%)	1267 (99%)	1115 (99%)	1042 (97%)	1,060 (98%)	1110 (93%)	1111 (92%)	1147 (97%)	1098 (96%)	1071 (96%)	1030 (96%)	1071 (96%)	1050 (95%)

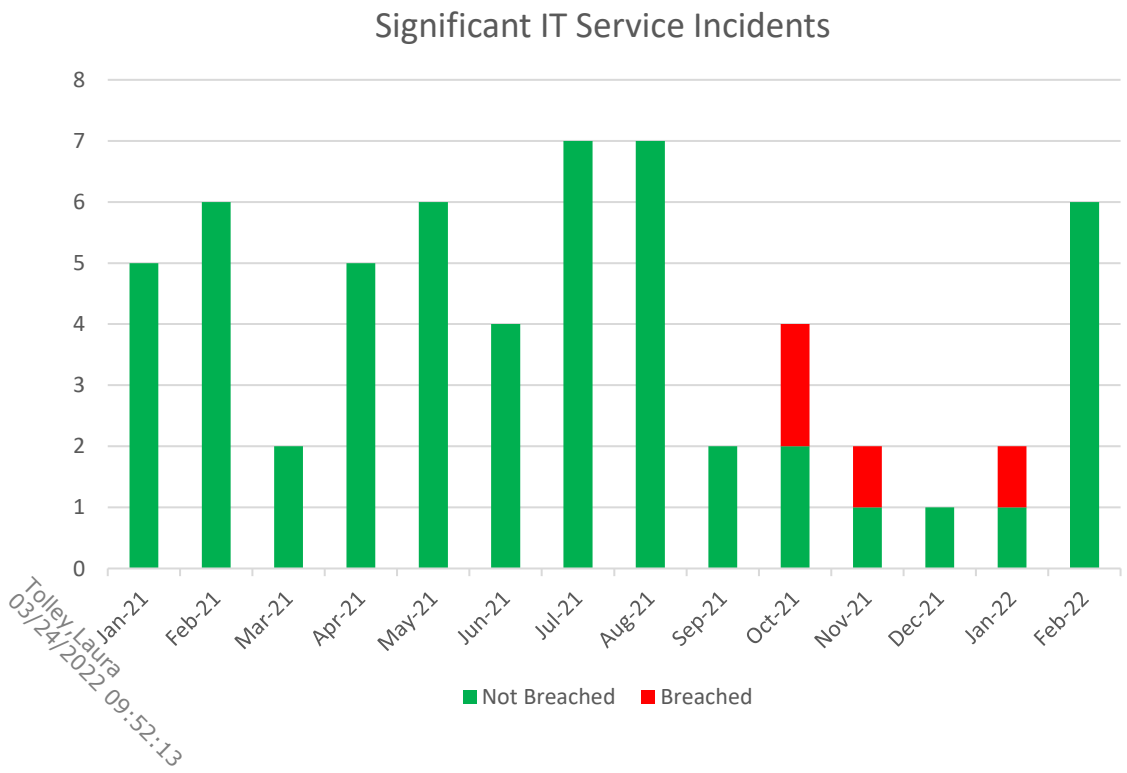
PERFORMANCE AREA	METRIC	FEB-21	MAR-21	APR-21	MAY-21	JUN-21	JUL-21	AUG-21	SEPT-21	OCT-21	NOV-21	DEC-21	JAN-22	FEB-22
National GP Services - Critical - Cegedim	Calls Logged as **Incidents** (% resolved within timescale)	482 (100%)	551 (100%)	649 (100%)	554 (99%)	540 (99%)	578 (99%)	455 (98%)	562 (99%)	547 (99%)	587 (100%)	510 (99%)	615 (99%)	TBC
	Calls Logged as **Service Requests** (% resolved within timescale)	231 (100%)	242 (100%)	249 (100%)	222 (100%)	180 (100%)	257 (99%)	178 (100%)	194 (99%)	227 (100%)	242 (99%)	224 (100%)	184 (99%)	TBC
National GP Services - Critical - EMIS	Calls Logged as **Incidents** (% resolved within timescale)	248 (92%)	219 (91%)	377 (94%)	238 (84%)	260 (99%)	311 (98%)	217 (96%)	203 (98%)	175 (94%)	212 (92%)	153 (95%)	259 (97%)	TBC
	Calls Logged as **Service Requests** (% resolved within timescale)	30 (100%)	30 (100%)	28 (100%)	37 (100%)	61 (98%)	43 (98%)	41 (98%)	114 (98%)	41 (98%)	38 (95%)	44 (93%)	47 (89%)	TBC

Tolley, Laura 03/24/2022 09:52:13

SUMMARY:

- New reporting methodology introduced in August 2021
- ERRATUM: The % resolved status for National Services – Standard (excluding GP Services) for January 2022 has been amended from 90% (Amber) to 97% (Green) to reflect an error in data; September 2021 National GP Services Critical – EMIS was previously reported as 98% Amber and has been amended to 98% Green.
- NOTE: The top table relates to national services and desktop support/service desk. Primary Care services in the lower table have an alternative reporting method, factoring in calls logged directly with suppliers that are not reportable via DHCW's Service Management system, and are usually delayed by one month due to 3rd party reporting constraints.

	JAN-21	FEB-21	MAR-21	APR-21	MAY-21	JUN-21	JUL-21	AUG-21	SEP-21	OCT-21	NOV-21	DEC-21	JAN-22	FEB-22
Total	5	6	2	5	6	4	7	7	2	4	2	1	2	6
Number which breached	0	0	0	0	0	0	0	0	0	2	1	0	1	0



JANUARY SUMMARY:

There were two significant IT service incidents reported in January. One Incident affected Test, Trace, Protect and did not meet the target resolution time. The other incident affected the Welsh Patient Administration Service.

FEBRUARY SUMMARY:

There were six significant IT service incidents reported in February 2022, all of which were resolved within their target resolution time.

SERVICE(S) AFFECTED	TEST TRACE PROTECT SERVICE	SERVICE LEVEL: CRITICAL	P2	INCIDENT REF. 7290035 PROBLEM REF. 26360
DATE/TIME	05/01/22 11:14			Time to resolution was 53hr 46 minutes Incident **did** breach the 8-hour SLA target
DESCRIPTION	It was reported that some SMS messages were not being received in a timely manner. The root cause was demand - each flow has a limit on the number of actions. The flows have been updated as mitigation and a review is being undertaken of the number of, and content of, the SMS messages being sent.			

SERVICE(S) AFFECTED	WELSH PATIENT ADMINISTRATION SYSTEM (WELSH PAS)	SERVICE LEVEL: CRITICAL	P2	INCIDENT REF. 7328123 PROBLEM REF. 26428
DATE/TIME	18/01/22 14:12			Time to resolution was 1hr 59 minutes Incident **did not** breach 8-hour SLA target
DESCRIPTION	Users at Cwm Taf Morgannwg University Health Board experienced frozen screen and speed issues with the Welsh PAS system. The service was failed over to the other data centre which restored service. Root cause investigations discovered that deadlocked transactions were the cause of the Incidents and these were cleared.			

SERVICE(S) AFFECTED	WELSH PATIENT ADMINISTRATION SYSTEM (WELSH PAS)	SERVICE LEVEL: CRITICAL	P2	INCIDENT REF. 7367575 PROBLEM REF. 26502
DATE/TIME	01/02/22 14:06			Time to resolution was 58 minutes Incident **did not** breach 8-hour SLA target
DESCRIPTION	Users at Aneurin Bevan University Health Board were unable to access the Welsh PAS service. When trying to log in they were presented with an error message. A workaround was applied to switch the active databases to the alternative Health Board data centre and service was restored within 58 minutes. Root cause was identified as an incorrectly configured port on a network switch managed by the Health Board. An update to the switch port to the correct configuration was undertaken.			

SERVICE(S) AFFECTED	NETWORK SERVICES	SERVICE LEVEL: CRITICAL	P1	INCIDENT REF. 7374395 PROBLEM REF. 26520
DATE/TIME	03/02/22 09:44			Time to resolution was 3hr 33 minutes Incident **did not** breach the 4-hour SLA target
DESCRIPTION	An issue with the firewall affected VPN and Internet access for multiple users across DHCW and Health Boards. As a result of the issue, multiple services were affected including access to GP services, as well as DHCW access via VPN.			

Cyfarfod Llawn - 24/02/2022 09:52:13

SERVICE(S) AFFECTED	WELSH LABORATORY INFORMATION MANAGEMENT SERVICE (WLIMS)	SERVICE LEVEL: CRITICAL	P2	INCIDENT REF. 7394154 PROBLEM REF. 26566
DATE/TIME	10/02/22 08:10			Time to resolution was 3hr 2 minutes Incident **did not** breach the 8-hour SLA target
DESCRIPTION	Users across Wales reported that they were unable to log in to WLIMS and messages were not being transmitted from WLIMS to downstream services following a planned failover of servers for security patching. Root cause was identified as a misconfiguration in the application where a virtual IP address was not available, and a failback of servers restored access and allowed messages to restart transmitting. Configuration of the application has now been updated to prevent recurrence.			

SERVICE(S) AFFECTED	WELSH CLINICAL PORTAL (WCP) & CHOOSE PHARMACY	SERVICE LEVEL: CRITICAL	P2	INCIDENT REF. 7408931 PROBLEM REF. 26594
DATE/TIME	15/02/22 13:30			Time to resolution was 48 minutes Incident **did not** breach 8-hour SLA target
DESCRIPTION	Users in Swansea Bay, Cwm Taf Morgannwg and Velindre, as well as some community pharmacies, reported issues with accessing key patient data. In addition when users tried to save consultation data they were presented with an error. Investigation identified that the SQL server had lost connectivity to SAN storage. The service was failed over to the alternative data centre and a permanent solution was applied.			

SERVICE(S) AFFECTED	DCS HOSTING & STORAGE & HOSTED SERVICES	SERVICE LEVEL: CRITICAL	P2	INCIDENT REF. 7415591 PROBLEM REF. 26624
DATE/TIME	17/02/22 12:53			Time to resolution was 45 minutes Incident **did not** breach the 8-hour SLA target
DESCRIPTION	Users across NHS Wales experienced a loss of connectivity to multiple services hosted within a national data centre. Support Teams were unable to remotely connect. The issue was identified as a disruption to the power feeds for two fibre-channel SAN switches. This was as a result of disturbance of power cables by a 3rd party supplier working on DHCW's behalf in the datacentre. To resolve, the power cables were re-seated, systems were able to connect again, and messages queues were cleared. **Point to note:** whilst services were unavailable for up to 45 minutes, some messages remained unsent for 4 hours including for Test, Trace, Protect and Welsh Laboratory Information Management System. No messages were lost in this period, and no patient harm was identified.			

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03/24/2022 09:52:13

SERVICE(S) AFFECTED	WELSH CLINICAL PORTAL (WCP)	SERVICE LEVEL: CRITICAL	P2	INCIDENT REF. 7439340
DATE/TIME	28/02/22 14:49			Time to resolution was 38 minutes Incident **did not** breach the 8-hour SLA target
DESCRIPTION	Users across Wales reported issues logging into WCP. Investigations identified an unexpected shutdown of one of the WCP servers as the root cause. WCP traffic was moved onto a resilient server and service was restored within 38 minutes.			

OPERATIONAL PERFORMANCE
Service Desk

	SEP-20	OCT-20	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21	APR-21	MAY-21	JUN-21	JUL-21	AUG-21	SEP-21	OCT-21	NOV-21	DEC-21	JAN-22	FEB-22
Total Number of calls logged	21434	21142	20238	17461	23337*	23033*	22545*	20044*	17749*	18473*	17786*	18017*	21266*	18694*	17915*	17542*	19580*	18302*
Total Number of TTP Calls Logged	470	972	766	1102	1945	3391	3421	2062	1641	1316	1304	1157	1312	1478	1614	1865	1616	1362
% All Abandoned Calls (Threshold 5%)	11.5%	5.9%	5.2%	4.0%	24.9%	19.2%	6.9%	3.1%	1.1%	4.5%	1.9%	1.4%	1.0%	0.5%	1.2%	1.5%	1.4%	1.9%

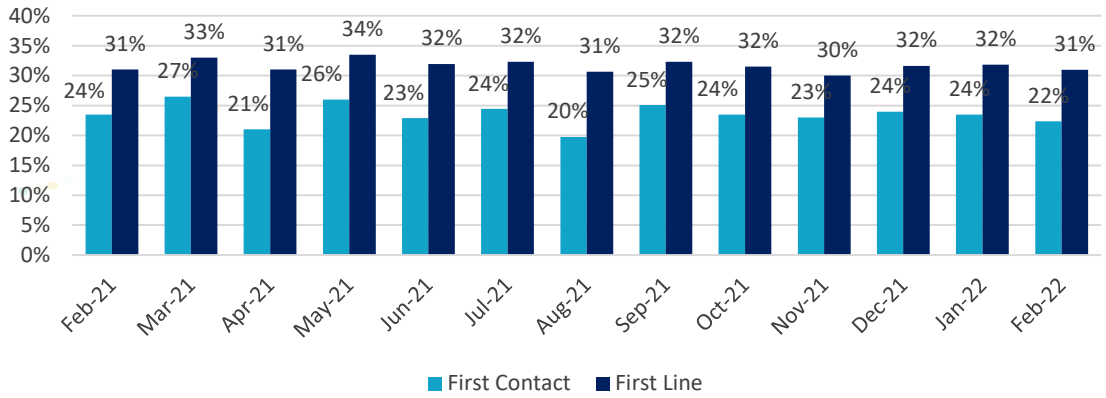
SUMMARY:

18,302 incidents and service requests were logged in February, this is lower than February 2021 *(23,229)* and lower than the previous three-year average of 19,356. Telephone abandoned calls rates remain within threshold at 1.9%, customer satisfaction remains above our target at 93% and employee satisfaction remains above target at 95%.

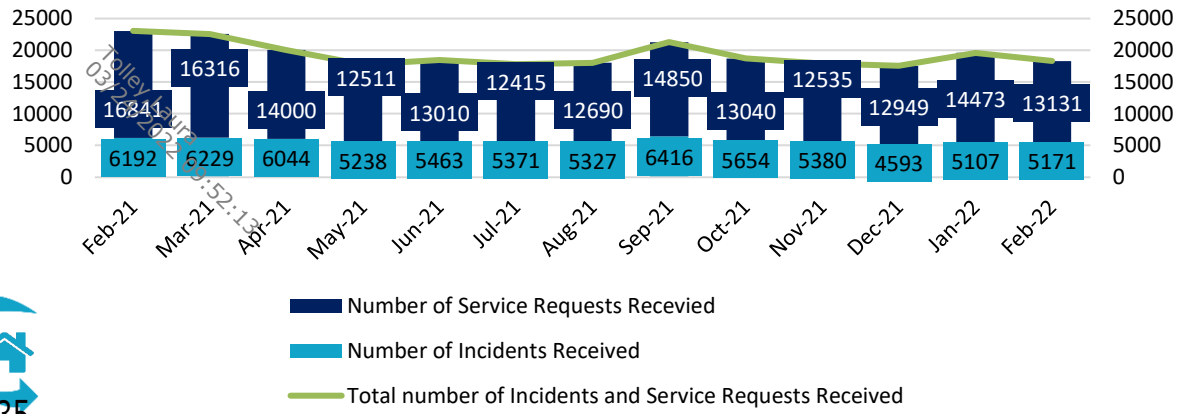
The First Contact and First Line Fix rates are as expected, and plans are in place to improve first contact and first line fix rates and introduce targets for both in 2022. The service desk has retained its SDI 3-star accreditation as a customer led service desk in December 2021 and have been shortlisted for the SDI best service desk (large enterprise) finalists.

**Figures updated to include all new direct calls to all teams, October '21 figures onwards retrieved from Power BI reports*

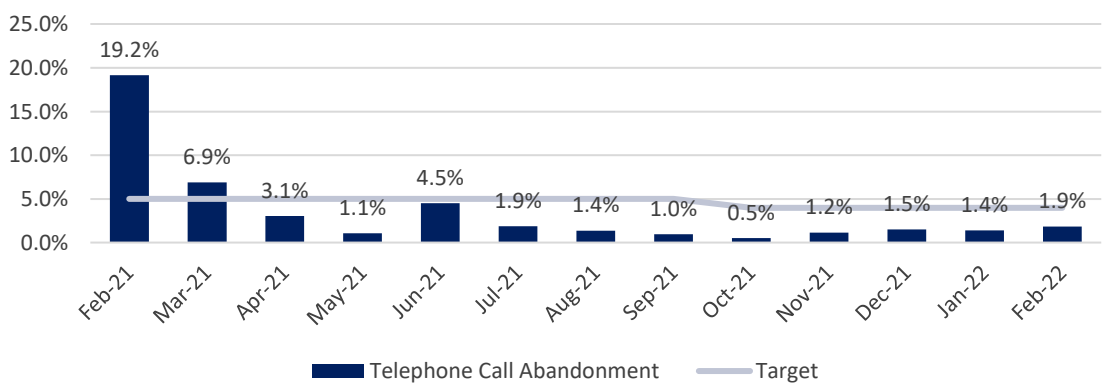
First Contact and First Line Fix Rate



Incidents and Service Requests Received



Telephone Abandoned Calls



CLICK HERE TO SEE THE RAG

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CONTENTS

Clinical Incidents and Information Governance Summary

Clinical Assurance & Information Governance

Clinical Assurance and information Governance are overseen by the Clinical Informatics directorate, led by the Executive Medical Director.

Tolley, Laura 03/21/2022 08:52:13

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.

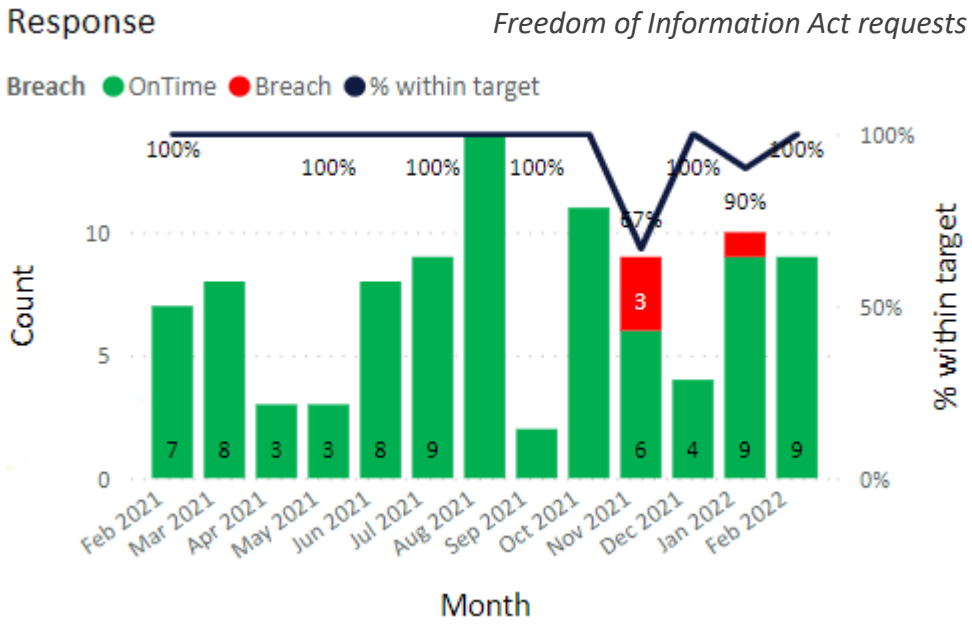
The Information Governance team is responsible for ensuring that all services meet Information Governance standards, and to manage and respond to Information Governance incidents, ensuring that reviews are carried out to identify root cause and avoid re-occurrence. The team also deals with Freedom of Information and Subject Access requests from outside of the organisation.

CLINICAL INCIDENTS SUMMARY:

- There were no clinical incidents reported in February.

INFORMATION GOVERNANCE SUMMARY:

- One Information Governance incident was recorded in January and one in February 2022.
- In January, DHCW received
    - 10 Freedom of Information (FOI) Act requests and 1 Subject Access Request (SAR).
    - 10 FOIs were responded to in January.
    - 1 request was not responded to within the statutory timescales.
- In February 2022, DHCW received
    - 6 Freedom of Information (FOI) Act requests and 3 Subject Access Requests (SAR).
    - 8 FOIs and 3 SARs were responded to in February.
    - All requests were responded to within the statutory timescales.
- Outstanding requests are anticipated to be responded to within the statutory timescales



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03/24/2022 09:42:13

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CONTENTS

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.

Rhaglenwaith
03/2/2022 9:52:17

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
3		Complete
10		The action is on target for completion by the agreed date
0		The action is not on target for completion by the agreed date
3		The implementation date has passed, and management action is not complete
16	Open Actions	

Following advice from Internal Audit, two actions dependent on third parties are managed via a separate log where they will be tracked. There has been progress on one and it is anticipated that this will be closed in early March 2022.

At the end of January 2022, 16 audit actions were open. Three of these had been completed as of this date . The remaining 13 were being reported as being on track for completion by their due date.

