

# Cyfarfod Bwrdd IGDC - Cyhoeddus

Thu 28 March 2024, 10:00 - 14:15

Zoom

## Agenda

### 10:00 - 10:05 1. MATERION RHAGARWEINIOL

5 min

#### 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 2. AGENDA GYDSYNIO

5 min

#### I'W GYMERADWYO A'I NODI

#### 2.1. Cofnodion heb eu cadarnhau o Gyfarfod Bwrdd 25 Ionawr 2024

I'w Gymeradwyo

Cadeirydd

2.1 DHCW SHA Board Meeting Minutes 25 January 2024 Cymraeg.pdf (16 pages)

##### 2.1.1. Materion yn Codi

#### 2.2. Cofnodion Cryno Preifat Heb eu Cadarnhau o Gyfarfod Bwrdd 25 Ionawr 2024

I'w Gymeradwyo

Cadeirydd

2.2 DHCW SHA Board Meeting PRIVATE Abridged Minutes 25 January 2024 Cymraeg.pdf (3 pages)

##### 2.2.1. Materion yn Codi

#### 2.3. Cofnodion Gweithredu

I'w Nodi

Cadeirydd

2.3 SHA Board Action Log.pdf (1 pages)

#### 2.4. Blaengynllun Gwaith

I'w Nodi

Ysgrifennydd y Bwrdd

2.4 SHA Board Forward Workplan Report.pdf (5 pages)

#### 2.5. Adolygiad Blynyddol o'r Rheolau Sefydlog

I'w Gymeradwyo

Ysgrifennydd y Bwrdd

2.5 Annual Review of Standing Orders March 2024.pdf (5 pages)

## 2.6. Cylch Busnes y Bwrdd a'r Pwyllgor

I'w Gymeradwyo Ysgrifennydd y Bwrdd

2.6 SHA Board CoB 24-25.pdf (4 pages)

## 2.7. Hunan-efeithiolrwydd y Bwrdd a'r Pwyllgor

I'w Nodi Ysgrifennydd y Bwrdd

2.7 Board and Committee Effectiveness Report.pdf (4 pages)

## 2.8. Adroddiad Blynyddol Cynllunio at Argyfyngau

I'w Nodi Cyfarwyddwr Gweithredol Strategaeth

2.8 DHCW SHA Board Emergency Planning Annual Report March 2024.pdf (8 pages)

## 2.9. Amcanion Deddf Llesiant Cenedlaethau'r Dyfodol

I'w Gymeradwyo Ysgrifennydd y Bwrdd

2.9 DHCW Well-being of Future Generations Act Statement and Objectives.pdf (7 pages)

## 2.10. Ymateb Dilynol IGDC i Graffu Pwyllgor Iechyd a Gofal Cymdeithasol Senedd Cymru a Phwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus ar Adroddiad Iechyd a Gofal Digidol Cymru

I'w Nodi Ysgrifennydd y Bwrdd

2.10 Follow up response to HSC PAPAC Committee Report Cover paper.pdf (8 pages)

2.10i DHCW Follow-up Response to HSCPAPAC Report Feb 24 Cymraeg.pdf (2 pages)

## 2.11. Siarter Rhianta Corfforaethol

I'w Gymeradwyo Ysgrifennydd y Bwrdd

2.11 Corporate Parenting Charter.pdf (5 pages)

## 2.12. Cynllun Gweithredu Datgarboneiddio IGDC 2024 - 27

I'w Gymeradwyo Ysgrifennydd y Bwrdd

2.12 Decarbonisation Action Plan 2024-27.pdf (7 pages)

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## 10:10 - 10:30 3. PRIF AGENDA

20 min

### I'W ADOLYGU

#### 3.1. Adroddiad y Cadeirydd a'r Is-Gadeirydd

I'w Draford Cadeirydd

3.1 Chair and Vice Chair Report March 2024.pdf (7 pages)

#### 3.2. Adroddiad y Prif Swyddog Gweithredol

I'w Draford Prif Swyddog Gweithredol

3.2 CEO Report March 2024.pdf (6 pages)

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## 10:30 - 13:00 4. EITEMAU STRATEGOL

150 min

## 4.1. Strategaeth Hirdymor IGDC

I'w Gymeradwyo

Cyfarwyddwr Gweithredol Strategaeth

- 4.1 DHCW Long Term Strategy.pdf (7 pages)
- 4.1i Strategy Presentation to Board.pdf (10 pages)
- 4.1ii DHCW Organisational Strategy 2024-2030.pdf (49 pages)

## 4.2. Adroddiad Cyllid

I'w Drafid

Dirprwy Brif Swyddog Gweithredol / Cyfarwyddwr Gweithredol Cyllid

- 4.2 SHA Board Finance Report.pdf (8 pages)
- 4.2i SHA Board Finance Briefing Report Feb 2024 F-01.pdf (20 pages)

## Egwyl 11:20 - 11:30

## 4.3. CTCI 2024-27

I'w Gymeradwyo

Cyfarwyddwr Gweithredol Strategaeth

- 4.3 DHCW IMTP 2024-27.pdf (6 pages)
- 4.3i DHCW IMTP 24\_27 SHA Board.pdf (64 pages)

## 4.4. Diweddariad ar y Cynllun Cydraddoldeb Strategol

I'w Nodi

Cyfarwyddwr Pobl a Datblygu Sefydliadol

- 4.4 Strategic Equality Plan Update.pdf (10 pages)

## 4.5. Diweddariad ar Gynhwysiant Digidol

I'w Nodi

Prif Swyddog Gweithredol

- 4.5 Digital Inclusion Update.pdf (8 pages)

## 4.6. Adroddiad Caffael Strategol

I'w Gymeradwyo

Dirprwy Brif Swyddog Gweithredol / Cyfarwyddwr Gweithredol Cyllid

- 4.6 Strategic Procurement Report SHA March.pdf (7 pages)
- 4.6i DHCW Board Approval Paper (Exceedng CEO Limit) V1.pdf (8 pages)
- 4.6ii DHCW Board Approval P642.19C Vaccination Programme Notification Service.pdf (8 pages)
- 4.6iii App 2 Strategic Procurement Plan.pdf (1 pages)

## Egwyl 12:30 - 13:00

13:00 - 14:15  
75 min

## 5. LLYWODRAETHU, RISG, PERFFORMIAD A SICRWYDD

### 5.1. Asesiad Strwythuredig 2023 ac Adroddiad Archwilio Blynyddol 2023

Ar gyfer Sicrwydd

Ysgrifennydd y Bwrdd/Archwilio Cymru

- 5.1 Structured Assessment Report.pdf (6 pages)
- 5.1i DHCW 2023 Structured Assessment Presenation (March Board) (Cymraeg).pdf (8 pages)




### 5.2. Adroddiad y Gofrestr Risgiau Corfforaethol

I'w Drafid

Ysgrifennydd y Bwrdd


- 5.2 Corporate Risk Register.pdf (8 pages)

### 5.3. Adroddiad Perfformiad Sefydliadol Integredig

-  5.3 SHA Board IOPR.pdf (6 pages)
-  5.3i SHA Board Report IOPR JANUARY-FEBRUARY2024.pdf (22 pages)
-  5.3ii Q3 23-24 SHA Board Portfolio Reports.pdf (15 pages)

#### **5.4. Adroddiad ar Brif Bwyntiau'r Pwyllgor Cyflawni Rhaglenni**

*Ar gyfer Sicrwydd*      *Cadeirydd y Pwyllgor*

-  5.4 Programmes Delivery Committee Highlight Report.pdf (5 pages)

#### **5.5. Adroddiad ar Brif Bwyntiau'r Pwyllgor Llywodraethu a Diogelwch Digidol**

*Ar gyfer Sicrwydd*      *Is-Gadeirydd y Pwyllgor*

-  5.5 DG&S Highlight Report 28 March 24.pdf (4 pages)

##### **5.5.1. Adroddiad Blynyddol y Pwyllgor**

-  5.5i DG&S Annual Report.pdf (8 pages)

#### **5.6. Adroddiad ar Brif Bwyntiau'r Pwyllgor Archwilio a Sicrwydd**

*Ar gyfer Sicrwydd*      *Cadeirydd y Pwyllgor*


-  5.6 Audit and Assurance Highlight Report.pdf (5 pages)

##### **5.6.1. Adroddiad Blynyddol y Pwyllgor**

-  5.6i A&A Annual Report.pdf (8 pages)

#### **5.7. Adroddiad ar Brif Bwyntiau'r Fforwm Partneriaeth Lleol**

*Ar gyfer Sicrwydd*      *Cadeirydd y Pwyllgor*

-  5.7 Local Partnership Forum Highlight report.pdf (4 pages)

##### **5.7.1. Adroddiad Blynyddol y Grŵp Cyngori**

-  5.7i LPF Annual Report 2023-24.pdf (8 pages)

#### **5.8. Adroddiad ar Brif Bwyntiau Tâl a Thelerau Gwasanaeth**

*Ar gyfer Sicrwydd*      *Cadeirydd y Pwyllgor*

-  5.8 RATS Highlight Report.pdf (4 pages)

##### **5.8.1. Adroddiad Blynyddol y Pwyllgor**

-  5.8i RATS Annual Report.pdf (6 pages)

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## **14:15 - 14:15 6. MATERION I GLOI**

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### **6.1. Unrhyw Faterion Brys Eraill**

*I'w Draffod*      *Cadeirydd*

### **6.2. Dyddiad y Cyfarfod Nesaf**

*I'w Nodi*      *Cadeirydd*

Dydd Iau, 30 Mai 2024



Cyfarfod Bwrdd Awdurdod Iechyd Arbennig Iechyd

Cofnodion cyfarfod Bwrdd Awdurdod Iechyd Arbennig (SHA) ac Iechyd a Gofal Digidol Cymru (DHCW) a gynhaliwyd ddydd Iau 30 Medi 2023 fel cyfarfod rhithwir a ddarlledwyd yn fyw drwy Zoom.

10:00 – 13:20

25 Ionawr 2024

Aelodau'n Bresennol	Llythrennau Cyntaf	Teitl	Sefydliad
Simon Jones	SJ	Cadeirydd y Bwrdd	DHCW
Ruth Glazzard	RG	Is-gadeirydd y Bwrdd	DHCW
Marilyn Bryan Jones	MBJ	Aelod Annibynnol	DHCW
Ifan Evans	IE	Cyfarwyddwr Gweithredol Strategaeth	DHCW
Rowan Gardner	RoG	Aelod Annibynnol	DHCW
Alistair Klaas Neill	AKN	Aelod Annibynnol	DHCW
Sam Lloyd	SL	Cyfarwyddwr Gweithredol Gweithrediadau	DHCW
Claire Osmundsen-Little	COL	Dirprwy Brif Swyddog Gweithredol / Cyfarwyddwr Gweithredol Cyllid	DHCW
David Selway	DS	Aelod Annibynnol	DHCW
Marian Wyn Jones	MWJ	Aelod Annibynnol	DHCW

Yn bresennol	Llythrennau Cyntaf	Teitl	Sefydliad
Chris Darling	CD	Ysgrifennydd y Bwrdd	DHCW
Lynwen Davies	SW	Cyfieithydd	Gwasanaethau Cyfieithu
Sam Hall	SH	Cyfarwyddwr Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl	DHCW

Rachael Powell	RP	Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil (ar gyfer eitem 3.1)	DHCW
Carys Richards	CR	Rheolwr Cymorth Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	DHCW
Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad / Prif Swyddog Masnachol (ar gyfer eitem 5.5)	DHCW
Sarah-Jane Taylor	SJT	Cyfarwyddwr Pobl a Datblygu Sefydliadol	DHCW
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol	DHCW
Dr Matthew Wintle	MW	Cyfarwyddwr Meddygol Cyswllt ar gyfer Gofal Eilaidd	DHCW

Ymddiheuriadau	Teitl	Sefydliad
Helen Thomas	Prif Swyddog Gweithredol	DHCW
Rhidian Hurle	Cyfarwyddwr Meddygol Gweithredol	DHCW
Andrew Fletcher	Aelod Cyswllt o'r Bwrdd – Undeb Llafur	DHCW

Acronymau			
DHCW	Iechyd a Gofal Digidol Cymru	SHA	Awdurdod Iechyd Arbennig
CEO	Prif Swyddog Gweithredol	DPIF	Cronfa Buddsoddi Blaenoriaethau Digidol
IM	Aelod Annibynnol	IMTP	Cynllun Tymor Canolig Integredig
IOPR	Adroddiad Perfformiad Sefydliadol Integredig	WICIS	System Wybodaeth Gofal Dwys Cymru
WG	Llywodraeth Cymru	PDC	Pwyllgor Cyflawni Rhaglenni
NDR	Adnodd Data Cenedlaethol	DG&S	Y Pwyllgor Llywodraethu a Diogelwch Digidol
DSPP	Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd	RISP	Caffael y System Gwybodeg Radioleg



DPIF	Cyllid Blaenoriaeth Buddsoddiad Digidol	DMTP	Portffolio Trawsnewid Gweinyddu Meddyginiaethau'n Ddigidol
SAIL	Cyswllt Diogel Gwybodaeth Ddienw	WIDI	Sefydliad Gwybodaeth Ddigidol Cymru
R&I	Ymchwil ac Arloesi		

Rhif yr Eitem	Manylion yr Eitem	Canlyniad	Cam Gweithredu
RHAN 1 – MATERION RHAGARWEINIOL			
1.1	<p>Croeso ac Ymddiheuriadau</p> <p>Croesawodd y Cadeirydd bawb yn ddwyieithog i gyfarfod Bwrdd Awdurdod Iechyd Arbennig (SHA) Iechyd a Gofal Digidol Cymru (DHCW).</p> <p>Cadarnhaodd y Cadeirydd fod y cyfarfod yn cael ei ddarlledu'n fyw drwy Zoom. Yn ogystal, byddai'r recordiad ar gael drwy wefan Iechyd a Gofal Digidol Cymru ar gyfer unrhyw un nad oedd yn gallu cael mynediad i'r cyfarfod yn fyw. Roedd 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.</p> <p>Darparodd y Cadeirydd hysbysiadau trefniadaeth ynghylch agweddau technegol ffrydio byw'r cyfarfod, y seibiannau a gynlluniwyd, a'r defnydd o'r agenda gydsynio ar gyfer eitemau 2.1 i 2.8.</p> <p>Cyn symud ymlaen â'r agenda, hysbysodd y Cadeirydd y Bwrdd am farwolaeth drasig Richard Evans, aelod tîm Gwasanaethau Corfforaethol DHCW. Dywedodd y Cadeirydd fod Richard yn aelod gwerthfawr iawn o Iechyd a Gofal Digidol Cymru a byddai colled fawr ar ei ôl. Ar ran y Bwrdd, ac Iechyd a Gofal Digidol Cymru, estynnodd y Cadeirydd gydymdeimlad diffuant â theulu a ffrindiau Richard.</p> <p>Oeddodd y Bwrdd am gyfnod o dawelwch.</p>	Nodwyd	Dim i'w nodi
1.2	<p>Ymddiheuriadau am Absenoldeb</p> <p>Nodwyd yr ymddiheuriadau canlynol:-</p> <ul style="list-style-type: none"><li>Helen Thomas, Prif Swyddog Gweithredol – Claire Osmundsen-Little, Dirprwy Brif Swyddog Gweithredol / Cyfarwyddwr Gweithredol Cyllid (COL) i ddirprwyo;</li><li>Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol – Dr Matthew Wintle, Cyfarwyddwr Meddygol Cyswllt ar gyfer</li></ul>	Nodwyd	Dim i'w nodi



	<p>Gofal Eilaidd (MW) i ddirprwyo;</p> <ul style="list-style-type: none"><li>Andrew Fletcher – Aelod Bwrdd Cysylltiol – Undeb Llafur</li></ul>		
1.3	<p>Datganiadau o Fuddiannau</p> <p>Nid oedd unrhyw ddatganiadau o fuddiannau.</p>	Nodwyd	Dim i'w nodi
<p><b>RHAN 2 - AGENDA GYDSYNIO - I'W CHYMERADWYO A'I NODI</b></p> <p>Cymerodd Chris Darling, Ysgrifennydd y Bwrdd (CD) gamau i edrych ar yr is-bennawd brandio newydd sy'n ymddangos ar draws deunyddiau DHCW.</p>			
2.1	<p>Cofnodion heb eu cadarnhau o Gyfarfod Bwrdd 30 Tachwedd 2023</p> <p>Penderfynodd y Bwrdd:</p> <p>GYMERADWYO cofnodion cyfarfod y Bwrdd a gynhaliwyd ar 30 Tachwedd 2023.</p>	Cymeradwywyd	Dim i'w nodi
2.2	<p>Cofnodion Cryno Preifat Heb eu Cadarnhau o Gyfarfod Bwrdd 30 Tachwedd 2023</p> <p>Penderfynodd y Bwrdd:</p> <p>GYMERADWYO cofnodion cryno cyfarfod y Bwrdd Preifat a gynhaliwyd ar 30 Tachwedd 2023.</p>	Cymeradwywyd	Dim i'w nodi
2.3	<p>Cofnod Gweithredu</p> <p>Nid oedd unrhyw gamau gweithredu i'w trafod.</p> <p>Penderfynodd y Bwrdd:</p> <p>NODI'R cofnod gweithredu.</p>	Nodwyd	Dim i'w nodi
2.4	<p>Blaengynllun Gwaith</p> <p>Penderfynodd y Bwrdd:</p> <p>NODI'R Blaengynllun.</p>	Nodwyd	Dim i'w nodi
2.5	<p>Trefniadau Adrodd Diwedd Blwyddyn</p> <p>Penderfynodd y Bwrdd:</p> <p>NODI'R Trefniadau Adrodd Diwedd Blwyddyn.</p>	Nodwyd	Dim i'w nodi
2.6	<p>Adroddiad Blynyddol Hyrwyddwr y Bwrdd</p> <p>Penderfynodd y Bwrdd:</p> <p>DERBYN Adroddiad Blynyddol Hyrwyddwr y Bwrdd.</p>	Derbyniwyd	Dim i'w nodi
2.7	<p>Ymateb Dilynol DHCW i Adroddiad Craffu Pwyllgor Iechyd a Gofal Cymdeithasol a Phwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus Senedd Cymru</p> <p>Penderfynodd y Bwrdd:</p> <p>ADOLYGU Ymateb Dilynol DHCW i Adroddiad Craffu Pwyllgor Iechyd a Gofal Cymdeithasol a Phwyllgor Cyfrifon Cyhoeddus a</p>	Wedi'i Adolygu ar gyfer Sicrwydd	Dim i'w nodi



	Gweinyddiaeth Gyhoeddus Senedd Cymru ar gyfer SICRWYDD.		
2.8	<p>Diweddariad Ystadau</p> <p>Penderfynodd y Bwrdd:</p> <p>NODI'R adroddiad a CHYMERADWYO Cynlluniau Ystadau yn y dyfodol:</p> <ul style="list-style-type: none"><li>• Rhesymoli dwy uned (7 ac 8) yn Technium 2, Abertawe gan leihau'r ôl troed tua 40%, trwy Weithred Amrywio</li><li>• Symud ymlaen â'r brydles newydd ar gyfer Tŷ Glan-yr-Afon am ddeng mlynedd (gydag opsiwn seibiant ym mlwyddyn 6) a gofyn am waith yn lle cyfnod di-rent i wella hygrychedd</li><li>• Symud prydles newydd ymlaen ar gyfer Parc Bocam am bum mlynedd (gydag opsiwn seibiant ym mlwyddyn 3)</li><li>• Parhau i ddatblygu trafodaethau gyda phartneriaid ynghylch rhannu gofod swyddfa IGDC.</li></ul>	Cymeradw ywyd	Dim i'w nodi
PRIF AGENDA			
RHAN 3 – I'W DRAFOD			
3.1	<p>Cyflwyniad Gwrandao a Dysgu a Rennir</p> <p>Cyflwynodd Dr Matthew Wintle, Cyfarwyddwr Meddygol Cyswllt Gofal Eilaidd (MW) yr eitem, gan ddweud bod y cyflwyniad yn canolbwyntio ar Ymchwil ac Arloesi, a gofynnwyd i'r Bwrdd ystyried y cynnydd a wnaed tuag at Nodau Strategol Ymchwil ac Arloesi ers sefydlu'r swyddogaeth yn 2023, gan nodi'n benodol y gweithgarwch fel y'i nodir yn Adroddiad Blynyddol Ymchwil ac Arloesi 2023.</p> <p>Cyflwynwyd y cyflwyniad ei hun gan Rachael Powell, Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil (RP) a nododd, tua diwedd 2022, fod Bwrdd SHA DHCW wedi cymeradwyo ei Strategaeth Ymchwil ac Arloesi gyntaf, gan nodi gweledigaeth glir a phedwar nod strategol, sef:</p> <ol style="list-style-type: none"><li>1. Darparu'r asedau a'r adnoddau i hwyluso'r amgylchedd ymchwil ac arloesi ledled Cymru.</li><li>2. Canolbwyntio ar ansawdd ac effaith ein hymchwil a'n harloesi.</li><li>3. Adnabod, datblygu a meithrin partneriaethau effeithiol.</li><li>4. Datblygu diwylliant o arloesi sy'n hyrwyddo creadigrwydd, dysgu, anogaeth a chefnogaeth.</li></ol> <p>Ers hynny, mae llywodraethu ymchwil ac arloesi wedi'i wreiddio yn strwythurau llywodraethu presennol DHCW a chynhelir adroddiadau rheolaidd yn nodi cynnydd yn erbyn cynlluniau sy'n rhan o'r portffolio ymchwil ac arloesi. Mae'r Bwrdd Ymchwil ac Arloesi yn cyfarfod bob deufis ac yn bwydo i mewn i'r Pwyllgor DG&amp;S.</p> <p>Bydd dysgu allweddol o weithgareddau ymchwil ac arloesi drwy gydol 2023 yn llywio ac yn cefnogi datblygiad y cynllun ar gyfer</p>	Derbyniw d a Thrafodw d	Dim i'w nodi

	<p>2024 ac yn adeiladu ar y cynnydd a wnaed eisoes.</p> <p>Gwnaed yr arsylwadau canlynol:</p> <ul style="list-style-type: none"><li>Parhau i asesu cynigion ymchwil sy'n dod i mewn;</li><li>Parhau i feddwl am Lywodraethu Gwybodaeth, yr effaith a sut gall y cyhoeddgael sicrwydd bod data digidol yn cael ei gasglu a'i ddefnyddio'n briodol i wella systemau gofal iechyd ac o ganlyniad lefel y gofal a ddarperir ac a dderbynnir;</li><li>Pwysigrwydd datblygu systemau fel SAIL, sy'n dileu gwybodaeth adnabyddadwy o ddata gofal iechyd;</li><li>Datblygu arbenigedd academiaidd ac arbenigedd ychwanegol o'r carfannau sy'n dod i mewn trwy brifysgol Caerdydd a phartneriaethau trefniadau WIDI;</li><li>Yr angen i fod yn gynaliadwy, gan ddangos ymrwymiad i dalu am yr adnodd, adennill costau i'w hail-fuddsoddi yn y gwasanaeth;</li><li>Ymgorffori'r polisi Ymchwil a Datblygu;</li><li>Gofal iechyd sy'n seiliedig ar atal, pwysigrwydd a manteision ymgorffori seilwaith data i drosoli mewn ffyrdd priodol;</li><li>Gwerthuso effaith ymchwil, systemau cadarn i asesu'r data</li><li>Ymgorffori hyder y cyhoedd ynghylch defnydd diogel o ddata ar gyfer gwelliant;</li><li>Gwella ymgysylltu a chyfathrebu, gan helpu'r cyhoedd i sylweddoli sut mae rhaglenni ymchwil yn darparu gwell gofal iechyd i anwyliaid;</li><li>Gallai data fel seilwaith, trwy wybod mwy am eich iechyd, wella eich canlyniadau gan ddarparwyr arweiniol ledled y byd, archwilio sut mae hyn wedi'i eirio i sicrhau buddion.</li></ul> <p>Penderfynodd y Bwrdd:</p> <p>DDERBYN a THRAFOD y Cyflwyniad Gwrando a Dysgu a Rennir.</p>		
RHAN 4 - I'W ADOLYGU			
4.1	<p>Adroddiad y Cadeirydd a'r Is-gadeirydd</p> <p>Amlinellodd y Cadeirydd yr uchafbwyntiau canlynol o'r adroddiad:</p> <ul style="list-style-type: none"><li>Diweddariad ar Drefniadau Llywodraethu Rhaglenni - Yn dilyn diweddariadau blaenorol i'r Bwrdd, dywedodd SJ fod y gwaith o sefydlu'r trefniadau llywodraethu rhaglenni newydd wedi parhau ers cyfarfod diwethaf y Bwrdd. Yn dilyn cyfarfod cyntaf y Pwyllgor Cyflawni Rhaglenni ar 9 Tachwedd 2023, cynhaliwyd sesiwn Datblygu'r Pwyllgor ar 18 Ionawr 2024, ac roedd ail gyfarfod y Pwyllgor wedi'i drefnu ar gyfer 6 Chwefror 2024. Rhoddodd SJ y newyddion diweddaraf i'r Bwrdd</li></ul>	Derbyniwyd a Chymeradwywyd	Dim i'w nodi



	<p>fod y trefniadau llywodraethu rhaglenni newydd bellach ar waith, a chytunwyd y byddai David Selway, Aelod Annibynnol yn cymryd lle cadeirydd y Pwyllgor Cyflawni Rhaglenni wrth symud ymlaen.</p> <ul style="list-style-type: none"><li>Datblygu'r Bwrdd, 7 Rhagfyr 2023 - Roedd y sesiwn yn cynnwys trafodaeth gan aelodau'r Bwrdd ac yn hwyluso gwaith ar ymgysylltu â rhanddeiliaid a negeseuon i randdeiliaid. Yn y prynhawn, cynhaliodd y Bwrdd ei sesiwn Datblygu Bwrdd olaf gyda Deloitte fel rhan o raglen Datblygu Sefydliadol pymtheg mis y Bwrdd. Roedd y sesiwn olaf yn caniatáu i aelodau'r Bwrdd fyfyrion ar gynnydd a dysgu dros y pymtheg mis diwethaf yn ogystal â chytuno ar feysydd ffocws wrth symud ymlaen i barhau i ddysgu, esblygu a gwella fel Bwrdd.</li><li>Cyfarfod Llais gyda Chadeiryddion, Is-Gadeiryddion a Phrif Weithredwyr GIG Cymru, 15 Ionawr 2024 - Cyfarfu Cadeirydd Llais, Medwin Hughes a Phrif Weithredwr Llais, Alyson Thomas â Chadeiryddion, Is-Gadeiryddion a Phrif Weithredwyr cyrff y GIG i drafod rôl Llais a sicrhau eu bod yn cymryd rhan mewn newidiadau arfaethedig i wasanaethau yn gynnar yn y broses.</li></ul> <p>Penderfynodd y Bwrdd:</p> <p>DDERBYN cynnwys adroddiad y Cadeirydd a'r Is-Gadeirydd.</p>		
4.2	<p>Adroddiad y Prif Weithredwr</p> <p>Darparodd Claire Osmundsen-Little, Dirprwy Brif Swyddog Gweithredol / Cyfarwyddwr Gweithredol Cyllid (COL) yr uchafbwyntiau canlynol o'r adroddiad:</p> <ul style="list-style-type: none"><li>Briffio Staff - Ar 12 Rhagfyr 2023 cynhaliodd DHCW Sesiwn Friffio Staff Nadolig hybrid ac roedd yn wych cael aelodau o'r tîm Gweithredol yr ymunodd staff â nhw ar-lein ac wyneb yn wyneb mewn gwahanol leoliadau swyddfa. Yn y sesiwn friffio edrychom yn ôl ar 2023, y newidiadau mewn strwythurau trefniadol, uchafbwyntiau o waith y Bwrdd, diweddariadau lles y gaeaf a daeth y sesiwn friffio i ben gyda chwis Nadoligaidd.</li><li>Cyfarfod y Pedair Gwlad - Daeth cydweithwyr o bob rhan o'r Pedair Gwlad at ei gilydd ar 15 Rhagfyr 2023 i gynnal trafodaethau cynhyrchiol ar ystod o bynciau gan gynnwys Aeddfedrwydd Digidol, y gweithlu, a llywodraethu data.</li><li>Achrediad Cynhwysiant Digidol - dywedodd COL ei bod yn falch iawn rhannu bod DHCW wedi cyflawni Achrediad Siarter Cynhwysiant Digidol, gan ddweud bod hon yn garreg filltir arwyddocaol yn ymrwymiad parhaus DHCW i sicrhau bod pawb yng Nghymru yn gallu cael mynediad at systemau digidol i'w grymuso i fyw bywydau iachach.</li></ul> <p>Penderfynodd y Bwrdd:</p>	Derbyniwyd a Thrafodwyd	Dim i'w nodi