Unfortunately, due to the re-scheduling of the WRIS Service Management Board (SMB) to March 2022, three items with an action for referral to the SMB have now passed their target date and have a red (overdue) status. The SMB has been re-scheduled for 17 March 2022. Following this meeting the actions below should be able to be closed:

- WRIS – Refer Performance Monitoring to SMB
- WRIS – Discuss options around control of the database at SMB
- WRIS – Clarify DHCW and HB responsibilities at SMB (resourcing)

No actions have been flagged as amber therefore it is expected that the remaining 10 actions with a yellow status are on target for completion by their closure date. See further detail relating to those due imminently on the right section of this slide.

Tolley, Lauren
03/24/2022 09:02:11

KEY MATTERS FOR CONSIDERATION OF THIS MEETING

Good progress has been maintained over the period.

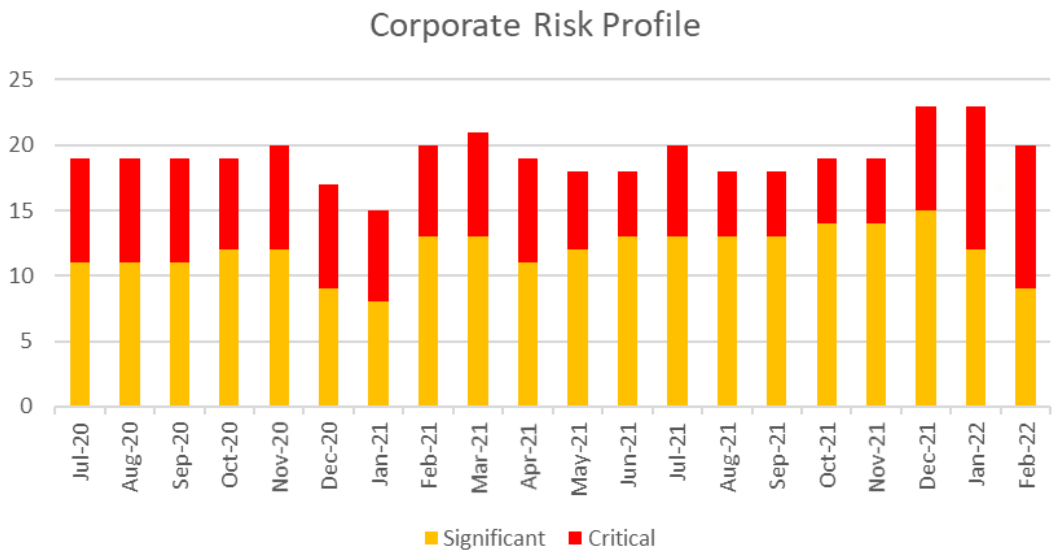
Six further actions are due for completion before the end of this financial year. These are:

- LASPAR Replacement Technology (the Audit & Assurance Committee approved an extension to March 2022 (from the original target date of August 2021) in October 2021
- Replacement of Windows 7 Devices
- Cyber Incident Response Plan Testing
- Defining the roles of Information Services and the NDR
- Standing Orders – Undertake a review to provide assurance of implementation
- Standing Orders – Plan to address any gaps or delays in implementation

The Audit & Assurance Committee next meets on 3rd May 2022. To date it is expected that the Committee will receive:

- DHCW Data Centre Project move (Internal Audit)
- 2022/23 Internal Audit Programme
- Audit Wales Progress Report and Shared Learning

Audit Wales have commenced the Nationally Hosted IT Systems work with initial meetings already held and a visit to the new Data Centre arranged for early March 2022.



SCORE CHANGES AND REMOVALS

Three Risks were removed from the Corporate Risk Register and either closed or identified for management at a Directorate level.

DHCW 0275 - Welsh Immunisation System Server Capacity - Downgraded for management at Directorate level.

DHCW 0205 – Risk of failure of Internet facing services as these are only hosted from one data centre – Closed as individual services are required to detail their own risk in relation to the requirement for high availability, if required.

DHCW 0218 – MS SQL 2008 - Risk of service failure and security breach due to running on unsupported SQL Server version (SQL 2008) – Downgraded for management at Directorate level.

CORPORATE RISKS

In February 2022, there were **20 risks on the Corporate Risk Register, 11 of which were Critical**.

RISK ACTIVITY WITHIN THE PERIOD

Risk handler engagement has begun with **86%** of handlers with active risks within the DATIX system being contacted. **10** sessions have taken place to review and reword some risks and **3** training sessions around DATIX use have been undertaken.

Once for Wales System

DHCW have been accepted as early adopters of the new Once For Wales Datix System. There is a meeting scheduled for Tuesday 8th March 2022 with the NWSSP Welsh Risk Pool team to discuss and review current migration proposals and Project schedule of work.

Training

Training packages are being finalised and will be rolled out to staff beginning with Risk and BAF Strategy training in March. This will be followed by Risk owner and handler training.

Jamey Moura 03/24/2022 09:12:13

GOVERNANCE & QUALITY
Quality Management Standards

SUMMARY INDICATORS	SEP- 21	OCT -21	NOV-21	DEC-21	JAN-22	FEB-22
ISO 9001 Quality Management						
ISO 14001 Environmental Management						
ISO 20000 Service Management						
ISO 27000 Information Security Management						
BS76000/760005 Valuing People						
Service Desk Institute (SDI)						
BS 10008 Evidential weight & Legal admissibility						

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.

- **Quality & Regulatory Summary:**
  - During February, the approved Quality Annual Plan 2022/23 has formulated and defined in our processes and we are working on resourcing objectives.
  - Focus remains on improving the Internal Audits programme. This has included delivery of an Internal Auditor training package and second level planned.
  - The risk-based approach to Internal Audits is being implemented with the areas identified that input into the risk review. A working schedule with principles will be implemented ready for the new quarter.
  - As part of increased analysis and measurement the new monthly quality operations report was presented in the Quality and Regulatory Compliance Group. This will form part of an annual operations report that will link into Welsh Government requirements for reporting.
  - Integrated Management System (IMS)/Quality Improvements Actions List (QIAL): QIAL = 13 actions overdue (previously 21 for January 2022) and document reviews in-date within the IMS = 95% with 5% overdue (target 5%).

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03/24/2022 04:52:13

- **New Legislation:** Nothing raised this period.

- **Summary Indicators Key Points:**
  - **All standards are (GREEN):** No external audits in the month of February
  - **ISO 27000 Information Security Management:** Despite being green the activity around this is high as there is an 8 day certificate renewal audit planned for April.

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CONTENTS

Strategic Engagement

Service Recipient Feedback

Engagement

Tolley, Laura
03/24/2022 09:52:13

This section provides details of strategic engagement and user feedback gained via the Service Desk and other routes.

PROGRESS:

- The Stakeholder Engagement Strategy was agreed by the SHA Board in September and the associated plan at the January SHA Board.
- Regular meetings are held with other national groups such as HEIW, NWSSP and the NHS Collaborative to ensure alignment across plans.
- Additional engagement with individual NHS organisations to align digital plans has taken place.
- Director level Strategic Engagement meetings are proving more difficult to arrange, three were deferred due to the COVID situation over the Christmas period.
- The Patient and Public Assurance Group meeting monthly to help shape the DSPP programme

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03/24/2022 09:52:13

STRATEGIC ENGAGEMENT MEETINGS:

DATE	ORGANISATION
Being scheduled	Velindre University NHS Trust
23rd March 2022	Cardiff & Vale University Health Board
9th March 2022	Health Education and Improvement Wales
Being scheduled	Public Health Wales
Being scheduled	Welsh Ambulance Service Trust
Being scheduled	Powys Teaching Health Board
Being scheduled	Cwm Taf Morgannwg University Health Board
Being scheduled	Aneurin Bevan University Health Board

SERVICE LEVEL AGREEMENT / SERVICE REVIEW MEETINGS:

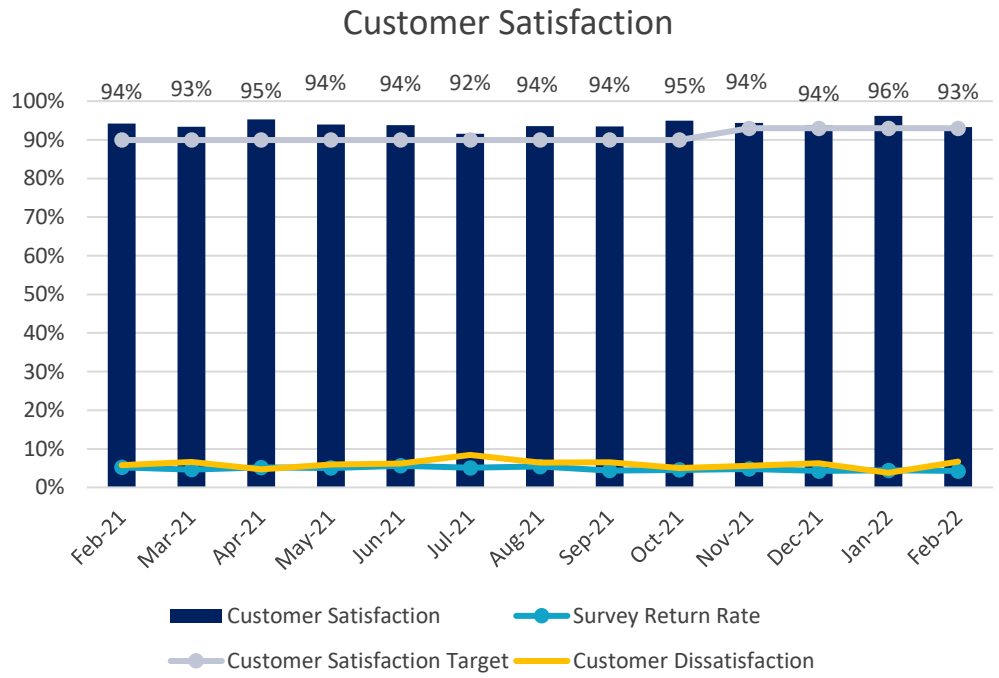
DATE	ORGANISATION
12th January 2021	Cwm Taf Morgannwg University Health Board
1st February 2022	NHS Wales Shared Services Partnership
3rd February 2022	Powys Teaching Health Board
9th February 2022	NHS Wales Health Collaborative
11th February 2022	Cardiff & Vale University Health Board
18th February 2022	Welsh Ambulance Service Trust
21st February 2022	Health Education and Improvement Wales (HEIW)
22nd February 2022	Velindre University NHS Trust
1st March 2022	Hywel Dda University Health Board
3rd March 2022	Aneurin Bevan University Health Board
14th March 2022	Community Health Council
15th March 2022	Betsi Cadwaladr University Health Board
22nd March 2022	Swansea Bay University Health Board
28th March 2022	Swansea Bay University Health Board (SBUHB)
1st April 2022	Cwm Taf Morgannwg University Health Board
7th April 2022	Cardiff & Vale University Health Board
11th April 2022	Powys Teaching Health Board
14th April 2022	Health Education and Improvement Wales
19th April 2022	Velindre University NHS Trust
21st April 2022	Welsh Ambulance Services Trust (WAST)
25th April 2022	NHS Wales Health Collaborative
26th April 2022	Betsi Cadwaladr University Health Board
28th April 2022	Hywel Dda University Health Board
29th April 2022	Community Health Council

SUMMARY:

Given the continued high customer satisfaction rates the target increased from 90% to 93% from 1st November 2021.

Customer satisfaction remains within target a 93%

- Fabulous Service- GP Practice
- Excellent Service as always.Resolved in a few minutes, thank you - GP Practice
- The call handler was very helpful, she demonstrated the values of the NHS in abundance, thank you so much ! – LHB
- First time I had requested action via the service and very impressed - LHB
- Excellent service as always, A pleasure to have this service - NWSSP
- Very professional and EXTREMELY helpful, thanks – HEIW



Tolley, Laura
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- "Very well run session, organised and structured to allow maximum benefit to the learner." –Velindre (CANISC)
- "The trainer was really helpful, and accommodating to me due to staff shortages and difficulties with attending." – Velindre (CANISC)
- "The trainer was extremely good at pacing to suit my requirements and patient! All positive... working via teams(although new to me and a learning curve) does mean that the participant gets "real practice"." – Velindre (CANISC)
- "Use the ODTC a lot, it's a really good resource." – Public Health Wales (ODTC)
- "Thank you, this will really help with supporting the Podiatrists." – Principle Podiatrist – Hywel Dda (WISDM)

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Delivering Information and Technology for Better Care

Tolley, Laura
03/24/2022 09:52:13

THANK YOU • DIOLCH

DIGITAL HEALTH AND CARE WALES
RISK MANAGEMENT REPORT

Agenda Item	6.3

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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 Discussion/Review
Recommendation	
The Board is being asked to: DISCUSS and NOTE the status of the Corporate Risk Register including changes since the last meeting. DISCUSS and NOTE the Risk and Board Assurance Milestone Plan.	

Tudalen wedi'i gwagio'n fwriadol
31/03/2022 09:12:13

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAF	Board Assurance Framework	WG	Welsh Government

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.

1.2 There has been progress in this area with the risk appetite having been approved by the DHCW SHA Board in November, with the risk appetite position to be reviewed again in six to twelve months' time.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Board members are asked to consider risk, in the context of assurance '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 and international factors members should note the updated the World Economic Forum Long Term Global Risks Landscape (2022) report, more information can be found HERE. This report considers risk from an international perspective, the report highlights a number of highly relevant areas for consideration by DHCW.

2.4 The below are extracts/summaries from the World Economic Forum Term Global Risks Landscape (2022) for context and consideration by the Board:

Growing digital dependency will intensify cyberthreats

Growing dependency on digital systems—intensified by COVID-19—has altered societies. Over the last 18 months, industries have undergone rapid digitalization, workers have shifted to remote working where possible, and platforms and devices facilitating this change have proliferated. At the same time, cybersecurity threats are growing—in 2020, malware and ransomware attacks increased by 358% and 435% respectively—and are outpacing societies' ability to effectively prevent or respond to them. Lower barriers to entry for cyberthreat actors, more aggressive attack methods, a dearth of professionals and patchwork governance mechanisms are all aggravating the risk.

Cybersecurity failure is one of the risks that worsened the most through COVID-19.

Tolley, Laura
03/24/2022 09:52:13

2.5 DHCW's Corporate Risk Register currently has 20 risks on Register, 12 of which are detailed at item 6.3i Appendix A. The other 8 are cyber security related risks which are considered at every Digital Governance and Safety Committee in private session as per the Committee assignment approach.

2.6 In relation to the 8 cyber risks, work is being undertaken through a Cyber Security Service Improvement Project, to quantify and mitigate the risks that make up the Cyber Security corporate risks.

2.7 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 1 January 2022 to 28 February 2022:

NEW RISKS (4)

- **DHCW0277 – Private Risk – No change to score since being escalated to the corporate risk register in January
- **DHCW0278 – Private Risk – No change to score since being escalated to the corporate risk register in January
- **DHCW0279 – Private Risk – No change to score since being escalated to the corporate risk register in January
- **DHCW0280 – Private Risk – No change to score since being escalated to the corporate risk register in January

RISKS REMOVED (8)

Risk Ref	Risk Title	Statement
DHCW0275	Welsh Immunisation System Server Capacity	Mitigating actions have now been implemented and the risk downgraded to Directorate level for monitoring.
DHCW0218	MS SQL 2008	This risk has now been reduced below target scoring and will be monitored as part of business as usual.
DHCW0260	Shielded Patient List	Patient list currently not in use by WG, risk deescalated to Directorate level for management.
DHCW0207	Document Management Strategy	Risk deescalated to Directorate level for management.
DHCW0205	DMZ/Internet Failure at Data Centre	Risk Closed - Individual services have detailed their own risk in relation to the requirement for high availability where required.
DHCW0268	Data Centre Transition	Risk Closed - Project complete and closed down via the Project Board. The residual risks were allocated to the relevant local risk registers for management. Staff are now working on other programmes of work
DHCW0272	Public Service Pay Policy	Risk Closed - NHS Wales Shared Services Partnership has now been able to undertake mitigation action.

Tolley, Laura
03/24/2022 09:52:13

RISKS REDUCED (1)

DHCW0273 – Welsh Language Two Way Text Service decreased from 15 to 12. The vaccination booster programme drive in December 2021 and January 2022 has now been implemented reducing the number of texts being sent which has reduced the likelihood from almost certain to likely. Priorities for the service are set by the Welsh Government and bi-lingual capability will be made available once prioritised.

2.8 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.

CONSEQUENCES	LIKELIHOOD: RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CATASTROPHIC (5)			**DHCW0279 ★ **DHCW0280 ★ **DHCW0278 ★ **DHCW0257 ⟷ **DHCW0277 ★ **DHCW0261 ⟷	DHCW0204: Canisc System ⟷	
MAJOR (4)			DHCW0201: Infrastructure Investment ⟷ DHCW0208: Welsh Language Compliance ⟷ DHCW0228: Fault Domains ⟷ DHCW0263: DHCW Functions ⟷ DHCW0264: Data Promise ⟷ DHCW0274: Welsh Immunisation System Network Connection ⟷ **DHCW0276 ⟷	DHCW0269: Switching Service ⟷ DHCW0237: Covid-19 Resource Impact ⟷ DHCW0259: Staff Vacancies ⟷	
MODERATE (3)				**DHCW0229 ⟷ DHCW0273: Welsh Language Two Way Text Vaccination Appointment Message ⬇ DHCW0267: Host Failures ⟷	
MINOR (2)					
NEGLIGIBLE (1)					

★ New Risk ⟷ Non-Mover ⬇ Reduced ⬆ Increased **Private risks

2.9 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. As previously stated, the private risks are reviewed in detail by the Digital Governance and Safety Committee in a private session.

2.10 Board members should note that the last Digital Governance and Safety Committee held on the 18 February 2022 included a deep dive review of all infrastructure risks on the corporate risk register.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The Board is asked to note the recent changes in the corporate risk profile, as a result of the escalation of four new risks, removal of eight risks and reduction of one in score.

Tolley, Laura
3/24/2022 09:52:13

3.2 The Risk Management and Board Assurance Framework milestone plan is included at item 6.3ii Appendix B which details the progress to date in implementing the Risk Management and Board Assurance Framework Strategy.

3.3 Risk management training sessions to socialise the strategy begin in March 2022 with four sessions with Senior Managers, this included discussing the DHCW risk appetite. Further training is scheduled in for April – May 2022 as Risk Owner and Handler training.

3.4 Part of the implementation of the plan is the creation of a Board Assurance Report, mapping principal risks to DHCW's five corporate strategic objectives, the first draft populated Board Assurance Report template was discussed at Weekly Directors on 9 March, following discussion and agreement of the template at Management Board on 14 January Audit and Assurance Committee on 18 January. The assurance mapping and work to progress populating this report will continue. The finalised report for approval by the Board will be brought to the May meeting.

4 RECOMMENDATION

4.1 The Board is being asked to:

DISCUSS and NOTE the status of the Corporate Risk Register including changes since the last meeting.
DISCUSS and 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	

Tolley, Laura
03/2022 09:42:1

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	01/03/2022	Discussed and Verified
Management Board	17/03/2022	Discussed and Verified

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

Tolley Laura
03/24/2022 09:52:13

6.3i Appendix A 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

Ref	Risk Type	Description	Risk Opened	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	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	17/03/2022	15	5	3	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS:FORWARD ACTIONS: Continue developments not yet ready to test Velindre targeting end of May 22 to migrate to WPAS and WCP. Continue with Health Boards implementation planning Development for Palliative Care & Screening & colposcopy planned for 22/23 Q1 & Q2 ACTIONS TO DATE: Since October 2020 the Cancer Informatics Programme has been running an accelerated plan in order to mitigate the risks posed by the legacy Cancer system CaNISC and deliver an integrated national solution for cancer services ahead of the original November 2022 deadline. The Canisc replacement MVP (14 workstreams) in development/completed in readiness for testing in 22/23 Q1 for All Wales Cancer services. Specific developments delivered and already available for testing. Collaborative working with Programme Partners to finalise developments required for Palliative care and Screening & Colposcopy	20	5	4	6	3	2	Executive Medical Director	Non Mover	Digital Governance & Safety Committee

Tolley,Laura
03/24/2022 09:52:13

6.3i Appendix A DHCW Corporate Risk Register

Ref	Risk Type	Description	Risk Opened	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment
DHCW0237	Project	New requirements impact on resource and plan 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	17/03/2022	16	4	4	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: Continue to monitor new requirements for TTP and recovery from Covid and other new initiatives. Use formal change control methods to ensure impact is mapped and impacted work is re-baselined. ACTIONS TO DATE: IMTP 22/25 drafted for approval end March 2022 which sets baseline plan. Lessons Learnt for Q3 21/22 presented to Management Board for review and comment. Action plan being led by the PPMG. Impact of decreasing restrictions on required functionality being considered. Improved formality with external boards around change control of dates, eg due to extra requirements. Significant increase in numbers of Requests for Change (RFCs) coming to PPMG since Sept 2021.	16	4	4	9	3	3	Chief Operating Officer	Non Mover	Digital Governance & Safety Committee
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	17/03/2022	12	3	4	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: DHCW are attending a variety of job fairs and academic fairs across Wales to improve our profile. We will be starting to work with a PR company to raise our profile. Working with directorates for them to identify which vacancies/projects can be outsourced. Updating JDs in line with DDaT Plus framework. ACTIONS TO DATE: 03/03/2022 Recruitment task force continues to meet weekly. Careers days have taken place, there is also a dedicated WFOD team focusing on this issue Deep Dive paper reviewed by January Audit Committee for scrutiny & assurance. 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.	16	4	4	6	2	3	Chief Operating Officer	Non Mover	Audit and Assurance Committee and Local Partnership Forum

Tolley,Laura
03/24/2022 09:52:13

6.3i Appendix A DHCW Corporate Risk Register

Ref	Risk Type	Description	Risk Opened	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	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	17/03/2022	9	3	3	AIM:REDUCE Likelihood and REDUCE Impact FORWARD ACTION: Continue to monitor - NDR confirmed that a plan to replace switching service functionality will be considered as part of the data strategy work. In the meantime a paper is being drafted within ISD to propose some immediate solutions for geographical resilience in order to consider reducing the risk score. ACTION TO DATE: 13/10/2021 - ISBMG: Whilst the data centre moves have taken place the fragility of the switching service remains due to the rigid nature of it and the inability to add to or amend it easily. Keep the score as is at this time. 02/08/2021 - ISD working with NDR to ensure appropriate priority given to this work.	16	4	4	6	3	2	Executive Medical Director	Non Mover	Digital Governance & Safety Committee
DHCW0201	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	17/03/2022	12	4	3	AIM: 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: 15-02-2022 As a result of the capital funding that has been secured over the last few years major parts of the physical infrastructure have been upgraded. However, there is still insufficient discretionary capital to replace and further develop our infrastructure to keep pace with demand. The revenue funding is currently the more significant challenge. This is for both the human resources required to manage and develop the current infrastructure and to keep pace with the changes in licensing arrangements for infrastructure services. The current intention is to address this through a series of business cases, mainly via a Cloud business case. Alternative/complimentary approaches are to • Re-allocate funding from other directorates in DHCW • Seek additional core funding from Welsh Government • Seek additional income from NHS Organisations to reflect the increasing costs of delivering services. 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 & Safety Committee

Tolley, Laura
03/24/2022 09:52:13

6.3i Appendix A DHCW Corporate Risk Register

Ref	Risk Type	Description	Risk Opened	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	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	17/03/2022	16	4	4	AIM: REDUCE Likelihood FORWARD ACTIONS: Review compliance assessment by Welsh Language Services Manager and disseminate action plan for redress Undergo Public consultation for the DHCW Welsh Language Scheme. Seek sign off of the Welsh Language Scheme from the DHCW SHA Board. ACTIONS TO DATE: Carry out compliance assessment by Welsh Language Services Manager and prepare action plan for redress Prepare public consultation plan for approval by the Welsh Language Commissioners Office.	12	4	3	4	4	1	Board Secretary	Non Mover	Digital Governance & Safety Committee
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	17/03/2022	16	4	4	AIM: REDUCE Likelihood and REDUCE Impact FORWARD ACTIONS: A Cloud Strategy Business Case is to be drafted which will mean 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: 15-02/2022 The strategic intention is to move to use cloud services for hosting our services. Cloud providers can deliver the required fault domains through the use of Availability Zones or similar.The cloud strategy is nearing completion and associated business case will follow shortly. Additionally, new equipment deployment will continue to address increasing the number of fault domains where funding permits. 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 & Safety Committee

Tolley Laura
03/24/2022 09:52:13

6.3i Appendix A DHCW Corporate Risk Register

Ref	Risk Type	Description	Risk Opened	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	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	17/03/2022	12	4	3	AIM: REDUCE Likelihood FORWARD ACTIONS: DHCW are to provide resources for early 22/23 to the Welsh Government digital team to aid in furthering the required 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	Executive Medical Director	Non Mover	Digital Governance & Safety Committee

Tolley Laura
03/24/2022 09:52:13

6.3i Appendix A DHCW Corporate Risk Register

Ref	Risk Type	Description	Risk Opened	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment
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 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.	26/01/2021	17/03/2022	12	4	3	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 The DHCW Digital Governance & Safety Committee wrote to Welsh Government for an update in December 2021. 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	Executive Medical Director	Non Mover	Digital Governance & 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	17/03/2022	12	3	4	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: Install new hardware and review system performance ACTIONS TO DATE: 15-02-2022 - Replace the Hypervisor platform with a more modern alternative. This has been procured and is in the process of being installed. A migration to the new platform is scheduled in for Q1 and Q2 of FY 22/23. Monitoring has shown that no failures have occurred for over two months. Recommend reduction of Likelihood to 2 (which will achieve target score of 6). Risk can then be closed as the Hypervisor replacement project is underway and identified in the IMTP. The periodic crashing issue continues. Previous recommendations from the manufacturer have not fixed the problem. Latest recommendation is to install some new hardware in the servers.	12	3	4	6	3	2	Director of ICT	Non Mover	Digital Governance & Safety Committee

Tolley, Laura
03/24/2022 09:52:13

6.3i Appendix A DHCW Corporate Risk Register

Ref	Risk Type	Description	Risk Opened	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment
								This is on order and will be installed in a controlled way when they are delivered.									
DHCW0273	Business & Organisational	Welsh Language Two Way Text Service IF the Two-Way Text Solution launches in English only THEN this is in breach of Welsh Language legislation RESULTING in reputational harm to NHS Wales/DHCW and Welsh Language citizens being disadvantaged by the offering.	09/12/2021	17/03/2022	15	3	5	AIM: Reduce LIKELIHOOD FORWARD ACTIONS: There are options for citizens to receive their appointment via a bi-lingual letter and a telephone booking line. Ensure bilingual solution once priority to do this has been given. ACTIONS TO DATE: Identification and risk assessment undertaken	12	3	4	3	3	1	Board Secretary	Reduced	Digital Governance & Safety Committee
DHCW0274	Service Interruption	Welsh Immunisation System Network Connection IF there was a failure of the network connection between DHCW Azure tenancy and the DHCW Datacentres Networks THEN members of the public would not be able to use the rebooking services RESULTING IN reputational damage to DHCW and Welsh Government and potential patient harm through inability to book appointments	05/11/2021	17/03/2022	12	4	3	AIM: REDUCE likelihood FORWARD ACTIONS: 14/01/2022 Expect that additional Application Gateway Interface and associated changes will be installed imminently. Medium term - Progress with installation of second ExpressRoute service to replace the VPN ACTIONS TO DATE: 14/01/2022 The resilient VPN connection has been put in place. Identification of the risk and risk assessment A change is going to CAB 12/01/22 to move one of the VPN links to make connections site resilient. Subject to approval it is expected that this will be addressed prior to 31/01/2022	12	4	3	4	4	1	Director of ICT	Non Mover	Digital Governance & Safety Committee

Tolley, Laura
03/24/2022 09:52:13

6.3ii APPENDIX B 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 2021 – end of March 2022	UNDERWAY – The assurance mapping has been undertaken, key controls identified and 1st, 2nd, 3rd line assurance identified. The next step is sense checking and action plan collation to address the gaps identified as part of the process. This will be presented to the May Management Board and then presented to the SHA Board for approval at the May meeting.
	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 – March 2022	Training dates have been schedule, the first session will take place on Tuesday 15th March 2022.
	9. Board Development session to consider and agree the DHCW Board risk appetite. Facilitated by Amberwing.	2 September 2021 – end of Jan 20221	Risk appetite has been approved at the January 2022 SHA Board meeting, this will now be included in the final Risk and Board Assurance Framework Strategy and training provided for all Directorates.
	10. Principle risks presented to DHCW Board at the January Board meeting, and first draft Board Assurance Report/update on Board Assurance Report.	May 2022	UNDERWAY - Principal risks require approval by the Director objective owner as part of the sense checking. The proposed Board Assurance Report template was received and endorsed by the Audit and Assurance Committee.
	11. DHCW risk appetite statement to be presented to Board if ready to go to the November Board.	November 2021	See action point 9.
	12. DHCW risk appetite statement to be added to Risk Management and BAF Strategy.	27 January 2022 or 31 March 2022	This has been completed in readiness for the January SHA Board final approval.
	13. DHCW objectives agreed via the IMTP process for 2022/23 – 2024/25.	March 2022	The objectives(missions) have now been approved by the SHA Board for inclusion in the IMTP that will be presented to the March 2022 SHA Board for approval.
	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.

Tolley, Laura
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DIGITAL HEALTH AND CARE WALES
STANDING ORDERS ANNUAL REVIEW REPORT

Agenda Item	6.4

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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 Approval
Recommendation	
The Board is being asked to: APPROVE the changes to the Standing Orders; NOTE the progress to date in their implementation; APPROVE the revised Committee and Advisory Group Terms of Reference.	

Tabled 31/03/2022 09:13

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SO	Standing Orders		

1 SITUATION/BACKGROUND

1.1 Iechyd a Gofal Digidol Cymru/Digital Health and Care Wales (DHCW) became operational on 1 April 2021. Digital Health and Care Wales (Membership and Procedures) Regulations 2020 provides that Digital Health and Care Wales (DHCW) must make standing orders for the regulation of its proceedings and business, including provision for the suspension of all or any of the standing orders.

1.2 The DHCW Board considered and agreed to adopt the Standing Orders for the regulation of their proceedings and business on the 1 April 2021. They are designed to translate the statutory requirements set out in legislation into day-to-day operating practice. The Standing Orders include the Scheme of Decisions reserved to the Board; a Scheme of Delegations to officers and others; and Standing Financial Instructions. The SOs provide the regulatory framework for the business conduct of DHCW.

1.3 There were proposed changes which were adopted at the subsequent May 2021 Board meeting.

1.4 Whilst DHCW has the authority to amend the Model Standing Orders any amendment or variation must not contravene directions issued by Welsh Ministers or statutory requirements. The following provisions cannot be varied without the consent of Welsh Ministers:

- Section A – Introduction – The role of the Board Secretary
- Non-officer Members – Paragraph 1.1.4
- Associate Members – May include the Chief Digital Officer for NHS Wales – Paragraph 1.1.7
- Tenure of Board Members – Paragraph 1.3
- Committees Established by DHCW – Paragraph 3.4.1
- Advisory Groups – as a minimum to include the Local Partnership Forum (LPF)
- Arrangements relating to meetings, with particular emphasis on timescales and the quorum
- Matters reserved for the Board where the full Board is required to retain responsibility or is in accordance with statutory requirements.
- Removal of requirements of the Committee model terms of reference, although these can be added to.

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2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Board are asked to note the following changes to the Standing Orders included HERE with tracked changes:

- Front Cover – Dates updated
- Section 7.2.5 – The date by which the 22/23 Annual General Meeting should take place
- The Scheme of Delegation has been updated in line with identified responsibilities and the appointment to the Director vacancies on the Board in a permanent or interim capacity
- Local Partnership Forum Terms of Reference:
    - The management representatives have been updated to reflect the new executive structure.
    - The staff representatives have been updated after consultation with the members of the Local Partnership Forum
    - The Secretaries paragraph in section 4 has been updated to include the Corporate Governance team
    - Section 8 was added to identify the regular reporting to Board provided by the group

2.2 The Board are asked to note there are no changes to the Standing Financial Instructions or Grant vs Procurement guidance.

2.3 The Board are also asked to note the compliance overview for the year ending 31 March 2022 included at item 6.4i Appendix A. The plan for the compliance overview next year, is to review section by section so we are able to monitor the organisations progress.

2.4 The Board are also asked to approve the Terms of Reference for the relevant Committees and Advisory Groups found at item 6.4ii – 6v Appendix B-E.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 All DHCW Special Health Authority members and officers must be made aware of these SOs and, where appropriate, should be familiar with their detailed content. If approved the SOs will be uploaded to the DHCW Internet site and DHCW SharePoint site.

4 RECOMMENDATION

The Board is being asked to:

NOTE the progress to date in their implementation;

APPROVE the changes to the Standing Orders;

APPROVE the revised Committee and Advisory Group Terms of Reference.

09/11/2022 09:52:13

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: Effective Care	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: March 2021
Yes, applicable	Outcome: Positive
Statement: The EQIA was undertaken by the Welsh Government and assessed as Positive.	

Workforce EQIA page

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
SHA Board	27/05/2021	Approved
Management Board	March 2022	Noted

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	The SOs are a key foundation of DHCW's governance and accountability framework. A robust governance and accountability framework is more likely to impact favourably on the safety and experience of patients and staff.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	The SOs are designed to translate the statutory requirements for DHCW set out in legislation into day to day operating practice.
	No, there are no specific financial implication related to the

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FINANCIAL IMPLICATION/IMPACT	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

Tolley Laura
03/24/2022 09:52:13

Section in Standing Orders	Key points of note
Section 1 – Membership, Tenure and the roles and responsibilities of the Board	• Board Members – Currently there are 9 voting Board members, 1 additional executive appointment has been made and will join the Board in April 2022, one Independent Member vacancy is in the process of being appointed to. The Board has been quorate at all Board meetings to date. • The Welsh Government, or DHCW acting with the consent of the Welsh Ministers, may appoint up to 2 Associate Members. They may include the Chief Digital Officer for NHS Wales. This position is planned to work from the NHS Executive and could join the DHCW Board as an Associate Member once appointed. • Annual Eligibility – The Board members have been asked to complete a self-declaration of eligibility to serve in March 2022. This will be undertaken on an annual basis. • Board Champion roles have been identified and agreed with Board Members by the Chair, a report on their activities will be presented to the Board later in the year.
Section 2 – Reservation and Delegation of DHCW Functions	• Section 2.0.3 outlines that DHCW retain full responsibility for any functions delegated to others to carry out on its behalf. DHCW have introduced a number of partnership agreements including Memorandum of Understanding(MOU) and Provision of Service Agreements(POSA) to outline the roles and responsibilities expected from these relationships. • There has been no Chair's action taken during 2021/22.
Section 3 – Committees	• DHCW have adhered to the recommended Committee structure and have not yet established any further Committees, but the option remains to establish additional Committee's as the Board sees fit. The organisation has established the Independent Member Digital Network which brings together Independent Members from across the NHS in Wales. • Paragraph 3.1.1 details that each Committee must have standing orders of terms of reference that meet the requirements listed. The Terms of reference for each Committee and Advisory Group of the Board are brought to the March Board for approval and are included in the appendices of the Standing Orders. • Section 3.4.5 outlines the membership of the Committees, there has been a change within the year to the membership of the Digital Governance and Safety Committee due to an Independent Member stepping down. Recruitment is underway to fill the vacancy and it is expected that an additional member will join the Digital Governance and Safety Committee to increase resilience in quoracy once that vacancy is filled.
Section 4 – NHS Wales Shared Services Partnership	The Director of Finance is the DHCW representative on the NHS Wales Shared Services Partnership
Section 5 – Working in Partnership	• The Independent Member Digital Network has been established to build relationships across the system • Strategic partnerships with NHS Digital have been formalised via an MOU and POSA • Executive to Executive engagement sessions are undertaken on a regular basis with other health boards and trusts • The Board approved the DHCW Stakeholder Engagement Strategy in September 2021 and the associated action plan in January 2022.
Section 6 – Advisory Groups	• DHCW have formalised the Local Partnership Forum which is held in private due to the sensitive nature of discussions • The Local Partnership Forum will presented an annual report to the March Board.

Tolley, Laura
03/24/2022 09:52:13

Section 7 – Meetings

- There is ongoing consideration for in person vs virtual meetings, a survey is currently underway with Board members to gather feedback to inform future arrangements.
- There have been a number of meetings held in private across the year, below is a breakdown of the meeting numbers and their reasoning, this will continue to be monitored by the Corporate Governance team to ensure reasoning is accurate and relevant and where possible in future arrangements will be made to include public session:

Meeting	Number of meetings held in private	Reasons in order
SHA Board	2	• LINC Business Case - *Commercially Sensitive* • RISP Business Case – *Commercially Sensitive* • Cyber Security Risks – *Sensitive Information*
Audit and Assurance Committee	4	• Cyber Security Risks and Cyber Security Internal Audit Report – *Sensitive Information* • Cyber Security Risks – Audit tracker, Cyber Security Risks and Cyber Resilience Unit Status Report and Annual Plan - *Sensitive Information* • Audit Tracker – Cyber Audit Recommendations and Cyber Security Risks - *Sensitive Information* • Audit Tracker – Cyber Security Audits and Cyber Security Risks - *Sensitive Information*
Digital Governance and Safety Committee	4	• Cyber Security Report, Cyber Resilience Unit Report, Cyber Security Internal Audit Report and Cyber Security Risks – *Sensitive Information* • Cyber Security Report and Audit Wales All-Wales Cyber Report – *Sensitive Information* • Cyber Security Report and NIAAS Update – *Sensitive information and commercially sensitive*

Tolley, Laura
03/24/2022 09:52:13

<table>
<tr><td></td><td>
<table>
<tr><td></td><td></td><td>• Cyber Security Risks and CANSIC Update – Sensitive information</td></tr>
<tr><td>Remuneration and Terms of Service Committee</td><td>5 – this is a private meeting</td><td>• Potentially Identifiable/Sensitive Information</td></tr>
<tr><td>Local Partnership Forum</td><td>5 – this is a private meeting</td><td>• Potentially Identifiable/Sensitive Information</td></tr>
</table>

All Meetings including those held in private are reported to the Board via a highlight report.
For the Digital Governance and Safety Committee, Audit and Assurance and now Local Partnership Forum, an abridged version of the private minutes are provided to the public via the DHCW website

</td></tr>
<tr><td>Section 8 – Values and Standards of Behaviour</td><td>DHCW has a values and standards of behaviour framework outlined in the standards of behaviour policy published to the DHCW website. The practicalities of the policy, declarations of interest, gifts, hospitality, sponsorship and honoraria are reported to every Audit and Assurance Committee.</td></tr>
<tr><td>Section 9 – Signing and Sealing Documents</td><td>

The register for the use of the common seal is kept by the Corporate Governance team and reported via the Chair's report at Board meetings. There has been one instance of the use of the common seal in 21/22.
The common seal is kept in the DHCW safe.
The Chief Executive undertakes signing on behalf of the organisation.

</td></tr>
<tr><td>Section 10 – Gaining assurance on the conduct of DHCW Business</td><td>

The risk and board assurance framework strategy was approved by Board in May 2021 and work has been ongoing to define the risk appetite for the organisation, the risk impact domains. This has now been completed.
The Board Assurance Framework Report assurance mapping has been undertaken and the final work in readiness for approval by the Board in May 2022 is underway.
The DHCW Governance Assurance Framework was endorsed by Audit and Assurance Committee and approved by the DHCW SHA Board in January 2022.
DHCW have worked across 21/22 with Internal Audit to undertake their review work in line with their plan, which was approved by the audit and assurance Committee in May 2021.
The Committees, Advisory Groups and the Board have undertaken an effectiveness self-assessment, the outcome reports are included for review by the March Board.
DHCW have worked across 21/22 with Audit Wales to undertake their review work in line with their plan, which was approved by the audit and assurance Committee in May 2021.

</td></tr>
<tr><td>Section 11 – Demonstrating Accountability</td><td>

The Board approved the governance assurance framework which outlines how the organisation conducts its business and works collaboratively to deliver.
The Board approved the DHCW Annual Plan 2021/22 at the Board meeting in May 2021. The Board has been involved in the development of the IMTP for 2022-25 and will received the IMTP 22-25 for approval in March 2022, which also gives an overview of how the organisation works collaboratively to deliver its priorities.
DHCW will prepare its first Annual Report 2021/22 which will be received for approval at the extraordinary Board meeting planned for the 14 June 2022.

</td></tr>
</table>

Tolley, Laura
03/24/2022 09:58:13

	• The Integrated Organisational Performance Report is received at every Board meeting to provide an opportunity for oversight and scrutiny
Section 12 – Review of Standing orders	• The draft standing orders underwent an equality impact assessment by Welsh Government, there have been no material changes indicating the original findings of positive impact remain intact. • The standing orders must be reviewed on an annual basis and are presented to the Board for approval at the March 2022 Board.