	DDERBYN a THRAFOD cynnwys adroddiad y Prif Weithredwr.		
RHAN 5 – EITEMAU STRATEGOL			
5.1	<p>Strategaeth Hirdymor Ddrafft IGDC</p> <p>Cyflwynodd Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth (IE) yr adroddiad gan nodi bod y strategaeth yn dod â gweledigaeth, pwrpas, cenadaethau, egwyddorion a gwerthoedd DHCW ynghyd mewn un dull strategol cydlynol. Mae'r cenadaethau'n nodi sut y byddwn yn cyflawni ein pwrpas, tra bod yr egwyddorion yn disgrifio sut y byddwn yn gwireddu ein gweledigaeth. Yn ogystal, mae gwerthoedd DHCW yn tanategu popeth rydym yn ei wneud.</p> <p>Gofynnwyd i'r Bwrdd gymeradwyo'r Strategaeth Ddrafft a fydd yn cael ei dilyn gan gyfnod o ymgysylltu allanol ehangach â chymunedau, rhanddeiliaid a phartneriaid allweddol, yn ogystal ag ymgysylltu pellach â staff DHCW.</p> <p>Bydd gweithgareddau gyda rhanddeiliaid drwy fis Chwefror a mis Mawrth yn cael eu harwain gan y Pennaeth Strategaeth gyda chefnogaeth y tîm Ymgysylltu a'r timau Cyfathrebu. Bydd gweithgareddau'n canolbwyntio ar gyfleu'r cenadaethau, yr amcanion strategol a'r egwyddorion, a bydd yn rhoi cyfle i bartneriaid a rhanddeiliaid roi eu hadborth. Yna caiff ei ddwyn yn ôl i'r Bwrdd SHA ym mis Mawrth i'w gymeradwyo ar gyfer y Strategaeth Derfynol.</p> <p>Gwnaed yr arsylwadau canlynol:</p> <ul style="list-style-type: none"><li>• Mae'r strategaeth yn defnyddio'r cofnod iechyd integredig term un yn hytrach na chofnod y claf;</li><li>• Adlewyrchwyd twf sefydliadol fel budd net yn lle priodoli rhif rhifiadol, ond roedd yn dal i gael ei fireinio;</li><li>• Roedd yr Adran Gyfathrebu yn cefnogi gwaith ynghylch Cymru lachach trwy gydweithio â rhanddeiliaid a grwpiau cyfoedion;</li><li>• Roedd y strategaeth yn dangos cyfeiriad strategol clir gydag ymgysylltiad parhaus â rhanddeiliaid;</li><li>• O ran aeddfedrwydd digidol, nodwyd pwysigrwydd parodrwydd gyda phartneriaid yn GIG Cymru, i gyd yn ymgysylltu ac yn barod i symud iechyd a gofal cymdeithasol i system ddigidol a yrrir gan ddata;</li><li>• Anelu at wahaniaethu a diffinio allbynnau a chanlyniadau mesuradwy drwyddi draw;</li><li>• Ymgorffori pob elfen megis cynllun ar dudalen, gweledigaethau, cenhadaeth, pwrpas a gwerthoedd.</li></ul> <p>Penderfynodd y Bwrdd:</p> <p>DDERBYN A THRAFOD Strategaeth Hirdymor Ddrafft DHCW.</p>	Derbyniwyd a Thrafodwyd	Dim i'w nodi





5.2	<p>IMTP</p> <p>Cyflwynodd Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth (IE) yr adroddiad ar gynnydd â'r IMTP gan nodi cyhoeddi fframwaith cynllunio Llywodraeth Cymru a chadarnhau mai dyddiad cyflwyno ar gyfer IMTP DHCW yw 29 Mawrth 2024.</p> <p>Derbyniwyd y Fframwaith Cynllunio ar 18 Rhagfyr 2023 ar ffurf dau lythyr – un gan Eluned Morgan, y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol, a'r ail gan Judith Paget, Prif Weithredwr GIG Cymru.</p> <p>Nodwyd y camau nesaf fel a ganlyn:</p> <ul style="list-style-type: none"><li>Llythyr Swyddog Atebol (os yw IMTP yn mynd i fod yn anghytbwys) wedi'i gyflwyno i Lywodraeth Cymru erbyn 16 Chwefror 2024</li><li>Cyflwyniad IMTP i Lywodraeth Cymru erbyn 29 Mawrth 2024</li></ul> <p>Penderfynodd y Bwrdd:</p> <p>DDERBYN a THRAFOD diweddariad yr IMTP</p>	Derbyniwyd a Thrafodwyd	Dim i'w nodi
5.3	<p>Diweddariad Cynllunio Gweithlu Strategol</p> <p>Cyflwynodd Sarah-Jane Taylor, Cyfarwyddwr Pobl a Datblygu Sefydliadol (SJ) y diweddariad ar Gynllunio Gweithlu Strategol 2023-24 a'r dull gweithredu ar gyfer 2024-25, gan nodi bod Strategaeth Ddigidol a Data ar gyfer Iechyd a Gofal Cymdeithasol yng Nghymru (Gorffennaf 2023) yn pwysleisio rôl ganolog Iechyd a Gofal Digidol Cymru (DHCW) i ddatblygu ac arwain iechyd a gofal digidol fel galluogwr allweddol ar draws GIG Cymru.</p> <p>Esboniodd SJ y gofyniad am gynllunio gweithlu strategol, cynllunio olyniaeth a nodi pwyntiau unigol o fethiant a rhoi mesurau ar waith i ddod yn gadarn ac yn addas ar gyfer y dyfodol, tra'n parhau i nodi, datblygu a thyfu'r gallu presennol a denu a chadw'r genhedlaeth nesaf o dalent.</p> <p>Darparodd y papur ddiweddariadau, gan gynnwys manylion am nifer o nodweddion newydd, ynghyd â'r gwaith a gwblhawyd gyda Gartner, ymarfer cynllunio gweithlu strategol 2024-25 a fydd yn darparu'r wybodaeth ddiweddaraf i helpu i flaenoriaethu a datblygu dulliau strategol newydd o ddarparu adnoddau, piblinellau talent a darpariaeth datblygu hirdymor yn unol â chyfeiriad strategol a ffyrdd newydd o weithio. Mae ymarfer cynllunio gweithlu strategol 2024-25 yn cychwyn yn syth ar ôl lansio Strategaeth Ddigidol newydd DHCW ym mis Mawrth 2024.</p> <p>Bydd sganio'r gorwel a chynllunio olyniaeth hefyd yn cael eu hymgorffori mewn dull cynnyrch, gydag asesiadau aeddfedrwydd, Partneriaethau WIDI, ac uwchsgilio staff i gyd yn cael eu defnyddio i ddatblygu cynllun cadarn ar gyfer y dyfodol.</p> <p>O ran talent drosglwyddadwy, a nodwyd yn benodol mewn nifer uchel o ysgogiadau rhwng bandiau 5 a 7, mae dadansoddiad yn mynd rhagddo i ddeall beth y gellir ei wneud i gadw'r garfan hon</p>	Derbyniwyd a Thrafodwyd	Dim i'w nodi



	<p>ac o bosibl eu huwchsgilio mewn meysydd eraill o'r sefydliad.</p> <p>Gwaith rhagweithiol arall fyddai creu glasbrint gweithredol i gefnogi datblygiad y dull cynnyrch a chwblhau cyfweiliadau diwylliannol, a thargedu mannau problemus undebau llafur.</p> <p>Penderfynodd y Bwrdd:</p> <p>DDERBYN a THRAFOD y Diweddaraf ar Gynllunio Gweithlu Strategol.</p>		
5.4	<p>Adroddiad Cyllid</p> <p>Cyflwynodd COL yr adroddiad cyllid am y cyfnod a ddaeth i ben ar 31 Rhagfyr 2023 a thynnodd sylw at y canlynol:</p> <ul style="list-style-type: none"><li>• Cyd-destun Ariannol DHCW - Roedd hyder DHCW o gwrdd â'i dargedau ariannol statudol yn parhau'n uchel. Mae DHCW yn aros am ymateb ffurfiol i elfen graidd y cyflwyniad fel rhan o'r ymarfer gwelliant ariannol (£0.726m) ac o ganlyniad wedi cymryd yn ganiataol bod y cynnig wedi'i dderbyn ac o ganlyniad wedi'i ddarparu ar ei gyfer o fewn y sefyllfa a ragwelwyd.</li><li>• Refeniw - Mae DHCW yn nodi tanwariant refeniw o £0.171m o adennill costau ar gyfer y cyfnod hyd at 31 Rhagfyr 2023. Mae gwariant cyflog yn parhau i fod ar ei hôl hi o ran gwariant a broffiliwyd (tua £2m), caiff hyn ei wrthbwysu'n sylweddol gan gynnydd mewn gwariant nad yw'n ymwneud â chyflogau wrth i DHCW barhau i sicrhau capasiti drwy gyflenwyr trydydd parti (£1.1m). Amcangyfrifir bod cefnogaeth am weithgarwch Trosglwyddiad Datacentre 2 (DC2T) yn £1.2m ar gyfer y flwyddyn ariannol hon, gallai unrhyw oedi arwain at bwysau yn 2025/26.</li><li>• Cyfalaf - Gwariant hyd at gyfansymiau Rhagfyr yw £12.207m yn erbyn CRL o £18.342m. Tanwariant o £0.118m yn erbyn y cynllun cyfnod a balans gwariant gweddilliol o £6.135m (33%) i'w gwblhau cyn diwedd y flwyddyn. Mae'r rhagolwg wedi nodi gostyngiad o £0.665m yn y gofynion ar draws cynlluniau DPIF (bydd hwn ar gael i'w ail-ddefnyddio yn ôl yr angen) gan arwain at falans gwariant gweddilliol net o £5.470m y bwriedir ei gwblhau cyn diwedd y flwyddyn.</li><li>• Arian parod - mae gan DHCW falans arian parod o £1.095m ar 31 Rhagfyr 2023. Bydd hyn yn cael ei fonitro.</li><li>• Covid-19 - Derbyniodd DHCW £7.4m o gyllid a'r gwariant hyd yma yw £4.4m. Mae'r rhagolwg yn amodol ar ganlyniad yr ymarfer Gwella Ariannol ac unrhyw adennill cyllid dilynol;</li><li>• Cronfa Buddsoddi Blaenoriaethau Digidol - Rhagwelir cyfanswm o £34.583m mewn cyllid refeniw gyda gwariant presennol o £24.093m. Yn seiliedig ar ragolygon chwarter tri, bydd DHCW nawr yn "trwsio'r" gofyniad ariannu gyda Llywodraeth Cymru i gytuno ar y</li></ul>	Derbyniwyd a Thrafodwyd	Dim i'w nodi



	<p>gofyniad ariannu terfynol ar gyfer y flwyddyn ariannol.</p> <ul style="list-style-type: none"><li>Balansau Arian Parod – Mae taliad arian parod materol yn ymwneud ag Uned Gofal Dwys Digidol DPIF wedi'i wneud ym mis Rhagfyr gan fod cerrig milltir cyflenwi cyflenwyr wedi'u cymeradwyo fel rhai a gyflawnwyd. Ar 20 Rhagfyr 2023, cyhoeddodd DHCW Dystysgrif derbyn Cerrig Milltir i'r cyflenwr yn cydnabod bod y system wedi'i gosod, ei phrofi am sefydlogrwydd a diogelwch yn amgylchedd GIG Cymru gan arwain at daliad o £2.1m i'r Contractwr.</li></ul> <p>Nodwyd datblygiadau ers Bwrdd mis Tachwedd fel a ganlyn:</p> <ul style="list-style-type: none"><li>Cyfalaf – Mae DHCW bellach wedi derbyn £0.614m ychwanegol i ddyraniad cyllid cyfalaf (trwy addasiad i'r CRL) i gefnogi mentrau Seiberddiogelwch.</li><li>Rhaglen Gwybodeg Canser – Mae'r ymarfer i asesu'r adnoddau sydd eu hangen i gwblhau'r swyddogaethau a nodwyd yn yr achos busnes cychwynnol a'r gofynion cymorth parhaus bellach wedi'i gwblhau. Cyflwynwyd cais i arweinwyr polisi digidol Llywodraeth Cymru ym mis Rhagfyr am ystyriaeth a chyllid yn 2024/25.</li></ul> <p>O ran y dull o ymdrin â phroses cynllunio ariannol 2024/25, nodwyd y materion allweddol fel a ganlyn:</p> <ul style="list-style-type: none"><li>Trosglwyddo Canolfan Ddata 2 (DC2T) – O ganlyniad i'r toriad mawr ym mis Tachwedd, mae'r amserlenni ar gyfer y trosglwyddo wedi'u gwrthio i fis Mawrth. Mae mis Rhagfyr hefyd wedi bod yn heriol wrth i'r gwaith o osod y datrysiad ffibr llwyd gael ei ohirio (gan effeithio ar y llwybr critigol ar gyfer gweithgarwch rhwydweithio) oherwydd cyfyngiadau adnoddau trydydd parti. Er bod cynlluniau ar waith hefyd i reoli amhariad posibl o ganlyniad i streic y Meddygon Iau, mae ymarferiad ar y gweill i bennu unrhyw effaith bosibl ar linellau amser a'r llithriad gwariant canlyniadol yn y flwyddyn ariannol newydd (gan ychwanegu at bwysau 2024/25 o bosibl).</li><li>Ariannu Cynaliadwy – Mae DHCW yn parhau i gysylltu â Llywodraeth Cymru i gynhyrchu briff polisi sy'n nodi'r cefndir (gan gynnwys yr heriau presennol), opsiynau ac argymhelliad ar gyfer mynd i'r afael â'r heriau presennol. Yn benodol, bydd hyn yn archwilio sut mae DHCW yn cael ei ariannu i gynnal a darparu gwasanaethau digidol Cymru gyfan, megis Ap GIG Cymru, yr Adnodd Data Cenedlaethol, a'r Datrysiad Gwybodeg Canser. Bydd y briff yn ystyried cyfyngiadau presennol DPIF (er enghraifft, y cwmpas y cytunwyd arno gan y Gweinidog), gan gymryd y bydd refeniw a chyfalaf tebyg i'r lefelau presennol sydd ar gael wrth symud ymlaen ar gyfer cronfa sy'n dtebyg i DPIF. Bydd hefyd yn edrych ar y potensial i wella opsiynau llif cyllid presennol gan gynnwys Rhaglenni Strategol a chronfeydd eraill, i ddarparu cyllid ar gyfer gwasanaethau digidol Cymru</li></ul>		
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	<p>Gyfan.</p> <ul style="list-style-type: none"><li>TAW Microsoft 0365 - Mae CThEF wedi cynghori bod yr hawliadau wedi cael eu huwchgysylltu i'r tîm polisi mewnol er mwyn asesu'r holl wybodaeth rydym wedi'i chyflwyno a darparu ymateb cyson ar draws pob achos. O ran amseru, ni fyddai DHCW yn disgwyl i CThEF ddod yn ôl gydag ateb y flwyddyn ariannol hon gan fod nifer sylweddol o randdeiliaid yn ymwneud â'u timau mewnol sydd angen eu cymeradwyo.</li></ul> <p>Gwnaed yr arsylwadau canlynol:</p> <ul style="list-style-type: none"><li>Byddai llythyr Swyddog Atebolrwydd yn cael ei anfon at Lywodraeth Cymru pe na bai cyllid ar gyfer y Rhaglen Gwybodeg Canser wedi'i gadarnhau erbyn 16 Chwefror 2024;</li><li>Ar hyn o bryd nid oedd unrhyw effaith ar y gallu i gyflawni o ystyried y swyddi gwag, yn enwedig mewn Gweithrediadau a allai effeithio ar y rhaglenni o bosibl oherwydd gwrthbwyso'r sefyllfa a defnyddio sianeli recriwtio amgen;</li><li>Roedd arbedion rheolaidd sylweddol wedi'u gwneud drwy weithgareddau Gwasanaethau Corfforaethol.</li><li>Roedd ymarferion adennill TAW a gwblhawyd gan y tîm Cyllid hefyd wedi arwain at arbedion rheolaidd.</li></ul> <p>Penderfynodd y Bwrdd:</p> <p>DDERBYN a THRAFOD yr Adroddiad Cyllid.</p>		
5.5	<p>Adroddiad Caffael Strategol</p> <p>Cyflwynodd IE Michelle Sell, Cyfarwyddwr Cynllunio, Perfformiad a Phrif Swyddog Masnachol (MS) a gyflwynodd y 2 Ddyfarniad Contract i'w cymeradwyo ynghyd ag 1 Dyfarniad Uniongyrchol yn ôl y gofyn drwy Fframwaith unig gyflenwr i'w nodi.</p> <p>(i) P159.07 Cytundeb Fframwaith Darparwr Ailwerthwr Microsoft ("MRP")</p> <p>Contractwr: Trustmarque Solutions Ltd</p> <p>Cyfnod: 01 Ebrill 2024 i 31 Mawrth 2028 gyda'r opsiwn i ymestyn am ddwy (2) flynedd arall, wedi'i weithredu mewn cynyddrannau blynyddol</p> <p>Gwerth: Cyfanswm Gwerth y Contract gan gynnwys yr opsiynau estyniad yw £450,000,000.00 (heb gynnwys TAW)</p> <p>Cais am Gymeradwyaeth: Dyfarnu Contract</p> <p>Gwnaed yr arsylwadau canlynol:</p> <ul style="list-style-type: none"><li>Trafod, ar ran Cymru gyfan, mewn swyddogaeth genedlaethol;</li><li>Gwerth nid ymrwymiad i gaffael neu darged, yn caniatáu ar gyfer twf er enghraifft mewn meysydd fel Cwmwl,</li></ul>	Cymeradw wyd	Dim i'w nodi

	<p>Cytundeb Menter, cit ychwanegol ac ati;</p> <ul style="list-style-type: none"><li>Roedd WG wedi'i hysbysu.</li></ul> <p>(ii) P885 Darpariaeth Caledwedd Defnyddiwr Terfynol</p> <p>Contractwr: Dell Corporation Limited</p> <p>Cyfnod: 01 Ebrill 2024 i 31 Mawrth 2027 gyda'r opsiwn i ymestyn am flwyddyn arall (1)</p> <p>Gwerth: Cyfanswm Gwerth y Contract gan gynnwys yr opsiynau estyniad yw £14,365,741.00 (heb gynnwys TAW)</p> <p>Cais am Gymeradwyaeth: Dyfarnu Contract</p> <p>Gwnaed yr arsylwadau canlynol:</p> <ul style="list-style-type: none"><li>Ailddarparu cit;</li><li>Budd DHCW a sefydliadau cefnogi;</li><li>Gwaith wedi'i gynllunio yn amodol ar gyllid ac nid ymrwymiad i wario'r union werth.</li></ul> <p>(iii) P785 Ymrwymiad Dyfarniad Uniongyrchol yn ôl y gofyn</p> <p>Google Cloud Reseller ("GCP")</p> <p>Contractwr: Computacentre</p> <p>Cyfnod: 12 Rhagfyr 2023 i 11 Rhagfyr 2026</p> <p>Gwerth: Gwerth Dyfarniad Uniongyrchol yn ôl y gofyn yw \$1,800,000.00, ar sail \$600,000.00 y flwyddyn</p> <p>Cais am Gymeradwyaeth: Dyfarniad Uniongyrchol yn ôl y gofyn</p> <p>Gwnaed yr arsylwadau canlynol:</p> <ul style="list-style-type: none"><li>Mae'r TAW a gyfrifwyd yn y manylion yn yr adroddiad yn rhy uchel oherwydd y trosiad o ddoleri i bunnoedd, a fydd yn cael ei ddiwygio.</li></ul> <p>Penderfynodd y Bwrdd:</p> <p>GYMERADWYO'R Adroddiad Caffael Strategol</p>		
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RHAN 6 – LLYWODRAETHU, RISG, PERFFORMIAD A SICRWYDD

6.1	<p>Y Gofrestr Risg Gorfforaethol</p> <p>Nododd Chris Darling, Ysgrifennydd y Bwrdd (CD) fod adroddiad tirwedd risgiau byd-eang fforwm economaidd y byd 2024 wedi'i gyhoeddi ers cyhoeddi'r papurau a thynnodd sylw at Ddeallusrwydd Artiffisial ymhlith eitemau arwyddocaol eraill i'w hystyried o ran cyfleoedd a bygythiadau o safbwynt risg, yr eid i'r afael ag ef mewn sesiwn Datblygu'r Bwrdd sydd ar y gweill.</p> <p>O ran sefyllfa risg gyfredol DHCW, dywedodd CD fod gan y Gofrestr Risg Gorfforaethol 19 o risgiau ar hyn o bryd, yr ystyriwyd bod 6 ohonynt yn rhai preifat, 4 wedi'u neilltuo i'r Pwyllgor Llywodraethu a Diogelwch Digidol a 2 wedi'u neilltuo i'r Pwyllgor Cyflawni Rhaglenni.</p> <p>Ers y cyfarfod diwethaf, ychwanegwyd tair risg newydd:</p> <ol style="list-style-type: none"><li>DHCW0331 Cyllid adnoddau tymor penodol – hyfywedd</li></ol>	Derbyniwyd a Thrafodwyd	Dim i'w nodi
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	<p>hirdymor recriwtio sgiliau digidol craidd ac ansicrwydd cyllid, o ran cefnogi'r model gweithredu cwmwl a chynnyrch yn y dyfodol yn benodol. Wedi dod yn eitem sefydlog ar agenda'r SRG er mwyn lliniaru.</p> <p>2. DHCW0332 Ariannu Rhaglenni Mawr Cynaliadwy - mae risgiau sy'n ymwneud â chyllid cynaliadwy wedi'u hisraddio i lefel cyfarwyddiaeth gyda'r risg gyffredinol hon yn cael ei chadw ar lefel gorfforaethol;</p> <p>Risg i gadw staff i'w nodi yn y disgrifiad fel cyd-ddibyniaeth.</p> <p>3. DHCW0333 Oedi o ran Gweithredu WICIS - wedi'i gyflwyno ar gyfer archwiliad dwfn yn y PDC nesaf ar 6 Chwefror, i roi sicrwydd o ran diogelwch clinigol a'r amserlen Go Live.</p> <p>Roedd 6 risg wedi'u tynnu oddi ar y gofrestr ac roedd sgôr un ohonynt wedi newid, a manylwyd ar bob un ohonynt yn yr adroddiad.</p> <p>Trefnwyd 2 archwiliad dwfn ychwanegol ar gyfer cyfarfod Preifat DG&amp;S ar 1 Chwefror, ar gyfer risgiau DHCW0263 Swyddogaethau Data a DHCW0320 Ymddiriedaeth Dinasyddion a Rhanddeiliaid wrth Ddefnyddio Data Iechyd a Gofal Cymdeithasol.</p> <p>Gwnaed yr arsylwadau canlynol:</p> <ul style="list-style-type: none"><li>Roedd risg gyfunol o ran ffynonellau cyllid cysylltiedig â DPIF sy'n effeithio ar raglenni lluosog, ac ansicrwydd cyllid y tu hwnt i flwyddyn, gyda chylchoedd ariannu byrrach oherwydd cyllidebu WG, yn cael ei rheoli gyda Mike Emery, Prif Swyddog Digidol, WG a'i holrhain yn unigol mewn Byrddau Rhaglen.</li></ul> <p>Penderfynodd y Bwrdd:</p> <p>DDERBYN a THRAFOD y Gofrestr Risg Gorfforaethol</p>		
6.2	<p>Adroddiad Perfformiad Sefydliadol Integredig</p> <ul style="list-style-type: none"><li>Ymateb i gamau gweithredu gan JET</li></ul> <p>Nododd COL drosglwyddiad y tîm Perfformiad i'r gyfarwyddiaeth Cyllid a Sicrwydd Busnes ym mis Ionawr 2024.</p> <p>Cyflwynodd IE yr adroddiad perfformiad sefydliadol integredig hyd at ddiwedd mis Rhagfyr 2023 gan nodi'r penawdau a ganlyn:</p> <ul style="list-style-type: none"><li>Roedd Cyflenwi Gwasanaethau Gweithredol yn GOCH ym mis Tachwedd a mis Rhagfyr, mae'r achosion yn ymwneud ag adolygu dogfennaeth, a rhywfaint o brofion sydd wedi'u gohirio i gyd-fynd â phrosiect Trosglwyddo'r Ganolfan Ddata er mwyn tarfu cyn lleied â phosibl ar GIG Cymru. Gwelwyd rhywfaint o welliant ym mis Rhagfyr gyda'r gobaith y bydd yn symud i AMBR ym mis Ionawr.</li></ul> <p>Arian wrth gefn cyfyngedig a brofwyd ers hynny heb unrhyw amser segur. Mae'r amserlen i drosglwyddo yn dechrau ar 9 Chwefror a disgwylir iddi gael ei chwblhau</p>	Derbyniwyd a Thrafodwyd	Dim i'w nodi