Tolley Laura
03/24/2022 09:52:13

<ID Reference to be added when approved>

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

AUDIT AND ASSURANCE COMMITTEE

Agenda Item	2.6~~7~~

Document Version	d0.7~~6~~

Status	Draft

Document author:	Chris Darling, Board Secretary
Approved by	Marian Jones, Chair of Audit & Assurance Committee
Date approved:	18 January 2022 by Audit and Assurance Committee
Review date:	14 February 2023

Tolley Laura 03/24/2022 09:52:13

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below: A prosperous Wales A globally responsible Wales A Wales of vibrant culture and thriving Welsh language	

DHCW QUALITY STANDARDS	ISO 9001
If more than one standard applies, please list below: ISO 14001 ISO 13485	

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

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		
COMMITTEE OR GROUP	DATE	OUTCOME
Audit and Assurance Committee	18 January 2022	
SHA Board	31 March 2022	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below The Committee remit includes oversight of quality and regulatory compliance
	Yes, please see detail below

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LEGAL IMPLICATIONS/IMPACT	The Committee will have oversight of statutory duties
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	The Committee shall review the establishment and maintenance of an effective system of financial governance, policies and controls
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

Tolley Laura
03/24/2022 09:52:13

TABLE OF CONTENTS

1 DOCUMENT HISTORY 5
1.1 REVISION HISTORY 5
1.2 REVIEWERS 5
1.3 AUTHORISATION 5
1.4 DOCUMENT LOCATION 6
2 INTRODUCTION 6
3 PURPOSE OF THE COMMITTEE 6
4 OBJECTIVES OF THE COMMITTEE 7
4.1 Internal Control and Risk Management 7
4.2 Finance 7
4.3 Internal Audit 8
4.4 External Audit 8
4.5 Procurement and Commercial Services 9
4.6 Value and Efficiencies 9
4.7 Quality Standards 9
4.8 Medical Devices Regulation Assurance 9
4.9 Counter Fraud 9
4.10 Environmental Sustainability, Estates & Health & Safety Compliance 10
5 ACCESS 10
6 MEETINGS 10
6.1 Withdrawal of individuals in attendance 10
6.2 Circulation of Papers 10
7 MEMBERSHIP, ATTENDEES AND QUORUM 10
7.1 Members 10
7.2 By Invitation 11
7.3 Appointments 11
7.4 Quorum 11
8 GOVERNANCE 11
8.1 Relationships and accountabilities with the Board and it's Committee/Groups 11
8.2 Reporting and Assurance Arrangements 12
8.3 Applicability of standing orders to Committee Business 12
9 REFERENCES 12
10 DEFINITIONS 12

Tolley, Laura
03/24/2022 09:52:13

1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
01.12.20	D0.1	Sophie Fuller	Initial draft
24.02.21	D0.2	Sophie Fuller	Second draft
18.03.21	D0.3	Sophie Fuller	Third draft
25.03.21	D0.4	Chris Darling	Fourth draft
15.04.21	D0.5	Chris Darling	Fifth draft including Chair comments
28.04.21	D0.6	Chris Darling	Sixth draft including Chair comments
04.01.21	D0.7	Chris Darling	Seventh draft updated for annual review

1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
Jan 2021	0.2	Mark Cox	Deputy Director of Finance
Feb 2021	0.2	Julie Ash	Head of Corporate Services
Feb 2021	0.2	Julie Francis	Head of Commercial Services
Feb 2021	0.2	Chris Darling	Board Secretary
Feb 2021	0.2	Claire Osmundsen-Little	Director of Finance
Mar 21	0.3	Claire Osmundsen-Little Chris Darling	Director of Finance Board Secretary
Mar 21	0.4	Claire Osmundsen-Little Chris Darling	Director of Finance Board Secretary
Apr 21	0.5	Marian Jones	Audit & Assurance Committee Chair
Apr 21	0.6	Claire Osmundsen-Little Chris Darling	Director of Finance Board Secretary

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Tolley, Laura
03/24/2021 09:52:13

Author's Name:	Chris Darling
Role:	Board Secretary

Signature:	X Author

Approver's Name:	Marian Jones
Role:	Chair of Audit and Assurance Committee
Signature:	X Approver

1.4 DOCUMENT LOCATION

Type	Location
Electronic	Integrated management System

2 INTRODUCTION

In line with Section 3.3 of the Standing Orders, the Board shall nominate annually a committee which covers Audit. The remit of this Committee will be extended to include Assurance, Quality and Corporate Governance and will be known as the Audit and Assurance Committee.

The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all committees.

The Board Secretary will ensure that all papers are distributed at least one calendar week in advance of the meeting and will determine the secretarial and support arrangements for the Committee.

These Terms of Reference shall be adopted by the Audit and Assurance Committee at its first meeting and subject to review at least on an annual basis thereafter.

3 PURPOSE OF THE COMMITTEE

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03/24/2022 09:52:14

The purpose of the Audit and Assurance Committee ("the Committee") is to:

- **Assure** the Board and the Chief Executive (who is the Accountable Officer) that effective arrangements are in place

  - through the design and operation of DHCW's risk and assurance framework
  - to support them in their decision taking and in discharging their accountabilities for securing the achievement of its objectives, in accordance with the standards of good governance determined for the NHS in Wales
- **Advise** where appropriate, the Board and the Chief Executive on where, and how, its systems and assurance framework may be strengthened and developed further
- **Approve** on behalf of the Board policies, procedures and other written controlled documents

The Committee will function in accordance with the NHS Audit Committee Handbook.

4 OBJECTIVES OF THE COMMITTEE

Regarding its role in providing advice and assurance to the Board, the Committee will comment specifically on the:

4.1 Internal Control and Risk Management

The Committee shall review the establishment and maintenance of an effective system of internal control and risk management. In particular, the Committee will review the adequacy of:

- all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurance, prior to endorsement by the Board;
- the structures, processes and responsibilities for identifying and managing clinical and non-clinical risks facing the organisation;
- the Special Health Authority's Organisational Risk Register and the adequacy of the scrutiny of strategic risks by assigned Committees;
- the Board Assurance Framework;
- the policies for ensuring that there is compliance with relevant regulatory, legal and code of conduct and accountability requirements.
- the effectiveness of risk identification, management, escalation and monitoring
- the policies and procedures for all work related to fraud and corruption as set out in the National Assembly for Wales Directions and as required by NHS Protect and the Counter Fraud and Security Management Service.
- Matters relating to counter fraud work.
- proposed changes to the Standing Orders and Scheme of Delegation
- the circumstances associated with each occasion where Standing Orders or Standing Financial Instructions are waived.

4.2 Finance

The Committee shall review the establishment and maintenance of an effective system of financial governance, policies and controls. In particular, the Committee will review the adequacy of:

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- the policies for ensuring that there is compliance with relevant accounting policies, statutory and accountability requirements.
- the operational and financial effectiveness of the application of policies and procedures
- proposed changes to the Standing Financial Instructions and Financial Control Procedures.

- the circumstances associated with each occasion where Standing Financial Instructions are waived.

The Committee will also:

- Receive and determine action in response to the declaration of Board member and other officers' interests in accordance with advice received from the Board Secretary;
- Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers;
- Review all losses and special payments;
- Retrospectively assure any purchase / expenditure above the delegated financial limit of the Chief Executive.
- When call upon validate financial related issues at the request of the Board.

4.3 Internal Audit

The Committee shall:

- Oversee the service provided by NWSSP Audit & Assurance Services, including ensuring that it provides value for money;
- Review the internal audit programme, consider the major findings of internal audit investigations, ensure co-ordination between the Internal and External Auditors and ensure all management responses to recommendations are appropriate and timely;
- Ensure that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;
- Assure itself that IA complies with the requirements of the public sector internal audit standards;
- Monitor the timely implementation by management of agreed audit recommendations.

4.4 External Audit

The Committee shall consider the work carried out by key sources of external assurance, in particular but not limited to the Special Health Authority external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity.

The Committee will:

- Partake in required discussion with the External Auditor, in line with the agreed audit plan, before the audit commences, the nature and scope of the audit, and ensure coordination, as appropriate, with other External Auditors in the local health economy and with Internal Audit;
- Review External Audit reports, including value for money reports and annual audit letters, together with the management response;
- Monitor the timely implementation by management of agreed audit recommendations;
- Receive a report from the Auditor General for Wales / Wales Audit Office on the results of his audit of the annual accounts before recommending adoption of those accounts to the Accountable Officer and the Special Health Authority.

The Committee shall review the annual financial statements before submission to the Board, focusing particularly on:

- changes in, and compliance with, accounting policies and practices;
- major judgemental areas;
- significant adjustments resulting from the audit;
- compliance with legal requirements;

Bailey, Laura 03/24/2022 09:52:13

- review any material mis-statements identified during the Audit.

4.5 Procurement and Commercial Services

The Committee will provide assurance on behalf of the board that adequate procurement activity is undertaken in line with the Wales procurement policy statement and other relevant policy documents.

To include:

- Overall compliance
- Scrutiny of single tender contracts
- Ongoing Management and review of the contracting and tendering process

4.6 Value and Efficiencies

The committee will provide assurance on behalf of the board that adequate savings plans are in place, when and where required, and undertake scrutiny to assess the progress of their delivery to ensure value for money for the organisation. Where appropriate the committee will provide recommendations and actions for remedial action and will highlight to the board areas of concern.

4.7 Quality Standards

The Committee will provide assurance for the Board on the Organisation's quality management system, ensuring there is an effective audit and quality improvement function that provides assurance to the Board

To Include:

- the systems and processes in place for ensuring Quality Standards are adequate
- scrutiny of the Quality Improvement processes adequacy, their timeliness and that activities are co-ordinated across the organisation

4.8 Medical Devices Regulation Assurance

The Committee will provide assurance on behalf of the Board on the organisation's commitment towards delivering compliance within Medical Devices Directive. The transition to Medical Devices Regulations and requirements to support this will be outlined and progress reported. Any updates to the legislation will be implemented in line with the internal change process and in collaboration with the Standard leads.

4.9 Counter Fraud

The Committee will review the adequacy of the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service via our Service Level Agreement. Comment on anti-fraud policies, whistle-blowing (raising concerns) processes and arrangements for special investigations, and the adequacy of counter fraud resources.

The Committee will meet the Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

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4.10 Environmental Sustainability, Estates & Health & Safety Compliance

The Committee shall provide assurance to the Board that the appropriate measures are in place to assure environmental sustainability and compliance with Estates and Health & Safety Legislation.

5 ACCESS

The Head of Internal Audit and Audit Wales and their representatives shall have unrestricted and confidential access to the Chair of the Audit and Assurance Committee at any time, and vice versa.

The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

The Chair of the Audit and Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff. In addition, the Chair of the Audit and Assurance Committee shall escalate any issues directly to the DHCW Chair or Chief Executive as they feel appropriate.

6 MEETINGS

Meetings shall be held no less than four times a year, and otherwise as the Chair of the Committee deems necessary.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the DHCW's annual plan of Board Business.

6.1 Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6.2 Circulation of Papers

The Board Secretary will ensure that all papers are distributed at least 5 working days (7 calendar days) in advance of the meeting.

7 MEMBERSHIP, ATTENDEES AND QUORUM

7.1 Members

The Committee shall be appointed by the Board from amongst the Non-Officer Members of the Health Authority and shall consist of not less than 3 members, comprising:

Chair: Independent Member
Members: Independent Member x 4 (one of whom is the Committee Chair)

Tracey Lauder 03/24/2022 08:52:13

The Special Health Authority Board shall appoint the Chair of the Committee, based on the recommendation of the DHCW Chair.

The Chair of the organisation shall not be a member of the Audit and Assurance Committee but may be invited to attend by the Chair of the Committee as appropriate.

The Board Secretary will determine the secretarial and support arrangements for the Committee.

The Director of Finance and appropriate Internal and External Audit representatives shall normally attend meetings. However, at least once a year, the Committee will meet privately with the External and Internal Auditors without any Executive Director or officer present. The opportunity to meet with Auditors privately will be available at each meeting.

Other usual expected attendees:
Director of Finance
Board Secretary
Deputy Director of Finance
Head of Corporate Services
Head of Internal Audit
External Audit Representative
Counter Fraud Representative

7.2 By Invitation

The Chief Executive and Chair shall be invited to attend at least annually to discuss the process for assurance that supports the Annual Governance Statement and at the meeting to discuss the Accounts.

Other Directors may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director.

7.3 Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the DHCW Chair – taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

The Board shall ensure succession planning arrangements are in place.

7.4 Quorum

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Committee Vice Chair where appointed).

8 GOVERNANCE

8.1 Relationships and accountabilities with the Board and it's Committee/Groups

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The Audit and Assurance Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Audit and Assurance Committee remains aware of its distinct role and does not seek

to perform the role of other committees.

The Committee will consider the assurance provided through the work of the Board's other committees and subgroups to meet its responsibilities for advising the Board on the adequacy of DHCW's overall framework of assurance.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the DHCW's annual plan of Board Business.

8.2 Reporting and Assurance Arrangements

The Committee shall provide a written, annual report to the Board and the Chief Executive on its work in support of the Annual Governance Statement specifically commenting on:

- The adequacy of the assurance framework
- The extent to which risk management is comprehensively embedded throughout the organisation
- The adequacy of governance arrangements, and;
- The appropriateness of self-assessment activity against relevant standards.

The report will also record the results of the Committee's self-assessment and evaluation.

The Committee will also ensure appropriate escalation arrangements are in place to alert the DHCW Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the SHA.

8.3 Applicability of standing orders to Committee Business

The requirements for the conduct of business as set out in the SHA's Standing Orders are equally applicable to the operation of the Committee.

9 REFERENCES

DOCUMENT	VERSION
Standing Orders	1
Standing Financial Instructions	1

10 DEFINITIONS

TERM	DEFINITION
DHCW	Digital Health and Care Wales

Tolley Laura
03/24/2022 09:52:13

TERMS OF REFERENCE AND OPERATING AGREEMENTS

DIGITAL GOVERNANCE AND SAFETY COMMITTEE

Document Version	1

Status	Approved

Document author:	Rhidian Hurle, Medical Director
Approved by	Rowan Gardner ~~Sian Doyle~~, Chair of Committee
Date approved:	18~~12~~th ~~May~~February 202~~1~~2
Review date:	2nd ~~11~~th ~~February~~~~May~~ 202~~3~~1

Tolley Laura
03/24/2022 09:52:13

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

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 20000-1:2011 ISO 27001:2013 BS 10008:2014	

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: No Impact
Statement: Not applicable	

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered this

COMMITTEE OR GROUP	DATE	OUTCOME
Digital Governance and Safety Committee	12th May 2021	Approved
Digital Health and Care Wales SHA Board	27th May 2021	Approved

Tolley Laura
03/24/2022 09:52:13

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Clear guidelines about assurance requirements on behalf of the board has a positive impact on the Organisation. The successful maintenance our Organisational accreditations ensures a consolidated approach to standards and quality which will be monitored by the Committees of the Board.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Should the Organisation not follow the systems and processes in place to manage the areas within these Terms of Reference there could be potential legal ramifications.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Should the Organisation not follow the systems and processes in place to manage the areas within these Terms of Reference there could be potential financial ramifications.
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

Tolley Laura
03/24/2022 09:52:13

TABLE OF CONTENTS

1 DOCUMENT HISTORY 5
1.1 REVISION HISTORY 5
1.2 REVIEWERS 5
1.3 AUTHORISATION 5
1.4 DOCUMENT LOCATION 5
2 INTRODUCTION 6
3 PURPOSE OF THE GROUP 6
4 OBJECTIVES OF THE GROUP AND DELEGATED POWERS 7
5 ACCESS 9
6 MEETINGS 9
6.1 Withdrawal of individuals in attendance 9
6.2 Circulation of Papers 9
7 MEMBERSHIP, ATTENDEES AND QUORUM 9
7.1 Members 9
7.2 By Invitation 10
7.3 Appointments 10
7.4 Quorum 10
8 GOVERNANCE 10
8.1 Relationships and accountabilities with the Board and it's Committee/Groups 10
8.2 Reporting and Assurance Arrangements 10
8.3 Applicability of standing orders to Committee Business 11
9 REFERENCES 11
10 DEFINITIONS 11
11 ATTACHMENTS 11

Tolley Laura
03/24/2022 09:52:13

1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
01.12.20	D0.1	Sophie Fuller	Initial Draft
24.03.21	D0.2	Sophie Fuller	Re-draft
10.04.21	D0.3	Sophie Fuller	Re-draft

1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
19.04.21	D0.3	Rhidian Hurle	Medical Director
29.04.21	D0.3	Sian Doyle	Chair of Digital Governance and Safety Committee

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Rhidian Hurle
Role:	Medical Director
Signature:	X Author

Approver's Name:	~~Sian Doyle~~Rowan Gardner
Role:	Independent Member, Chair of the Digital Governance and Safety Committee
Signature:	X Approver

Tolley, Laura
03/24/2022 09:52:13

1.4 DOCUMENT LOCATION

Type	Location
Electronic	Integrated Management System

Tolley Laura
03/24/2022 09:52:13

2. INTRODUCTION

In line with Schedule 3 of the Standing Orders, the Board shall nominate annually a committee which covers oversight and scrutiny of quality, safety, information governance, data quality, security and risk. The remit of this Committee will be extended to include Organisational Learning in digital relation to health and care and will be known as the Digital Governance and Safety Committee.

The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all committees which can be found in the Standing Orders.

The Board Secretary will ensure that all papers are distributed at least one calendar week in advance of the meeting and will determine the secretarial and support arrangements for the Committee.

These Terms of Reference ~~shall be~~ adopted by the Digital Governance and Safety Committee at its first meeting, ~~and~~ shall be subject to review at least on an annual basis ~~thereafter~~.

3. PURPOSE OF THE COMMITTEE

The purpose of the Digital Governance and Safety Committee ("the Committee") is to advise and assure the Board in discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate use of information and data to support health and care delivery and service improvement and the provision of high quality digital health and care.

The Committee will seek assurance on behalf of the Board in relation to DHCW's arrangements for appropriate and effective management and protection of information (including patient and personal information) in line with legislative and regulatory responsibilities.

The Committee will, in respect of its provision of advice and assurance:

- Assure the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to discharge its responsibilities, with specific reference to;
    - Cyber Security
    - Information Governance
    - Informatics Assurance
    - Information Services
    - Health and Care standards relevant to the remit of the Committee
    - Incident Review and Organisational Learning
    - Major national digital programmes and projects
- Advise, where appropriate, the Board and the Chief Executive on where, and how, its systems and assurance framework may be strengthened and developed further
- Approve on behalf of the Board policies, procedures and other written control documents
- Provide scrutiny and assurance on behalf of the board for the relevant standards and regulations within the remit of the list set out above in relation to quality and compliance.

Tolley Laura 03/24/2022 09:52:13

4 OBJECTIVES OF THE GROUP AND DELEGATED POWERS

The Committee is an independent member committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

The Digital Governance and Safety Committee has a key role in assisting the Special Health Authority Board to fulfil its oversight responsibilities.

The Committee will, in respect of its provision of advice and assurance:

- within the remit of the Committee consider implications arising from the development of the Special Health Authorities' corporate strategies and plans or those of its stakeholders and partners
- within the remit of the Committee consider the implications for the Special Health Authority of internal and external reviews and reports
- review risks from the Organisational Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.
- complete an annual self-assessment exercise in respect of the effectiveness of the Committee
- Oversee the development of DHCW's strategies and plans for maintaining the trust of patients and public though arrangements for handling and using information, including personal information, safely and securely and any requirements and standards for DHCW and NHS bodies in Wales
- Oversee the development of the DHCW's strategies and plan for the safety and security of the application and infrastructure network
- Oversee new requirements from the market/externally and potential policy that could potentially impact the future work program of DHCW and provide guidance
- To achieve this, the Committee's programme of work will be designed to ensure that:
    - there is a clear, consistent strategic direction, strong leadership and transparent lines of accountability.
    - there is a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information and technology.
    - there is effective collaboration with partner organisations and other stakeholders in relation to the sharing of information in a controlled manner, to provide the best possible outcomes for its citizens (in accordance with the Wales Accord for the Sharing of Personal Information (WASPI) and Caldicott requirements)
    - the Special Health Authority is meeting its responsibilities with regard to the UK General Data Protection Regulation, the Freedom of Information Act, Caldicott, Information Security, Records Management, Information Sharing, national Information Governance policies and the Information Commissioner's Office guidance.
    - the Special Health Authority is safeguarding its information, technology and networks through monitoring compliance with the Security of Network and Information Systems regulations and

Tolley Laura 03/24/2022 09:52:23

relevant standards

- all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of information, undertake appropriate levels of vulnerability testing on the NHS Wales network of applications and infrastructure, providing guidance risk assessments outlining corrective actions for implementations to reduce the risk to an acceptable level.

- incidents are reviewed, and corrective actions are implemented in a timely manner to reduce risk of repetition. Where needed review cause, and review process, to ensure continuous improvement and safeguard for future occurrences.

The Committee will review and approve related policies for all of the above standards and management systems.

5 ACCESS

The Chair of the Digital Governance and Safety Committee shall have reasonable access to Executive Directors and other relevant senior staff.

6 MEETINGS

Meetings shall be held no less than four times a year, and otherwise as the Chair of the Committee deems necessary.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the DHCW's annual plan of Board Business.

6.1 Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6.2 Circulation of Papers

The Board Secretary will ensure that all papers are distributed at least 5 working days 7 calendar days in advance of the meeting.

7 MEMBERSHIP, ATTENDEES AND QUORUM

7.1 Members

The Committee shall be appointed by the Board from amongst the Non-Officer Members of the Health Authority and shall consist of not less than 3 members, comprising:

Holley, Laura 03/24/2023 09:52:13

Chair: Independent Member
Members: Independent Member x 2

The Special Health Authority shall appoint the Chair of the Committee.

Usual expected attendees:
Executive Medical Director (Caldicott Guardian)
Executive Lead Director for ICT
Deputy Director of Information
Board Secretary
Head of Information Governance / Data Protection Officer

7.2 By Invitation

Other Directors / Special Health Authority Officers may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director

The Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

7.3 Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the DHCW Chair – taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

The Board shall ensure succession planning arrangements are in place.

7.4 Quorum

A quorum shall be two Independent Members one of whom must be the Chair or in the absence of the Chair, the Vice Chair or an Independent Member who will be nominated to Chair the Committee. In the interests of effective governance, it is expected that at least one Director listed above will also be in attendance.

8 GOVERNANCE

8.1 Relationships and accountabilities with the Board and it's Committee/Groups

The Digital Governance and Safety Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the systems in place governing standards of safety, security and use of data. It is very important that the Digital Governance and Safety Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the DHCW's annual plan of Board Business.

8.2 Reporting and Assurance Arrangements

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The Committee shall provide a written, annual report to the Board and the Chief Executive on its work in support of the Annual Governance Statement specifically commenting on:

- The adequacy of the processes in place governing security, safety and the use of data across the

organisation
- The extent to which the Digital Governance and Safety standards are comprehensively embedded throughout the organisation
- The appropriateness of self-assessment and assurance activity against relevant standards.

The report will record the results of the committee's self-assessment and evaluation.

The Committee will also ensure appropriate escalation arrangements are in place to alert the DHCW Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the SHA.

The Committee will provide a Health and Care Standards self-assessment report for the appropriate Health and Care standards and relay the information back to the Audit and Assurance Committee who will provide an organisational report for DHCW.

8.3 Secretariat

The secretariat function will be provided by the Corporate Governance team in DHCW.

8.4 Applicability of standing orders to Committee Business

The requirements for the conduct of business as set out in the Special Health Authority's Standing Orders are equally applicable to the operation of the Committee.

9 REFERENCES

DOCUMENTS – Can be found in the Integrated Management System
Welsh Informatics Assurance Group Terms of Reference
Welsh Information Standards Board Terms of Reference
Wales Information Governance Board Terms of Reference
Notifiable Events Assurance Group Terms of Reference
Incident Review and Learning Group Terms of Reference
Information Services Assurance Group Terms of Reference
Welsh Reference Data Assurance Group Terms of Reference
Health and Care Standards Group Terms of Reference
Applications Architecture Assurance Group (AAAG) Terms of Reference
Infrastructure Management Board Terms of Reference
Incident Review and Learning Group Terms of Reference

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10 DEFINITIONS

TERM	DEFINITION

DHCW	Digital Health and Care Wales
SHA	Special Health Authority

Tolley Laura
03/24/2022 09:52:13

<ID Reference>

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

REMUNERATION AND TERMS OF SERVICE

Document Version	0.1

Status	Draft

Document author:	Chris Darling, Board Secretary
Approved by	~~Bob Hudson, Interim Chair of the Board~~Simon Jones, Chair
Date approved:	10~~01~~.04~~3~~.22~~1~~
Review date:	01~~31~~.03.23~~2~~

Tolley Laura
03/24/2022 09:52:13

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

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 Staff and Resources	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: 2018
Yes, applicable	Outcome: No Impact
Statement: As an administrative document, there is no direct impact on the health of the population, the addressing of inequalities in health or the delivery of services.	

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered		
COMMITTEE OR GROUP	DATE	OUTCOME
SHA Board	3101.034.20221	Approved via Standing Orders

Tolley Laura
03/24/2022 09:52:13

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 delegated activities taken will have a financial implication for the Organisation, but the terms of reference do not outline any financial impact directly.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below There is an impact for the Executive Directors and members of the Executive Team with regard to their performance management.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Tolley Laura
03/24/2022 09:52:13

TABLE OF CONTENTS

1 DOCUMENT HISTORY 5
1.1 REVISION HISTORY 5
1.2 REVIEWERS 5
1.3 AUTHORISATION 5
1.4 DOCUMENT LOCATION 5
2 INTRODUCTION 6
3 PURPOSE 6
4 DELEGATED POWERS 6
5 MEETINGS 6
6 MEMBERSHIP 7
6.1 By Invitation 7
7 QUORUM 7
8 GOVERNANCE 7
8.1 Applicability of standing orders to Committee Business 7

Tolley Laura
03/24/2022 09:52:13

1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
01.12.20	D0.1	Sophie Fuller	Initial Draft
18.02.21	D0.2	Michelle Sell	Minor updates

1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
01.02.21	D0.1	Michelle Sell	Chief Operating Officer
01.04.21	D0.2	Chris Darling	Board Secretary

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Michelle Sell
Role:	Chief Operating Officer
Signature:	X Author

Approver's Name:	Simon Jones
Role:	DHCW Chair
Signature:	X Approver

1.4 DOCUMENT LOCATION

Type	Location
Electronic	

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2 INTRODUCTION

In line with Standing Order 3 and the Special Health Authority's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Remuneration and Terms of Service Committee.

The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all Committees.

3 PURPOSE

The purpose of the Remuneration and Terms of Service Committee ("the Committee") is to provide:

- **advice** to the Board on remuneration and terms of service and performance for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government

- **assurance** to the Board in relation to DHCW's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

The Committee shall have no powers to exercise on behalf of the Board.

4 DELEGATED POWERS

With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:

- remuneration and terms of service for the Chief Executive, Executive Directors, members of the Executive Team and other Very Senior Managers (VSMs); ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently

- objectives for Executive Directors and members of the Executive Team and their performance assessment

- performance management system in place for those in the positions mentioned above and its application

- proposals regarding termination arrangements, including those under the Voluntary Early Release Scheme, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.

Tolley, Laura
03/24/2022 09:52:13

5 MEETINGS

The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year, consistent with the annual plan of Board Business.

6 MEMBERSHIP

Chair: DHCW Chair
Vice Chair: DHCW Vice Chair
Members: Independent Members

6.1 By Invitation

As required but usually to include:
Chief Executive
Director of Finance
Board Secretary

The Committee Chair may invite the following to attend all or part of a meeting to assist it with its discussions on any particular matter:

- any other official;
- and/or any others from within or outside the organisation

7 QUORUM

At least three members must be present to ensure the quorum of the Committee, one of whom must be the Chair (or Vice Chair where appointed).

8 GOVERNANCE

8.1 Applicability of standing orders to Committee Business

The requirements for the conduct of business as set out in the Special Health Authority's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Meetings held in Public - The Remuneration and Terms of Service Committee would not normally be held in public.
- Agendas, reports and minutes will not be published

Tolley Laura
03/24/2022 09:52:13

<ID Reference – TBCTOR-DHCW-024>

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

Local Partnership Forum

Document Version	21

Status	Approved

Document author:	Chris Darling, Board Secretary
Approved by	Local Partnership Forum Meeting
Date approved:	08/026/2021
Review date:	07/026/20232

Tolley Laura
03/24/2022 09:52:13

STRATEGIC OBJECTIVE	Development of the new digital organisation

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

DHCW QUALITY STANDARDS	~~N/A~~BS 76000:2015
If more than one standard applies, please list below: BS 76005, Corporate Health Standard	

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: The Terms of Reference to do not require an EQIA.		

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered		
COMMITTEE OR GROUP	DATE	OUTCOME
Local Partnership Forum	8th ~~June~~ February 2022~~1~~	Approved

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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 terms of reference set out how the relevant management and recognised bodies will work together and the approach that will be adopted.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Tolley Laura
03/24/2022 09:52:13

TABLE OF CONTENTS

1 DOCUMENT HISTORY 5
1.1 REVISION HISTORY 5
1.2 REVIEWERS 5
1.3 AUTHORISATION 5
1.4 DOCUMENT LOCATION 5
2 PURPOSE OF THE GROUP 6
3 GENERAL PRINCIPLES 7
4 MEETINGS 8
5 MEMBERSHIP 8
6 KEY RELATIONSHIPS 9
7 GOVERNANCE 9
7.1 Officers 9
7.2 Sub Committees 10
8 APPENDIX 1 - TUC principles of partnership 11
9 APPENDIX 2 – Code of Conduct 12
10 APPENDIX 3 – List of Recognised Trade Unions/Professional Bodies referred to as 'staff organisations' within these Standing Orders 13

Tolley Laura
03/24/2022 09:52:13

1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
27.05.2021	0.1	Chris Darling	Initial Draft

1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
08.06.21	1	Local Partnership Forum	Members of the Advisory Group

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Chris Darling
Role:	Board Secretary
Signature:	X Author

Approver's Name:	
Role:	
Signature:	X Approver

1.4 DOCUMENT LOCATION

Type	Location
Electronic	Integrated Management System

Holley, Laura
03/24/2022 09:52:13

2 PURPOSE OF THE GROUP

The DHCW Local Partnership Forum (LPF) is the formal mechanism where NHS Wales'~~s~~ employers and trade unions/professional bodies (hereafter referred to as staff organisations) work together to improve health services for the people of Wales. It is the forum where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.

At the earliest opportunity, DHCW members will engage with staff organisations in the key discussions within the SHA at the Board, LPF and Directorate levels.

All LPF members are full and equal members of the forum and collectively share responsibility for the decisions made.

The LPF will provide the formal mechanism for consultation, negotiation and communication between the staff organisations and management. The TUC principles of partnership will apply. These principles are attached at Appendix 1.

The purpose of the LPF will be to:

- Establish a regular and formal dialogue between the Executive Directors and staff organisations on matters relating to workforce and health service issues.
- Enable employers and staff organisations to put forward issues affecting the workforce.
- Provide opportunities for staff organisations and managers to input into organisation service development plans at an early stage.
- Consider the implications on staff of service reviews and identify and seek to agree new ways of working.
- Consider the implications for staff of NHS ~~re~~organisations at a national or local level and to work in partnership to achieve mutually successful implementation.
- Appraise and discuss in partnership the financial performance of the organisation on a regular basis.
- Appraise and discuss in partnership the organisations services and activity and its implications.
- Provide opportunities to identify and seek to agree quality issues, including clinical governance, particularly where such issues have implications for staff.
- Communicate to the partners the key decisions taken by the Board and senior management.

Tolley Laura 03/24/2022 09:52:13

- Consider national developments in NHS Wales Workforce and Organisational Strategy and the implications for the organisation including matters of service re-profiling.

- Negotiate on matters subject to local determination.

- Ensure staff organisation representatives are afforded reasonable paid time off to undertake trade union duties

- To develop in partnership appropriate facilities arrangements using A4C Facilities Agreement as a minimum standard.

In addition, the LPF can establish LPF subgroups to establish ongoing dialogue, communication and consultation on service and operational management issues specific to Directorates. Where these subgroups are developed, they must report to the DHCW LPF.

3 GENERAL PRINCIPLES

DHCW and LPF accepts that partnerships help the workforce and management work through challenges and to grow and strengthen their organisations. Relationships are built on trust and confidence and demonstrate a real commitment to work together.

The principles of true partnership working between staff organisations and Management are as follows:

- Staff organisations and management show joint commitment to the success of the organisation with a positive and constructive approach
- They recognise the legitimacy of other partners and their interests and treat all parties with trust and mutual respect
- They demonstrate commitment to employment security for workers and flexible ways of working
- They share success – rewards must be felt to be fair
- They practice open and transparent communication – sharing information widely with openness, honesty and transparency
- They must bring effective representation of the views and interests of the workforce
- They must demonstrate a commitment to work with and learn from each other

All LPF members must:

- be prepared to engage with and contribute fully to the LPF's activities and in a manner that upholds the standards of good governance set for the NHS in Wales;
- comply with their terms and conditions of appointment;
- equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- promote the work of the LPF within the professional discipline they represent.

Tolley, Laura 03/24/2022 09:53:03

A Code of Conduct is attached as Appendix 2.

4 MEETINGS

Meetings will be held bi-monthly, but this may be changed to reflect the need of either staff organisations or management.

The business of the meeting shall be restricted to matters pertaining to LPF issues and should include local operational issues. DHCW wide strategic issues and issues that have DHCW wide implications shall be referred to the Welsh Partnership Forum via the Board.

The minutes shall normally be distributed 10 days after the meeting and no later than 7 days prior to the next meeting. Items for the agenda and supporting papers should be notified to the Management Secretary as early as possible, and in the event at least two weeks in advance of the meeting.

The LPF has the capacity to co-opt others onto the LPF or its subgroups as deemed necessary by agreement.

5 MEMBERSHIP

All members of the LPF are full and equal members and share responsibility for the decisions of the LPF. The NHS organisation shall agree the overall size and composition of the LPF in consultation with those staff organisations DHCW recognises for collective bargaining. The Trade Union member of the Board will be expected to attend the LPF in an ex-officio capacity. As a minimum, the membership of the LPF shall comprise:

Management Representatives
Management will normally consist of the following members of management representatives.

Chief Executive
Board Secretary
Finance Director
General Managers from Directorates (as locally identified)
Director of People ~~Head of Workforce and OD~~ (or equivalent)
Workforce and OD staff (as locally identified)

Other Executive Directors and others may also be members or may be co-opted dependent upon the agenda.

Staff Representatives
The Board recognises those staff organisations listed in Appendix 3 for the representation of members who are employed by DHCW.

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Staff representatives must be employed by DHCW and accredited by their respective staff organisations for the purposes of bargaining. If a representative ceases to be employed by DHCW or ceases to be a member of a nominating staff organisation then they will automatically cease to be a

member of the LPF. Full time officers of the staff organisations may attend meetings subject to prior notification and agreement.

Members of the LPF who are unable to attend a meeting may send a deputy, providing such deputies are eligible for appointment to the LPF.

Staff will normally consist of the following members of staff representatives.

DHCW Unison Representatives
Unison Regional Representatives
DHCW Unite Representatives
Unite Regional Representative
Managers In Partnership Representative
~~Head of Software Development~~ ~~– replaced by Diagnostics Application Manager, Software~~
~~Head of Infrastructure Operations~~
Staff Representatives

Quorum
Every effort will be made by all parties to maintain a stable membership. There should be 50% attendance of both parties for the meeting to be quorate.

If the meeting is not quorate no decisions can be made but information may be exchanged. Where joint chairs agree extraordinary meeting may be scheduled within 7 calendar days notice.

Consistent attendance and commitment to participate in discussions is essential. Where a member of the LPF does not attend on 3 consecutive occasions, the Joint Secretaries will write to the LPF member and bring the response to the next meeting for further consideration and possible removal.

6 KEY RELATIONSHIPS

The Local Partnership Forum will regularly report to the Digital Health and Care Wales Special Health Authority Board via the Highlight Report.

7 GOVERNANCE

7.1 Officers

The Staff Organisation Chair, Vice Chair and Secretary will be elected from the LPF annually. Best practice requires these three officers to come from different staff organisations.

Chairs
The Management and Staff Organisation Chairs will chair the LPF. This will be done on a rotational basis. In the absence of the Chair(s) the Vice Chair(s) will act as Chair. The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of DHCW's other advisory groups

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(if applicable). Supported by the Board Secretary, Chairs shall ensure that key and appropriate issues are discussed by the LPF in a timely manner with all the necessary information and advice being made available to LPF members to inform the debate and ultimate resolutions

Joint Secretaries
Each side of the LPF should appoint/elect its own Joint Secretary. The Management and Staff Organisation Secretary will be responsible for the preparation of the agendas and minutes of the meetings held, and for obtaining the agreement of the Management and Staff Organisation Chairs.

The Director of People~~Workforce and OO~~D (or equivalent) will act as Management Secretary supported by Corporate Governance and will be responsible for the maintenance of the constitution of the LPF membership, the circulation of agenda and minutes and notification of meetings.

7.2 Sub Committees

When is considered appropriate, the LPF can decide to appoint a subcommittee, to hold detailed discussion on a particular issue(s). Nominated representatives to sub committees will communicate and report regularly to the LPF.

Tolley Laura
03/24/2022 09:52:13

8 APPENDIX 1 - TUC principles of partnership

Six Principles of Partnership Working

- a shared commitment to the success of the organisation
- a focus on the quality of working life
- recognition of the legitimate roles of the employer and the trade union
- a commitment by the employer to employment security
- openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation
- adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees

Tolley Laura
03/24/2022 09:52:13

9 APPENDIX 2 – Code of Conduct

A code of conduct for meetings sets ground rules for all participants:

- Respect the meeting start time and arrive punctually
- Attend the meeting well-prepared, willing to contribute and with a positive attitude
- Listen actively. Allow others to explain or clarify when necessary
- Observe the requirement that only one person speaks at a time
- Avoid 'put downs' of views or points made by colleagues
- Respect a colleague's point of view
- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation
- Try not to react negatively to criticism or take as a personal slight
- Put forward criticism in a positive way
- Be mindful that decisions have to be made and it is not possible to accommodate all individual views
- No 'side-meetings' to take place
- Respect the Chair
- Failure to adhere to the Code of Conduct may result in the suspension or removal of the LPF member.

Tolley Laura
03/24/2022 09:52:13

10 APPENDIX 3 – List of Recognised Trade Unions/Professional Bodies referred to as 'staff organisations' within these Standing Orders

- UNISON
- UNITE
- British Medical Association (BMA)
- Royal College of Nursing (RCN)
- Royal College of Midwives (RCN)
- GMB
- Managers in Partnership (MIP)

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03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
POLICY REPORT

Agenda Item	6.5

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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 Approval
Recommendation	
The SHA Board is being asked to: **NOTE** the contents of the report and **APPROVE** the Communications and Media Management Policy included at 6.5i – 6.5ii.	

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Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
MS	Member of the Senedd	TUPE	Transfer of Undertakings (Protection of Employment)
WLCO	Welsh Language Commissioners Office	MP	Member of Parliament

1 SITUATION/BACKGROUND

1.1 DHCW have a number of policies, procedures and processes that help manage the running of the Organisation by outlining responsibilities related to legislation, accreditation and regulation.

1.2 There were a number of policies identified by the Welsh Government as a requirement for the transition to a Special Health Authority. The inaugural Board meeting identified 11 remaining policies to be created. A task and finish group was established to create and finalise the policies which are listed below, three documents have been amalgamated into one resulting in 9 requiring completion:

- Communications and Media Management Policy covering the topics:
  - MS (Members of the Senedd) and MP (Members of Parliament) Correspondence - Procedure for responding to enquiries
  - Procedure for Media Filming, Recording and Photography
  - Media Enquiries Procedure
- Communications and Engagement Strategy
- Anti-Malware Policy
- Intellectual Property Policy
- Welsh Language Scheme
- Capital Management Procedure
- Research and Innovation Strategy
- Security and Counter Terrorism Policy
- Relocation expenses policy

1.3 As well as the policies identified as part of the transition to the SHA, there will be policies presented to the Management Board for review, discussion and endorsement, these are in the form of internal policies and all Wales policies.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Each controlled document requiring review under the POL-CG-003 policy for the production, consultation, approval, publication and dissemination of strategies, policies, protocols, procedures and guidelines moves through the identified governance steps of review by lead Director, subject matter experts, consultation and relevant scrutiny by a Committee, Advisory

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03/24/2022 09:52:13

Group or the SHA Board.

2.2 The following policies identified by the SHA Board have been approved and are now in use across the organisation.

- Anti-Malware Policy previously called Anti-Virus Policy
- Capital Management Procedure
- Security and Counter Terrorism Policy
- Relocation expenses policy (The relocation expenses policy has been identified as the Velindre University NHS Trust Removal and Associated Expenses Policy. In line with the approach for existing policies covered by the Transfer of Undertakings (Protection of Employment) (TUPE) arrangements this policy was adopted in December 2021)

2.3 Below outlines the update on each of the policies identified and the plan for the remaining policies.

Policy	Status	Update	Expected approval
Communications and Media Management Policy	COMPLETE	This policy is presented to the Board for approval. There is an accompanying Process Flow Chart that will detail how the organisation managed MS and MP enquiries specifically.	March 2022
Welsh Language Scheme	COMPLETE	The draft is currently under review by the Welsh Language Commissioners Office (WLCO). The Scheme requires sign off by the WLCO before it can undergo the 12-week public consultation.	September 2022
Communications Strategy	IN RE-DRAFT	This strategy was discussed at Management Board and is being reviewed by the Communications task and finish group and will be presented back to the Management Board in 2-3 months.	May 2022
Intellectual Property Policy	IN RE-DRAFT	This policy was presented to the Digital Governance and Safety Committee and referred for further work.	May 2022
Research and Innovation Strategy (Previously Research and Development Strategy)	IN DEVEOPMENT	Work is ongoing to finalise this strategy.	September 2022

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3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Please note the Communications and Media Management Policy at item 6.5i Appendix A that was approved by the Management Board in February 2022. It was noted that the Process Flow Chart that was referenced for managing MS and MP enquiries was not included. This is now included at item 6.5ii Appendix B.

3.2 Please note the Welsh Language Scheme is still awaiting approval from the Welsh Language Commissioners Office in order to be able to proceed to consultation.

3.3 Both the Communications and Engagement Strategy and the Intellectual Property Policy have been identified for further work and re-drafting so will be taken by the relevant leads for review and further work with the plan to resubmit to Board in May 2022.

3.4 Please note work continues on the Research and Innovation Strategy with an expected approval date of September 2022.

4 RECOMMENDATION

The SHA Board is being asked to:

NOTE the contents of the report and APPROVE the Communications and Media Management Policy included at 6.5i – 6.5ii.

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	N/A
If more than one standard applies, please list below: All Standards rely on policy information.	

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

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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
Staff Consultation	Ended 04.02.22	No Comments received
Local Partnership Forum	08.02.22	Endorsed

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Policies underpin a quality approach to organisational management.
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 could be financial sanctions imposed by the Welsh Language Commissioners office for non-compliance.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Policies have roles and responsibilities outlined within them.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Tolley Laura
03/24/2022 09:52:13

<ID Reference>

DIGITAL HEALTH AND CARE WALES
COMMUNICATIONS & MEDIA MANAGEMENT POLICY

This policy outlines the SHA's procedure for dealing with media enquiries and all aspects of communication management with regard to the SHA.