	<p>erbyn diwedd y flwyddyn ariannol.</p> <ul style="list-style-type: none"><li>• Yn draddodiadol mae mis Rhagfyr yn fis byr gyda lefel uwch o wyliau blynyddol yn cael eu cymryd ar draws y sefydliad, yn ogystal, mae DHCW wedi gweld lefel uwch o salwch nag arfer sydd wedi cael effaith ar rai gweithgareddau.</li><li>• Mae salwch cyffredinol wedi cynyddu i'r lefel uchaf eleni, tra bod salwch tymor byr yn parhau ar y cyfartaledd, mae cynnydd mewn salwch hirdymor gyda 43 o achosion wedi'u cofnodi yn ystod Rhagfyr a 35 ym mis Tachwedd. Mae'r achosion yn cael eu monitro ac mae camau'n cael eu cymryd i gefnogi cydweithwyr i ddychwelyd i'r gwaith. Roedd yn gadarnhaol gweld bod holl fesurau'r gweithlu yn cyrraedd eu targedau gydag arfarniadau ar y gyfradd uchaf o gydymffurfio eleni, 94%, a 94.1% o gydymffurfiaeth â Hyfforddiant Statudol a Gorfodol yn erbyn targedau o 85%.</li><li>• Bu cynnydd mawr yn y broses o gyflwyno Ap GIG Cymru, a gefnogir gan y Gyfarwyddiaeth Gofal Sylfaenol ac Iechyd Meddwl, gyda 76,218 wedi'u lawrlwytho. Yn ogystal, mae'r broses cystadleuaeth fach ar gyfer y Systemau Meddygon Teulu wedi dod i ben, gyda phob practis meddyg teulu yn cymryd rhan ac mae cyflenwyr wedi cael gwybod am y canlyniad.</li></ul> <p>Roedd cyflwyniad EMIS a chynefino Practisau Meddygon Teulu yn digwydd trwy ymdrech ar y cyd rhwng Gofal Sylfaenol, Gweithrediadau a thîm Ap DSPP, a ddylai gael ei gwblhau erbyn diwedd mis Mawrth gan ganiatáu 740, 000 o aelodau'r cyhoedd i gyrchu'r Ap a'i fanteision. Estynnwyd yr ymdrech gydweithredol i ddiolch i'r timau Llywodraethu Corfforaethol, Cyfathrebu, Rheoli Gwasanaeth a desg Gwasanaeth hefyd.</p> <ul style="list-style-type: none"><li>• Nododd yr adroddiad diwethaf fod adeiladu cynnyrch hyfwrw System Wybodaeth Gofal Dwys Cymru (WICIS) lleiaf wedi'i gwblhau a'i gyflawni ar gyfer profi gan ddefnyddwyr er mwyn i'r safle fynd yn fyw. Yn ystod mis Tachwedd a mis Rhagfyr, canolbwyntiwyd ar barodrwydd Bwrdd Iechyd Prifysgol Aneurin Bevan i brofi'r cynnyrch hwn ac i fynd yn fyw ag ef. O ystyried y cynnydd yn natblygiad y cynnyrch, gwnaed taliad carreg filltir ym mis Rhagfyr a effeithiodd ar y balansau arian parod sylfaenol. Bydd y system yn casglu gwybodaeth amser real yn awtomatig o ddyfeisiau monitro, pympiâu ac offer anadlol a ddefnyddir ar gyfer gofal cleifion. Bydd hyn yn rhoi mynediad hawdd at ddata a mewnwediadau hanfodol, gan roi trosolwg cyflym a chlir i staff rheng flaen o statws cleifion a dyfeisiau ar draws y ward.</li><li>• Mae Rheoli Ansawdd hefyd yn AMBR oherwydd y ganran o gamau gwella ansawdd nad ydynt wedi'u hadolygu yn unol â'r amserlen. Mae camau gweithredu ar waith gyda</li></ul>		
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	<p>phob cyfarwyddiaeth i gywiro hynny.</p> <ul style="list-style-type: none"><li>Gyda gweithrediad system ffôn newydd DHCW mae gan y Ddesg Wasanaeth y gallu bellach i adrodd ar nifer y galwadau ffôn a dderbynnir yn y Gymraeg a'r Saesneg, yn ogystal â chyfraddau pobl sy'n rhoi'r ffôn i lawr cyn cael ateb ar gyfer ciwiau Cymraeg a Saesneg. Mae hwn yn cael ei ddatblygu ar gyfer adroddiadau yn y dyfodol.</li></ul> <p>Penderfynodd y Bwrdd: DDERBYN a THRAFOD yr Adroddiad Perfformiad Sefydliadol Integredig</p>		
6.6	<p>Adroddiad ar Brif Bwyntiau'r Fforwm Partneriaeth Lleol</p> <p>Nid oedd unrhyw uwchgyfeirio y tro hwn i'r Bwrdd ers cyfarfod diwethaf y Fforwm a gynhaliwyd ar 5 Rhagfyr 2023.</p> <p>Penderfynodd y Bwrdd: NODI'R Adroddiad ar Brif Bwyntiau'r Fforwm Partneriaeth Lleol</p>	Nodwyd	Dim i'w nodi
RHAN 7 - MATERION I GLOI			
7.1	<p>Unrhyw Faterion Brys Eraill</p> <p>Ni chodwyd unrhyw fater brys arall.</p>	Trafodwyd	Dim i'w nodi
7.2	<p>Dyddiad ac Amser y Cyfarfod Nesaf</p> <ul style="list-style-type: none"><li>Dydd Iau, 28 Mawrth 2024</li></ul> <p>Daethpwyd y cyfarfod i ben am 13:20.</p>	Nodwyd	Dim i'w nodi




Cyfarfod PREIFAT Bwrdd SHA DHCW

Cofnodion cryno o gyfarfod preifat Bwrdd Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru.

 13:25 i 13:55

 25 Ionawr 2024

 MS Teams

Aelodau'n Bresennol	Llythrennau Cyntaf	Teitl	Sefydliad
Simon Jones	SJ	Cadeirydd y Bwrdd	DHCW
Ruth Glazzard	RG	Is-gadeirydd y Bwrdd	DHCW
Marilyn Bryan Jones	MBJ	Aelod Annibynnol	DHCW
Ifan Evans	IE	Cyfarwyddwr Gweithredol Strategaeth	DHCW
Rowan Gardner	RoG	Aelod Annibynnol	DHCW
Alistair Klaas Neill	AKN	Aelod Annibynnol	DHCW
Sam Lloyd	SL	Cyfarwyddwr Gweithredol Gweithrediadau	DHCW
Claire Osmundsen-Little	COL	Dirprwy Brif Swyddog Gweithredol / Cyfarwyddwr Gweithredol Cyllid	DHCW
David Selway	DS	Aelod Annibynnol	DHCW
Marian Wyn Jones	MWJ	Aelod Annibynnol	DHCW

Yn bresennol	Llythrennau Cyntaf	Teitl	Sefydliad
Chris Darling	CD	Ysgrifennydd y Bwrdd	DHCW
Sam Hall	SH	Cyfarwyddwr Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl	DHCW
Carys Richards	CR	Rheolwr Cymorth Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	DHCW

Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad / Prif Swyddog Masnachol	DHCW
Sarah-Jane Taylor	SJT	Cyfarwyddwr Pobl a Datblygu Sefydliadol	DHCW
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol	DHCW
Dr Matthew Wintle	MW	Cyfarwyddwr Meddygol Cyswllt ar gyfer Gofal Eilaidd	DHCW

Ymddiheuriadau	Teitl	Sefydliad
Helen Thomas	Prif Swyddog Gweithredol	DHCW
Rhidian Hurle	Cyfarwyddwr Meddygol Gweithredol	DHCW
Andrew Fletcher	Aelod Cyswllt o'r Bwrdd – Undeb Llafur	DHCW

Acronymau			
DHCW	Iechyd a Gofal Digidol Cymru	SHA	Awdurdod Iechyd Arbennig
WEDS	Datrysiad Adrannau Argyfwng Cymru:		

Rhif yr Eitem	Manylion yr Eitem	Canlyniad	Cam Gweithredu
<b>RHAN 1 – MATERION RHAGARWEINIOL</b>			
1.1	Croeso ac Ymddiheuriadau Croesawodd y Cadeirydd bawb i gyfarfod Bwrdd preifat SHA DHCW.	Nodwyd	Dim i'w nodi
1.2	Ymddiheuriadau am Absenoldeb Cofnodwyd ymddiheuriadau gan: <ul style="list-style-type: none"> <li>Helen Thomas, Prif Swyddog Gweithredol</li> <li>Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol</li> <li>Andrew Fletcher, Aelod Bwrdd Cysylltiol – Undeb Llafur</li> </ul>	Nodwyd	Dim i'w nodi
1.3	Datganiadau o Fuddiannau Nid oedd unrhyw ddatganiadau o fuddiannau.	Nodwyd	Dim i'w nodi

RHAN 2 – AGENDA GYDSYNIO			
2.1	<p>Cofnodion Preifat Heb eu Cadarnhau o Gyfarfod Bwrdd 30 Tachwedd 2023</p> <p>Penderfynodd y Bwrdd:</p> <p>GYMERADWYO cofnodion cyfarfod y Bwrdd Preifat a gynhaliwyd ar 30 Tachwedd 2023.</p>	Cymeradwywyd	Dim i'w nodi
2.2	<p>Cofnod Gweithredu</p> <p>Nid oedd unrhyw gamau gweithredu preifat yn agored i'w trafod.</p>	Ddim yn Berthnasol	Dim i'w nodi
PRIF AGENDA			
RHAN 3 – EITEMAU STRATEGOL			
3.1	<p>Cytundeb Datrysiad Adrannau Achosion Brys Cymru (WEDS).</p> <p>Gwahoddodd Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth (IE) Michelle Sell, Cyfarwyddwr Cynllunio a Pherfformiad / Prif Swyddog Masnachol (MS) i gyflwyno Cytundeb Datrysiad Adrannau Achosion Brys Cymru (WEDS).</p> <p>Penderfynodd y Bwrdd:</p> <p>GYMERADWYO Cadeiryddion Camau i'w cymryd, os oes angen, ar gyfer Cytundeb Datrysiad Adrannau Achosion Brys Cymru (WEDS).</p>	Cymeradwywyd	Dim i'w nodi
RHAN 4 – MATERION I GLOI			
4.1	<p>Unrhyw Faterion Brys Eraill</p> <p>Nid oedd unrhyw fater brys arall i'w drafod.</p>	Ddim yn Berthnasol	Dim i'w nodi
4.2	<p>Dyddiad ac Amser y Cyfarfod Nesaf</p> <p>I'W GADARNHAU</p>	Ddim yn Berthnasol	Dim i'w nodi



SHA Board Action Log

Title	Date of Meeting	Action/Decision Narrative	Action Lead	Due Date	Status/Outcome Narrative	Status
25-01-2024-A01	25/01/2024	Chris Darling, Board Secretary (CD) took an action to look at the new branding strap line that appears across DHCW materials.	Chris Darling (DHCW – Board Secretary)	28/03/2024	If the Long Term Strategy is approved on 28/03/2024 the strapline will be updated across the organisation to the new purpose 'To make digital a force for good'.	Underway



# DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN REPORT

Agenda Item	2.4
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Carys Richards, Corporate Governance Support Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Noting
Recommendation	SHA Board is being asked to
NOTE the contents of the report.	

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

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

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

<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Board Secretary	January 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

## 3 SITUATION / BACKGROUND

3.1	The Board have a <a href="#">Cycle of Board Business (2.6i CoB 2024-25 for approval at the meeting: 28 March 2024)</a> 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.
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## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The following items have been added to the Forward Workplan and are due to be presented at the meeting on 28 March 2024:
- Annual Review of Standing Orders
  - Board & Committees Cycle of Business
  - Board & Committee Self-Effectiveness
  - Emergency Planning Annual Report
  - Well-Being of Future Generations Act Objectives
  - DHCW Follow-Up Response To Welsh Parliament Health & Social Care Committee And Public Accounts Public Administration Committee Scrutiny Report
  - Corporate Parenting Charter
  - DHCW Decarbonisation Action Plan 2024 – 27
  - DHCW Long Term Strategy
  - IMTP 2024-27
  - Strategic Equality Plan Update
  - Digital Inclusion Update
  - Structured Assessment
- 4.2 In addition, the following items has been added to the [Forward Workplan 2024-25](#) and are scheduled to be presented to the May 2024 meeting:
- Board Assurance Framework Report
  - Stakeholder Engagement Plan Update
  - Communications Strategy Action Plan Update
  - Cyber Implementation of the 3 Year Plan
  - Stakeholder Engagement Plan Update
  - Annual Quality Report
  - Welsh Language Scheme Annual Report
  - Annual Review of Risk Appetite and Risk Tolerance
  - Product Strategy





## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 Several activities are underway to address the requirement to horizon scan both internally and across the system to inform the forward workplan for the Board.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
NOTE the contents of the report.	



## DIGITAL HEALTH AND CARE WALES STANDING ORDERS ANNUAL REVIEW

Agenda Item	2.5
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Head of Corporate Governance
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to
<b>APPROVE</b> the proposed changes to the Standing Orders and <b>NOTE</b> the progress to date in their implementation.	

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

<u>DUTY OF QUALITY ENABLER</u>	Information
<u>DOMAIN OF QUALITY</u>	Timely
If more than one enabler / domain applies, please list below:	

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

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.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report



<b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
	The terms of reference indicate clear roles and
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Board Secretary	February 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SO's	Standing Orders	SFI	Standing Financial Instructions



### 3 SITUATION / BACKGROUND

- 3.1 Standing Orders 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.
- 3.2 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.
- 3.3 DHCW established a new sub-committee of the SHA Board therefore, the Scheme of Delegation within the Standing Orders has been updated to reflect the new governance arrangements. The Terms of Reference for the new Programmes Delivery Committee are included in the Standing Orders.



## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The SHA Board are asked to note the following changes to the [Standing Orders via tracked changes](#). Below summarises the changes:
- Front Cover – Dates Updated
  - Wellbeing of Future Generations – Update to reflect DHCW being considered a public body under the Act from 30 June 2024
  - Scheme of Delegation – Update to reflect Executive Team member portfolio changes during 2023/24
  - Page 68 – Updated links to Committee & Advisory Group Terms of Reference for 2024/25
- 4.2 An update on [compliance with Standing Orders](#) is also included for information.

## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 DHCW are awaiting confirmation from Welsh Government on the timeframes relating to holding our Annual General Meeting.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
<b>APPROVE</b> the proposed changes to the Standing Orders and <b>NOTE</b> the progress to date in their implementation.	



# DIGITAL HEALTH AND CARE WALES

## SHA BOARD ANNUAL CYCLE OF BUSINESS 2024-25

Agenda Item	2.6
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Head of Corporate Governance
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to
APPROVE the SHA Board Annual Cycle of Business 2024-25.	

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

<u>DUTY OF QUALITY ENABLER</u>	Information
<u>DOMAIN OF QUALITY</u>	Timely
If more than one enabler / domain applies, please list below:	

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
	The Annual Cycle of Business sets out the work programme for the SHA Board and ensures good governance contributing towards high quality, safe services.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
	The Annual Cycle of Business ensures that statutory reporting timescales are adhered to.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE	No, there is no direct impact on resources as a result of



IMPLICATION/IMPACT	the activity outlined in this report. The terms of reference indicate clear roles and responsibilities for the members of the Management Board.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	Yes, please detail below Regular strategic items to be considered by the Board are set out in the Annual Cycle of Business, many of which will require consideration of Socio-economic impact.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Weekly Executive Directors	February 2024	Reviewed
Chris Darling, Board Secretary	February 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

## 3 SITUATION / BACKGROUND

3.1	The SHA Board should, on an annual basis, receive a cycle of business which identifies the items which will be regularly presented to the Board for consideration. The annual cycle is one of the key components in ensuring that the SHA Board is effectively carrying out its role.
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## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The [SHA Board Cycle of Business](#) covers the period 1 April 2024 to 31 May 2025. The Cycle of Business has been developed to help plan the management of Board matters and facilitate the management of agendas and Board, Committee and Advisory Group business.
- 4.2 The Cycle of Business 2024-25 has been informed by the Executive team and endorsed at DHCW Management Board.
- 4.3 The Cycle of Businesses for the Committee and Advisory Group of the SHA Board are also included for information:
- [Audit & Assurance Committee](#)
  - [Digital Governance & Safety Committee](#)
  - [Programmes Delivery Committee](#)
  - [Remuneration & Terms of Service Committee](#)
  - [Local Partnership Forum](#)

## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
APPROVE the SHA Board Annual Cycle of Business 2024-25.	



# DIGITAL HEALTH AND CARE WALES ANNUAL SHA BOARD AND COMMITTEE EFFECTIVENESS SELF ASSESSMENT

Agenda Item	2.7
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Head of Corporate Governance
Presented By	Chris Darling, Board Secretary

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

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

<u>DUTY OF QUALITY ENABLER</u>	Culture
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

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

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

<b>SOCIO ECONOMIC IMPLICATION/IMPACT</b>	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION IMPLICATION/IMPACT</b>	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Board Secretary	February 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SO's	Standing Orders		

## 3 SITUATION / BACKGROUND

3.1	The Chair of the SHA Board and each Committee and Advisory Group are required to undertake an annual effectiveness self-assessment questionnaire.
3.2	Members of the SHA Board, Audit & Assurance Committee, Digital Governance & Safety Committee, Remuneration & Terms of Service Committee and the Local Partnership Forum received the relevant self-effectiveness survey which was broken down into three sections: <ul style="list-style-type: none"> <li>• Positive Assurance</li> <li>• Areas that have not arisen but the Board, Committees and Advisory Group were aware of their responsibilities</li> <li>• Areas for further assurance</li> </ul>
3.3	Members will note the Programmes Delivery Committee has not completed a self-effectiveness assessment during 2023-24, as this Committee was established during the latter part of 2023-24 with only two meetings held during the period, the first Committee self-effectiveness assessment will take place in 2024-25.

## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 Overall, the survey findings were generally positive with no areas for improvement or action identified. A number of themes from the survey feedback included in all SHA Board, Committees and Advisory Group reports included:
- SHA Board, Committees and Advisory Group felt they had been provided with sufficient authority;
  - SHA Board, Committees and Advisory Group felt that meetings take place with open and productive debate and behaviour is courteous and professional;
  - The Committees and Advisory Groups had matured over the past 12 months.
- 4.2 All reports can be found in full via the links below:
- [SHA Board Self-Effectiveness Report 2023-24](#)
  - [Audit & Assurance Committee Self-Effectiveness Report 2023-24](#)
  - [Digital Governance & Safety Committee Self-Effectiveness Report 2023-24](#)
  - [Remuneration & Terms of Service Committee Self-Effectiveness Report 2023-24](#)
  - [Local Partnership Forum Self-Effectiveness Report 2023-24](#)

## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
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NOTE the content of the report.



# DIGITAL HEALTH AND CARE WALES SPECIAL HEALTH AUTHORITY BOARD EMERGENCY PLANNING ANNUAL

Agenda Item	2.8
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Andrew Francis, Emergency Planning Lead
Presented By	Ifan Evans, Executive Director of Strategy

Purpose of the Report	For Noting
Recommendation	SHA Board is being asked to
<b>NOTE</b> the activity undertaken relating to business continuity and emergency preparedness during 2023/24.	

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	Deliver high quality digital products and services
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Resilient Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
ISO 20001, ISO 14001 and working towards ISO22301	

<u>DUTY OF QUALITY ENABLER</u>	Whole Systems Approach
<u>DOMAIN OF QUALITY</u>	Efficient
If more than one enabler / domain applies, please list below:	

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

IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below Quality awards such as International Standards rely on a quality Business Continuity Management System (BCMS)
<b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below The WG have instructed DHCW to maintain a BCMS under the NHS Act 2006 and to align to the Civil Contingencies Act 2004.
<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>WORKFORCE</b>	No, there is no direct impact on resources as a result of



IMPLICATION/IMPACT	the activity outlined in this report.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	14/03/2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BCMS	Business Continuity Management System	BCP	Business Continuity Plan
WG	Welsh Government	CCA	Civil Contingencies Act 2004
BIA	Business Impact Analysis	IMS	Information Management System
ISO	International Standards Organisation		



### 3 SITUATION / BACKGROUND

#### 3.1 Legal Requirements and Government Directives

The Welsh Government (WG) expects Digital Health Care Wales's (DHCW) continued engagement and participation in emergency and contingency planning for Wales. As such DHCW have previously been formally directed (under the powers of the NHS Wales Act 2006) to continue to:

- Undertake risk assessments
- Maintain and regularly test emergency response and business continuity management arrangements in line with relevant standards; and
- Collaborate with other organisations on emergency preparedness and response arrangements.

The importance of DHCW in the emergency planning, preparedness and response within Wales has now been recognised by the WG. The WG has now instructed DHCW to act as a Category 1 responder under the Civil Contingencies Act 2004 (CCA), until such time as formal legal inclusion of DHCW into the CCA as it applies in Wales is concluded.

This increases the legal duties and expectations in relation to the inclusion of DHCW into the emergency planning processes in Wales and has resulted in an invitation to sit on the Wales Resilience Partnership Team, and inclusion onto the 4 Welsh Local Resilience Forums.

3.2 This report covers the business continuity and emergency preparedness activities carried out to satisfy the Legal and Welsh Government directives and the progress from April 2023 to March 2024.



## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### 4.1 The Emergency Planning Lead Post.

This post sits within the Planning Team, under the Director of Programmes and Engagement, with line management of the post being the responsibility of the Assistant Director of Planning.

### 4.2 Business Continuity Plans and Risk Management

During this reporting period a new Business Continuity Plan (BCP) development methodology has been implemented. The process now includes a Business Impact Assessment (BIA). This aligns with good practice and the requirements of ISO 22301 Societal Security Business Continuity Management Systems.

As part of the forward work program for 2023, BCP's have been audited and support provided to managers to develop, review and update departmental plans. A new overarching business continuity plan has also been published to support departmental plans.

32 out of 34 BCP's on the Integrated Management System (IMS) have been reviewed to the new standards with the few remaining, currently under review by the plan owners.

BCP's are now uploaded to the IPassport document management system. The IPassport system, provides a higher level of document control, and very importantly allows the BCP's to be accessible in the case of the DHCW ICT systems being lost or compromised through unintended events such as Cyber Attack or major ICT failure.

The DHCW Business Continuity Planning Group has continued to monitor and work toward mitigating risk. The work of the group has been further enhanced by the addition of a Cyber Resilience representative, who provides the group with a clearer overview of Cyber and ICT risks. The Emergency Planning Lead is now working more closely with the Cyber Resilience Unit members to ensure a greater shared situational awareness, and shared mitigation management.

### 4.3 Training and Exercising

The training program offered the following number of courses in the reporting period:

- 10 x Tactical and Strategic Multi-Agency Major Incident Management course – 27 staff trained
- 9 x Major Incident Decision Loggist course – 23 staff trained
- 9 x Business Continuity Planning for Managers course – 43 staff trained
- 6 x newly agreed Fire Warden/Fire Awareness course – 58 staff trained
- 1 x new suite of 3 x Major Incident/Business Continuity Exercise sessions – 2 departments exercised.

2024 has seen the additional training delivery of a Fire Warden/Fire Awareness course delivered by the Emergency Planning Lead. Developed, as fire is a risk to employees and the business continuity of DHCW. In house delivery has reduced costs of buying in this training.

There is also the addition of a suite of tabletop exercise sessions available, one already delivered and 5 further to be delivered during 2024. These will provide managers with a variety of scenarios to test their departmental BCP's alongside the overarching DHCW BCP.

The Emergency Planning Role also facilitated and/or assisted in the following exercises:

- |   |            |
|---|------------|
| ○ National Power Outage TTX with Leads and Executives | 22/03/2023 |
| ○ Exercise Who Needs to Know (DSPP/ Comms)            | 18/04/2023 |
| ○ Clinical Informatics BCP Exercise                   | 09/10/2023 |
| ○ Crisis Communications                               | 29/02/2024 |

The Emergency Planning Lead has again been part of the planning team for the Health Prepared Wales Conference 2023. This conference provides learning and development covering a range of risks, response models and planning for emergency preparedness. The event was held at the Cardiff City Stadium on the 23<sup>rd</sup> of November 2023, and was attended by some 200 Health and Social Care Managers with a further 120 who dialed into the event via TEAM's. The event feedback indicated another successful event. The Emergency Planning Lead will represent DHCW on the planning committee for the 2024 event scheduled for November 2024.

#### 4.4 DHCW Collaborative Emergency Planning Activities

As part of the forward work plan detailed in the Emergency Planning Report of 2022, the Emergency Planning Role has worked with the Chief Executive Officer and DHCW Executives to raise the awareness of the work of DHCW, and its integral role in providing Health and Social Care services in Wales. Awareness has been raised in partner Health organisations along with other public sector partners, in a bid to further integrate DHCW in the emergency planning frameworks within Wales.

This work, has culminated in DHCW now being recognised as a strategic Welsh emergency planning partner and in being so recognised, DHCW has been instructed to act as a Category 1 Responder under the CCA, and included in the new Wales Resilience Framework, The Welsh Resilience Partnership Team and Local Resilience Forum Planning Groups as detailed in 3.1 above.

DHCW continue to work collaboratively with other emergency preparedness planning groups namely:

**The Welsh Health Emergency Planning Advisory Group.** This group evaluates the Welsh risks to health organisations and co-ordinates planning, training, and collaboration, to meet these risks.



**Welsh Health and Social System Resilience Planning Group.** The original scope of COVID 19 planning is now extended to prepare and respond to a range of risks including winter planning, vaccination surge planning, industrial action, and other emerging clinical and non-clinical risks.

#### 4.5 Forward Work Planned

- Complete further work towards attainment of ISO 22301
- Develop a joint audit program with the Quality and Regulatory Department
- Collaborate internally to deliver an organisation major exercise
- Ongoing delivery of a continuous training program including the new courses detailed above.
- Review the National Risk Register against DHCW Impact Assessments
- Review the previous Pestle analysis.
- Develop a new Business Continuity Strategy

## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 DHCW Business Continuity arrangements are working more effectively and are continuing to improve with the added focus on business continuity and emergency planning.
- 5.2 Business Continuity Plans have improved through the Business Continuity for Managers Course, additional support to managers, the newly developed methodology and inclusion of a Business Impact Assessment.
- 5.3 An enhanced training programme for major incident management and business continuity is being maintained with additional courses in response to emerging needs of the organisation.
- 5.4 DHCW has been accepted as a strategic emergency planning partner in Wales and will continue to develop its emergency preparedness through inclusion in Welsh Government and multi-agency emergency preparedness response and recovery frameworks.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
<b>NOTE</b> the activity undertaken relating to business continuity and emergency preparedness during 2023/24.	



# DIGITAL HEALTH AND CARE WALES WELLBEING OF FUTURE GENERATIONS ACT STATEMENT AND OBJECTIVES

Agenda Item	2.9
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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 Approval
Recommendation	SHA Board is being asked to
APPROVE the DHCW Wellbeing of Future Generations Act Statement and Objectives	

WC:  
APP:  
TOTAL:



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Prosperous Wales
<p>If more than one standard applies, please list below:</p> <p>A Resilient Wales</p> <p>A More Equal Wales</p> <p>A Healthier Wales</p> <p>A Wales of Cohesive Communities</p> <p>A Wales of Vibrant Culture and Thriving Welsh Language</p> <p>A Globally Responsible Wales</p>	

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
<p>If more than one standard applies, please list below:</p> <p>ISO 14001</p> <p>BS 76000</p> <p>ISO 30415</p>	

<u>DUTY OF QUALITY ENABLER</u>	Whole Systems Approach
<u>DOMAIN OF QUALITY</u>	Equitable
<p>If more than one enabler / domain applies, please list below:</p>	

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

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
	Compliance with Welsh Government legislation





FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	All staff must ensure that proposals and new activities recognise the Sustainable Development Principle
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Board Secretary	20 February 2024	Approved
Local Partnership Forum	5 March 2024	Discussed
Management Board	14 March 2024	Endorsed
DHCW Board	28 March 2024	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority



### 3 SITUATION / BACKGROUND

- 3.1 The Well-being of Future Generations Act, established in 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.
- 3.2 The Act was first applied to 48 public bodies, including:
- Local authorities (the 4 Corporate Joint Committees established in 2021 have been included since December 2021)
  - Local Health Boards
  - Public Health Wales NHS Trust
  - Velindre NHS Trust
  - National Park Authorities
  - Fire and Rescue Authorities
  - Natural Resources Body for Wales (Natural Resources Wales)
  - the Higher Education Funding Council for Wales (the Tertiary Education and Research (Wales) Bill establishes a new Commission for Tertiary Education and Research as an arms-length body, and dissolves the Higher and Education Funding Council for Wales)
  - the Arts Council of Wales
  - the Sports Council for Wales (Sport Wales)
  - the National Library of Wales
  - the National Museum of Wales (National Museum Wales)
  - the Welsh Ministers
- 3.3 In July 2022, a Consultation was launched proposing the inclusion of a further 8 public bodies under the Act. These were:
- Qualifications Wales
  - Social Care Wales
  - Health Education and Improvement Wales
  - Welsh Revenue Authority
  - Transport for Wales
  - Centre for Digital Public Services
  - Digital Health and Care Wales
  - Welsh Ambulance Service NHS Trust
- 3.4 The original planned date for the inclusion of the additional bodies, which include DHCW, was 1 April 2023 but this was delayed until 1 April 2024 and has subsequently been delayed further (subject to Regulations Approval) to 30 June 2024 as announced by the Minister for Social Justice on 19 February 2024.
- 3.5 Once noted under the Act, organisations have until 30 March 2025 to consult on and agree their Wellbeing Statement and Objectives however DHCW is keen to undertake this action as soon as possible, to ensure they form. This paper sets out the proposed statement and objectives for DHCW which have been mapped against our Missions and also discussed with the Commissioner's Office.



## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### 4.1 DHCW Wellbeing Statement

Our activities make a fundamental contribution to the implementation of the Wellbeing of Future Generations (Wales) Act 2015 and the five ways of working. We see this as part of our core purpose, creating the conditions for sustainable access to health and care services.



### 4.2 Sustainable Development

The Act puts in place a 'sustainable development principle' which tells organisations how to go about meeting their duty under the Act. This includes Five Ways of Working which must be considered when planning activities and setting objectives:

- Involvement: *who does this objective / step impact? How are we including them in the decision-making process? Who have we consulted, and how? Who haven't we heard from?*
- Collaboration: *who else may be working on this issue? How can we share learnings and approaches, and avoid duplication? How can we strengthen our approach by working together?*
- Integration: *are these well-being objectives integrated with our other strategic priorities and policies? Are we considering well-being in a joined-up way? Are we making the links between these objectives and wider pieces of work?*
- Long term: *Are these objectives looking ahead to the needs of future generations? Are these objectives likely to benefit them?*
- Preventative: *What current issues are going to impact future generations? What can we do now, to mitigate these issues?*



#### 4.3 DHCW Wellbeing Objectives

DHCW have developed specific actions which align the five ways of working into our planning.

##### ***A Globally Responsible Wales:***

A globally responsible Wales improves the economic, social, environmental and cultural well-being of Wales. DHCW has established a sustainability strategy based on the ISO 14001 Environmental Management System requirements and a decarbonisation strategic delivery plan. Our procurement processes align with foundational economy principles and will embrace sustainability principles where appropriate on an international level.

##### ***A Prosperous Wales:***

A prosperous Wales uses resources efficiently in an economy which generates wealth and employment opportunities. This is supported by our focus on financial sustainability, fair work (Social Partnership and Public Procurement (Wales) Bill), efficiency, benefits management and our decarbonisation strategy.

##### ***A Resilient Wales:***

A resilient Wales maintains healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change. We will continue to protect and enhance nature and biodiversity to ensure a "resilient Wales". We will consider health inequalities and future trends to ensure that plans are linked to the health prevention agenda. Our Digital Services for Patients and the Public programme helps citizens to engage in better co-productive dialogue with their healthcare provider. Our organisational resilience is tested through various quality initiatives such as ISO accreditation, including ISO 14001 Environmental Management Systems.

##### ***A Healthier Wales:***

A healthier Wales wants everyone to have long, healthy, happy lives, with access to the right health and social care services. Our 14 portfolios of delivery show how our services can contribute to this through providing the right data at the right time to clinicians irrespective of where the patient presents. We will also comply with the new Health and Social Care (Quality and Engagement) (Wales) Act 2020, strive for excellence by ISO standards compliance and prepare for the new Medical Device Regulations legislation.

##### ***A More Equal Wales:***

A more equal Wales with a socio-economic duty, tackles inequality at the heart of decision making, and enables people to fulfil their potential no matter what their background or circumstances. We are prioritising talent and succession planning, aligning to more standardised skills frameworks such as the Digital, Data and Technology Profession (DDAT) framework, and embedding our EDI commitments as outlined in our Strategic Equality Action Plan. We will provide opportunities to people across Wales to improve socio-economic outcomes through digital inclusion.

##### ***A Wales of Cohesive Communities:***

A Wales of cohesive communities encourages attractive, safe, viable and well-connected communities. Our stakeholder strategy and the appointment last year of an engagement lead is providing focus on developing and reinforcing our strategic relationships with patients, users and wider stakeholder communities in an inclusive and collaborative style. In 2023, we approved a Community Projects Scheme, whereby our workforce can become volunteers and be actively involved in helping those in need. Our people are helping to support local communities to embrace digital technology as part of our digital inclusion action improving the social determinants of health.

##### ***A Wales of Vibrant Culture & Thriving Welsh Language:***

A Wales of vibrant culture and thriving Welsh language is a principle adopted in the development of our strategic equality plan and our commitment to being a bilingual organisation including Welsh language training. We will ensure that culture and language integrate with other benefits such as the health and well-being of staff.

## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 We have undertaken an exercise to map the proposed Wellbeing Objectives against our Long Term Strategic Missions and are assured that they are a good representation of our overall aims.
- 5.2 We have engaged with the Office of the Future Generations Act Commissioner throughout the development of the proposed objectives and have incorporated their feedback.
- 5.3 Following discussion at the Local Partnership Forum, and endorsement by the March meeting of the DHCW Management Board, the Statement and Objectives are submitted to the DHCW Board for approval.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
<b>APPROVE</b> the DHCW Wellbeing of Future Generations Act Statement and Objectives.	



# DIGITAL HEALTH AND CARE WALES

## DHCW FOLLOW-UP RESPONSE TO WELSH PARLIAMENT HEALTH & SOCIAL CARE COMMITTEE AND PUBLIC ACCOUNTS PUBLIC ADMINISTRATION COMMITTEE SCRUTINY REPORT

Agenda  
Item

2.10

Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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	SHA Board is being asked to
<b>NOTE</b> the submission to the Health and Social Care Committee and the Public Accounts and Public Administration Committee, submitted at the end of February 2024.	

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	Efficient
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Not required for this report	

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





<b>SOCIO ECONOMIC IMPLICATION/IMPACT</b>	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION IMPLICATION/IMPACT</b>	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
<b>PERSON, COMMITTEE OR GROUP</b>	<b>DATE</b>	<b>OUTCOME</b>
Chris Darling, Board Secretary	13 February 2024	Approved
Management Board	15 February 2024	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority





### 3 SITUATION / BACKGROUND

- 3.1 During July 2022, the Senedd announced a joint scrutiny of Digital Health and Care Wales (DHCW) by the Health and Social Care Committee and the Public Accounts and Public Administration Committee. In particular, the Committees were to consider:
- The process of establishing DCHW and progress in the first year, progress achieved and outstanding challenges.
  - Progress on recommendation of the Fifth Senedd Public Accounts Committee reports.
  - Prioritisation and manageability of the work programme and change agenda, including workforce, skills issues, cyber security and any other areas of particular pressure of concern.
  - Relationship with local health boards, NHS trusts, local authorities, social services providers, and other key stakeholders including patients and patient groups.
  - Workforce and skills capacity within other health and care bodies, whether they have sufficient capacity to engage and potential impact on delivery of DHCW priorities.
  - Assessing the impact of DHCW's work and whether it's achieving its objectives.
  - Data transparency, accessibility, quality, and compatibility with health and social care data and key performance indicators across the UK.
- 3.2 The closing date for written submissions to the Call for Evidence was 23 September 2022, a total of 20 responses were received.
- 3.3 On 26 October 2022, the Committees held concurrent meetings to take oral evidence from DHCW.
- 3.4 On 5 July 2023 the Public Accounts and Public Administration Committee and the Health and Social Care Committee published their report. The Committees requested written responses from the Welsh Government and Digital Health and Care Wales by 16 August 2023.



## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 DHCW's response replied to 16 recommendations across 7 thematic areas which were as follows:

- Transition from NWIS to DHCW
- Welsh Community Care Information System (WCCIS)
- Patient access to records
- Social Care
- Workforce
- Transformation Agenda
- Collaboration

4.2 The focus of each area is outlined briefly below.

**Transition from NWIS to DHCW:** Recommendation 1 related to the respective roles of Welsh Government and DHCW in determining DHCW's priorities and delivering major projects.

**Welsh Community Care Information System (WCCIS):** Recommendations 2 to 4 considered responsibilities for leadership of the WCCIS Programme, the requirements for regular progress updates and the outcome of the WCCIS contracting strategy review.

**Patient Access to Records:** Recommendations 5 to 8 focused on the NHS Wales App, the timeline for roll-out, the development of a communication strategy, how digital exclusion would be taken into account and governance and data security arrangement to support roll-out and operation of the App.

**Social Care:** Recommendation 9 was in relation to the availability of a plan for increasing engagement with the social care sector, including public, third and private sector providers, Regional Partnership Boards and the Social Partnership Council.

**Workforce:** Recommendations 10, 11 and 12 focused on recruitment and retention of specialist skills, vacancy management, the Welsh Institute of Digital Information (WIDI) Digital Degree Apprenticeship Scheme and finally how DHCW are sharing good cyber security practices with other public organisations.

**Transformation Agenda:** Recommendations 13 and 14 focused on funding and other resources required to deliver digital transformation.

**Collaboration:** Recommendations 15 and 16 identified a need to evaluate existing approaches to collaboration and cross-border accessibility of NHS services.



4.3 Of the 16 recommendations, 3 required a further update by the end of 2023 and this response (which signposted the Committees to published papers) was submitted on 19 December 2023.

4.4 A further 3 recommendations required an update by the end of February 2024. These are shown below together with our responses, some of which signpost the Committees to published information covering the detail required:

**Recommendation 3:** The Welsh Government and Digital Health and Care Wales should provide the Health and Social Care Committee and the Public Accounts and Public Administration Committee with six-monthly updates on progress on the delivery of the Welsh Community Care Information System. The updates should include information about expenditure to date, planned expenditure, uptake of WCCIS among health boards and local authorities, engagement or consultation undertaken with relevant partners. The first update should be provided in the responses to this report.

**DHCW Response to Recommendation 3:** Please refer to our [Programme Delivery Committee Papers](#) published on the DHCW Internet Site. The papers contain an update on the delivery of the Welsh Community Care Information System.

**Recommendation 10:** Digital Health and Care Wales should provide further evidence about the human resource systems and capacity available to facilitate the recruitment and retention of specialist skills. This should include information identifying where the key gaps and vacancies are, how actions to address the gaps are being prioritised, and what steps are being taken to mitigate the risks to delivery arising from the vacancies. Following the provision of this information in its response to this report, DHCW should provide the Health and Social Care Committee and the Public Accounts and Public Administration Committee with six-monthly progress updates.

**DHCW Response to Recommendation 10:** A Strategic Resourcing Group, established in 2022, chaired by the Director of People and Organisational Development continues to meet to ensure skills gaps are recognised and addressed to mitigate the risks arising from vacancies. Please refer to the [DHCW January 2024 Board Papers](#) and [February 2024 Audit and Assurance Committee Papers](#) and for updates on Strategic Workforce Planning.

**Recommendation 15:** Digital Health and Care Wales should engage with its partner organisations to evaluate its existing approaches to collaboration and identify areas for improvement and opportunities to strengthen relationships. In its response to this report, Digital Health and Care Wales should outline how it will undertake this evaluation. It should then provide the Health and Social Care Committee and the Public Accounts and Public Administration Committee with six-monthly updates on how it is collaborating with its partners and what such collaboration has achieved.



**DHCW Response to Recommendation 15:** We previously referred you to our [September 2023 Board Papers](#) published on the DHCW Internet Site which contained a detailed update outlining progress against our [Stakeholder Engagement Plan](#). We have an established programme of engagement including regular strategic sessions with our key partners to support collaborative delivery of agreed joint plans. This includes NHS Wales partners, commercial partners and national bodies and organisations. As part of this programme of work and also through our wider listening and learning approach, we have strong feedback mechanisms, including partnership workshops, focus sessions, and discovery projects. We are enhancing this with an independently delivered stakeholder survey. DHCW has recently been out to tender for this work but we were unable to appoint a supplier. We are working through delivery options for an independent survey, whilst continuing our internal work on reflective workshops and feedback sessions. We will continue to provide six monthly updates to our Board, the next is scheduled to go to our SHA Board public meeting on the 28 March 2024.

- 4.5 It should be noted that updates to a further 3 recommendations are required by the end of August 2024 relating to the Welsh Community Care Information System, Workforce and Collaboration.



## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The Joint report provided 16 recommendations across 7 thematic areas which were as follows:
- Transition from NWIS to DHCW
  - Welsh Community Care Information System (WCCIS)
  - Patient access to records
  - Social Care
  - Workforce
  - Transformation Agenda
  - Collaboration
- 5.2 Our initial response to the 16 recommendations was submitted in August 2023.
- 5.3 Of the 16 recommendations, 3 required a further update by the end of 2023 and this response (which signposted the Committees to published papers) was submitted on 19 December 2023.
- 5.4 Responses to a further 3 recommendations were required by the end of February 2024 and are summarised in Section 4.4 above.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
<b>NOTE</b> the submission to the Health and Social Care Committee and the Public Accounts and Public Administration Committee, submitted at the end of February 2024.	



GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

Tŷ Glan-yr-Afon  
21 Heol Ddwyreiniol  
y Bont-Faen,  
Caerdydd

Tŷ Glan-yr-Afon  
21 Cowbridge Road  
East, Cardiff  
CF11 9AD

14 Chwefror 2024

Russell George AS  
Cadeirydd  
Pwyllgor Iechyd a Gofal Cymdeithasol

Mark Isherwood AS  
Cadeirydd  
Pwyllgor Cyfrifon Cyhoeddus a Sicrwydd Cyhoeddus

Annwyl Russell a Mark,

**Ymateb Dilynol IGDC i Graffu Pwyllgor Iechyd a Gofal Cymdeithasol Senedd Cymru a Phwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus ar Adroddiad Iechyd a Gofal Digidol Cymru**

Darparodd IGDC ei ymateb i adroddiad ar y cyd y Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus a'r Pwyllgor Iechyd a Gofal Cymdeithasol ar 16 Awst 2023. Roedd yr adroddiad yn cynnwys 16 o argymhellion, ac ymatebwyd i bob un ohonynt.

O'r 16 argymhelliad, roedd angen diweddariad pellach ar 3 argymhelliad erbyn diwedd 2023 ac roeddem yn falch o gyflwyno'r diweddariad ar 19 Rhagfyr 2023.

Roedd angen diweddarau 3 argymhelliad pellach erbyn diwedd mis Chwefror 2024. Manylir ar yr argymhellion hyn a'n hymatebion diweddaraf isod:

**Argymhelliad 3:** Dylai Llywodraeth Cymru ac Iechyd a Gofal Digidol Cymru roi'r wybodaeth ddiweddaraf bob chwe mis i'r Pwyllgor Iechyd a Gofal Cymdeithasol a'r Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus ar y cynnydd o ran darparu System Wybodaeth Gofal Cymunedol Cymru (WCCIS). Dylai'r diweddariadau gynnwys gwybodaeth am wariant hyd yma, gwariant arfaethedig, nifer y byrddau Iechyd ac awdurdodau lleol sy'n manteisio ar WCCIS, ac ymgysylltu neu ymgynghori â phartneriaid perthnasol. Dylid darparu'r diweddariad cyntaf yn yr ymatebion i'r adroddiad hwn.

**Ymateb IGDC i Argymhelliad 3:** Darllenwch ein [Papurau Pwyllgor Cyflawni Rhaglenni](#) a gyhoeddwyd ar Safle Rhyngrwyd IGDC. Mae'r papurau'n cynnwys y wybodaeth ddiweddaraf o ran darpariaeth System Wybodaeth Gofal Cymunedol Cymru.

02920 500 500

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Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

Tŷ Glan-yr-Afon  
21 Heol Ddwyreiniol  
y Bont-Faen,  
Caerdydd

Tŷ Glan-yr-Afon  
21 Cowbridge Road  
East, Cardiff  
CF11 9AD

**Argymhelliad 10:** Dylai Iechyd a Gofal Digidol Cymru ddarparu rhagor o dystiolaeth ynghylch y systemau adnoddau dynol a'r capasiti sydd ar gael i hwyluso'r gwaith o recriwtio a chadw pobl â sgiliau arbenigol. Dylai hyn gynnwys gwybodaeth sy'n nodi ble mae'r bylchau allweddol a'r swyddi gwag, sut mae camau gweithredu i fynd i'r afael â'r bylchau yn cael eu blaenoriaethu, a pha gamau sy'n cael eu cymryd i liniaru'r risgiau i gyflawni sy'n deillio o'r swyddi gwag. Yn dilyn darparu'r wybodaeth hon yn ei ymateb i'r adroddiad hwn, dylai IGDC roi diweddariadau cynnydd pob chwe mis i'r Pwyllgor Iechyd a Gofal Cymdeithasol a'r Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus.

**Ymateb IGDC i Argymhelliad 10:** Mae Grŵp Adnoddau Strategol, a sefydlwyd yn 2022, dan gadeiryddiaeth y Cyfarwyddwr Pobl a Datblygu Sefydliadol yn parhau i gyfarfod i sicrhau bod bylchau sgiliau'n cael eu cydnabod ac yn cael sylw i liniaru'r risgiau sy'n deillio o swyddi gwag. Darllenwch [Bapurau Bwrdd Ionawr 2024 IGDC](#) a [Phapurau'r Pwyllgor Archwilio a Sicrwydd Chwefror 2024](#) ac am ddiweddariadau ar Gynllunio Gweithlu Strategol.

**Argymhelliad 15:** Dylai Iechyd a Gofal Digidol Cymru ymgysylltu â'i sefydliadau partner i werthuso ei ddulliau cydweithredu presennol, a nodi meysydd i'w gwella a chyfleoedd i gryfhau perthnasoedd. Yn ei ymateb i'r adroddiad hwn, dylai Iechyd a Gofal Digidol Cymru amlinellu sut bydd yn cynnal y gwerthusiad hwn. Yna, bob chwe mis, dylai roi'r wybodaeth ddiweddaraf i'r Pwyllgor Iechyd a Gofal Cymdeithasol a'r Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus ar sut mae'n cydweithio â'i bartneriaid a'r hyn y mae cydweithredu o'r fath wedi'i gyflawni.

**Ymateb IGDC i Argymhelliad 15:** Yn flaenorol, gwnaethom eich cyfeirio at ein [Papurau Bwrdd ym mis Medi 2023](#) a gyhoeddwyd ar Safle Rhynggrwyd IGDC a oedd yn cynnwys diweddariad manwl yn amlinellu cynnydd yn erbyn ein [Cynllun Ymgysylltu â Rhanddeiliaid](#). Mae gennym raglen ymgysylltu sefydledig sy'n cynnwys sesiynau strategol rheolaidd gyda'n partneriaid allweddol i gefnogi darpariaeth gydweithredol o gynlluniau ar y cyd y cytunwyd arnynt. Mae hyn yn cynnwys partneriaid GIG Cymru, partneriaid masnachol a chyrff a sefydliadau cenedlaethol. Fel rhan o'r rhaglen waith hon a hefyd drwy ein hymagwedd gwrando a dysgu ehangach, mae gennym fecanweithiau adborth cryf, gan gynnwys gweithdai partneriaeth, sesiynau ffocws, a phrosiectau darganfod. Rydym yn gwella hyn drwy gynnal arolwg rhanddeiliaid annibynnol. Mae IGDC wedi gosod y gwaith hwn ar dendr ddiweddar ond nid oeddem yn gallu penodi cyflenwr. Rydym yn gweithio trwy opsiynau cyflwyno ar gyfer arolwg annibynnol, tra'n parhau â'n gwaith mewnol ar weithdai myfyriol a sesiynau adborth. Byddwn yn parhau i ddarparu diweddariadau bob chwe mis i'n Bwrdd, ac mae'r diweddariad nesaf wedi'i drefnu i fynd i'n cyfarfod cyhoeddus Bwrdd SHA ar 28 Mawrth 2024.

Yn gywir,

Helen Thomas  
Prif Weithredwr

Simon Jones  
Cadeirydd

02920 500 500

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# DIGITAL HEALTH AND CARE WALES

## CORPORATE PARENTING CHARTER

Agenda Item	2.11
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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	Chris Darling, Board Secretary

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to
APPROVE DHCW signing up to the Corporate Parenting pledge.	

WC:  
APP:  
TOTAL:

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

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





## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Equitable
If more than one enabler / domain applies, please list below:	

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

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



<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Helen Thomas, CEO	March 2024	Approved
Simon Jones, Chair	March 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

## 3 SITUATION / BACKGROUND

3.1	A presentation at the NHS Wales Leadership Board meeting in January 2024 on the Corporate Parenting Charter was received from the Social Services Team and as a result the DHCW Chief Executive and Chair discussed the DHCW Board signing up to the Charter.
3.2	A number of public bodies have recently signed up to the Charter, to become a corporate parent.



## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 Corporate Parenting is about wanting the best for a child, to see that child flourish with good health, to be safe and happy, to do well at school and enjoy good relationships with their peers and contribute to their community.
- 4.2 The Charter includes a set of promises and principles that you sign up to when becoming a corporate patient. The principles are aligned to the United Nations Convention on the Rights of the Child (UNCRC) information which can be found on the Children's Commissioner for Wales website: [www.childcomwales.org.uk](http://www.childcomwales.org.uk)
- 4.3 A toolkit is being developed and will be shared with Corporate Patients once they have signed up to provide background information on the development of the Charter and its next steps along with some communication tools.
- 4.4 Corporate Parenting is about supporting care experienced children and young people to have the same opportunities in life as all children and young people in Wales. By signing up to be a Corporate Parent DHCW is agreeing to consider the eleven principles: [Corporate Parenting Charter – A Promise from Wales: Becoming a Corporate Parent \(gov.wales\)](http://www.gov.wales/corporate-parenting-charter) when developing services and support, planning new services and/or engaging with care-experienced children and young people. The Charter will ensure this is a key consideration in all DHCW digital products and services affecting children and young people.
- 4.5 More on the can be found via the Charter: [Corporate Parenting Charter – A Promise from Wales \(gov.wales\)](http://www.gov.wales/corporate-parenting-charter)

## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 Additional information is available once organisations have signed up to the Charter.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
APPROVE DHCW signing up to the Corporate Parenting pledge.	



# DIGITAL HEALTH AND CARE WALES DECARBONISATION ACTION PLAN 2024-27

Agenda Item	2.12
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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 Approval
Recommendation	SHA Board is being asked to APPROVE the DHCW Decarbonisation Action Plan 2024-27

WC:  
APP:  
TOTAL:



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Prosperous Wales
If more than one standard applies, please list below: A Resilient Wales A More Equal Wales A Healthier Wales A Wales of Cohesive Communities A Wales of Vibrant Culture and Thriving Welsh Language A Globally Responsible Wales	

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below: ISO 14001 BS 76000 ISO 30415	

<u>DUTY OF QUALITY ENABLER</u>	Whole Systems Approach
<u>DOMAIN OF QUALITY</u>	Equitable
If more than one enabler / domain applies, please list below:	

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

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 Compliance with Welsh Government legislation

<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below All staff must ensure that proposals and new activities recognise the Sustainable Development Principle
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Board Secretary	20 February 2024	Approved
Local Partnership Forum	5 March 2024	Discussed
Management Board	14 March 2024	Approved
DHCW Board	28 March 2024	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DAP	Decarbonisation Action Plan	IMTP	Integrated Medium Term Plan

### 3 SITUATION / BACKGROUND

- 3.1 WHC 2021/024 was issued on 8<sup>th</sup> September 2021 following the publication of the NHS Wales Decarbonisation Strategic Delivery Plan published in March 2021. The plan contained 46 commitments **for delivery by 2025** and is a clear and ambitious mandate for action across NHS Wales. There are five main activity streams set out in the strategic delivery plan. These are:
- Buildings (new and existing buildings)
  - Transport
  - Procurement
  - Estate planning and land use
  - Approach to healthcare (education, healthcare & medicines and waste)
- A national programme and national programme board were established to provide a critical leadership role, providing strategic oversight across the climate change agenda and driving delivery against the strategic delivery plan, to ensure that NHS Wales fully delivers its contribution against the ambition for a **net zero public sector by 2030** (Net zero carbon means making changes to reduce carbon emissions to the lowest amount – and offsetting as a last resort. The offsetting is used to counteract the essential emissions that remain after all available reduction initiatives have been implemented).
- 3.2 In response to WHC 2021/024, in 2021, Digital Health and Care Wales (DHCW) developed their own Decarbonisation Strategic Delivery Plan, in partnership with an Environmental Consultant with expertise in this area. The plan responded to the commitments in the NHS Wales Plan where they were appropriate to our activities and defined clear targets for us to achieve as an organisation.
- 3.3 In July 2023, Welsh Government wrote to NHS Chief Executives requesting updated plans from April 2024. In February 2024, a further request was made to Assistant Directors of Planning for the updated Decarbonisation Actions Plans (DAPs) to be submitted with Integrated Medium Term Plans (IMTPs) as a separate document by the end of March 2024.
- 3.4 The initial [DHCW Decarbonisation Strategic Delivery Plan has been refreshed for 2024-27](#) and is attached for Management Board endorsement prior to submission to Board for approval prior to submission to Welsh Government. The Plan has no significant changes but contains updated performance data. This cover paper summarises our performance compared to national targets in the NHS Wales Decarbonisation Strategic Delivery Plan **16%** reduction in carbon emissions by **2025** and **34%** reduction in carbon emissions by **2030**. Our refreshed plan will support this ongoing activity.
- 3.5 DHCW is an All Wales organisation and unlike Health Boards and Trusts, does not provide direct patient care or manage large hospital sites. Subsequently, our carbon footprint will differ significantly but there are areas where DHCW can lead i.e. use of Digital and Low Carbon IT Procurement.



## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### 4.1 Operational Emissions

The latest full year data relates to 2022/23.