Document Version	1.0

Status	Draft

Document author:	Gill Friend, Head of Communications
Approved by:	Chris Darling, Board Secretary
Date approved:	
Review date:	

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03/24/2022 09:52:13

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

STRATEGIC OBJECTIVE	All Objectives Apply

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: January 2022
Yes, applicable	Outcome: No Impact
Statement: EQIA assessment took place on 11/01/2022.	

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Workforce and OD	11/01/2022	Approved
Corporate Governance	November 2021	Approved

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03/24/2022 09:52:13

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
	There could be legal implications should requests for information not be processed within the defined timescales.
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
	Internal communications with staff form a key part of communications and media management. The policy also outlines clear roles and responsibilities for communication management.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Tolley Laura
03/24/2022 09:52:13

TABLE OF CONTENTS

1 DOCUMENT HISTORY 5
1.1 REVISION HISTORY 5
1.2 REVIEWERS 5
1.3 AUTHORISATION 5
1.4 DOCUMENT LOCATION 5
2 POLICY STATEMENT 6
3 SCOPE OF POLICY 6
4 AIMS AND OBJECTIVES 6
5 GENERAL PRINCIPLES 7
6 ROLES AND RESPONSIBILITIES 7
6.1 Head of Communications 8
6.2 Assistant Head of Communications 8
6.3 Content Designer 8
6.4 Senior Communications Officer 8
6.5 Communications Officer 8
7 GOVERNANCE 9
7.1 Approval 9
7.2 Best Practice 9
7.3 Welsh Government 'No Surprises' 9
8 COMMUNICATION MANAGEMENT 9
8.1 Media Management 9
8.2 Feedback/Enquiries/Complaints Management 11
9 IMPLEMENTATION/POLICY COMPLIANCE 11
10 EQUALITY IMPACT ASSESSMENT 12
11 WELSH LANGUAGE 12
12 GETTING HELP 12
13 RELATED POLICIES 12

Tolley Laura
03/24/2022 09:52:13

1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
01.09.21	0.1	Gill Friend	Initial draft

1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
25.09.21	0.1	Sophie Fuller	Corporate Governance and Assurance Manager
12.10.21	0.1	Sophie Fuller	Corporate Governance and Assurance Manager
04.01.21	01.	Chris Darling	Board Secretary

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Gill Friend
Role:	Head of Communications
Signature:	X

Approver's Name:	Chris Darling
Role:	Board Secretary
Signature:	X Approver

1.4 DOCUMENT LOCATION

Type	Location
Electronic	Integrated Management System

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2 POLICY STATEMENT

As a Special Health Authority and a public body Digital Health and Care Wales recognises the importance of effective management of communications and the role they play in influencing reputation and perceptions whilst ensuring transparency with stakeholders, including but not limited to the Welsh Government, health and care partners and the public.

This policy is designed to ensure that DHCW has effective mechanisms in place to manage communications that will ensure interactions with the various stakeholders listed are managed in a controlled and appropriate way. It also outlines the requirement for DHCW to make the most of its communication channels to share the work of the SHA, and that communications are reliable and trustworthy to ensure stakeholder confidence is maintained.

DHCW communications are based on the organisation's role as a digital leader and build on the platform of knowledge and expertise in digital health and care.

3 SCOPE OF POLICY

In today's online world the media covers local and national newspapers, television, radio, press agencies and web-based media such as Wales online, internet blogs, social media and networking sites.

Therefore, this communications and media management policy covers all areas described above and applies to all members of DHCW staff.

Individual staff members are free to post items on social media or contact the media in a private capacity, but they must adhere to the all-Wales Social Media Policy. If their employment is known they should make it clear that they speak as an individual and not on behalf of Digital Health and Care Wales. They should not attract media or social media coverage that brings the organisation into disrepute.

4 AIMS AND OBJECTIVES

- To describe the processes and activities taken by the Communications Team
- To ensure communications best practice is followed by all staff, as described in Communications Standard Operating Procedures
- To ensure a consistent approach to handling media and social media enquiries is adopted across the organisation
- To promote and protect the reputation of Digital Health and Care Wales
- To raise local, national and international awareness of Digital Health and Care Wales
- To be honest and transparent
- To foster good relationships with the local, national and specialist media.
- To ensure timely responses to media and social media enquiries
- To raise awareness amongst all staff of the importance of good publicity and dealing with the media and social media effectively and responsibly

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03/24/2022 08:32:13

- To provide clear information at an appropriate level of details to meet the needs of the stakeholder
- To ensure the SHA meets its reporting obligation to Welsh Government

5 GENERAL PRINCIPLES

All Communications are important and need to be considered carefully. Effective communications play a positive role in the success of the organisation, through the consideration of the content, and the audience for any particular message.

- Communications should be considered part of the wider field of engagement to reach out to target audiences, offer background and corporate information, gain insights from social media followers and deliver key messages
- External and internal communications form part of strategic and business planning, as well as project and team plans
- Staff at all levels have a responsibility to foster a consistent approach to communications internally and externally.

6 ROLES AND RESPONSIBILITIES

The Communications Team supports the DHCW Board and all staff with internal and external communications requirements.

The Communications Team does not provide an out of hours service. In the event of a major emergency, the head of communications or her deputy may be alerted under emergency planning provisions.

Specific responsibilities for the Communications Team:

- Communications strategy and planning (including reputation management)
- Brand management
- Management of the DHCW website
- Internal and external newsletters
- Social media including enquiries and complaints
- Media relations
- Media training
- Press Releases
- Crisis communications
- Public relations
- Corporate events
- Internal events
- Staff briefings
- Management of public Board meetings
- DHCW intranet (Sharepoint)

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- Website enquiries feedback, enquiries and complaints
- Copywriting
- Speech writing
- Preparation of Briefings

Day to day close working relationships are with the DHCW Corporate Governance Team, Workforce and OD, the Graphic Design team, Business Change team and projects and services.

Product and service teams have a responsibility to work collaboratively with the Communications Team to develop specific and targeted communications.

6.1 Head of Communications

Responsible for strategic planning, brand management and co-ordination of DHCW communications across all channels. Other specific responsibilities include media management, key messaging, moderation of the website and general content creation, providing specialist advice and drafting key communications with Welsh Government, e.g. CEO reports, ministerial briefings.

6.2 Assistant Head of Communications

Deputises for the Head of Communications. Specific responsibilities include day to day team management, social media and delivery of key communications objectives. Responsible for collation evaluation and analytics to measure the success of communications activities.

6.3 Content Designer

Responsible for development and management of the DHCW website including content, navigation, technical design and analytics.

6.4 Senior Communications Officer x 2

Responsible for delivering internal and external communications. Works directly with product and service teams to manage campaigns and develop communications plans. Leads on specific communications projects and activities.

6.5 Communications Officer x 3

Supports the development and delivery of communications activities to promote the work of DHCW. Works closely with the senior communication officer.

7 GOVERNANCE

Tolley, Laura 03/24/2022 08:53:13

7.1 Approval

To ensure accuracy and consistency of content for communications, approval is required before publication. Approval and sign off must be sought from the subject owner prior to the first time the

content is published. The content will also be reviewed, and quality assured by the Communications team.

Should the approval relate to an emerging story, the lead Director will need to provide approval prior to agreement to publish.

All communications must comply with Welsh Language Standards.

7.2 Best Practice

The Communication Team follows the guidance provided by Comms Cymru – the public service communications network in Wales. Comms Cymru guidelines are informed by the UK Government's Communications Service.

7.3 Welsh Government 'No Surprises'

There are circumstances in which a 'No Surprises' notice will need to be issued to Welsh Government. The form required is in Appendix 2 of the Welsh Government guidance. In the event a 'No Surprises' notice is to be submitted the Board Secretary should be informed and the information entered into the central log.

8 COMMUNICATION MANAGEMENT

8.1 Media Management

This section relates specifically to management of journalists and media news outlets.

DHCW aims to make the most of its media coverage and to ensure a balanced image is portrayed where possible. Work with the media covers responding to journalist's enquiries; proactively publicising the work of the organisation and in providing information about digital health and care services to the public.

8.1.1 Proactive (planned) media management

The Communications Team will give advice on how best to attract positive media coverage for good news, events and projects – staff should not contact the media directly. Instead, they should contact the communications team for advice giving as much notice as possible.

Press releases promoting a project/service must be issued through the Communications Team. Staff are encouraged to write articles and blogs for professional outlets but are asked to let the Communications Team know in advance, to ensure consistency with the DHCW vision and values and in the event of enquiries from journalists.

Tolley Laura 03/2022 09:53:23

8.1.2 Media contact

All approaches received from the news media must be referred to the Communications Team. The team is responsible for ensuring media responses are professional, prompt, accurate and clear.

Should journalists approach staff directly on any issue that relates to DHCW, or to ask for an opinion or comment, staff should always explain that all media enquiries are dealt with by the Communications Team. They should take the journalist's contact details and forward them immediately by email or telephone.

To manage the complex array of issues that arise, the team needs to be aware of, and co-ordinate, all messages being given out through the media. This also includes any online correspondence with media outlets on social platforms (e.g. Twitter, Facebook and LinkedIn).

The Communications Team will draft statements, news releases, social posts, and make arrangements for interviews. It will publicise events, services, developments and new software releases and advise on the appropriate media to approach for coverage.

No member of staff should make comment to the media unless specifically asked to do so by the communications team.

No member of staff will speak to the media 'off the record'.

These enquiries will be logged in the Media Enquiries log to be reported on at the end of the year as part of the Annual Report.

8.1.3 Media Handling

Broadcast interviews: the head of communications, or in their absence, the assistant head of communications, will make the final decision on whether a member of staff can be interviewed by the broadcast media. Only a director or senior manager, or a suitable member of staff nominated by a director or senior manager will be authorised to undertake a broadcast interview.

The Communications Team will offer professional support and advice to any member of staff on all aspects of media handling and will arrange media training where required.

Requests to film/ photograph/interview people must be referred to the Communication Team who will undertake an assessment in regard to the request,

8.1.4 Preparing media statements

DHCW staff should provide information as quickly as possible to enable the Communications Team to prepare an accurate statement to meet reasonable demands of journalists. Staff should advise of any issues relating to providing the information.

Press statements responding to media enquiries should always be prepared with, and issued through the Communications Team, who will seek final approval from the CEO or relevant director.

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8.1.5 Risk of negative publicity

Staff should alert a member of the Communication Team to any sensitive or controversial issues

that are likely to attract negative media attention as soon as possible – even if it relates to something that could happen in the future.

8.1.6 Working with Welsh Government and other partners

Where a news release impacts on Welsh Government policy or another Health Body or partner organisation, DHCW will share the release in advance with the appropriate communications departments and will not issue the release until approval is given.

8.1.7 Media monitoring

All media enquiries are logged by the communications team and a record kept of responses via the enquiries, feedback and complaints log. Media and online / social media coverage is monitored daily, and senior managers are alerted when appropriate. Media and social media are evaluated and analytics are used to identify trends and potential hot issues.

8.2 Feedback/Enquiries/Complaints Management

This section relates to the specific management of any feedback, enquiries, or complaints DHCW receive via the website contact form, social media or in general received by the Communications team.

8.2.1 Website contact form

Any feedback, enquiry or complaint received via the website contact form to the communications team will be logged and managed through the local enquiries process and in line with the handling concerns and complaints policy where necessary.

8.2.2 Social Media

Any social media activity requiring the communications team intervention will be picked up and logged to be managed through the local enquiries process and in line with the handling concerns and complaints policy where necessary.

8.2.3 Via email or telephone to the communications team

Any feedback, enquiry or complaint received via email or telephone to the communications team will be logged and managed through the local enquiries process and in line with the handling concerns and complaints policy where necessary.

9 IMPLEMENTATION/POLICY COMPLIANCE

In order to ensure the effectiveness of the policy, we will undertake a number of activities.

The communications team will participate in audits undertaken by the Corporate Governance team to test the localized processes related to the policy and ensure consistency in the management of all enquiries to the communications team on behalf of DHCW.

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We will regularly evaluate our approach by seeking feedback (both formal and informal) on our

communication and information provision

- Listen to and respond to stakeholder suggestions regarding our communication and information provision
- Review and update all information content to ensure accuracy
- Gather and analyse statistics regarding use of DHCW communication channels. Statistics will be used to inform our communications approach.

10 EQUALITY IMPACT ASSESSMENT

DHCW shall undertake the implementation of this policy in accordance with the Equality Act 2010. Under the Act people are not allowed to discriminate, harass, or victimise another person on the basis of a protected characteristic defined as: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

11 WELSH LANGUAGE

It is important to note that all communications must conform to Welsh Language Standards.

12 GETTING HELP

Should help be required in relation to this policy, this can be sought from the Head of Communications via the website contact form. Found here.

13 RELATED POLICIES

- All Wales Social Media Policy
- Handling Concerns and Complaints Policy
- Welsh Language Scheme

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03/24/2022 09:52:13

Appendix A Responding to calls from journalists / media

In a busy working day a call out of the blue from a journalist can be stressful to handle.

The following is designed to provide an instant point of reference for handling journalist calls. This will reduce the risk of committing an individual's comments to print and ensure the organisation responds to the enquiry effectively.

Step 1 ASK Identify the caller and the media

- Can I take your full name?
- Where are you calling from?

Step 2 ASK Don't be afraid to clarify exactly who they are

- Sorry is that an online magazine, a broadcast programme, could you spell that name for me?

Step 3 ASK Get a clear understanding of their enquiry

- What is it that you are inquiring about?

Step 4 STATE Make it clear that you are not responding but will arrange a response

- I am afraid I am not able to answer your enquiry but I will pass it over to a colleague in our Communications Team and they will respond to you directly.

Step 5 ASK Take appropriate contact details

- Can I take a number for someone to call you back on/is there a mobile number?
- Is there also an email address?

Step 6 END Thank you for calling us.

Step 7 TELL Call Gill Friend head of communications on 07771 996095 or Harriet Kings on 07970 364897

Step 8 LOG Register on the enquiries, feedback and complaints log by the end of the working day.

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Step 9 NOTIFY Prepare a 'Notification of Serious Incident' or 'No Surprises' notice to Welsh Government should it be required.

<ID Reference>

DIGITAL HEALTH AND CARE WALES

MS AND MP CORRESPONDENCE PROCESS FLOW CHART

This process describes the steps in managing correspondence with Members of the Senedd or Members of Parliament

Document Version	1

Status	Draft

Document author:	Gill Friend, Head of Communications
Approved by	Chris Darling, Board Secretary
Date approved:	
Review date:	

Tolley Laura
03/24/2022 09:52:13

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STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

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:	

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

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		
COMMITTEE OR GROUP	DATE	OUTCOME

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03/24/2022 09:52:13

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below There may be enquiries, concerns or complaints that reference diminished quality and safety.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below The mismanagement of enquires, concerns or complaints could have legal consequences.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below The mismanagement of enquires, concerns or complaints could have financial consequences.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below There are requirements within the Process Flow Chart for staff to follow.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Tolley Laura
03/24/2022 09:52:13

TABLE OF CONTENTS

1 DOCUMENT HISTORY 5
1.1 REVISION HISTORY 5
1.2 REVIEWERS 5
1.3 AUTHORISATION 5
1.4 DOCUMENT LOCATION 5
2 PROCESS FLOWCHART 6
2.1 Complaints/Enquiries from MP's, MS's, Councillors and Representatives 6
3 REFERENCES 8
4 DEFINITIONS 8

Tolley Laura
03/24/2022 09:52:13

1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
08.02.22	0.1	Gill Friend	Initial Draft

1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
08.02.22	0.1	Chris Darling	Board Secretary

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Gill Friend
Role:	Head of Communications
Signature:	X Author

Approver's Name:	Chris Darling
Role:	Board Secretary
Signature:	X Approver

1.4 DOCUMENT LOCATION

Type	Location
Electronic	Integrated Management System

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03/24/2022 09:52:13

2 PROCESS FLOWCHART

This process flow chart details the response process to enquiries, concerns and complaints from Members of the Senedd, Members of Parliament, Councillors and Representatives. All enquiries, concerns and complaints from those listed must be recorded and managed in accordance with the handling concerns and complaints policy of which this process is a subsidiary document.

2.1 Complaints/Enquiries from MP's, MS's, Councillors and Representatives

Stage	Activity	Lead	Cover
Logging, assigning and acknowledgment	Enquiry is received from an MS/MP.	Communications Team	Corporate Governance
	Log on SharePoint List, assign a case number (If noted as being related to a previous or current case then same case number is used)	Communications Team	Corporate Governance
	Create folder in enquiries and complaints Library in correct month (Not needed if relates to a previous case from same MS/MP)	Communications Team	Corporate Governance
	If needs to go formal (or relates to existing complaint), send to Corporate Governance Team to prepare acknowledgement letter, log and investigate.	Communications Team	Corporate Governance
	If an enquiry, send out to relevant lead for response.	Communications Team	Corporate Governance
	Send acknowledgement to MS/MP. (If formal, this is done once letter received back from Corporate Governance Team) Make Board Secretary, Chief Executive, Chair aware of the enquiry.	Communications Team	Corporate Governance
Ongoing file management	Save copies of emails in Sharepoint library	Communications Team	Corporate Governance

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Response curation	Manage any intervening correspondence and saving copies of emails (eg advice from service that case needs to be allocated elsewhere or other services need to contribute to investigation, requests from investigation lead for further info from MS/MP to enable investigation, discussions over the approach to the response, further escalation from MS/MP)	Relevant Lead	Corporate Governance
	After day 10, chase up draft responses if not yet received from the Relevant Lead	Communications Team	Corporate Governance
	Provide updates / holding emails to MS/MP offices when necessary.	Communications Team	Corporate Governance
	As info / draft responses arrive, save copies of emails in shared folder, review and progress to final drafts:	Relevant Lead	Corporate Governance
	Full drafts - format into letter template (if not already done), - put through QA, ensure response is comprehensive, politically sensitive, well written, clear and unambiguous, avoids jargon, explains technical terms where necessary, is consistent with other responses on similar subjects issued recently and offers apology if appropriate. Info - if sufficient to easily convert into a response, prepare response letter, possibly drawing on additional background knowledge or other recent responses. This usually has to be done for cases that span multiple specialities or encompass more than one of acute / primary / community care. Otherwise work with the service and ask that further work be done to convert into a suitable response letter. All - chase up any additional information as required to complete response - if letter is significantly changed from draft, or assurance is needed as to accuracy, return to original investigator(s) to review and make corrections if necessary.	Relevant Lead	Corporate Governance
Review and approval	Once final draft of response letter is complete send to Board Secretary and Chief Executive Officer for approval and include the DHCW.CorporateGovernance@wales.nhs.uk , along with a copy of the original enquiry and any necessary background info or previous	Relevant Lead	Corporate Governance

Tolley, Laura
03/24/2022 09:52:13

	responses on the case if relevant. Any response enquiry response with potential reputational impact or impact on wider partners to be reviewed and approved by the Chair.		
	Make any required amendments, checking back with investigator as required for additional information and/or to check that changes have not affected the accuracy of the response letter. Once changes have been made then resubmit to Board Secretary and CEO, who will ensure approval from the Chair where necessary.	Relevant Lead	Corporate Governance
Approval and Reply	If Board Secretary and CEO approve the letter, add their signature, convert to pdf, apply password protection for any MP letters that contain personal information and send to MS/MP by email.	Relevant Lead	Corporate Governance
Enquiries	For enquiries, save copy of email, upload copy to SharePoint via log. Check whether there are any other MS/MPs requiring a response on the same issue, or whether a notification to a Minister is required. Close the Datix record if all actions are complete. For concerns responses, forward copy of the email to the DHCW Incident Investigation Team so they can close down the case in their files and on Datix.	Relevant Lead	Corporate Governance

3 REFERENCES

DOCUMENT	VERSION
Handling Concerns and Complaints Policy	1
Communication and Media Management Policy	1
SharePoint Log	1
SharePoint Library	1

Tolley, Laura
03/24/2022 09:52:13

4 DEFINITIONS

TERM	DEFINITION
MP	Member of Parliament
MS	Member of the Senedd

Tolley, Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
QUALITY AND REGULATORY ANNUAL PLAN 2022/23

Agenda Item	6.6

Name of Meeting	SHA Board
Date of Meeting	31 March 2022

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

Executive Sponsor	Claire Osmundsen-Little, Executive Finance Director
Prepared By	Konrad Kujawinski, Head of Quality and Regulation
Presented By	Claire Osmundsen-Little, Executive Finance Director

Purpose of the Report	For Approval
Recommendation	
The SHA Board is being asked to: APPROVE the Quality and Regulatory Annual Plan 2022/23.	

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03/04/2022 09:52:13

Acronyms			
DHCW	Digital Health and Care Wales	QIAL	Quality Improvement Action List
KPI	Key Performance Indicators	ISO	International Organization for Standardisation
eQMS	electronic Quality Management System	LR	Lloyd Register
NWIS	NHS Wales Informatics Service	IMS	Integrated Management Systems

1 SITUATION

1.1 DHCW will be required to comply with the duties of quality and candour in the Health and Social Care (Quality and Engagement) (Wales) Act 2020 Set out by the Welsh Government with effect from 2023. The 6 domains contained in the Act are included in the DHCW plan.