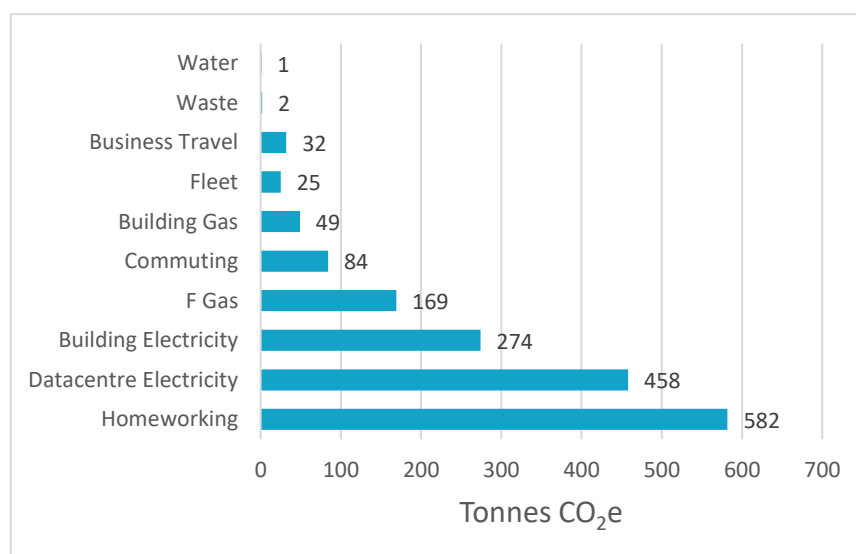
The following table provides a summary of DHCWs Operational Emissions targets and performance vs 2019/2020:

Target and Actual Performance	Emissions (tCO <sub>2</sub> e) (actual and target)	Percentage Reduction vs 2019/20	Cumulative Savings (tCO <sub>2</sub> e) vs 2019/20
2019/2020 Baseline	2,757	-	-
2020/2021	2,011	-27%	-746
2021/2022	1,579	-43%	-1178
<b>2022/2023</b>	<b>1,676</b>	<b>-39%</b>	<b>-1081</b>
2025 (Target)	2,316	-16%	-441
2030 (Target)	1,820	-34%	-937

Targets are shown in grey cells (table excludes Supply Chain (Procurement) Emissions data).

Operational Emissions have reduced by 39% comparatively to the baseline year (2019/2020), this currently exceeds both targets; however, this is predominantly as a result of changed working practices following the pandemic; therefore, we anticipate a slower reduction in future years, as we continue to adapt to hybrid-working practices.

A breakdown of operational emissions is as follows:



## 4.2 Supply Chain (Procurement) Emissions

The latest full year data is from 2022/23.

The following table provides a summary of DHCWs Supply Chain (Procurement) Emissions targets and performance vs 2019/2020:

Target and Actual Performance	Emissions (tCO <sub>2</sub> e) (actual and target)	Percentage Reduction vs 2019/20	Cumulative Savings tCO <sub>2</sub> e
2019/2020 (Baseline)	17,207	-	-
2020/2021	15,490	-10%	-1,717
2021/2022	12,399	-28%	-4,808
<b>2022/2023</b>	<b>5,327</b>	<b>-69%</b>	<b>-11,880</b>
2025 (Target)	14,454	-16%	-2,753
2030 (Target)	11,357	-34%	-5,850

Targets are shown in grey cells (table excludes Operational Emissions data).

Supply Chain (Procurement) Emissions, which account for the largest proportion of DHCWs carbon footprint (76%), have reduced by 69% (a substantial reduction of 11,880 Tonnes CO<sub>2</sub>e). Improved data gathering and an enhanced carbon footprint methodology (Tier 2) have enabled us to make these reductions.

## 4.3 Gross Emissions

The table below provides a summary of DHCWs Gross emissions targets and performance vs 2019/2020:

Target and actual performance	Emissions (tCO <sub>2</sub> e) (actual and target)	Percentage reduction vs 2019/20	Cumulative Savings tCO <sub>2</sub> e
2019/2020 (Baseline)	19,964	-	-
2020/2021	17,501	-12%	-2,463
2021/2022	13,978	-30%	-5,986
<b>2022/2023</b>	<b>7,003</b>	<b>-65%</b>	<b>-12,961</b>
2025 (Target)	16,770	-16%	-3,194
2030 (Target)	13,176	-34%	-6,788

Gross emissions are made up as follows:

Supply Chain 76%  
Buildings 14%  
Staff 9%  
Transport 1%

## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 We have based our roadmap on the initiatives contained in the NHS Wales Decarbonisation Strategic Delivery Plan. Progress is good and is reflected in the quarterly DCR (Decarbonisation Co-ordination Report) returns.
- 5.2 DHCW will continue to work with NHS Wales Shared Services Partnership to reduce supply chain emissions (which account for the largest proportion of the DHCW footprint) and improve reporting. Recent work has improved data gathering and an enhanced carbon footprint methodology (Tier 2) has enabled us to make these reductions.
- 5.3 Our latest gross annual figures demonstrate that our carbon footprint has reduced by 65% compared to our baseline year of 2019/20 (above the target) however it should be noted that there has been significant change in the way we work since the baseline was measured meaning the earlier significant reductions may lessen over time as working practices mature.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
APPROVE the DHCW Decarbonisation Action Plan 2024-27	



# DIGITAL HEALTH AND CARE WALES CHAIR AND VICE CHAIR REPORT

Agenda Item	3.1
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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	To Receive/Discuss
Recommendation	SHA Board is being asked to
RECEIVE and DISCUSS the Chair and Vice Chair Report and ENDORSE the use of the Common Seal.	

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 27001
If more than one standard applies, please list below: BS 1008:2014	

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

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

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



<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Ruth Glazzard	March 2024	Approved
Simon Jones	March 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CEO	Chief Executive Officer	NWSSP	NHS Wales Shared Services Partnership
CAMHS	Child, Adolescent, Mental Health Services		

## 3 SITUATION / BACKGROUND

3.1	At each Public Board meeting, the Chair, and Vice Chair, present 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.
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## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Chair:

### 4.1 Programme Governance Arrangements Update

Following previous updates to the Board, this is likely to be the last update on this topic, as the agreement with Welsh Government was to ensure the revised programme governance arrangements are in place for all programmes from the 1 April 2024. I am pleased to report that over the past six months new arrangements have been embedding and the last major programme area: Digital Medicines will transition to the new arrangements from the 1 April 2024.

The [Programmes Delivery Committee](#) met formally on 9 November 2023, and the 6 February 2024 with the next meeting scheduled for 14 May. I will ensure the work of this new Committee is assessed/considered by our regulatory partners over the next twelve months.

### 4.2 Board Development, 29 February 2024

On the 29 February we held our first Board Development session of 2024. This was the first under the new format of being in-person only and to include a team spotlight session. The team spotlight session was with members of the Single Record team, and I would like to express my thanks for the presentation and the time taken to talk through the opportunities, issues and challenges the team face.

The day started with an excellent focus and discussion on DHCW's role in relation to care and how we shift the focus from hospital based services to supporting communities empowering citizens. In the afternoon we received updates on the development of the DHCW Integrated Medium Term Plan and Long Term Strategy including stakeholder feedback received to date on the strategy. Finally, we finished the day with an update on the work to shift DHCW to a product centric approach to operating.

### 4.3 Independent Member Update

As Board members will be aware, since the last public Board meeting I have agreed with Rowan Gardener – Independent Member, that due to a change in her professional circumstances Rowan would be stepping back from her DHCW Board member duties for a short period of time, as a result of this and following Independent Member twelve month review of objectives, which I've recently undertaken, Marian Wyn Jones will be replacing Rowan Gardener as one of the three DHCW representatives on the All Wales Independent Member Digital Network going forward. In addition, for a short period I will be attending the AI Commission meetings led by Welsh Government on Rowan's behalf.





#### 4.4 DHCW Chair Objectives 2023/24

I updated at the last Board meeting that I had received my draft objectives for 2023/24, since the last Board meeting, I received feedback on the comments I had submitted and these objectives have been finalised for 2023/24.

I am now awaiting the process of undertaking the self-assessment against achievement of these objectives, which will be followed by a review of objectives with the Minister. My organisational objectives included information relating to: leadership, governance, performance, health and wellbeing, compassionate culture, patient and stakeholder engagement, partnership working, and digital innovation.

The objectives for 2024/25 are expected to be received and confirmed much earlier in the financial year, which will make it easier to cascade into the objectives of other Board members for the 2024/25 period.

#### 4.5 Board Briefing, 7 March 2024

A very informative Board briefing session took place on the 7 March, which allowed the Board to consider the Duty of Quality, the work to embed the Duty into DHCW, and a focus on the Board role in relation to the Duty of Quality as part of the Quality and Engagement Act 2020. I would like to thank members of the Quality and Regulatory Team for attending and presenting the update.

#### 4.6 Meeting with the Royal College of Ophthalmologists 18 March 2024

Following a request by the Royal College of Ophthalmologists I joined the Minister of Health and Social Services at the Royal College meeting on the 18 March. The meeting was to discuss interoperable patient referral systems, underpinned by integrated an electronic patient record system. DHCW took over responsibility for the Eyecare Digitisation Programme from Cardiff and Vale UHB in June 2023.

#### 4.7 Chair Peer Group 13 February 2024

The Peer Group meeting held on the 13 February focused on an update on the Leadership and Succession Programme, with an updated provided from the all Wales Chief Executive Management Team chair.

#### 4.8 Board Member Job Shadowing programme

I am pleased to say that DHCW have been successful in being selected to be part of the NHS Wales Board member job shadowing scheme pilot. I will therefore be working closely over the coming months with our Mentee to ensure they have the best opportunity to see and learn how DHCW operate and the role of a Board member.





#### 4.9 Common Seal

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

- Deed between Second Horizon Limited and DHCW relating to the lease at DHCW Office, Unit 17 Bocam Park, Oldfield Road, Pencoed, Bridgend, CF35 5LJ.

The Board approved the lease extension (extension for 5 years with a break clause at 3 years) at the last Board meeting held on 25 January 2024 and the deed was signed by the Chair and Chief Executive Officer on 28 March 2024

#### Vice Chair:

#### 4.10 Vice Chair Peer Group 7 February 2024 and 6 March 2024

Two Vice Chair Peer Group meetings have taken place since the last DHCW Board meeting. A range of topics have been covered with updates on Mental Health and Primary Care services, a continued focus on the prevention agenda, and discussions about collaboration with the third sector.

#### 4.11 Ministerial Away Day Meeting with the Chairs 7 March 2024

There was an all day in person away day with the Minister held on 7 March, which I attended on behalf of DHCW. The day started with a focus on digital transformation with a presentation from the Chief Digital Officer for Health and Care in Welsh Government and a discussion about digital investment and prioritisation across the health and care system in Wales. The day also covered waiting times and cancer services, an update was received on the Accountability Task and Finish Ministerial Advisory Group which is considering the current governance structures within NHS Wales, an update was provided on the work of the NHS Wales Executive, Chairs objectives and Integrated Medium Term Plans were also discussed.

#### 4.12 Ministerial Meeting with Chairs and Chief Executives 14 March 2024

I attended, along with Chief Executive Helen Thomas, the Chair and Chief Executives Quarterly meeting with the Minister for Health and Social Services on the 14 March. A discussion took place with the Minister on the current performance across NHS Wales as well as the pressures and plans to manage these. The meeting included a focus on a number of enabling areas, to include digital and Helen Thomas provided an update on the need to invest as a system in both digital optimisation as well as digital transformation.

#### 4.13 Ministerial Meeting with Vice Chairs 18 March 2024

The Vice Chairs quarterly meeting with the Minister for Health and Social Services took place on the 18 March, which included discussions on Mental Health – No Wrong door approach to Mental Health, a deep dive into CAMHS, the 3 Care Action Committee priorities and the Corporate Parenting Charter which I am pleased to support via the proposed approval and sign up of the charter by the DHCW Board.

## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The new programme governance arrangements will be closely monitored over the coming months as the new arrangements are fully implemented.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
RECEIVE and DISCUSS the Chair and Vice Chair Report and ENDORSE the use of the Common Seal.	



# DIGITAL HEALTH AND CARE WALES

## CHIEF EXECUTIVE OFFICER REPORT

Agenda Item	3.2
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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

Executive Sponsor	Helen Thomas, Chief Executive Officer
Prepared By	Laura Tolley, Head of Corporate Governance
Presented By	Helen Thomas, Chief Executive Officer

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to
RECEIVE and DISCUSS the Chief Executive Officer Report.	

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 27001
If more than one standard applies, please list below: BS 1008:2014	

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

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

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



<b>SOCIO ECONOMIC IMPLICATION/IMPACT</b>	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION IMPLICATION/IMPACT</b>	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
<b>PERSON, COMMITTEE OR GROUP</b>	<b>DATE</b>	<b>OUTCOME</b>
Chris Darling. Board Secretary	March 2024	Reviewed
Helen Thomas, CEO	March 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CEO	Chief Executive Officer	HEIW	Health Education Improvement Cymru
NWSSP	NHS Wales Shared Services Partnership	DDaT	Digital Data and Technology
IMTP	Integrated Medium Term Plan	IWD	International Women's Day
DPIF	Digital Priorities Investment Funding		

## 3 SITUATION / BACKGROUND

3.1	The purpose of this report is to keep the Board up to date with key issues affecting the organisation since the last meeting.
3.2	The report has been informed by updates provided by members of the Executive team and highlights a number of areas of focus for the Chief Executive Officer.



## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### 4.1 Staff Briefing

There have been two Staff Briefings since the last Board meeting. At the briefings we:

- shared findings from the DHCW Staff Survey;
- discussed our Strategic Objectives included in our Long Term Strategy;
- launched DHCW's staff recognition awards;
- Shared our IMTP 2024-27;
- Discussed User Centre Design at DHCW;

In addition to the routine highlights from the work of Management Board and SHA Board and general staff updates. As ever, there was great engagement during the sessions. My thanks to all those who joined and engaged on both occasions.

### 4.2 Four Nations Meeting

Colleagues from across the Four Nations came together in person on the 7 and 8 March in Edinburgh. We held productive discussions around a range of topics including Commercial Strategies, Identity & Access Management, DDaT reviews, Social Care, and a new approach to funding amongst other important topics.

### 4.3 Chief Executive Management Team Meetings

The NHS Wales Chief Executive Management Team meetings were held on 6 February and 5 March where topics discussed included the Welsh Government Accountability Review, an action refresh on A Healthier Wales, learnings from major programmes in addition to new procurement regulations, HEIW leadership development and talent management, the Welsh NHS Confederation Strategy and Business plan, along with an update from Health Technology Wales.

### 4.4 NHS Wales Leadership Board

The NHS Wales Leadership Board have met twice since the last Board meeting where the Leadership team received information on Improving access to Local Primary Mental Health Support Services for Children and Young People, Cancer Pathways, the NHS Wales Staff Survey Results, in addition to a routine update from the NHS Executive, finance and performance updates.

### 4.5 Health Board / Special Health Authority Engagement Sessions

The DHCW Executive team held two engagement sessions with HEIW and NWSSP where we discussed joint opportunities and challenges. We look forward to continuing to work closely with our partners across NHS Wales throughout 2024.



#### 4.6 IMTP 2024/25 Budget Allocation

Board members will note the IMTP 2024/25 – 2026/27 the agenda item, but I wanted to give an accountable officer update on the current DHCW position. Teams from DHCW have been working hard over the past few months to plan for the delivery of DHCW's priorities over the next one to three years within the expected budget allocation that will be confirmed by Welsh Government. DHCW has received an uplift to its core allocation for 2024/25, which covers a number of inflationary pressures and means that we are able to present a balanced core plan. However, the significant pressures across the system have meant an uncertain development funding position going into 2024/25, and although to date we have not received formal confirmation of the final position, we do know that there will be circa 16% less in digital priorities investment funding (DPIF) for DHCW in 2024/25.

We will be working closely with colleagues in Welsh Government to explore further opportunities to support/supplement this position over coming weeks and months.

#### 4.7 DHCW Leadership Development Programme

The second roundtable event of our Kings Fund Senior Leadership Programme was held on 8 February where we were joined by Alex Howells, CEO HEIW who shared her career journey to becoming a Chief Executive. My thanks to Alex for taking the time to share her experience and knowledge with our Senior Leadership Team and all for their contributions and questions during the event. In addition, we held an in-person event on 27 February where we collectively discussed leadership styles, values and behaviours and focused on information flow throughout the organisation.

#### 4.8 Audit Wales Engagement Director Meeting

It was a pleasure to meet with Dave Thomas, Director Audit Wales on 4 March. We held informative and productive discussions around the work that Audit Wales have carried out during 2023/24, in addition to forward planned work. We also had helpful discussions around some key topics including major programmes, DHCW's long term strategy, the Welsh Government Accountability Review and 2024/25 funding allocations.

#### 4.9 ReWired Event

On 12 March, I was invited to ReWired, Birmingham to discuss and explore how digital and data are integral to the future of the NHS. In addition, I was joined by DHCW colleagues covering topics including best practices to protect the confidentiality of data and patient centric approaches to improve outcomes through the use of digital. It was a great event with a number of insightful and thought-provoking conversations.



#### 4.10 Transformation Programme

The Executive Team have discussed the need to establish a transformation programme to bring together the work to shift DHCW to a product operating model and ensure the target operating model is clear and driven forward, to include having a sustainable funding model, a DDaT framework for staff and a product centric approach. I am pleased to say Claire Osmundsen-Little, Deputy Chief Executive / Executive Director of Finance has agreed to be the Executive Lead for the Transformation Programme. Further updates will be reported to the SHA Board once the programme has established.

#### 4.11 International Women's Day 2024

On the 7 March, DHCW celebrated International Women's Day by holding a spotlight session where individuals and teams joined the session in person and virtually, hosted by Claire Osmundsen-Little. The session celebrated the ongoing contributions that women make to society whilst recognising some of the challenges faced. The session and various IWD communications also focused on Inclusion and what it means to DHCW staff and how we can all individually inspire inclusion for good mental health. My thanks to all those who joined as panelists during the session and who took part in celebrating the day.

## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 Understanding the impact of the circa 16% reduction in digital priorities investment funding for DHCW in 2024/25.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
RECEIVE and DISCUSS the Chief Executive Officer Report.	





# DIGITAL HEALTH AND CARE WALES LONG TERM STRATEGY; ENGAGEMENT, COMMUNICATIONS AND FEEDBACK

Agenda Item	4.1
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Bryn Harries, Head of Strategy
Presented By	Ifan Evans, Executive Director of Strategy

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to
<b>NOTE</b> the feedback received through the Strategy Communications and Engagement exercise and resulting changes made to the Strategy, and:  <b>APPROVE</b> the Long-Term Strategy.	

WC:  
APP:  
TOTAL:



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<a href="#">WELL-BEING OF FUTURE GENERATIONS ACT</a>	Choose an item.
If more than one standard applies, please list below:	

<a href="#">DHCW QUALITY STANDARDS</a>	N/A
If more than one standard applies, please list below:	

<a href="#">DUTY OF QUALITY ENABLER</a>	N/A
<a href="#">DOMAIN OF QUALITY</a>	N/A
If more than one enabler / domain applies, please list below:	

<a href="#">EQUALITY IMPACT ASSESSMENT STATEMENT</a>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
<a href="#">QUALITY AND SAFETY</a> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<a href="#">LEGAL</a> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<a href="#">FINANCIAL</a> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<a href="#">WORKFORCE</a> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.



<b>SOCIO ECONOMIC IMPLICATION/IMPACT</b>	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION IMPLICATION/IMPACT</b>	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	14/03/2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority



### 3 SITUATION / BACKGROUND

Following approval of the Draft Organisational Strategy at the SHA Board in January a Communications and Engagement exercise was undertaken to gather feedback on the Draft strategy from our people, partners, stakeholders and the wider public.

This included:

- An online feedback form, open to anyone to provide anonymous views and comments on the published draft
- A series of webinars, in English and in Welsh, open to all NHS staff and to key partners and stakeholders, which included a presentation, questions and answers, and discussion
- An offer to senior leaders to contribute feedback on a 1:1 basis
- Engagement sessions with DHCW staff which included presentation, questions and answers, and discussion

Our engagement was open for a month, from 5<sup>th</sup> February to 6<sup>th</sup> March. We promoted opportunities to engage through direct communication, networks, and public channels, including social media. Alongside the engagement activity we published blog posts and other updates, and we met with the DSPP Programme Patients and Public Assurance Group.

During and after the engagement activity we analysed key themes, sentiment and messages, and we scheduled specific comments to support our review of the draft strategy.

This paper summarises the feedback received, and describes how, where appropriate, the feedback has been incorporated into the final version of the Strategy.



## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

The feedback form was composed of structured questions focused on the Vision, Purpose, Strategic Objectives and Principles, with further questions inviting general comments on digital and data in health and care in Wales. Feedback was collected anonymously to encourage honest and frank commentary, with the option for people to select the organisation they worked for, or that they were responding on behalf of.

We received comprehensive, organisation-level responses from:

- Welsh Government and NHS Wales Executive
- Welsh Local Government Association
- Coleg Nyrsio Brenhinol Cymru / Royal College of Nursing Wales
- The Information Commissioners Office
- SalesforceUK

In addition, responses were received from members of staff in the following organisations:

- Health boards, trusts and SHAs: ABHB, HEIW, Hywel Dda, NWSSP, SBU, Velindre, CTM, PHW
- Local authorities: Ceredigion, Flintshire, Pembrokeshire,
- Welsh Government

We received 96 responses through the online form.

We discussed with 94 people through webinars, peer and professional groups, and other dedicated sessions (eg for specific organisations).

Our CEO presented and took questions on the strategy through a Staff Briefing attended by over 400 people, and we ran a dedicated staff Spotlight Session on the strategy attended by 186 people.

Welsh Government and NHS Executive colleagues were well represented in the webinar sessions, and gave comprehensive, structured feedback through a detailed letter and supporting annex of comments from individual policy leads.

### Feedback results

Many of the 96 responses to the feedback form included rich, free-text detail from which we were able to gain good insight into what respondents thought about the strategy. This feedback has been taken in context with detailed comments from Welsh Government and other key stakeholders and is summarised below.

When asked whether they support our Vision, Purpose, Strategic Objectives and Principles, the response was consistently positive, with between 77% and 82% of respondents agreeing or strongly agreeing with the Vision, Purpose, Strategic Objectives and Principles set out.



Alongside this positive sentiment, people also provided comments and suggestions. For example, some themes in relation to our Vision (which we have not changed from the draft strategy) were:

- 'World-leading is too ambitious'
- Need to specifically reference digital inclusion and accessibility

In relation to the Strategic Objectives, which 81% of respondents responded positively to, the strongest themes were:

- Achievability – comments often related to a specific objective or a number of objectives, with roughly equal numbers of comments suggesting the objective(s) were either too stretching or not stretching enough
- Level of detail – comments suggested adding details which are often found elsewhere, for example in our values or in our IMTP delivery plan
- Data Sharing and Privacy – suggested an additional objective in this area (which we have added to the strategy)
- Alignment – Many comments aligned well with the detailed feedback from the Welsh Government and NHS Executive

In relation to the Principles, which 79% of respondents responded positively to, the main themes were:

- Clarify Meaning – some people felt that the meaning and intention behind Principle(s) was not clearly stated
- Additions and changes – suggested amendments to our Principles including several statements which can be found in our Values
- People – there was more commentary than we expected on our first principle 'Put people first', and less than we expected on our fifth principle 'Learn from the past, embrace the future'

In relation to the draft strategy document as whole, there were many helpful and detailed comments, which we have scheduled and reviewed as a list. The main areas which people suggested we could strengthen in the strategy document were:

- Digital inclusion
- Reference to the Welsh Government Digital and Data Strategy for Health and Social Care in Wales
- Reference to the NHS Wales Executive
- The role the Duty of Quality will play in our organisation
- Our approach to artificial intelligence and automation

### Key changes to the draft strategy

We have tracked each of the comments and suggestions and reflected on the sentiment and feedback we have received. Our analysis has been shared with our Executive Directors and discussed at a Board Development Day.

We have not made changes to the Purpose, Vision, Missions, or Principles, each of which were strongly endorsed through the feedback received.

We have made some small changes to the wording of some of our strategic objectives and have added two new ones, based on comments received, as follows:

- An additional objective in Mission 1: Establish an all-Wales framework for sharing health and social care data
- An additional objective in Mission 4: Deploy AI and automation technologies, safely and ethically, delivering year-on-year improvements in efficiency and productivity across NHS *Wales*

We have not accepted every suggestion, which would not be possible given that we sometimes had opposing views in the feedback (for example that the objectives are either too stretching, or not stretching enough). However, we have made changes throughout the document in response to the comments and suggestions we have received, addressing the themes and areas set out above.

## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
<p><b>NOTE</b> the feedback received through the Strategy Communications and Engagement exercise, and the changes made to the Strategy, and;</p> <p><b>APPROVE</b> the Long Term Strategy.</p>	



GIG  
CYMRU  
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Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

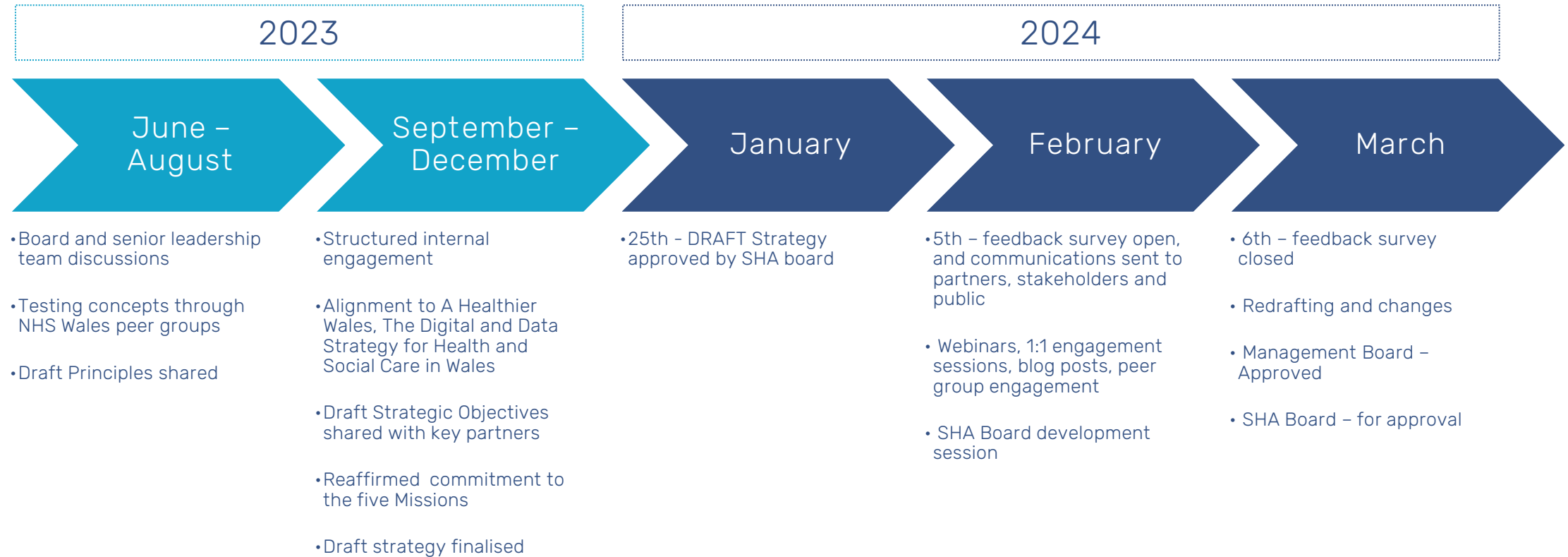
# Organisational Strategy

Ifan Evans

*Executive Director of Strategy*



# Developing our strategy



# Key feedback, themes and changes

- We had 96 responses to our feedback survey, and more than 90 people joined our public webinars and group meetings
- 75% to 85% of people agreed or strongly agreed with our vision, purpose, strategic objectives and principles
- Some people said our strategic objectives were too stretching, as many said they aren't stretching enough, so we think they are about right
- People provided a wide variety of comments, the main themes included: links to the Welsh Government digital and data strategy, artificial intelligence, information governance, digital inclusion
- Some people suggested we include timelines or milestones in our strategy. These implementation plans are in our three year IMTP, which is reviewed annually.