The duty will focus on the 6 domains of quality:

- Safe
- Effective
- Person-centered
- Timely
- Efficient
- Equitable

DHCW is now working on integrating these domains into our current quality plan and deliverables.

1.2 Since the formation of DHCW it has repositioned quality and regulation as a fundamental contributor to its future strategy. The establishment of a Quality and Regulation Team has supported this and strengthened our commitment to Quality and Regulatory by integrating it as part of everyday life.

Quality is the responsibility of every employee within DHCW, in defining quality we attempted to qualify this through the application of relevant Internationally recognised Quality Standards.

1.3 Our internal Quality Framework supports and maintains certification to the following International Standards:

- ISO 9001:2015 Quality Management Systems
- ISO 14001:2015 Environmental Management Systems
- ISO 20000-1:2018 IT Service Management Systems
- ISO 27001:2013 Information Security Management Systems
- BS 76000:2015 Valuing People Standard
- BS 76005:2015 Diversity & Inclusion

Tolley Laura
03/24/2022 09:52:23

- BS 10008:2014 Evidential weight and legal admissibility
- Service Desk Institute

Regulatory focus will develop internal processes, systems and standards to enable compliance with medical devices and other future regulatory developments.

As part of the plan in 2022/23 we would look and validate the fit with the quality standards and the refresh digital strategy.

DHCW wants to be at the forefront of regulatory development and compliance which is particularly important in relation to the medical devices.

1.4 The Quality and Regulatory Plan was presented and approved by the Audit and Assurance Committee on 14 January 2022.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The purpose of the Annual Plan 2022/23 is to give an overview of key deliverables the Quality and Regulatory function in Digital Health and Care Wales (DHCW. The plan details the key objectives, activities and timelines under the following headings:

- Quality Management Systems
- Compliance and Audit
- Improvements
- Measurement and Analysis
- Product Realisation (Medical Devices end to end software lifecycle)

2.2 The plan covers the scheduled audit programme and governance arrangements and finally highlights areas of risk and opportunities for consideration.

2.3 The Annual Plan 2022/23 is included at item 6.6i Appendix A.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 There are no risks identified with the plan but the following are areas identified during the development of the plan which are potential improvement areas:

- Internal audit programme support- to further strengthen our internal audit programme with improved numbers of trained auditors against a revised streamline internal audit schedule.
- Regulation identification-DHCW intends to define its regulatory position and to horizon

Tolley Laura 03/24/2022 09:52:13

scan and ensure DHCW is at the forefront of relevant legislation, guidelines and best practice.

- Quality integration and adoption- the importance and priority of quality as part of the new organisational culture and to create and promote a quality culture.

4 RECOMMENDATION

The SHA Board is being asked to:
APPROVE the Quality and Regulatory Annual Plan 2022/23.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	N/A

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

DHCW QUALITY STANDARDS	Choose an item.
If more than one standard applies, please list below: All standards are reflected	

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
Audit and Assurance Committee	January 2022	APPROVED

Claire Laura
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IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Ref section 2.2 Impact of internal audits
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

Tolley Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES

Quality and Regulatory Annual Plan 2022/23

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

Board Approval:	Audit & Assurance Committee – 14th January 2022
Executive Sponsor:	Claire Osmundsen-Little, Executive Finance Director Recoverable Signature X Claire Osmundsen-Little Claire Osmundsen-Little Signed by: Claire Osmundsen-Little (cl187422)
Prepared By:	Konrad Kujawinski, Head of Quality and Regulation Recoverable Signature X Konrad Kujawinski Konrad Kujawinski Signed by: Konrad Kujawinski (Ko126168)
Presented By	Konrad Kujawinski, Head of Quality and Regulation

Tolley Laura
03/24/2022 09:52:13

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Contents

1.0 BACKGROUND 3
2.0 DHCW APPROACH TO QUALITY AND REGULATION 3
2.2 Defining Quality through Standards 4
2.3 Duty of Quality Health and Social Care Act 2020 4
3.0 THE OBJECTIVES FOR QUALITY AND REGULATORY WITHIN DHCW FOR 2022/23 5
3.1 External and Internal Audit Requirements 7
3.2 External Audit Schedule to Support Standards 7
3.3 Internal Audit Schedule to Support Standards 10
4.0 THE QUALITY AND REGULATORY GOVERNANCE FRAMEWORK 10
5.0 SUMMARY 11
6.0 OUTCOMES 11
7.0 AREAS FOR IMPROVEMENTS 12
8.0 RECOMMENDATION 12
9.0 IMPACT ASSESSMENT 13

Tolley Laura
03/24/2022 09:52:13

1.0 BACKGROUND

The purpose of this document is to give an overview of the Annual Plan 2022/23 for the Quality and Regulatory function in Digital Health and Care Wales (DHCW). The document defines the refreshed approach to Quality and Regulation, the plan, objectives and priorities for 2022/23 including the approach to delivering these. The plan covers the scheduled audit programme and governance arrangements and finally highlights areas of risk and opportunities for consideration.

2.0 DHCW APPROACH TO QUALITY AND REGULATION

DHCW will be required to comply with the duties of quality and candour in the Health and Social Care (Quality and Engagement) (Wales) Act 2020 Set out by the Welsh Government. Since the formation of DHCW it has repositioned quality and regulation as a fundamental contributor to its future strategy. The establishment of a Quality and Regulation Team has supported this and strengthened our commitment to Quality and Regulatory by integrating it as part of everyday life. Quality is the responsibility of every employee within DHCW however, in defining quality we attempted to qualify this through the application of relevant Internationally recognised Quality Standards. DHCW wants to be at the forefront of regulatory development and compliance which it particularly important in relation to the medical devices.

DHCW has evidenced its commitment to being a Quality organisation through compliance with internationally recognised standards and through an integrated management system approach. Quality and regulation are over seen by the Quality and Regulatory group which is supported by the Integrated Management Systems Group and Medical Devices Alerts Group. Alongside these have been a number of groups that govern processes including the Wales Informatics Assurance Group, Operational Service Group and Operational Change Group. The Audit and Assurance Committee provide assurance to the Board on the Quality and Regulatory plan and deliverables. These groups all support the new Special Health Authority requirements and have the added functionality of bringing a higher level of Quality and Regulatory support and visibility via the introduction of the new Audit and Assurance Committee.

2.1 DHCW Quality Strategy

Our Quality and Regulatory activities relate directly to the following Strategic objective:

Delivering High Quality Digital Services.

Quality is at the heart of all we do and support quality definition and direction by:

- Controls – through the proactive development of an internal audit programme that the Quality and Regulatory Group develop and manage and progress is reported to the Audit and Assurance Committee.
- Planning - Annual Quality and Regulatory Plan and improvements and integrated across the Directorates and supported by the internal audit programme.
- **Improvements** – The organisation has a strong culture of organisational learning and improvement.

Tolley, Laura 03/24/2022 09:16:13

2.2 Defining Quality through Standards

As a digital organisation our key assets are our workforce skills and capability are reflected in our in our practices. We were the first organization in the UK to achieve certification against the BS 76000, the British Standard for Valuing People. This accreditation demonstrates our commitment to people practices that are principled, relevant and developmental. BS76000 is a standard that requires clear understanding of the purpose of and vision for our business, thoughtful execution and a commitment to excellence via continuous learning and development. This standard is all about our staff and developing the organization to be the best it can be, through reflection, recognition, appreciation and improvement of people practices. Achieving the certification has meant that this is now demonstrable to internal, external and prospective stakeholders.

Being confident in the quality of the cyber security is reflected in compliance ISO 27001,
Providing the right quality services as part of ISO 20000 and finally, the right support envelops by the adoption of Service Management, environment and management. The service desk quality is underpinned by the work with the Service Desk Institute. All of our standards have been carefully chosen for their applicability to our requirements.

Our internal Quality Framework supports and maintains certification to the following International Standards:

- ISO 9001:2015 — Quality Management Systems
- ISO 14001:2015 — Environmental Management Systems
- ISO 20000-1:2018 — IT Service Management Systems
- ISO 27001:2013 — Information Security Management Systems
- BS 76000:2015 — Valuing People Standard
- BS 76005:2015 — Diversity & Inclusion
- BS 10008:2014 — Evidential weight and legal admissibility
- Service Desk Institute

Regulatory focus will develop internal processes, systems and standards to enable compliance with medical devices and other future regulatory developments.

As part of the plan in 2022/23 we would look and validate the fit with the quality standards and the refresh digital strategy.

2.3 Duty of Quality Health and Social Care Act 2020

It is the intention for DHCW to adopt the principles around the Duty of Quality Health and Social Care (Quality and Engagement) (Wales) Act 2020 which was passed by the Senedd on 17th March 2020 and received Royal Assent in June 2020. As part of the compliance with this Act we now have presence on the workshops run by the Welsh Government, DHCW are developing the future requirements of this Act which includes submission of an annual quality statement and report.

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03/2022 09:52:13

The duty of quality intends to unlock the potential of NHS bodies to demonstrate that quality is at the

heart of all they do. It also applies to Welsh Ministers, in relation to their health-related functions.

The new duty requires NHS bodies to exercise their functions with a view to securing improvement in the quality of health services, and outcomes for their populations. Importantly, it applies equally to clinical and non-clinical services.

The duty will focus on the 6 domains of quality:

- Safe
- Effective
- Person-centered
- Timely
- Efficient
- Equitable

DHCW is now working on integrating these into our current quality approach and these will be considered to be productive in driving the organisation forward.

3.0 THE OBJECTIVES FOR QUALITY AND REGULATORY WITHIN DHCW FOR 2022/23

The Quality and Regulatory statement of requirements for 2022/23 for key objectives, summary activities required to deliver these and estimated quarter of delivery:

Objective	Key activity to meet objective	Deliverable	Monitor
Quality Management Systems: Implement the iPassport strategy plan & training to on-board the whole of the organisation via directorate teams (document module only).	• Create Project Delivery Plan • Design a structured On Boarding process and training package • Active SSO (Single Sign On) and Import DHCW AD (Active Directory) • Obtain WIAG approval for Document Module Re-Scope • Finalise the early adopters On Boarding • Gain approval for the iPassport Implementation Strategy • Roll out On Boarding to various directorates in-line with the Implementation Strategy • On-going development of other Modules within iPassport (Including internal & external audit, non-compliance, standards, change control)	Q4 20-21 Q4 20-21 Q1 22-23 Q1 22-23 Q1 22-23 Q1 22-23 Q4 22-23 Ongoing	Quality and Regulatory Group
Compliance and Audit: Work with the Standard	• Improve the function of the IMS group	Q1 22-23	

Tolley, Laura (NHS) 03/24/2022 09:12:13

leads to support the Organisational needs for current standards and legislation. Review requirements for future use.	• Support the standard leads during external audits • Harmonise the approach across the organisation via use of Quality Portal • Maintain the Legislation Register and escalate any changes to the relevant groups • Assess the Organisational needs for adoption for current and new standards	Ongoing Q1 22-23 Ongoing Q2 22-23	
Improvements: Increase the visibility of Quality & Regulatory at a departmental level and integrate it across the Organisation	• Implement a new induction process • Insider articles to raise awareness of Quality within the Organisation • 10 talks on (Quality, Medical Devices, iPassport, all improvements) • Integrating Quality at a departmental level by working with leads to focus on Quality Management activities in their agenda's	Q1 22-23 Q1 22-23 Q2 22-23 Q1 22-23	Quality and Regulatory Group
Measurements and Analysis: Continued / increased monitoring of regulatory compliance with associated and defined post-effectiveness processes	• Improving the monitoring of metrics and setting targets, KPI's including audits, non-conformances, document management, meeting attendance and others. • Explore ways of improving monitoring for post-effectiveness around processes and process change. • Horizon scanning on the emerging and relevant regulatory changes.	Q1 22-23 Q2 22-23 Q3 22-23	Quality and Regulatory Group
Medical Devices: Generate a project plan and implement a process for supporting end to end product lifecycle and release. In-line with regulatory timelines. Including: Categorisation, Submission Release and UK CA marking all to MDD/MDR	• Development of Medical Device Assessment Form • Design History File (DHF) Requirements/Contents Finalised • MDR Assessment Form Retrospective Work • Embedded in New Services Portfolio CAB BAU • Design Processes Defined and Documented (to include User Requirement Specification (URS) Process, Design Planning process, Design Input process, Design Output	Q1 22-23 Q1 22-23 Q1 22-23 Q1 22-23 Q2 22-23	Medical Devices Alerts Group

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	process, Design Review process, Design Verification process, Validation processes) • Product Technical File (PTF) Requirements/Contents Finalised • Product Release and Registration processes defined and documented	Q2 22-23 Q3 22-23	
Medical Devices: Form the Medical Device and Alerts Group -To monitor, facilitate and implement the requirements of the current UK Medical Devices Regulations (MDR) and any future updates. Formulate training and awareness to support the new MDR (Medical Device Regulations)	• Produce regular presentation updates on MDR requirements to appropriate areas • Create and define any training requirements to support MDR implementation (e.g., Auditor Training and Training Modules to support individuals)	Ongoing Q1 2022-23	Medical Devices Alert Group

3.1 External and Internal Audit Requirements

The compliance with the quality standard will be audited during the year on scheduled external audit dates and this will be supported by an internal audit plan. Each of the standards has a lead and an internal audit programme to validate adoption. A summary of the external audit programme for the forthcoming year is scheduled below:

3.2 External Audit Schedule to Support Standards

DHCW	Summary of Clauses Covered	Schedule Dates
Quality (ISO9001)	Context of the Organisation: Leadership: Planning : Support : Operation : Performance Evaluation : Continual Improvement	January '22 (surveillance)

Tolley Laura
03/24/2022 09:52:13

Service Management (ISO20000)	SM Policy and Plan : Document Management and Control : Resource Management : Service Improvement (PDCA) : Service Transition : Service Reporting and Service Level Management : Capacity Management : Information Security Management : Service Continuity : Availability : Incident Management : Service Request Management : Problem Management : Configuration Management : Change Management : Release & Deployment Management : Budgeting & Accounting Management : Relationship Management : Supplier Management	August '22 (est) (surveillance)
Information Security (ISO27001)	ISMS Policy and Plan : Organisation of Information Security : Human resource security : Asset Management : Access Control : Cryptography : Physical and environmental security : Operations Security : Communications Security : System acquisition, development and maintenance : Supplier relationships : Information security incident management : Information security aspects of business continuity management : Compliance	April '22 (Certificate renewal)
Valuing People, Diversity & Inclusion (BS76000 / 76005)	Context of the Organisation : Leadership : Planning : Support : Support mechanisms : Staying in/continuing the relationship : Getting in/starting the relationship : Operation : Performance Evaluation : Improvement	November '22
Environmental Management (ISO14001)	Environmental Strategy : IMS Policy (Inc Environmental Statement) : Environmental Management SOP : Environmental Aspects Register : Legislation Register : Environmental Objectives and Targets : Training : Awareness (Control of Contractors) : Communication : Monitoring and Measuring : Documented Information : Emergency Preparedness and Response : Internal Audit (SHE Inspections) : Management Review : Non-Conformity and Corrective Action (SHE Action Plans)	January '22 (surveillance)
Software Development (DHCW standards)	Requirements gathering, analysis and specifications : Planning, estimation and work item tracking : Source control : Software design and maintainability : Coding standards : Code reuse : Observing the 'Definition of Done' : Deployment : Governance of Technologies	To Be Scheduled

Tolley, Laura 03/24/2022 09:32:13

Service Desk Institute Certificate	Leadership : Policy and Strategy : People Management : Resources : Processes and Procedures : Managing Employee Satisfaction : Managing the Customer Experience : Management Information and Performance Results : Social Responsibility	December '22
Infra Tech Assurance	Design : Topology : Current v Future: : Management : Documentation : Resources (finance) : Resources (human) : Resources (skills and capabilities)	Working towards
Digital Economy Act / Trusted Third Party	DEA Research Code of Practice : DEA Research Code of Practice : DEA Research Code of Practice policies : Information security policies : Organisation of information security : Human resource security : Asset management : Access control : Cryptography : Physical and environmental security : Operations security : Communications security : System acquisition, development and maintenance : Supplier relationships : Information security incident management : Information security aspects of business continuity management : Compliance : Research Governance : Human resource skills and competencies	To Be Scheduled
Medical Device Directive (ISO13485)	Quality Management System : Management Responsibility : Resource Management : Product Realisation: Measurement, analysis and improvement	Working towards
Information Management (BS10008)	Information Capture : Information in Structured Databases : Version Control : Storage Systems : Information Transfer : Indexing and Other Metadata : Authenticated Output Procedures : Identity : Information Retention and Disposition : System Maintenance : Information Management Testing : Information Stewardship	December '22
Business Continuity (ISO22301)	Context of the organisation : Leadership : Planning : Support : Operation : Performance Evaluation : Improvement	Working towards
Digital Accessibility	Organisation maturity assessment : Service Assessment (Management elements) : Service Assessment (Technical against WCAG 2.1)	Working towards
Microsoft 365 Compliance	Protect Information : Govern Information : Control Access : Manage Devices : Protect against threats : Discover and respond : Manage internal risks	Working towards

Tolley, Laura
03/24/2022 09:52:13

3.3 Internal Audit Schedule to Support Standards

The Quality and Regulatory group maintains internal audit compliance and is currently working towards a harmonised integrated approach for standard maintenance. The group is currently doing a comprehensive internal auditor training programme and moving the schedule from a clause-based approach to a dynamic risk-based approach to optimise best practice and be more effective d in evaluating audits.

4.0 THE QUALITY AND REGULATORY GOVERNANCE FRAMEWORK

The Governance and reporting of progress are reported via the Quality and Regulatory Group. The Quality and Regulatory compliance will be integrated into each Directorate internally through a number of processes. This reporting feeds into the Audit and Assurance Committee for governance and into the Management Board for operational performance. Both of these then feed into the DHCW Board. Contributing to the function of the Quality and Regulatory group are three main areas. The Integrated Management Systems group (IMS) which hosts the standard leads and implementation. The Welsh Informatics Assurance Group (WIAG) which gives assurance on product conformance and the Medical Devices Action Group which looks at implementation of the new directive. Completion of the quality actions will be reviewed at the monthly Quality and Regulatory Meeting and escalations and outcomes will be fed into the Performance report to the management committee and ultimately the Board.

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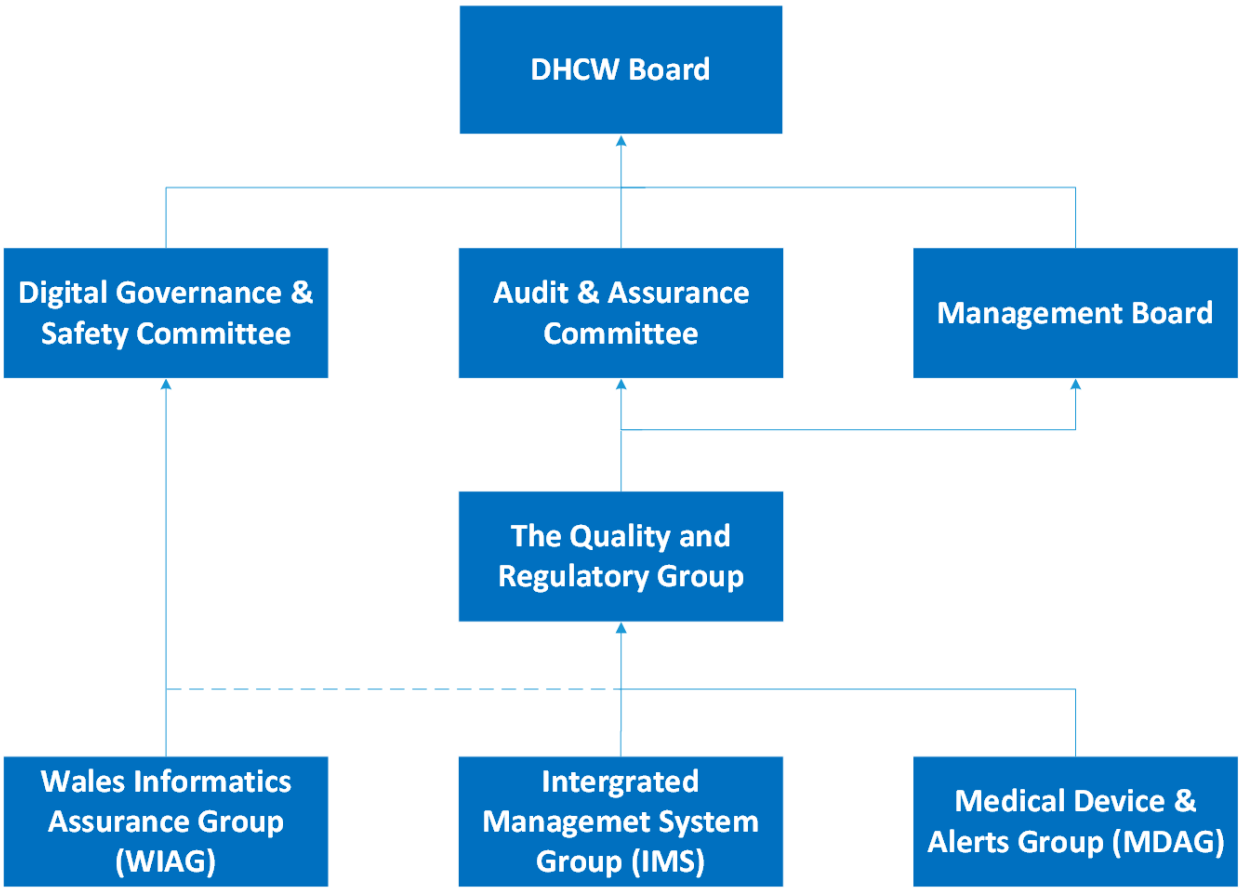
03/24/2022 09:52:13

Quality and Regulatory Governance Framework



5.0 SUMMARY

DHCW will be a source of quality management and regulatory compliance. Ensuring that digital solutions and services provided to the Health and Care Sector in Wales are of the necessary regulatory quality and compliance. This provides safety for patients and professionals which ensures patient information is treated with the appropriate governance.