## What have we changed?

- We've made more than 70 changes to the strategy document.
- We've added two new strategic objectives:
  - Establish an all-Wales framework for sharing health and social care data
  - Deploy AI and automation, safely and ethically, to deliver year-on-year productivity improvements across NHS Wales
- We've made some things more prominent in the strategy, for example:
  - More about what we will do to deploy Artificial Intelligence and automation
  - More on how we will continue to support digital inclusion
  - More references to the Welsh Government Digital and Data Strategy for Health and Social Care in Wales
  - More on the Duty of Quality, clinical priorities, and how we work with the NHS Executive

**OUR PURPOSE** is fulfilled through our missions and strategic objectives.

**OUR VISION** will be realised through our principles.

**OUR VALUES** underpin everything we do.

**OUR PURPOSE:** To make digital a force for good in health and care

MISSION

**1**

Provide a platform for enabling digital transformation

MISSION

**2**

Deliver high quality digital products and services

MISSION

**3**

Expand the digital health and care record and the use of digital to improve health and care

MISSION

**4**

Drive better values and outcomes through innovation

MISSION

**5**

Be the trusted strategic partner and a high quality, inclusive and ambitious organisation

**OUR VISION:** To provide world leading digital services, empowering people to live healthier lives.

PRINCIPLE

**1**

Put people first

PRINCIPLE

**2**

Simplify everything we do

PRINCIPLE

**3**

Design for more data, more digital

PRINCIPLE

**4**

Find more value

PRINCIPLE

**5**

Learn from the past, embrace the future

**OUR VALUES:**

COLLABORATION

INNOVATION

INCLUSION

EXCELLENCE

COMPASSION

# OUR STRATEGIC OBJECTIVES

## MISSION

# 1

### Provide a platform for enabling digital transformation

- Move all our data stores and services to the NDR platform to create a single national Clinical Data Repository
- Redesign our applications and services to a clean architecture which is secure by design and is based on open standards
- Extend data standards and data components to social care and other partners
- Establish an all-Wales framework for sharing health and social care data
- Move all our live services to the cloud and close our datacentres

## MISSION

# 2

### Deliver high quality digital products and services

- All prescribing and medicines management in Wales is digitally enabled
- All our digital health systems and major social care systems flow data to and from the NDR platform
- Our core health services are consolidated into a single all-Wales Electronic Health Record application
- Our core social care services are consolidated into a single all-Wales Electronic Social Care Record application

## MISSION

# 3

### Expand the digital health and care record and the use of digital to improve health and care

- A comprehensive single digital health and care record is used across all settings throughout Wales
- The NHS Wales App is used regularly by over a million people
- Users report a top-quartile satisfaction for our products and services

## MISSION

# 4

### Drive better values and outcomes through innovation

- An NDR Secure Data Environment which provides access for research while protecting privacy
- A national information and data insights service which demonstrates net benefit and value
- Deploy AI and automation, safely and ethically, to deliver year-on-year productivity improvements across NHS Wales

## MISSION

# 5

### Be the trusted strategic partner and a high quality, inclusive and ambitious organisation

- An academy approach to developing people through talent and leadership development programmes, aligned to Digital and Data Profession Capability Framework
- A secure, long-term financially stable position
- At least a 34% lower carbon footprint with a clear route to achieving net-zero
- Work with partners and stakeholders to deliver a prioritised pipeline of future programmes and projects
- Top quartile staff and stakeholder engagement



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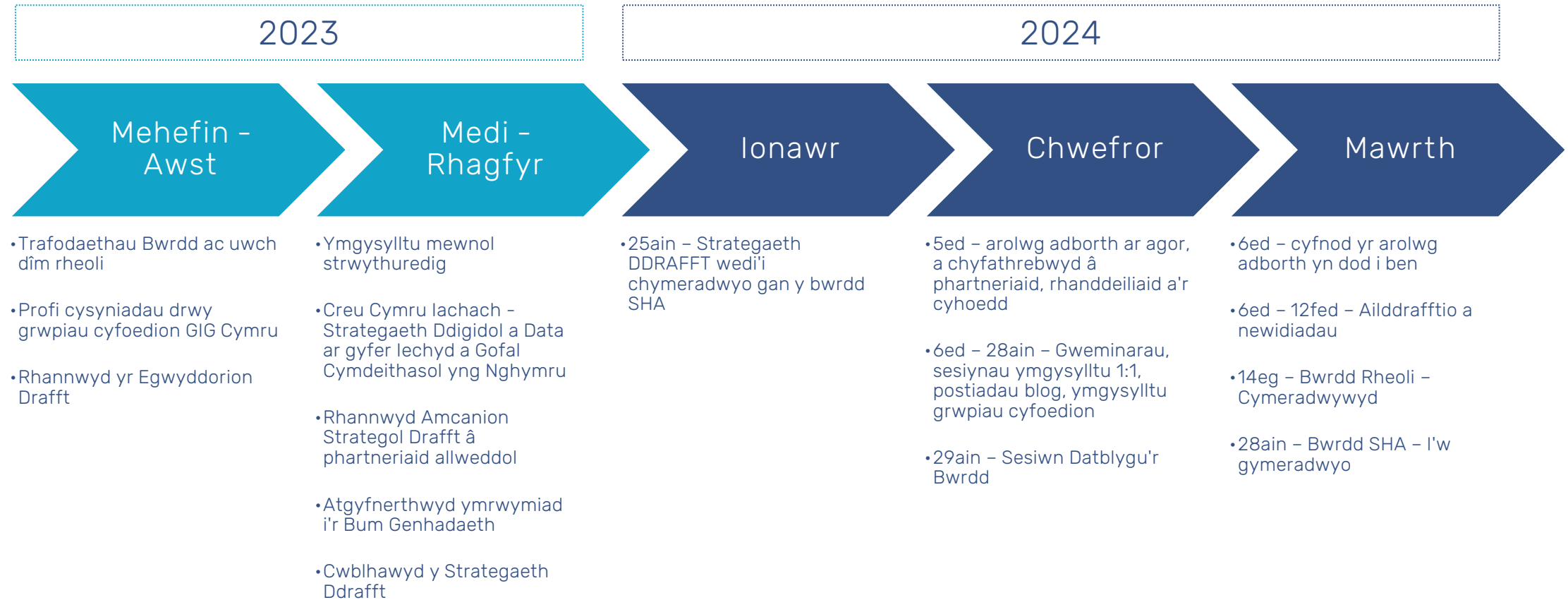
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Digital Health  
and Care Wales

# Strategaeth IGDC

Ifan Evans

*Cyfarwyddwr Gweithredol,  
Strategaeth Digidol*

# Datblygu ein strategaeth



# Adborth, themâu a newidiadau allweddol

- 96 o ymatebion i'r arolwg adborth gyda 90+ o bobl wedi ymuno â gweminarau cyhoeddus a chyfarfodydd grŵp
- Roedd 75% i 85% yn cytuno neu'n cytuno'n gryf â'n gweledigaeth, ein pwrpas, ein hamcanion strategol a'n hegwyddorion
- Rhoddodd pobl amrywiaeth eang o sylwadau, ac roedd y prif themâu yn cynnwys: cysylltiadau i strategaeth digidol a data Llywodraeth Cymru, deallusrwydd artiffisial, llywodraethu gwybodaeth, cynhwysiant digidol
- Awgrymodd rhai pobl ein bod yn cynnwys amserlenni neu gerrig milltir yn ein strategaeth. Mae'r cynlluniau gweithredu hyn yn ein CTCL tair blynedd, sy'n cael ei adolygu bob blwyddyn.

## Beth ydyn ni wedi'i newid?

- Rydyn ni wedi gwneud dros 70 o newidiadau i'r ddogfen strategaeth.
- Rydyn ni wedi ychwanegu dau amcan strategol newydd:
  - Sefydlu fframwaith Cymru gyfan ar gyfer rhannu data iechyd a gofal cymdeithasol
  - Gosod deallusrwydd artiffisial ac awtomeiddio, yn ddiogel ac yn foesegol, i gyflawni gwelliannau cyhyrchiant flwyddyn ar ôl blwyddyn ar draws GIG Cymru
- Rydyn ni wedi gwneud rhai pethau'n fwy amlwg yn y strategaeth, er enghraifft:
  - Mwy am yr hyn byddwn ni'n ei wneud i osod Deallusrwydd Artiffisial ac awtomeiddio
  - Mwy am sut byddwn ni'n parhau i gefnogi cynhwysiant digidol
  - Mwy o gyfeiriadau at Strategaeth Digidol a Data Llywodraeth Cymru ar gyfer Iechyd a Gofal Cymdeithasol yng Nghymru
  - Mwy ar Ddyletswydd Ansawdd, blaenoriaethau clinigol, a sut rydyn ni'n gweithio gyda Gweithrediaeth y GIG

Cyflawnir EIN DIBEN drwy ein cenadaethau a'n hamcanion strategol

Gwireddir EIN GWELEDIGAETH drwy ein hegwyddorion.

Mae EIN GWERTHOEDD yn sail i bopeth a wnawn.

EIN DIBEN: Gwneud digidol yn rym er gwell ym maes iechyd a gofal

CENHADAETH 1	Darparu llwyfan ar gyfer galluogi trawsnewid digidol
CENHADAETH 2	Darparu cynhyrchion a gwasanaethau digidol o ansawdd uchel
CENHADAETH 3	Ehangu'r cofnod iechyd a gofal digidol a'r defnydd o ddulliau digidol i wella iechyd a gofal
CENHADAETH 4	Ysgogi gwerth a chanlyniadau gwell drwy arloesi
CENHADAETH 5	Bod yn bartner strategol dibynadwy ac yn sefydliad cynhwysol ac uchelgeisiol o ansawdd uchel

EIN GWELEDIGAETH: Darparu gwasanaethau digidol o'r radd flaenaf, gan rymuso pobl i fyw bywydau iachach.

EGWYDDOR 1	Rhoi pobl yn gyntaf
EGWYDDOR 2	Symleiddio popeth ry'n ni'n gwneud
EGWYDDOR 3	Cynllunio am fwy o ddata, mwy yn ddigidol
EGWYDDOR 4	Canfod gwerth ychwanegol
EGWYDDOR 5	Dysgu o ddoe, camu at fory

EIN GWERTHOEDD:

CYDWEITHIO

ARLOESI

CYNHWYSIANT

RHAGORIAETH

YSTYRIAETH



## CENHADAETH

### 1

#### Darparu llwyfan ar gyfer galluogi trawsnewid digidol

- Symud ein holl storfeydd data a gwasanaethau i blatfform Data NDR i greu un Storfa Data Clinigol genedlaethol
- Ailgynllunio ein cymwysïadau a'n gwasanaethau i bensaernïaeth lân ac agored yn seiliedig ar safonau sydd wedi'u dylunio'n ddiogel
- Ymestyn safonau data a chydannau data i ofal cymdeithasol a phartneriaid eraill
- Sefydlu fframwaith Cymru gyfan ar gyfer rhannu data iechyd a gofal cymdeithasol
- Symud ein holl wasanaethau byw i'r cwmwl a chau ein canolfannau data

## CENHADAETH

### 2

#### Darparu cynhyrchion a gwasanaethau digidol o ansawdd uchel

- Mae'r holl ragnodi a rheoli meddyginiaethau yng Nghymru wedi'u galluogi'n ddigidol
- Mae ein holl systemau iechyd digidol a systemau gofal cymdeithasol mawr yn llifo data i'r platfform NDR ac ohono
- Caiff ein gwasanaethau iechyd craidd eu cyfuno mewn un cymhwysiad Cofnod Iechyd Electronig Cymru gyfan
- Caiff ein gwasanaethau gofal cymdeithasol craidd eu cyfuno mewn un cymhwysiad Cofnod Gofal Cymdeithasol Electronig Cymru gyfan

## CENHADAETH

### 3

#### Ehangu'r cofnod iechyd a gofal digidol a'r defnydd o ddulliau digidol i wella iechyd a gofal

- Caiff un cofnod iechyd a gofal cynhwysfawr ei ddefnyddio ar draws pob lleoliad ledled Cymru
- Defnyddir Ap GIG Cymru yn rheolaidd gan dros filiwn o bobl
- Mae defnyddwyr yn nodi boddhad chwarter uchaf gyda'n cynnyrch a'n gwasanaethau

## CENHADAETH

### 4

#### Ysgogi gwerthoedd a chanlyniadau gwell drwy arloesi

- Amgylchedd Data Diogel NDR sy'n darparu mynediad ar gyfer ymchwil tra'n diogelu preifatrwydd
- Gwasanaeth gwybodaeth cenedlaethol a mewnwelediadau data sy'n dangos budd a gwerth net
- Darparu AI ac awtomeiddio, yn ddiogel ac yn foesebol, er mwyn bod cynhyrchiant yn cynyddu o flwyddyn i flwyddyn ar draws GIG Cymru

## CENHADAETH

### 5

#### Bod yn bartner strategol dibynadwy ac yn sefydliad cynhwysol ac uchelgeisiol o ansawdd uchel

- Ymagwedd academi at ddatblygu staff drwy raglenni datblygu talent ac arweinyddiaeth, sy'n cyd-fynd â theuluoedd swyddi Digidol, Data a Thechnoleg
- Sefyllfa ariannol gadarn a sefydlog dros y tymor hir
- Ôl troed carbon 34% yn is gyda llwybr clir at gyflawni sero-net
- Piblinell wedi'i rheoli o raglenni a mapiau ffordd cynnyrch a gefnogir gan randdeiliaid
- Ymgysylltiad â staff a rhanddeiliaid yn y chwarter uchaf



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# Digital Health and Care Wales **Organisational Strategy 2024-2030**

## CHAIR AND CEO'S INTRODUCTION



From our establishment in 2021, Digital Health and Care Wales has provided a strong digital foundation for NHS Wales' recovery from the COVID-19 pandemic. We have built new organisational governance and structures which support our remit, which is to deliver digital services which meet both the ambitions of Welsh Government and the health and care needs of the people of Wales.

We are proud of the progress DHCW has made as an organisation, and our achievements in those first three years. The need for a digital and data revolution in health and care has never been clearer. Digital and Data will enable the health and care system to innovate, to develop new ways to deliver services that empower patients, the public and all health and care professionals, which in turn will improve outcomes by providing safe, responsive and prudent health and care services.

This strategy is an important milestone in the evolution of Digital Health and Care Wales. It's the first long term strategy we have published, and captures the role we will play in the Welsh health and care system in the future. The six-year forward-view of the strategy is important to us; the pace of technological change keeps accelerating, new opportunities emerge all the time. We need to be agile and responsive, but always with focus and intent, which is captured in our purpose:

**To make digital a force for good in health and care.**

This updated purpose builds on the Welsh Government's aspirations for our organisation and defines how we see our work delivering benefits and value for health and care staff, patients and the public.



Our strategy is framed around the same five missions as our three year Integrated Medium Term Plan, and our annual Business Plan. The five missions are:

MISSION <b>1</b>	Provide a platform for enabling digital transformation
MISSION <b>2</b>	Deliver high quality digital products and services
MISSION <b>3</b>	Expand the digital health and care record and the use of digital to improve health and care
MISSION <b>4</b>	Drive better values and outcomes through innovation
MISSION <b>5</b>	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation

Within these five missions, we have set out 20 Strategic Objectives, which describe what we will achieve by 2030. Our strategic objectives are intentionally stretching, because there is much to do, but we believe that by working with our partners and stakeholders we can deliver them.

We will measure our

progress towards these objectives, and we will set out our plans and report on our performance to Welsh Government, to key partners and stakeholders, and through our public board meetings.

Lastly we set out five principles, which we will use alongside our values and our organisational vision:

**To provide world-leading digital services, empowering people to live healthier lives.**

These principles will drive changes, help us prioritise opportunities and investment, and guide our decisions and choices over the life of the strategy.

The first three years of DHCW's progress have underlined the strength of our teams, and our relationships with partners and

stakeholders. Working together, we share a passion for the difference that digital and data can make in health and care, and a belief that investing in data and digital is a route to sustainable health and care services which will benefit future generations in Wales.

This strategy will enable us to keep a focus on making digital a force for good in health and care whilst remaining responsive to Welsh Government priorities and the changing digital and data landscape.

PRINCIPLE <b>1</b>	Put people first
PRINCIPLE <b>2</b>	Simplify everything we do
PRINCIPLE <b>3</b>	Design for more data, more digital
PRINCIPLE <b>4</b>	Find more value
PRINCIPLE <b>5</b>	Learn from the past, embrace the future

## EXECUTIVE SUMMARY

**The DHCW long-term strategy sets out the role we will play in the health and care system in Wales over the coming six years.** It builds on our missions, the central pillars around which our Integrated Medium Term Plan (IMTP) is structured, describing our objectives and the transformational impact we expect to have on the delivery of health and care services.

The strategy will need to evolve over time; digital and data continually change and we must be responsive to the changing world around us, and to the needs of our partner organisations and the public.

Our IMTP describes in detail the milestones we will deliver against major programmes of work, with a high level of detail for the coming year, and a degree of flexibility within a pipeline of work that we expect to deliver in the following two years. Our IMTP is developed in partnership with our staff and is reviewed by the board before publication.

The IMTP is integral to how we work, giving a measure of our progress against key programmes of work, and is a publicly-shared commitment to our delivery. The IMTP will continue to play this role, however in future it will additionally be informed and steered by this strategy. The missions, objectives and principles set out in this strategy will be the levers we use to shift our future plans from iteration to innovation, and to delivering high-quality, user-centred services.

Our missions bring together the portfolios of work and the enabling functions within our organisation. Four of the missions centre on our delivery, describing how the adoption and evolution of digital and data products drive better value and outcomes for health and care staff, patients and the public.

The fifth mission centres on how we function; our ability to operate within our allocated finances, to maintain an expert, motivated workforce, and to meet our obligations on quality and safety, governance and sustainability.

## EXECUTIVE SUMMARY

This strategy introduces our five strategic principles. These principles will guide how our organisation needs to change to be able to achieve the aims and objectives described through our missions. Our five principles are:

- **Put people first**
- **Simplify everything we do**
- **Design for more digital, more data**
- **Find more value**
- **Learn from the past, embrace the future**

These principles will be the levers we use through our sub-strategies, our strategic plans and the business cases we put forward to support digital transformation in health and care, and they are how we will support and deliver on the aims of the Welsh Government's Digital and Data Strategy for Health and Social Care in Wales.

The principles act to guide the decisions we make in enacting our missions, ensuring they help us to realise our vision.

Our strategic objectives use the missions set out in our IMTP to take a long-term view of how digital and data will be used in Wales, over the coming 6 years of cycles of the IMTP. Many programmes of work extend beyond the horizon of the IMTP, and our delivery will fundamentally alter the landscape of digital health and care.

For example, The National Data Resource will become the singular, comprehensive repository of health and care data in Wales, providing health and social care staff, patients and the public with a shared view of the single health and care record. Prescribing and medicines management will be electronic, with appropriate, nationally-supported products and services in use in clinical areas. Most importantly, the public will have comprehensive digital tools to manage their own health and care needs through the NHS Wales App.

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## ABOUT DIGITAL HEALTH AND CARE WALES

Digital Health and Care Wales is an NHS Wales Special Health Authority (SHA). We work in partnership - with Welsh Government, other organisations, and users - to provide digital and data services which support the delivery of health and social care.

**Digital Health and Care Wales is an NHS Wales Special Health Authority (SHA). We work in partnership - with Welsh Government, other organisations, and users - to provide digital and data services which support the delivery of health and social care.**

For example, our digital applications enable health and care staff to see the information they need to make decisions about health and care, and to record the actions they have taken. We provide digital and data tools to help clinical staff care for patients across Wales, including new digital services for nurses, critical care units, hospital pharmacy and primary and community care. We operate two national data centres and we manage major national digital infrastructure, including cyber security. We deliver national digital transformation programmes including the National Data Resource, the NHS Wales App, Digital Medicines Transformation, two diagnostics change programmes, new digital systems for intensive care and maternity, national primary care, community and mental health, Choose Pharmacy and vaccines.

Everything we do depends on working well with our partners, and on supporting our staff. More than half of our people are technical, like software engineers, data analysts and digital architects. We are proud of our workplace, our teams, and our reputation as employers. We were recognised as the best place to work for IT professionals in the UK by the British Computer Society (BCS) in 2020 and again in 2022.





## CONTEXT OF THIS STRATEGY

**The NHS in Wales is at a turning point. The challenges we collectively face are complex and ever-changing; improving health and reducing inequalities against a backdrop of the ongoing impacts of the COVID-19 pandemic and limited funding. But the opportunity to transform health and care is also significant.**

The pace of technological change is accelerating, and we must adapt and flex our strategic direction accordingly. This strategy provides the guardrails of our strategic direction, but it is not a rigid plan. We will continue to monitor and evaluate the changing landscape, and we will be prepared to adjust our plans as needed.

To be able to do more, we will need to be even more productive as an organisation. We can do this by refining the way we work, focusing less on bespoke work, and more on reusable components. Standards and rules have an important role to play too. Data standards help to simplify our products and services; similarly programme and portfolio management standards will help to simplify the way we run our portfolios programmes and projects.

There is constant growth in data and in digital. Data comes from ever more diverse sources, including remote monitoring and wearables, all of which should become part of a person's digital health and care record. Digital apps and services are multiplying too, driven by wider digital adoption and new

technologies like Artificial Intelligence. As a result we expect to see growth in our portfolio of programmes and in our live services.

We can only do this by simplifying what we do and how we do it, standardising the way we run our programmes and the ways in which we manage our products. In some cases the technology we are using is out of date. We will need to find new, innovative ways to deliver in these areas, embracing new ways of working that allow us to leave legacy products and ways of working behind.

Our workforce is central to helping us deliver on this. They hold the expertise and knowledge that will shape those new products and new ways of working. That expertise will be the foundation for of new Centres of Excellence, ensuring that digital health and care services are sufficiently equipped for the future.

Digital and technology are essential for embedding and sustaining health and social care integration. It guarantees that people can interact seamlessly across health and care services, regardless of their location or who is providing their care. Health boards, local authorities, regional partnership boards, housing organisations, academia, third and independent sector organisations will all play a role in the design, development, and delivery of our ambitions.

## DELIVERING OUR STRATEGY

**We will deliver this strategy using our Integrated Medium Term Plan (IMTP).** In our IMTP we set out in detail our plans for the next three years, aligned to the five strategic missions, and we show how we are meeting our legal obligations (like the Duty of Quality and the Wellbeing of Future Generations Duty), our statutory functions (set out in the legislation which established DHCW) and our policy remit. Our policy remit is set out by Welsh Government through various documents, including A Healthier Wales, the Welsh Government Digital and Data Strategy for Health and Care, and the annual IMTP Framework.

Our IMTP is developed with our staff and our partners, and is approved by our Board. In it, we set out our work against five strategic missions, each of which is supported by delivery portfolios or strategic enablers. There are 14 delivery portfolios and seven enablers.

These strategic missions, portfolios and enablers align with our strategic goals as an organisation. We use them consistently in our three year IMTP, in our annual Business Plan, in our Board Assurance Framework, and across our transformation programmes and our live services. We also use our portfolios to align with Welsh Government Ministerial priorities, and with national service transformation programmes for Planned Care, Urgent and Emergency Care, and Diagnostics, through the NHS Executive.

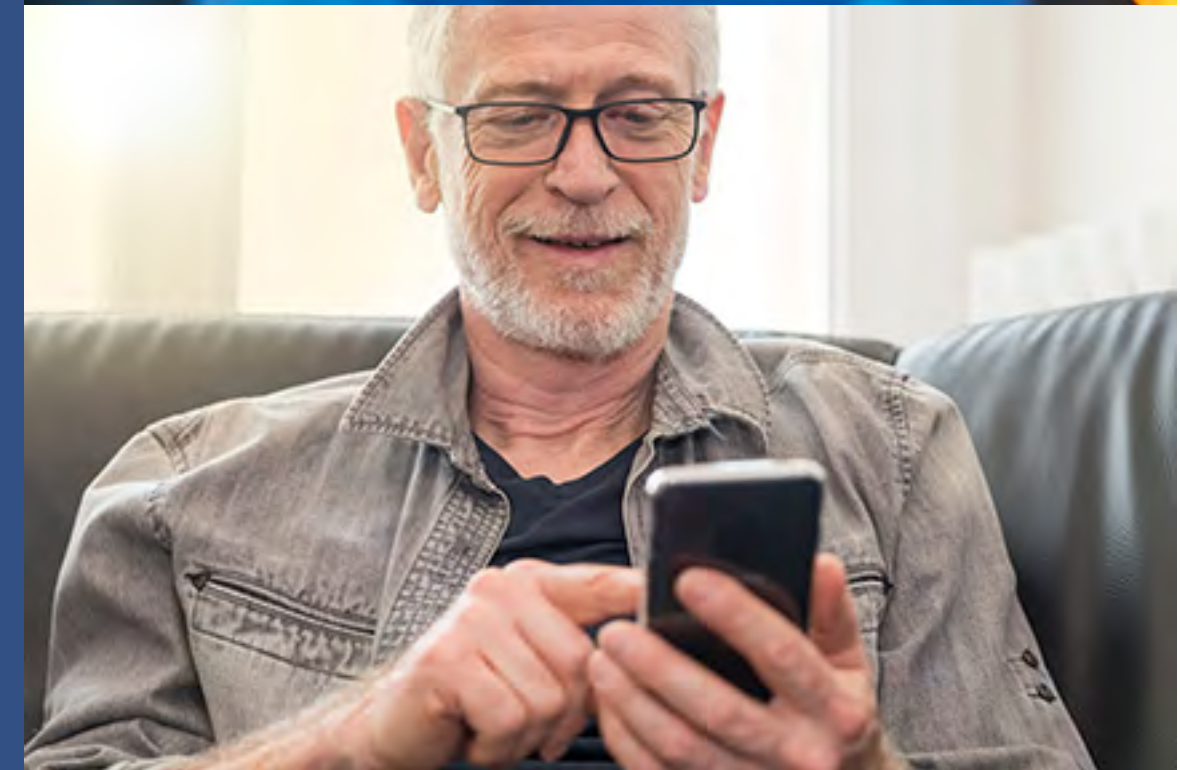


## OUR VISION

### To provide **world leading digital services, empowering people** to live healthier lives

DHCW does not itself deliver health and social care services, so to achieve our vision we work closely with delivery organisations, and with the people who use our digital and data products. In recent years we have built on our collaboration with clinical and other professions in NHS Wales to increase our work with users in primary and community care, and through the NHS Wales App we are engaging with the public directly. We are also increasingly applying user-centred design approaches to more of our work.

We are focussed on our distinct role, which is to provide world leading digital and data tools, helping others to deliver better and more sustainable health and care services. Better because our technologies support clinical decision making, operational planning, and matching capacity to demand. More sustainable because our technologies drive effectiveness and efficiency and, to improve quality, safety and productivity.





# OUR PURPOSE

## To make digital a force for good in health and care

Digital and data technologies are the key to transforming health and care services, as set out in A Healthier Wales. For example, by enabling earlier and more accurate detection and treatment, encouraging a shift towards prevention and self-management, moving services from hospital into the community and home, and enabling the whole system to organise itself seamlessly around the needs of each individual.

We recognise that there are concerns about how artificial intelligence will develop. We know that health and care data is sensitive and that privacy is paramount. We understand that not everyone wants to or is able to use digital, but we believe it is essential for digital and data to be used in ways that

complement the human aspect of health and care, and that we will need to use digital and data more, not less; and so we believe that investing in digital should be protected as a priority even in the current challenging financial circumstances.

Good digital tools drive improvements in how health and care services are delivered, and how people manage their own health and wellbeing. If we get data and digital technology right, and into the hands of users, and it makes their work easier or their life better, that will be an undeniably good thing. Digital is not an end in itself, it is a means to an end – improving health services and helping people to live healthier lives.



## OUR VALUES

In our IMTP we set out the values which we use to focus how we work, and in particular to build trust with partners and to support the wellbeing and engagement of our staff. Our values have been co-produced by our people, and are embedded in all that we do.



### COLLABORATION

- Teamwork
- Supporting and challenging
- Listening and valuing each other
- Reflecting
- Continuous learning



### INNOVATION

- Creative thinking
- Courageous
- Transformational
- Embracing change
- Ambitious



### INCLUSION

- Diversity
- Equality
- Respect
- Fairness
- Equity
- Celebrate success and achievements



### EXCELLENCE

- Empowerment
- Quality
- Continuous improvement
- Drive for results
- Pride in what we do
- Accountability



### COMPASSION

- Dignity
- Kindness
- Empathy
- Personal responsibility
- Trust

## HOW WE DEVELOPED THIS STRATEGY

We started work on our strategy in early 2023 by setting out high level themes, based on discussions with our Board and senior leadership team. These were developed first through focussed interviews within DHCW, and then through our regular engagement meetings with national NHS Wales peer groups, other NHS Wales organisations, and Welsh Government. We tested our longer term strategic themes alongside our three year IMTP.

From the summer of 2023 we started structured engagement across our organisation on draft vision and purpose, on the commitment to five missions, and to the concept of defined strategic objectives. This involved senior leads and staff engagement events, alongside the early stages of preparing for our 2024-27 IMTP. At this stage we also reviewed our alignment against key policy documents like “A Healthier Wales” and the Welsh Government’s recently published “Digital and Data Strategy for Health and Social Care in Wales”.

Towards the end of 2023, we shared the draft objectives with key partners, particularly the NHS Wales Directors of Digital Peer Group, and set up a steering group to manage the final drafting of the document, and our supporting communications and engagement activity.

Our Board approved a draft of the strategy in January 2024, which we used to support engagement through February, using 1:1 meetings, open seminar sessions, and an online survey. We

received around a hundred survey responses, held discussions with around a hundred people through seminars, and in our own organisation over 500 people joined our online engagement sessions.

This engagement endorsed our approach, our vision and purpose, and our strategic objectives. We received valuable feedback and input which we have used to refine the strategy document before publishing it.

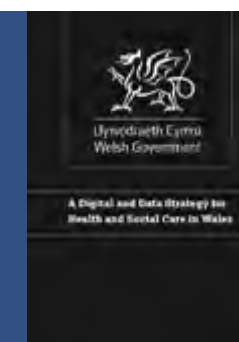
This is an ongoing process, we will continue to work closely with our people, our partners and our key stakeholders as we move to the next phase of communicating and delivering our strategy.



**A Healthier Wales**



**A Digital and Data Strategy for Health and Social Care in Wales**



## OUR MISSIONS: SUMMARY

**Our five missions provide a structured view of our activity, and what we are doing to improve digital and data technologies to support better health and care services.** We use these missions as a framework to manage delivery across our organisation, and to prioritise investment and resources across live services and transformation programmes.

The first four of our missions are focussed on what we do, with activities grouped thematically into fourteen delivery portfolios.

The fifth mission is focussed on how we work as an organisation, and those activities are grouped as seven strategic enablers.

In this strategy we use these missions, portfolios and enablers to describe where we are now, and where we want to be by 2030.

**OUR PURPOSE:** To make digital a force for good in health and care

MISSION  
**1**

**Provide a platform for enabling digital transformation**

MISSION  
**2**

**Deliver high quality digital products and services**

MISSION  
**3**

**Expand the digital health and care record and the use of digital to improve health and care**

MISSION  
**4**

**Drive better values and outcomes through innovation**

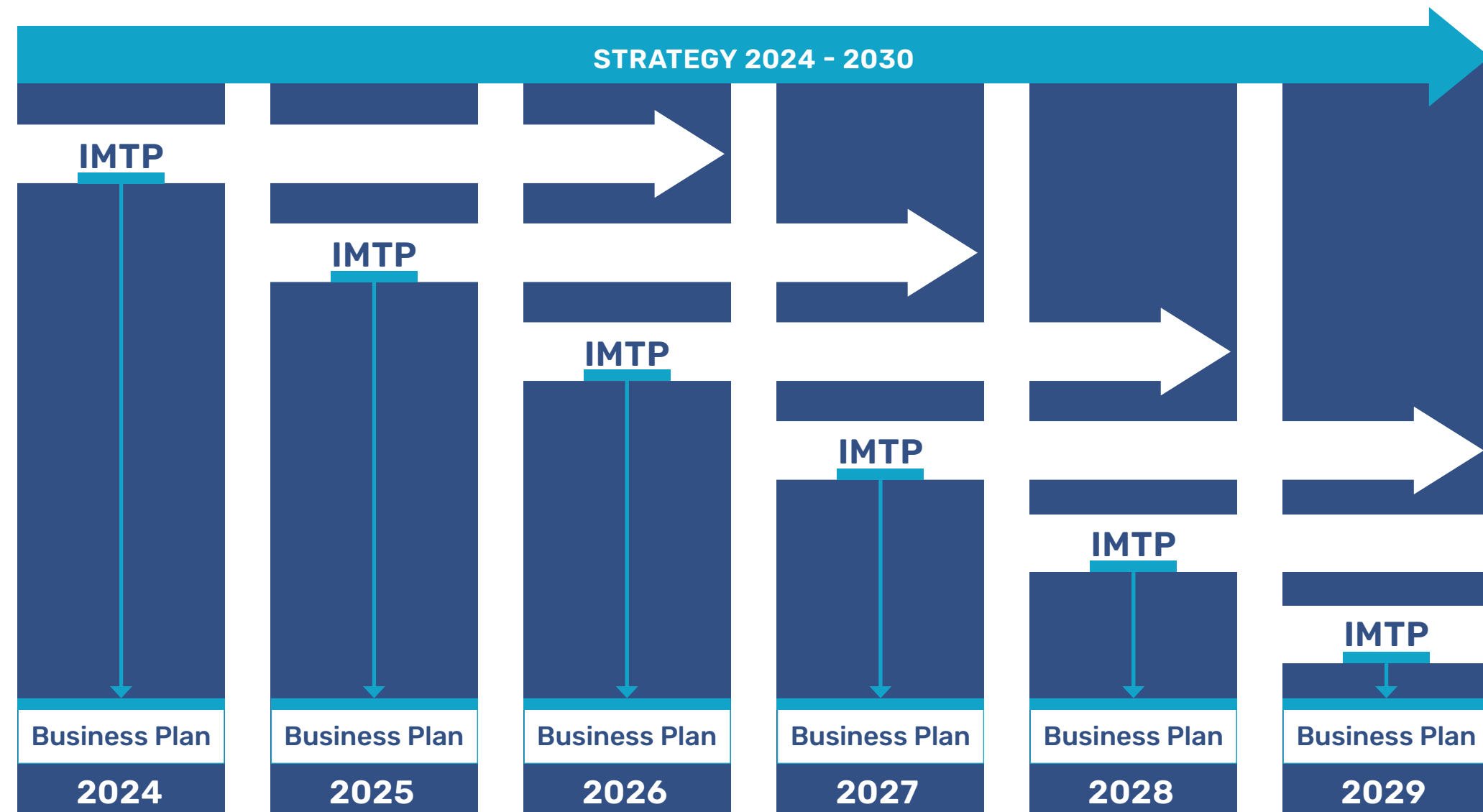
MISSION  
**5**

**Be the trusted strategic partner and a high quality, inclusive and ambitious organisation**

## OUR MISSIONS

The five missions are the structure we use in our **Integrated Medium Term Plan** to organise our activity. The IMTPs we develop and publish over the next five years will be a three-year plan, providing a window into the **roadmaps** for the programmes and portfolios that sit within each of the missions.

By focussing on year one of the IMTP and adding the detail of the work and the milestones associated with each piece of work, we build up our **Annual Business Plan**. The milestones are how we measure our progress against the plan and the IMTP. The IMTP is the implementation plan for this **Strategy**.





## MISSION 1

### Provide a platform for enabling digital transformation

Established in 2019, the National Data Resource (NDR) is a ten year programme which will deliver a scalable, secure, standards based **data platform** for health and social care in Wales. We need this new data infrastructure to enable new data analytics and artificial intelligence technologies, and to bring the data we currently hold in many separate places together. Other health systems are addressing the same challenges through investing in shared and federated care records. We have used a messaging fabric to synchronise the data we hold in different places. Our future model is a single data platform and a single digital health and care record, which will become the foundation for all digital services and applications in Wales. The NDR platform has been live since August 2023. In our roadmap we are now prioritising local datastores, and reference, demographics and medicines data.

The way that our products and services are put together is our **digital architecture**. When we build our own products we have more of an opportunity to influence this architecture. We ensure our products are 'open', allowing data to be passed between products and services, and to be reused. Application Programming Interfaces (APIs) are the tools we build that allow us to move data around safely and securely between products in standardised ways.

This open architecture is the cornerstone of the products and services we support. We try to set out how we want this architecture to work when we buy products, however there is often little motivation for suppliers to change the way that their products work. We are addressing this through developing our engagement and long term relationships with our primary suppliers.

We lead on the development of data standards for health and care in Wales, and we play an active part in the UK networks that are developing health data standards such as FHIR and OpenEHR. In 2023 we published our new API Management platform and our first 'Open APIs' linked to NDR data.

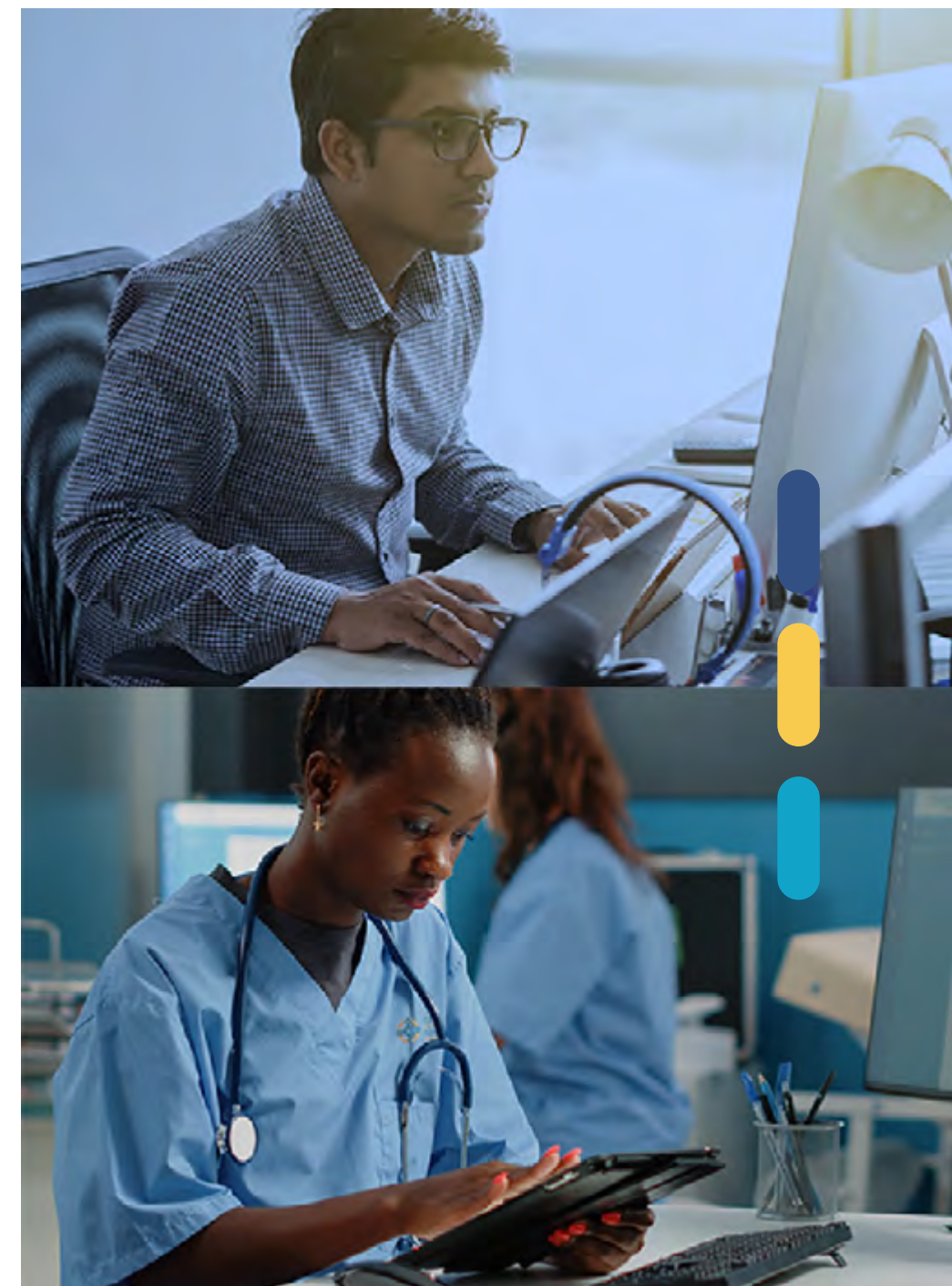
In everything we do, we are **protecting patient data**. We are the system leader in NHS Wales for information governance, providing expert advice and guidance on privacy, data security, and access to sensitive patient information. We work closely with the UK Information Commissioner's Office and are piloting the first Code of Conduct for sharing personal information, using the long established Welsh Accord on Sharing of Personal Information. We are building on our experience of sharing data safely and effectively to deliver world leading digital response to the COVID-19 pandemic.

## MISSION 1

### Provide a platform for enabling digital transformation

We manage national digital infrastructure, including two datacentres and a comprehensive digital service to General Practice in primary care, which covers all devices and software. We host the NHS Wales Cyber Resilience Unit and we are the NHS Wales system leader for cyber security and response. We lead the NHS Wales Microsoft 365 Centre of Excellence, provisioning a single tenant for the whole of NHS Wales, and licensing over 120,000 NHS Wales users for email and associated office products. We manage cloud providers and are leading the shift to cloud services. This enables us to deliver a **sustainable and secure infrastructure** across Wales.

This mission brings together our activities around infrastructure, data, and system architecture, with a strong focus on stability, resilience, and cyber security. Alongside core live services we also have major digital transformation programmes like the NDR, and through everything we have a determination to transition to a modern open architecture, built in the cloud, based on standards, optimised for security scalability and efficiency.



## MISSION 2

### Deliver high quality digital products and services

This mission is the core of what we do, covering most of our digital systems, services and applications. Some of these systems are developed and supported in-house by our own teams (for example the Welsh Patient Administration Service, Welsh Clinical Portal, Choose Pharmacy). Others are purchased from suppliers and configured to our requirements in Wales. In the same way, local delivery organisations also manage in-house and purchased systems.

Across Wales there are hundreds of separate digital applications, systems and services. Historically, getting these systems to work together has been very difficult, for example because they use different hardware, different data standards, different digital architectures. Some systems are built on very old technologies, some systems are unable to export data, some systems are designated 'end of life' by their developer or the supplier. Sometimes local bandwidth is limited, or devices are very old and slow. Many of these systems were transformational in their impact when first deployed, and most of them are still useful and valued by their users. But this situation leads to complexity and fragmentation, and a legacy burden which is known as 'technical debt' – the necessary cost of servicing and maintaining old systems takes priority over investing in future technologies, especially when resources are under pressure.

Across our delivery portfolios, we are addressing this challenge through several major digital transformation programmes, alongside sustainable investment in our core live services.

We have significantly increased our **public health services**, especially in response to the COVID-19 pandemic, during which we provided national systems for contact tracing and vaccine delivery, and worked closely with UK partners on vaccine booking and data sharing. Our work on the COVID-19 digital pandemic response was ground breaking: the Welsh contact tracing system was used by every NHS organisation and every local authority in Wales to achieve UK leading follow up rates; the Welsh vaccine system was used in every setting to deliver the lowest vaccine wastage in the UK and at one point the fastest vaccine rollout in the world. We are currently developing a new digital vaccine system and working closely with Public Health Wales on a new digital screening service.



## MISSION 2

Deliver high quality digital products and services



In **primary, community and mental health** settings we manage the national contract for GP systems and we run systems including Choose Pharmacy, which was developed in-house. We are working with local authorities and health boards across Wales to lead a digital transformation programme for community and social care information, which completed a strategic review in 2023, setting a new direction. We have established a new Primary Community and Mental Health directorate to drive our work in this area.

We provide many systems to support the delivery of **planned care**, including the Welsh Patient Administration System and the Welsh Clinical Portal, each of which is used daily by tens of thousands of users across Wales. These applications are supported by important 'back end' services like the Welsh Patient Referral Service, Welsh Care Records Services and Welsh Results Reporting Service. Alongside our core live services, we lead delivery of several national digital transformation programmes, including the Welsh Nursing Care Record, Digital Maternity Cymru, and Cancer Informatics.

In **urgent and emergency care** we are working closely with the NHS Executive and the national service transformation programme to improve data and information. We are supporting health boards to implement a new digital system for intensive care across Wales. In 2023 we confirmed a new Welsh Emergency Care Data Set, and we developed a new operational dashboard to provide a national real time view of unscheduled care information.

## MISSION 2

Deliver high quality digital products and services

Since 2023 we have first sentence, change “managed” to “been managing” two major **digital diagnostics** replacement programmes, which will replace our existing all-Wales systems for laboratory diagnostics, imaging and radiology. We are working with Welsh Government, the NHS Executive and national networks to develop a business case for a new digital pathology transformation programme. For example, every day our diagnostics systems process an average of over 8,700 pathology test requests.

In 2021 a **digital medicines** programme was established to transform the way we manage medicines across Wales. It covers new hospital ePrescribing and Medicines Administration (EPMA) systems in each health board, digital transfer of prescriptions in primary care, patient access to their prescriptions through the NHS Wales App, and a single shared medicines record which will received data from every prescribing system. Health boards are making good progress with selecting their preferred EPMA suppliers, and the first end-to-end digital prescription was made in November 2023.





## MISSION 3

### Expand the digital health and care record and the use of digital to improve health and care

One of our key strategic priorities is to deliver a single digital health and care record, which holds comprehensive up to date information, and is routinely used to deliver care, and to manage health and wellbeing. Using the record is essential: an enabling platform and high quality digital services do not achieve anything on their own, they are tools that people use to improve health and care services and outcomes.

We already **engage with health and care professionals**, through all our live services and transformation programmes. This includes structured clinical engagement, clinical representation on programme boards and service management boards, a business change team, user feedback, and recently a national survey of clinical users using the KLAS international benchmarking methodology. Clinical engagement drives every procurement specification, and our feature roadmaps for each application, ensuring our products and services directly address clinical need. Alongside our direct engagement with users we are working with partner organisations and suppliers to connect local systems to the single record, through our messaging fabric, so that data flows across regional boundaries. This enhances the single health and care record, but also underpins the use of data for service improvement and planning at local, regional and national levels.

In 2021 we established the Digital Services for Patients and the Public programme, which leads our direct **engagement with patients and the public**. The programme has used the

digital standards for Wales to deliver a new NHS Wales App to private testing in 2022, to public testing in 2023, and has recently completed rollout to every GP surgery in Wales and to over 100,000 users.. Positive user feedback on the App through the last two years reflects our user-centred design approach. Through the App, and by working with users, we will enable people to access their personal health records and make informed decisions about their treatment, find the most appropriate healthcare services for their needs regardless of location or setting, communicate effectively with healthcare providers, provide feedback on their care experiences, self-monitor their health and share data with data flows across regional boundaries. This enhances the single health and care record, but also underpins the use of data for service improvement and planning at local, regional and national levels.



## MISSION 4

### Drive better value and outcomes through innovation

In 2023 we published the first DHCW **Research and Innovation** Strategy which describes our current work and our strategic aims: support research and innovation in health and care in Wales; focus on quality and impact; develop effective partnerships; promote innovation. We work with other NHS organisations, universities, the Life Sciences Hub, and industry partners to support research assets like the SAIL databank. In 2023 we created a new research and innovation function within our organisation to implement our new strategy, adopted a new intellectual property policy, and established a research and innovation pathway which we will use to prioritise and manage proposals, projects and partnerships.

We deliver information services, data insights and dashboards to partners across Wales and we publish official statistics relating to health and care in Wales. This helps our partners, like NHS delivery organisations, to deliver more **value from data**, using information tools which we co-develop with users. We have started moving our analytics datastore to the NDR platform, and we have used low-code tools from Microsoft and others to accelerate our development of dashboards, forecasting and modelling.

Through the Advanced Analytics Learning Programme we are investing in the future skills we will need to use new data and artificial intelligence technologies. We also work closely with the Welsh Value in Health Centre, for example by co-developing dashboards which combine system and patient provided outcomes data; to focus on specific clinical areas and what matters to patients, as set out in A Healthier Wales.



## MISSION 5

Be the trusted strategic partner and a high quality, inclusive and ambitious organisation

**People and culture** is the most important thing for us as an organisation. As an organisation, we cannot achieve our strategic aims without the support of our staff. We are recognised as a great place to work, and we will maintain that reputation. In 2022 we published our first DHCW People and Organisational Development Strategy, which structures our work in this area around priorities: a great organisation to work for, strategic workforce planning, growing our own talent, wellbeing and engagement, new ways of working, and extraordinary leadership.

In 2023 we strengthened our apprenticeship, graduate and leadership development programmes. We published an equality and diversity strategy and we have made progress on using and promoting the Welsh Language in our organisation. We have updated our Board on our plans to change the way we work, in particular a 'shift to product' of small agile teams organised around particular digital services, which is supported by the Digital Standards for Wales.

**Finance** is a key priority and challenge for us. We have worked with Welsh Government and delivery partners to find efficiency savings and to prioritise digital investment, ensuring we meet our statutory duty to deliver financially.

We are benchmarking digital spend across NHS Wales and will use this to respond to digital cost pressures, and to support our transition from capital to revenue funding, driven by the shift to cloud. With support from Welsh Government, we are transitioning from a project to a product based approach to delivering digital services, which will need a shift to longer term funding certainty.

Our funding model is complex, and we are working with Welsh Government to explore how we could streamline and simplify this. Through our finance function we are also developing our approach to benefits management, for example through a new benefits framework which we will use to support digital business cases and to track benefits realisation.

Our commitment to sustainability includes our duties under the Well-Being of Future Generations Act, our decarbonisation strategy, and our work to support the foundational economy through our recruitment, partnerships and supply chain.



## MISSION 5

Be the trusted strategic partner and a high quality, inclusive and ambitious organisation

In 2023 we updated our **stakeholder engagement** plan, recruited to a new stakeholder engagement team, created a new strategic partner supplier framework, and entered into a formal partnership agreement with the Centre for Digital Public Services. Being a trusted strategic partner is essential because we depend on our supplier partners and our delivery partners to achieve our strategic aims, without them we cannot deliver a platform for digital transformation and high quality digital services, nor will our services deliver benefits, improve health and care services, or promote health and wellbeing.

We drive **quality and safety** in our own organisation, in the digital services we provide, and through how those services are used by partners to deliver health and care. We have an internal quality framework and we maintain certification against ISO and other quality standards. We implement and report annually against the statutory Duty of Quality, which strengthens the voice of citizens, introduces a duty of candour, and reinforces the existing duty of quality on NHS bodies. The six quality enablers in the Duty of Quality align with our Values and Principles, and our delivery of products and services is underpinned by the six domains of quality.

As a new organisation, established in 2021, we have made strong **governance, performance and assurance** an early priority. We have received positive endorsement from our Board, evidenced by independent internal audit and Audit Wales reports.

In 2023 we have strengthened our oversight and assurance of programmes in response to the number and scale of new digital transformation initiatives – we have established a new Digital Programmes Management Office, reconfigured our portfolio oversight arrangements, and established a new assurance sub-committee of the Board, which meets in public.



## OUR STRATEGIC OBJECTIVES: SUMMARY

Our strategic objectives for 2030 cover two full IMTP cycles. For each of our five strategic missions we describe high level objectives, which build on what we are already doing, and go beyond what we can achieve in a single three-year IMTP cycle. We support these with the tangible outcomes which result from achieving those strategic objectives, the resulting benefits, sometimes in our own organisation but mostly for our partners and people in Wales.

Aligned to our strategic approach, in 2024 we will publish our framework approach to managing performance and reporting on benefits, and we will work with Welsh Government and our delivery partners to ensure that digital transformation programmes are also aligned. We will explore ways in which we can make business cases and investment proposals more directly aligned to strategic priorities, and to agile digital delivery.



## OUR STRATEGIC OBJECTIVES: SUMMARY

## MISSION

1

**Provide a platform for enabling digital transformation**

- Move all our data stores and services to the NDR platform to create a single national Clinical Data Repository
- Redesign our applications and services to a clean architecture which is secure by design and is based on open standards
- Extend data standards and data components to social care and other partners
- Establish an all-Wales framework for sharing health and social care data
- Move all our live services to the cloud and close our datacentres

## MISSION

2

**Deliver high quality digital products and services**

- All prescribing and medicines management in Wales is digitally enabled
- All our digital health systems and major social care systems flow data to and from the NDR platform
- Our core health services are consolidated into a single all-Wales Electronic Health Record application
- Our core social care services are consolidated into a single all-Wales Electronic Social Care Record application

## MISSION

3

**Expand the digital health and care record and the use of digital to improve health and care**

- A comprehensive single digital health and care record is used across all settings throughout Wales
- The NHS Wales App is used regularly by over a million people
- Users report a top-quartile satisfaction for our products and services

## MISSION

4

**Drive better values and outcomes through innovation**

- An NDR Secure Data Environment which provides access for research while protecting privacy
- A national information and data insights service which demonstrates net benefit and value
- Deploy AI and automation, safely and ethically, to deliver year-on-year productivity improvements across NHS Wales

## MISSION

5

**Be the trusted strategic partner and a high quality, inclusive and ambitious organisation**

- An academy approach to developing people through talent and leadership development programmes, aligned to Digital and Data Profession Capability Framework
- A secure, long-term financially stable position
- At least a 34% lower carbon footprint with a clear route to achieving net-zero
- Work with partners and stakeholders to deliver a prioritised pipeline of future programmes and projects
- Top quartile staff and stakeholder engagement



## OUR STRATEGIC OBJECTIVES

### MISSION 1

Provide a platform for enabling digital transformation

Our strategic objectives for our future infrastructure, data platform, and open architecture are to:

- **Move all our data stores and services to the NDR platform to create a single national Clinical Data Repository**
- **Redesign our applications and services to a clean architecture which is secure by design and is based on open standards**
- **Extend data standards and data components to social care and other partners**
- **Establish an all-Wales framework for sharing health and social care data**
- **Move all our live services to the cloud and close our datacentres**

We are already making progress towards achieving these aims, which will deliver important outcomes, most of all the decommissioning of legacy infrastructure and a reduction in 'technical debt'.

This will reduce the cost of infrastructure, reduce dependencies on third party systems, reduce complexity, and improve cyber security.

A modern infrastructure and architecture, which is secure by design, will enable us to streamline assurance processes and automate testing, speeding up development and enabling an agile product approach.