6.0 OUTCOMES

DHCW will build on existing expertise supporting and advising regulatory quality and governance arrangements to digital solutions and services across the Health and Care sector in Wales.

It will:

- Support the continual improvement, monitoring and evaluation of the quality, supporting information assurance and information governance arrangements in digital Health and Care services across Wales.
- Provide advice and support services in terms of interpretation and application of digital services guidance, policies and standards.
- DHCW can provide guidance on processes adopted within NHS organizations in relation to

Tolley, Laura 03/24/2022 09:55:13

quality, assurance and governance arrangements in digital solutions, when requested by Welsh Government or Health Bodies.
- Work with individual NHS organizations to ensure that quality, assurance and governance arrangements are clearly articulated in IMTPs, when requested by Welsh Government or Health Bodies.
- Ensure that digital services deployed and developed by DHCW meet the minimum standards for strategic, architectural and technical fit, as set by the CDO.
- Ensure regulatory compliance and patient safety of digital Health and Care services hosted, deployed and developed by DHCW by working with regulators, the CDO and their relevant officials.
- Evidence our commitment to quality through compliance with recognised standards.

The objectives support all of the above and will bring harmonization of approach to quality management and compliance across all the DHCW. This will ensure that all integration and software release is monitored, and all their required standards are being maintained centrally. Key focus areas for the department are:

- Focus on new Med Devices Regulations and activities to support full software lifecycle
- Increasing the visibility and integrating quality into the organisation
- Focus on new electronic quality management system implementation and on boarding the whole organization
- Increased support around external audit and focus resource on internal audit
- Increasing monitoring and analysis with a view to improvements

7.0 AREAS FOR IMPROVEMENTS

The following are areas identified during the development of the plan which are potential improvement areas:

- Internal audit programme support- to further strengthen our internal audit programme with improved numbers of trained auditors against a revised streamline internal audit schedule.
- Regulation identification-DHCW intends to define its regulatory position and to horizon scan and ensure DHCW is at the forefront of relevant legislation, guidelines and best practice.
- Quality integration and adoption- the importance and priority of quality as part of the new organisational culture and to create and promote a quality culture.

8.0 RECOMMENDATION

Committee is asked to approve the Quality and Regulatory Plan for 2022/23

Tolley Laura
03/24/2022 09:52:13

9.0 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	**N/A**

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

DHCW QUALITY STANDARDS	Choose an item.
If more than one standard applies, please list below: All standards are reflected	

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
Audit & Assurance Committee	14/01/2022	Approved

Tolley Laura
03/24/2022 09:52:13

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Ref section 2.2 Impact of internal audits
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

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03/24/2022 09:52:13

ALL WALES INDEPENDENT MEMBER DIGITAL NETWORK HIGHLIGHT REPORT

Date of Board Meeting	31 March 2022

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

Name of Meeting	All-Wales Independent Member Digital Network
Chair of Committee	David Selway, Independent Member, DHCW
Lead Executive Director	Chris Darling, Board Secretary, DHCW
Date of Last Meeting	26 January 2022
Prepared By	Chris Darling, Board Secretary, DHCW
Presented By	David Selway, Independent Member, DHCW

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

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03/04/2022 09:52:13

DRAFT

Acronyms			
DHCW	Digital Health and Care Wales	IM	Independent Member
SHA	Special Health Authority	RAG	Red, Amber, Green
CDPS	Centre for Digital Public Services		

1 SITUATION/BACKGROUND

1.1 Digital Health and Care Wales (DHCW) was established on 1 April 2021 as a Special Health Authority to provide the national technology and data services needed by Health and Care Professionals and the people of Wales, in addition to taking forward the next generation of digital and data services needed to transform health and care in Wales.

1.2 DHCW and partner NHS Wales Bodies are keen to strengthen links with Independent Members from all Health Boards, Special Health Authorities and Trusts across NHS Wales to enhance the Digital agenda and improve services for patients and service users across the system.

1.3 An All-Wales Digital Independent Member Network was established, with its first meeting taking place on the 26 January 2022.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Members Expectations from the Network

2.1 The Network spent considerable time exploring Network Members expectations from establishing an All-Wales IM Digital Network. The key areas discussed included:

- To ensure strategic alignment of digital priorities across the health and care system.
- Digital strategy alignment across the health, social care, and integration agenda.
- Share good practice, including Audit Reports and recommendations which may be relevant to the wider system.
- Collaborate and consider funding issues for digital in health and care sharing learned experience.
- Share perspectives and engage in open and honest discussion on priorities for digital transformation.
- Ensure the benefits of digital are patient and user focused.
- Focus on learning and training needs of the health and care workforce in relation to digital.
- Build on the progress made (during the Covid-19 pandemic) towards a more digitally enabled approach in health and care.
- Improve the flow of information across NHS Wales Bodies regarding digital transformation.

Tolley Laura
03/24/2022 09:52:13

- Raise the profile and understanding of information being a resource and asset to NHS Wales.
- Ensure a forum to discuss in more detail digital items discussed at other Peer Group Networks e.g., the Vice Chairs' Network.

Independent Member Digital Network Terms of Reference

2.2 The Network considered the draft terms of reference and agreed the following as objectives for the Network:

- To influence digital strategy in NHS Wales;
- Ensure a focus on how digital can improve citizen and patient care and services;
- Improve communications and understanding between and across NHS Wales organisations;
- Share best practice and learning;
- Share thematic and cultural challenges and opportunities;
- Share matters of strategic importance;
- Create networking and personal development opportunities;
- Discuss the highest risks relating to digital in health and care in Wales;
- Better understand how each Health Body is affected by the priorities and decisions made at a national level.

2.3 The Terms of Reference will be updated to incorporate feedback from the meeting and go to the next meeting for approval.

2.4 It was agreed the Chair and Vice Chair of the Network would be a mix of a Health Board and National NHS Wales Organisation representative. Nominations for Chair and Vice Chair is taking place to conclude ahead of the next Network meeting. Agenda planning will involve input from both the Chair and Vice Chair.

2.5 It was agreed the Network would meet on a quarterly basis with the membership and quoracy also agreed. The Terms of Reference will be presented to the next meeting for formal approval by the Network.

Independent Member Engagement Links to DHCW – IM Buddying

2.6 To enhance links across NHS Wales, DHCW proposed allocating a dedicated DHCW IM to each Health Board, Trust and Special Health Authority, as a direct link to engage with the Health Board, Trust and Special Health Authority Independent Member with a lead for digital.

Tolley, Lesley
03/24/2022 09:59:23

2.7 The distinction between the DHCW IM link/buddy to each NHS Wales body and the IM Digital Network was discussed. With the DHCW IM link/buddy providing a direct channel for each Health Board, Trust and Special Health Authority IM to directly liaise with their DHCW IM link

on any digital issues or opportunities facing their organisation. More information on formalising the DHCW IM Buddies and allocation to each Health Board, Trust and Special Health Authority to take place outside the IM Digital Network.

Digital Priorities National Overview

2.8 Helen Thomas, Chief Executive of DHCW joined the meeting to provide a detailed presentation on the digital national priorities, including DHCW's current strategic objectives:

- BIG DATA ANALYSIS for better outcomes and Value Based Care
- EXPANDING THE CONTENT, AVAILABILITY & FUNCTIONALITY of the digital health and care record to improve treatment quality
- DELIVERING HIGH QUALITY DIGITAL SERVICES to support efficiencies and improvements in the care process
- MOBILISING DIGITAL TRANSFORMATION, supporting joined up consistent care

DHCW Digital Programme Overview Dashboard

2.9 The DHCW Digital Programme Overview Dashboard was presented providing an overview of the progress of national digital projects where DHCW have a significant role, such as managing the project or Programme overall, or certain stages such as the procurement of a new system. The Governance of these projects is undertaken by external Programme Boards with a Senior Responsible Officer usually from an NHS Wales provider organisation. The Programme Boards set the RAG scores presented in the dashboard.

The Centre for Digital Public Services (CDPS) – User Centre Design Masterclass Training

2.10 The Centre for Digital Public Services presented an overview of their Board level User Centred Design training. The group discussed and noted the opportunity to identify a 2-hour slot for NHS Body Boards to provide training on better health outcomes through user centred design. A discussion with the All-Wales Board Secretaries Network would take this opportunity forward.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Not all NHS Wales Bodies have an Independent Member with a lead for Digital, however, any nominated Independent Member can attend the IM Digital Network to ensure each body is represented.

Tolley Laura
03/24/2022 09:52:13

4 RECOMMENDATION

4.1 The Board is being asked to:

NOTE the content of the report.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	N/A

WELL-BEING OF FUTURE GENERATIONS ACT	Choose an item.
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
IM Digital Network Interim Chair	January 2022	Approved

IMPACT ASSESSMENT	
QUALITY AND SAFETY	No, there are no specific quality and safety implications related to the activity outlined in this report.

Alwey Hafa 03/24/2022 09:52:13

IMPLICATIONS/IMPACT	
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

Tolley Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
DIGITAL GOVERNANCE AND SAFETY COMMITTEE CHAIR'S REPORT

Date of Board Meeting	31 March 2022

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

Name of Committee	Digital Governance and Safety Committee
Chair of Committee	Rowan Gardner, Independent Member and Chair of Digital Governance and Safety Committee
Lead Executive Director	Rhidian Hurle, Executive Medical Director and Chris Darling, Board Secretary
Date of Last Meeting	18 February 2022
Prepared By	Carys Richards, Corporate Governance Coordinator
Presented By	Rowan Gardner, 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.	

Tolley, Laura
03/24/2022 09:52:13

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	18.02.2022	The Chair summarised the key items to highlight throughout the meeting which were supported by Committee members.

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

Hollie Pajaud
03/02/2022 09:52:13

	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	POSA	Provision of Service Agreement
SHA	Special Health Authority	DG&S	Digital Governance and Safety
SAIL	Secure Anonymised Information Linkage	IP	Intellectual Property
OSB	Operational Service Board	MOU	Memorandum of Understanding
IMTP	Interim Medium-Term Plan	R&I	Research & Innovation
WEDS	Welsh Emergency Department System	WCCIS	Welsh Community Care Information System
NPT	Neath, Port Talbot	SB	Swansea Bay
ETR	Electronic Test Requesting	ICT	Information, Communication & Technology
ToR	Terms of Reference	WG	Welsh Government

Summary of Key matters considered by the committee and any relevant decisions made:

Tollard, Laura
03/24/2022 09:52:13

Update from the Chair

Rowan Gardener, Chair (RG) welcomed everyone to her first meeting as Chair. She introduced David Selway, Independent Member (DS) and thanked him for joining her as Vice Chair.

Consent Agenda

To allow dedicated time and focus on main agenda items, the Committee made use of the Consent Agenda with queries addressed prior to the meeting and noted in the minutes, with the following outcomes:

The Digital Governance and Safety Committee resolved to:

- Note the Forward Work Plan
- Note the SAIL Policy and MOU
- Note the Provision of Service Agreement with NHS Digital
- Note the British Standard 1008 – External Audit Outcome
- Note the Appropriate Policy Document for Assurance.
- Note the Health and Care Standards for Assurance.
- Approve the Minutes of the last meeting, subject to the noted minor amendments being made.

Main agenda

Annual Committee Self-Assessment Report was received and it was noted as the Committee matures developmental sessions could potentially be arranged for further engagement.

Annual Cycle of Business and Forward Workplan 2022/23 and Terms of Reference were approved and the Committee agreed that Research and Innovation needed to be developed and reported on during future Committee meetings.

Intellectual Property Policy was discussed and it was agreed that further drafting was required was required to avoid confusion between innovation and invention/authorship and ensure DHCW is both able to recognize and assert its IP rights where it is in its interest and continues to operate without creating liabilities, therefore further work on this Policy would be undertaken and reviewed again for approval at a future meeting.

Corporate Risk Register was reviewed and the Committee noted that there were 19 risks assigned to committee, 10 in the public domain and 9 which were discussed in the private session, the highest rated of which continues to be CANISC. The Committee held a Deep Dive into ICT / Infrastructure Risks, and the mitigating actions taken to date and further action needed discussed. Detailed discussion took place about the DHCW0201 Infrastructure Investment risk and whether the risk score would need to increase.

Incident Review and Organisational Learning report was presented for assurance and it was highlighted that within the quarter there had been;

Tamley Laura 03/24/2022 09:52:13

- No national reported incidents.
- 1 early warning reported to WG on cyber security

- 11 reviews undertaken with 6 remaining open
- no complaints logged.

Assurance Reports the Information Governance, Informatics and Information Services Assurance Reports were received and noted for assurance.

Digital Programme Overview was reviewed for assurance purposes, along with a Deep Dive into the Electronic Test Requesting Programme. During the deep dive presentation, it was noted that due to covid and the effort to support the booster vaccination work, resources have been diverted from programmes which has affected delivery of DHCW's ongoing work.

Data Centre Transition Close Out Report was received for assurance and learning. The Committee noted the success of the project.

Private Session

CANISC Verbal Update - The Committee received an informative update on CANISC from the Executive Medical Director.

DHCW Cyber Security Report including Corporate Risk Register – Cyber Security Risks were reviewed including to mitigate a number of Cyber Security risks by the Service Improvement Programme. The Committee reviewed in detail the report for assurance and noted the updates provided.

Key risks and issues/matters of concern of which the board needs to be made aware:

Due to the ongoing situation in Russia and the Ukraine there is a heightened Cyber Security risk and the actions taken and advice given to Health Bodies to mitigate the risks and remain vigilant against any potential threats. This builds on the increasing cyber targeting of healthcare systems that occurred during the pandemic period.

The Infrastructure Investment Risk impact our ability to make strategic investments in our systems to protect service delivery. The Committee asked that the Infrastructure Investment risk DHCW0201 be considered and risk assessed in this context.

I ask the Board to note that the Committee have received a response from Welsh Government in respect of preparing legislation to support the data promise.

Delegated action taken by the committee:

Annual Cycle of Business and Forward Workplan 2022/23 and Terms of Reference were **approved** and the Committee agreed that Research and Innovation needed to be developed and reported on during future Committee meetings.
There was no delegated action taken by the Committee.

Tolley, Laura
03/24/2022 09:52:13

Date of next committee meeting:

12 May 2022

Tolley Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
LOCAL PARTNERSHIP FORUM
HIGHLIGHT REPORT

Date of Board Meeting	31 March 2022

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

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	8 February 2022
Prepared By	Chris Darling, Board Secretary
Presented By	Andrew Fletcher, Associate Board Member (Trade Union)

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

Tolley Lauren
03/24/2022 09:52:13

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

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	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	08.02.2022	The Chair summarised the key items to highlight at the end of themeeting 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.

Torey Laura
03/2/2022 09:52:13

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 Local Partnership Forum considers and engages on workforce issues.
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	ESR	Electronic Staff Record
PADR	Personal Appraisal Development Review	NWIS	NHS Wales Informatics Service

Summary of Key matters considered by the committee and any relevant decisions made:

LPF Advisory Group Annual Cycle of Business and Forward Work Plan 2022-23

The Local Partnership Forum **received** and **approved** the LPF Advisory Group Annual Cycle of Business and Forward Plan and were encouraged to add agenda items on the Forward Plan for 2022-23.

LPF Advisory Group Effectiveness Self-Assessment

The Local Partnership Forum **discussed** the LPF Advisory Group Effectiveness Self-Assessment. The findings provided positive feedback and demonstrated improvements had been made since the group was established.

LPF Advisory Group Terms of Reference Review

The Local Partnership Forum **received** the LPF Advisory Group Terms of Reference and were invited to provide any comments outside of the meeting prior to **approval** for presentation at the March SHA Board.

Risk Management Report

The Local Partnership Forum **discussed** the Risk Management Report and received an update from Workforce relating to the Deep Dive on risk DHCW0259 – Staff Vacancies.

Tovey, Laura (NHS Wales Informatics Service) 03/24/2022 09:21:13

Workforce Performance Report

The Local Partnership Forum **noted** the Workforce Performance Report / Dashboard and the

progress made on the recruitment activities.

National Workforce Update
The Local Partnership Forum **received** a verbal update on the National Workforce position and were informed that an extra day's annual leave had been agreed for 2021/22.

Policies
The Local Partnership Forum **reviewed** and **noted** the policies out to consultation as part of the policy approval process.

Update from Trade Unions
The Local Partnership Forum **noted** the Trade Unions were seeking a substantial pay rise that would be included in their response to the pay review for 2022/23.

New Ways of Working – Staff Survey Outcomes and Action Plan
The Local Partnership Forum **received** the Staff Survey Outcomes and Action Plan and **discussed** ways in which to improve the uptake, along with possible reasons for the low response level.

Executive Structure
The Local Partnership Forum **noted** the two new Executive roles had now been filled and these positions would be taken up in April 2022.

New Ways of Working
The Local Partnership Forum **discussed** the New Ways of Working which was currently reviewing roles that could be undertaken on a hybrid basis from 1st April 2022.

Vision and Mission Consultation
The Local Partnership Forum **discussed** the three options for DHCW's vision statement whereby consensus option 2, 'Providing world leading digital services, empowering people to live healthier lives' was agreed as the preferred option.

Finance Review
The Local Partnership Forum **noted** the Finance Review which outlined the organisation's current financial position.

Workforce Update
The Local Partnership Forum **received** the verbal update from Workforce **noting** the Staff Recognition Awards had been launched the previous week.

Key risks and issues/matters of concern of which the board needs to be made aware:

Talley, Laura
03/24/2022 09:52:13

There are no items for escalation.

Delegated action taken by the Local Partnership Forum:
The Local Partnership Forum **received** and **approved** the LPF Advisory Group Annual Cycle of Business

Date of next committee meeting:
5th April 2022

Tolley Laura
03/24/2022 09:52:13

DIGITAL HEALTH AND CARE WALES
REMUNERATION AND TERMS OF SERVICE COMMITTEE HIGHLIGHT REPORT

Date of Board Meeting	31 March 2022

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

Name of Committee	Remuneration and Terms of Service Committee
Chair of Committee	Simon Jones, Chair of the DHCW Board
Lead Executive Director	Helen Thomas, Chief Executive Officer
Date of Last Meeting	10 March 2022
Prepared By	Chris Darling, Board Secretary
Presented By	Simon Jones, Chair of the DHCW Board

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

Tracy Lee
03/24/2022 19:52:13

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:	

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
RATS Committee Chair	10/03/22	Supported

Tolley Laura
03/24/2022 09:52:13

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 was an agreed proposal for the buy back of annual leave which will have financial implications
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Annual Leave buy back will have implications on the time the DHCW workforce included will be in work. In addition the report proposes the appointment of a Deputy CEO, which is not a formal post recognized at present.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Summary of Key matters considered by the committee and any relevant decisions made:

Annual Cycle of Committee Business and Forward Work-Plan

The Committee **approved** the Annual Cycle of Committee Business for 2022/23 noting that the timeframe for the remaining Executive Team appointments may change from the dates anticipated.

The items scheduled to be considered by the Committee in a future meeting include:

- Directors Terms of Service and Remuneration Approval
- Review of Overtime arrangements

Terms of Reference Review

The Committee **approved** the reviewed Committee Terms of Reference.

Committee Self Effectiveness Survey Report

Committee members **noted** the Self Effectiveness Survey Report and the main feedback from the report.

Executive Team Objectives and Performance Review

Objectives for member of the Executive Team were presented and discussed with a number of minor suggested changes agreed. An overview of the performance of members of the Executive Team was provided and this was discussed.

Director of People and OD

The Committee **ratified** the appointment and **approved** the remuneration and terms of service for the Director of People and OD.

Interim Executive Director of Operations

Tracy Myhill 03/11/2022 09:12:13

The Committee **noted** the current position and work being undertaken to appoint an interim Executive Director of Operations whilst the post goes back out to advert for the substantive post.

Director of Primary, Community and Mental Health Digital Services
The Committee **noted** the latest position in getting the post job description ready to go out to advert for this post.

Key risks and issues/matters of concern of which the board needs to be made aware:

The Executive Director of Strategy post appointed to is due to commence in April 2022, until this time the interim arrangements will continue to operate.

Delegated action taken by the committee:

Annual Cycle of Business
Members **approved** the annual cycle of Committee business for 2022/23.

Terms of Reference
Members reviewed and **approved** the Committee Terms of Reference.

Appointment of the Director of People and OD
Members **ratified** the appointments of the Director of People and OD post and **approved** their remuneration and terms of service.

Date of next committee meeting:

To be confirmed

Tolley Laura
03/24/2022 09:52:13