A standards-based architecture will accelerate integration and make it easier for different applications to work together. Cloud based data stores and services will be scalable, will have more capability, and will enable us to combine large datasets and to use new AI technologies. Establishing a Cloud Centre of Excellence will bring together expertise, accelerating adoption both within DHCW and in our partner organisations, facilitating new ways of working, sharing knowledge and experience and building a community of experts.

OUR STRATEGIC OBJECTIVES

MISSION 1

Provide a platform for enabling digital transformation

These outcomes are industry standard priorities for the majority of digital organisations, because they deliver significant benefits. In particular they reduce the cost of delivering and maintaining services, and they reduce the cost and time it takes to go from user-centred design to value-adding products and features.

A modern infrastructure and standards based architecture will help us to recruit and retain staff in a very competitive market for digital talent, and will help us to attract and to work with partner organisations. More secure data, more controls on data privacy and sharing, and stronger cyber security are also important quality and safety benefits.

Standing still is not an option. If we do not move on from our legacy infrastructure and architecture we will continue to manage ‘technical debt’, running existing services will cost more, developing new digital products will cost more and take longer, we will not be able to take advantage of promising new technologies like AI. Our infrastructure and architecture will be slower than it could be, less accessible, and will not scale easily, having a negative impact across the health and care system.

We need to work with partners to address this because good infrastructure brings together local and national responsibilities, and combines hardware and software provision. All of this influences the usability of digital tools, which is critical to supporting safe care.



## OUR STRATEGIC OBJECTIVES

### MISSION 2

#### Deliver high quality digital products and services

To provide world-leading digital services, by 2030 we will ensure that:

- **All prescribing and medicines management in Wales is digitally enabled**
- **All our digital health systems and major social care systems flow data to and from the NDR platform**
- **Our core health services are consolidated into a single all-Wales Electronic Health Record application**
- **Our core social care services are consolidated into a single all-Wales Electronic Social Care Record application**

As described earlier in this document, we deliver many digital services and applications, as core live services and as digital transformation programmes, across six thematic delivery portfolios. Historically we have adopted a 'best of breed' approach, selecting the best application for each specialty (e.g. cancer, maternity) or clinical setting (e.g. emergency department, intensive care).

We have a system to manage patient administration and a separate system to manage clinical records and referrals. Some health boards have a system to manage the flow of patients through their hospitals, others have systems to collect patient observations digitally. This environment of differing configurations, logins and user interfaces is complex to manage, and ultimately increases the risk of harm to patients.

Our ambition now is to work with our delivery partners and suppliers to consolidate this fragmented 'applications estate' in health, and in social care. The outcome of this will be an improved user experience, modern fully featured digital applications, and a more streamlined experience for users and digital teams. Fewer separate systems will make it easier to train and support users, easier to manage and maintain systems, easier to engage with users to understand their needs, and quicker to deliver new features they want.

As a key outcome measure we will use internationally recognised assessments to benchmark our digital maturity, alongside other recognised standards, and our statutory reporting against the Duty of Quality.



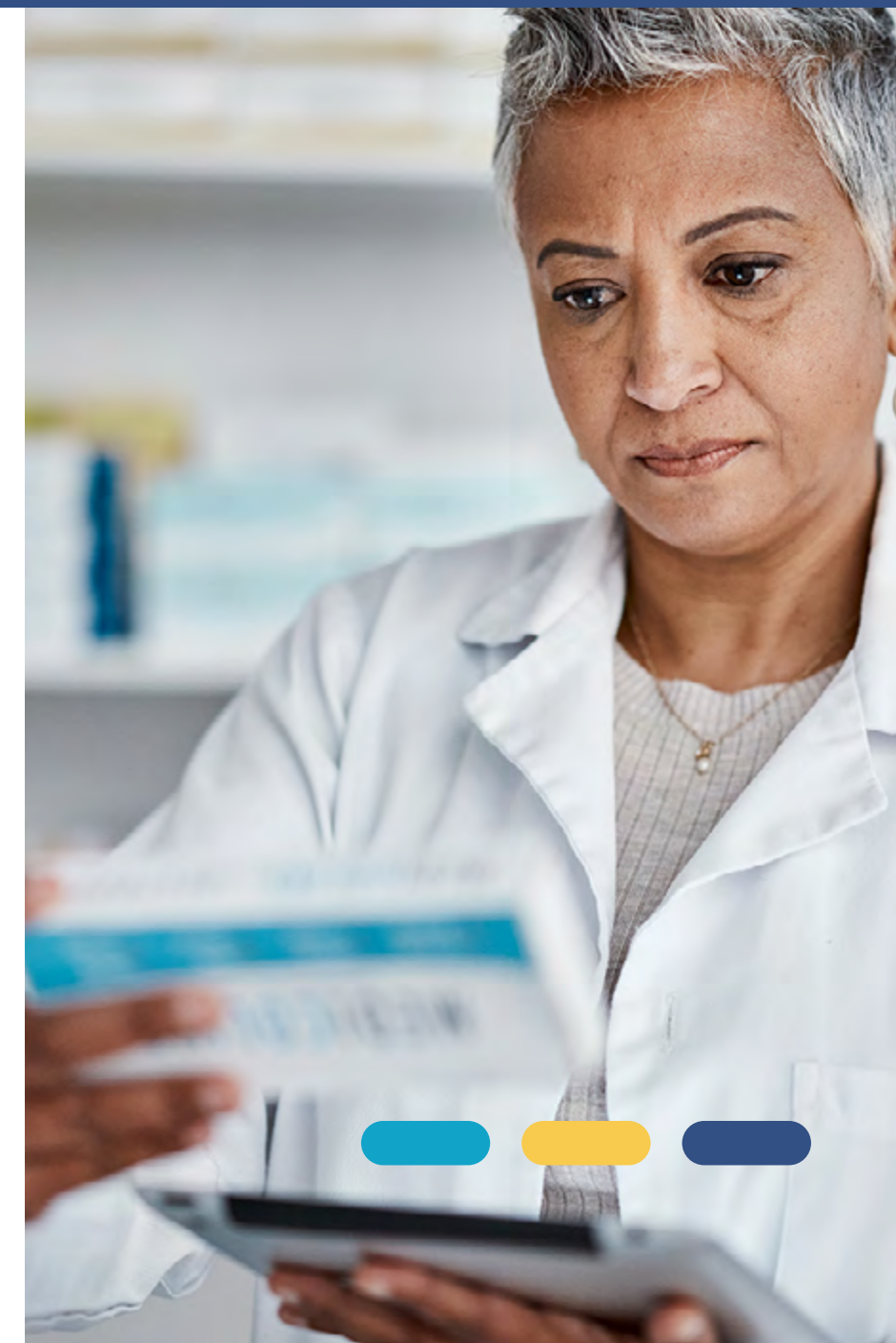
## OUR STRATEGIC OBJECTIVES

### MISSION 2

#### Deliver high quality digital products and services

Enabling new models of seamless local health and care is a headline priority in A Healthier Wales, which also describes how “digital technologies will bring information from different providers together, so that they can model and predict the demand for health and social care services.” Bringing health and social care data together in the NDR platform, and ensuring it can be used safely and securely to improve the delivery of integrated services is therefore a key outcome.

We delivered a world leading digital response to COVID-19 at a relatively low cost, compared to other health systems. We worked with partners as a whole system, delivering all-Wales applications and safely sharing patient data across health and social care. We can do this again, reducing costs across our estate by having fewer applications, less complexity, less variation, less duplication. We will deliver benefits from completing our move to digital prescribing and medicines management, which will reduce costs but more importantly will improve quality and safety, through better prescribing and digital tracking of drug allergies and adverse reactions. Data insights from a comprehensive shared medicines record will help us focus on delivering outcomes which matter to patients, potentially reducing our overall costs. Decision support and assistive tools embedded in applications will help professionals to apply prudent and value-based health and care principles, with more emphasis on prevention, early detection and diagnosis, streamlined patient pathways, optimal interventions, and personalised treatments.



## OUR STRATEGIC OBJECTIVES

### MISSION 3

Expand the digital health and care record and the use of digital to improve health and care

To **maximise use of the digital health and care record in 2030**, and ensure digital services are being used everywhere, our objectives are that:

- **A comprehensive single digital health and care record is used across all settings throughout Wales**
- **The NHS Wales App is used regularly by over a million people**
- **Users report a top-quartile satisfaction for our products and services**

We will have a digital health and care record for each person in Wales that will follow that person for their lifetime. This data will be the source of truth for all a person's health data, regardless of where it was originally stored or who it was created by. This will give a complete and coordinated view of a person's health, help people to make better decisions about their care, improving the quality of care provided,

Information about a person from across those products and services will be recorded in standardised ways, feeding into a personal digital health and care record.

People will have comprehensive access to their health data through the app. This will allow them to see their test results, medications, and other health information, resulting in easier access to the right care, resulting in better outcomes. It will also allow them to share their data with their healthcare providers, and to participate in research. For health boards and trusts this will reduce the need to invest in local solutions, giving a joined-up patient experience and improving appointment attendances.

We recognise that not everyone is able to access digital services, and some people will choose not to. We consider digital inclusion within our products, for example by working with users to make them more accessible, and we also work with Welsh Government and delivery partners to ensure that non-digital options continue to be available.



## OUR STRATEGIC OBJECTIVES

### MISSION 3

Expand the digital health and care record and the use of digital to improve health and care

Health and social care workers will have access to relevant, appropriate records, when they need them; they won't need to search for information from across multiple sources, and they will be able to make accurate, informed decisions, faster. Digital tools and Artificial Intelligence will be able to use those same records to give personalised recommendations about the treatment of patients to clinicians (Clinical Decision Support). Social services will have the information to plan services appropriately. People will have access to their own record to make informed choices about their health and care. Feedback from those using our products and services will be in the top quartile for user satisfaction.

The digital health and care record will take information from many different places, including electronic health records (EHRs) used in primary care, hospitals and community services, personal health records (PHRs) that might be recorded by patients themselves, and wearable devices. This will ensure that clinicians and carers have a comprehensive view of high-quality information about a person's health.

The digital health and care record will follow a person across their health and care journey. This means that their data will be available to all of their health and care providers, regardless of where they receive care. This will ensure that everyone involved in a person's care has appropriate access to the same information, and that they can make informed decisions about their care.



## OUR STRATEGIC OBJECTIVES

## MISSION 4

Drive better value and outcomes through innovation

To support **more research and innovation** activity and to demonstrate its value, by 2030 we will have:

- **An NDR Secure Data Environment which provides access for research while protecting privacy**
- **A national information and data insights service which demonstrates net benefit and value**
- **Deploy AI and automation, safely and ethically, to deliver year-on-year productivity improvements across NHS Wales**

The foundational data layer will inform clinical process design, local and national management reporting, innovation and research, and government-level decision making. This will allow us, and our partners, to improve the quality of care, identify trends, and make better decisions about how to allocate resources.

The digital health and care record will ensure that patient data is available at the point of care, irrespective of the setting or location. Making real-time information, modelling and forecasting available to health and care providers will allow

them to make informed decisions about patient care, and to provide a more coordinated and seamless experience for patients.

The digital health and care record will make Wales the geography of choice for whole-system health and care research. This is because the data layer will provide a comprehensive view of patient data, and it will allow researchers to conduct research that is more accurate and timely through funded research partnerships and projects.

The value generated through research and innovation will be shared back into the health and care system, ultimately benefiting the people of Wales. This will ensure that the benefits of research are felt by patients and healthcare providers alike.

Alignment with other UK health and care administrations may serve to increase the appeal and value of Welsh data. This is because it will allow researchers to conduct research across a larger population, and it will facilitate the aggregation of data sets.

## OUR STRATEGIC OBJECTIVES

### MISSION 5

Be the trusted strategic partner and a high quality, inclusive and ambitious organisation

By 2030 we will have affirmed our position as **a trusted partner and a high-performing organisation** by having:

- **An academy approach to developing people through talent and leadership development programmes, aligned to Digital and Data Profession Capability Framework**
- **A secure, long-term financially stable position**
- **At least a 34% lower carbon footprint with a clear route to achieving net-zero**
- **Work with partners and stakeholders to deliver a prioritised pipeline of future programmes and projects**
- **Top quartile staff and stakeholder engagement**

We will be able to measure how successful we are in achieving our vision by measuring how well our products and services are used by health and care organisations and the general public in Wales, and assessing their quality, how valuable they are to health and care staff, and how safe they are. Understanding this will also help us to pre-empt demand for new digital tools and services.

It will be reinforced through recognition from industry bodies and stakeholder organisations.

Our staff will be empowered and motivated to innovate within a culture that rewards delivery. This will allow them to be creative and find new ways, supporting our organisational performance, making effective use of the digital tools available to them, whilst helping us to retain a focus on delivering to our commitments. We will use value-based decision making to set our priorities to ensure that we are always making the best use of our resources, maintaining our financial sustainability and agility.

Digital transformation will be seen as an integral part of the wider transformation agenda, and DHCW teams must work with partners to deliver the capabilities that underpin it. The value created through our mission “Providing a platform that enables digital transformation” will be realised through the actions of service transformation in health and care organisations, with requirements flowing back into DHCW teams, and new functionality and features being provided back. This can only work if the platform itself is flexible and scalable in the ways described here.

## OUR PRINCIPLES: SUMMARY

We will need to make bold, cross-cutting changes to ensure our digital products and services are fit for the Welsh NHS of the future.

Our principles describe how we will do this. We will use them to guide the choices we will make throughout the period of this strategy as we work towards our strategic objectives.

**OUR VISION:** To provide world leading digital services, empowering people to live healthier lives.

PRINCIPLE

**1**

**Put people first**

PRINCIPLE

**2**

**Simplify everything we do**

PRINCIPLE

**3**

**Design for more data, more digital**

PRINCIPLE

**4**

**Find more value**

PRINCIPLE

**5**

**Learn from the past, embrace the future**



## OUR PRINCIPLES

PRINCIPLE

1

### Put people first

At the heart of our organisation lies a commitment to placing our people, partners, and users at the forefront of everything we do. We recognise that our people are our greatest asset, and our ability to realise our vision and achieve our missions is inextricably linked to their talent, expertise, and dedication. Our approach builds upon our existing Values, our People and Organisational Development strategy, our Mission 5, and Aim 1 of the Welsh Government's Digital and Data Strategy for Health and Social Care in Wales strategy.

This principle will guide the decisions we make and the priorities we set in relation to our people, including how we remain a rewarding and engaging place to work, how we offer career paths and development opportunities, how we recruit new people to our teams, and how we promote and consider digital inclusion throughout our work. In a rapidly evolving, competitive landscape, as an employer, our ability to retain, develop and attract excellent people is crucial to our continued success.

The rapid pace of technological change means that we don't know all of the different skills our people will need in the future. New technologies bring with them a change of vocabulary and new types of complexity. In order to remain competitive, we must foster a culture of continual learning and development, to ensure that our people have the skills and knowledge they need to succeed.



## OUR PRINCIPLES

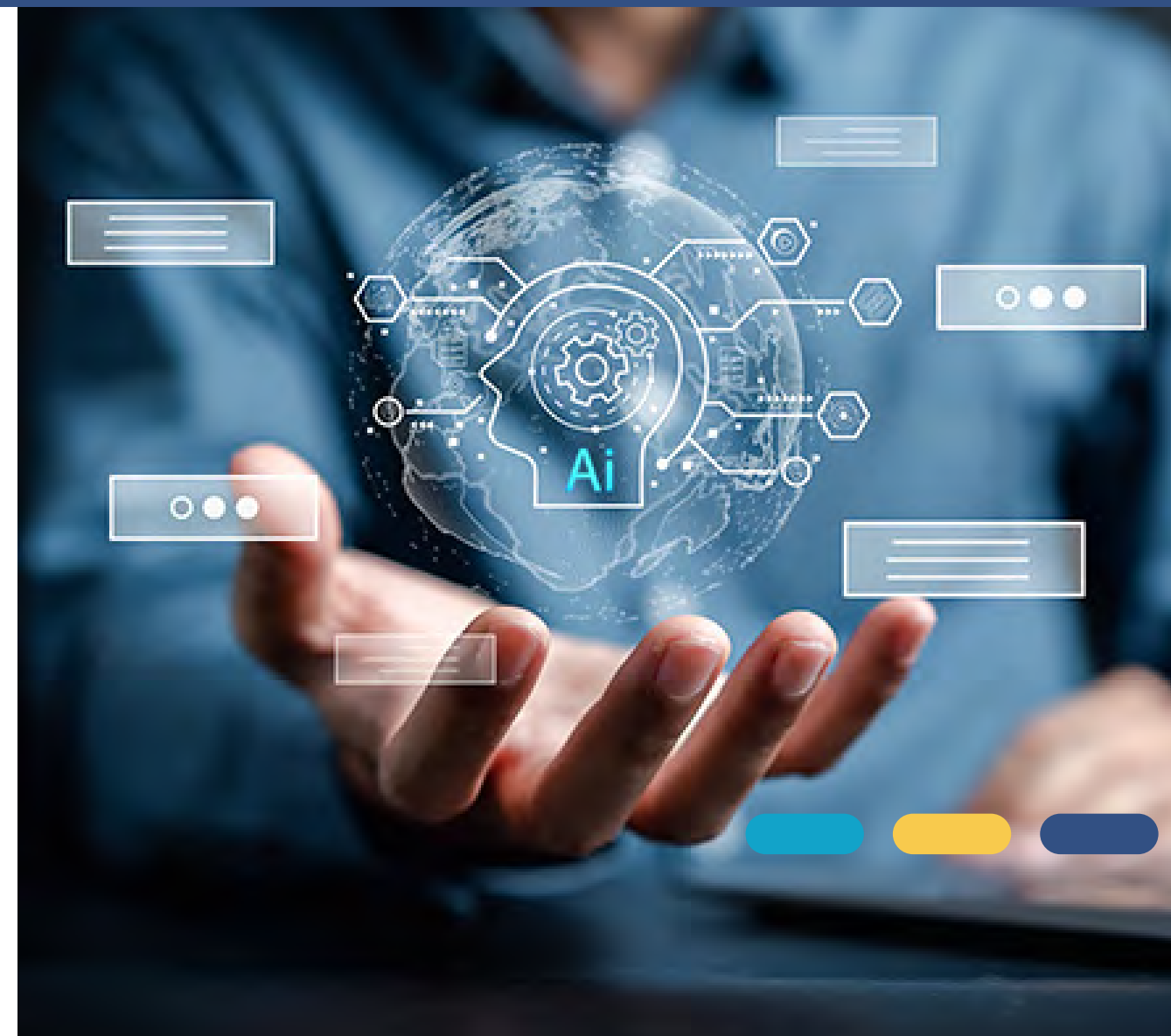
PRINCIPLE

1

### Put people first

As the breadth of skills needed in digital health and care is increasing, so is the depth of specialisation within those skillsets. This means that we need to be constantly evolving our approach to talent management, in order to ensure that we are attracting and retaining the best people. By investing in Centres of Excellence, we will develop our teams and the deep expertise we need to drive change across the health and care system.

The way we use data and interact with AI tools is set to change drastically in the relatively near future. We expect AI and automation to replace mundane repetitive work so that people can focus on more value adding activity. For example, within our organisation tools to support software coding and development will drive productivity, and across the NHS new AI tools will help professionals to review information and to draft documents. Over time we expect to see new clinical decision support technologies, subject to safety and ethical considerations.





## OUR PRINCIPLES

PRINCIPLE

1

### Put people first

This needs us to provide our people with opportunities to learn and develop, and to be promoted within our organisation. When our people feel that they have opportunities to grow and advance their careers, they are more likely to be engaged and productive. We will empower our people to drive digital change by creating the conditions for them to use their digital expertise and knowledge to the fullest extent.

This will help to minimise our people turnover, and recruitment costs. In doing all of this, we understand that we will be asking a lot of our people, and that is why this is our first strategic principle.

We will build on our Digital Inclusion Charter Accreditation, with an ongoing commitment to the six key pledges of the charter. Through this we will be supporting the health and wellbeing of our own people, and reinforcing our commitment to ensuring that everyone in Wales can access the digital products and services we provide. Iterating our digital inclusion action plan will embed a culture of digital inclusion throughout everything we do.

Our products and services are only valued and valuable if they are used by their intended users. We will maintain strong working relationships with our partners, fostering collaborative and innovative approaches through clinical engagement and business change to ensure that our products and services meet the diverse needs of their people.

We will place the users of our products and services at the heart of how they are designed. Through a relentless focus on user needs, we will be able to build products that are valued by the people using them.

OUR PRINCIPLES

PRINCIPLE  
2

Simplify everything we do

By reducing complexity, we can drive simplification of how we deliver, including our architecture, applications estate, programmes, and processes. We can reduce the complexity of what we do by focusing on the following:

- Using standard technologies and processes;
- Eliminating unnecessary steps and processes;
- Automating repetitive project, programme and portfolio management tasks;
- Consolidating our products and services.

By simplifying what we do and how we do it, we can become a more efficient and effective organisation enabling us to deliver better outcomes.

Taking an open architecture approach is central to making our products more simple, resilient and flexible, and is supportive of the themes in the Welsh Government’s Digital and Data

Strategy for Health and Social Care in Wales, particularly Aim 2: Building digital platforms. We will be able to innovate faster and respond to the needs of staff, patients and the public quickly and effectively. The products and services built within this architecture will be quicker to use, more reliable and more flexible to people’s needs. We have already started to work in this open architecture way, however transitioning everything we do to this way of working will be one of the largest pieces of work to come from this strategy. Making changes within this open architecture needs effective and efficient assurance processes. The products and services we provide must meet the highest quality standards, and need to be readily available when staff, patients and the public need them.



## OUR PRINCIPLES

PRINCIPLE

2

**Simplify everything we do**

We have well-established internal assurance groups that provide many of these functions, however they were designed and established to support traditional products and services. Our assurance groups and boards remain critical to validating the work we do, and to be effective within our new ways of working they need to work in a simplified way. We will do this by establishing clear rules and specifications around what needs to be assured, when and how – but more importantly where we should not seek additional layers of assurance when there is no further added value. In doing this, our assurance process will be more streamlined, focussing only on the assurance work that is needed, and providing that assurance swiftly and effectively, supporting us in delivering value to staff, patients and the public.

To simplify how we manage a complex portfolio of transformation activity we will bring all programmes and projects together within a single Portfolio Management Office. Using a single PMO will allow us to standardise the way Portfolios, Programmes and Projects are run, working to a single ‘playbook’ of rules for starting up, running and closing down pieces of work. This will simplify the task of starting up new Portfolios, Programmes and Projects, with pre-established governance mechanisms, document templates, reporting schedules and tools to support the successful delivery of the work.

Establishing a PMO will help to reduce the complexity of our Portfolios, Programmes and Projects, minimising waste and delays, and will support those Portfolios, Programmes and Projects in rapidly delivering value to staff, patients and the public, whilst also developing our reputation for delivering on our work.

Putting users – whether they are staff, patients or the public – of our products at the centre of the way we design them, will make our products and services enjoyable, effective and intuitive to use. By adopting a user-centred design approach throughout the organisation we will be stepping beyond our traditional boundaries of product development, and looking more at how our products and services are used, the environments that people use them in, the types of devices they use them on, and the whole experience they have of using them.

Working with Welsh Government and our partners to establish a user-centred design Centre of Excellence, we will develop much closer relationships with users of all our products and services. It will also help us in the delivery of our missions, particularly in expanding the use of the digital health and care record and the use of digital to improve health and care, but also in our delivery of high-quality products and services.

## OUR PRINCIPLES

PRINCIPLE

3

### Design for more data, more digital

Every interaction between a member of the public and health and care services generates new data. As we introduce new ways of capturing data electronically, in more comprehensive ways, that volume of data will continue to grow.

It is our responsibility to design for more data and more digital. This means that we will need to invest not just in new skills, technologies and in developing new processes to improve the way we deliver services, but also invest in high quality data that is both useful and usable. The data that is used in the health and care of people in Wales all forms part of the **comprehensive single digital health and care record**. We already have the foundations of this digital health and care record in place, and the work we do next will transform it into a thriving data ecosystem. Our NDR data strategy sets out how we will bring data together from across the health and social care system creating a complete, holistic record of the information relevant to a person's health and care.

Our **data and analytics** strategy already sets out how we will invest in upskilling our staff on new tools and technologies, as well as in training and support for digital and informatics staff. By ensuring data is shared in ways that protect privacy and security we will become a more data-driven and digitally enabled organisation that is better equipped to serve our partners, patients and the public.

The future of the digital health and care record will be central to a person's interactions with health and social care services, wherever they are in Wales. Staff will have the pertinent information about the person available to them, helping them to make swift and informed decisions, irrespective of where the person has previously received care. The person will not need to repeat information that they have already given about their health and care needs, and will be sufficiently well informed, through the NHS Wales App, to play an active role in their own care. We have a key role to play in supporting Aim 3 of the Welsh Government's Digital and Data Strategy for Health and Social Care in Wales, to make service digital first.





## OUR PRINCIPLES

PRINCIPLE

3

### Design for more data, more digital

Our third mission is to expand the **digital health and care record**, and to expand the use of digital to improve health and care. The increasing number of products and services that we provide and support is resulting in an increasing flow of data from local health board and trust platforms, but also data generated by patients themselves. Expanding the use of digital to improve health and care, is demonstrated through the many portfolios, programmes and projects that we are responsible for delivering at any given time. All those portfolios, programmes and projects will deliver new products and services, resulting in value for staff, patients or the public, and improving health and care.

We will continue to seek ways in which we can safely and ethically use AI to solve problems, drive productivity, and improve services. AI has the potential to automate repetitive tasks, to personalise information and services, and to support better decision making. We are already working with our partners and stakeholders to foster a community of practice around the adoption and implementation of AI solutions.

We will need ways to measure the impact of the increasing use of digital and data. **Digital maturity** is a metric we can use to illustrate this. Understanding where there is common ground across partner organisations will help to focus our limited resources on delivering value across the health and care system. Similarly where there are areas in which single organisations are more digitally mature than others, we can work with our partner organisations to scale initiatives up for the rest of NHS Wales.

**Usability** is another useful metric for understanding how people make use of our products and services. Iterating these usability assessments over time will indicate where the changes we make are improving the experience of staff, patients and the public. These changes may be small, but cumulatively can be extremely valuable.



## OUR PRINCIPLES

PRINCIPLE

4

### Find more value

Our focus is on delivering solutions to the problems that matter most to our partners. We also create value when we help staff, patients and the public to get the most out of what they already have. We need to partner closely with local organisations when new products are being implemented. This will help us to identify where we can optimise our products and services so that end users get the best experience and will ensure that our work is more visible and valuable to the end user. This will ultimately lead to greater satisfaction and adoption of our products and services.

The value generated by our products is mostly realised by our partner organisations, their staff, patients and the public. We can illustrate the value of digital services by showing how they help our partners to deliver more with less, simplifying services, improving the experience, and delivering better for less overall.

We will do this by developing and implementing a robust benefit management framework. Working with our partners we will look beyond what we ourselves deliver – the products and services themselves – to understand the environments they are used in, the people using them and how they are used in ways that are useful and valuable.





## OUR PRINCIPLES

PRINCIPLE

4

### Find more value

We also generate value away from frontline services. The data that forms the digital health and care record presents rich opportunities for research and innovation. Our research and innovation is founded on strong partnerships with health and care organisations, industry and academia, and we have a role to play by expanding our research and innovation efforts in line with the increasing digital and data that this strategy describes. We need to be proactively demonstrating and communicating the benefits of these activities so that the value to the health and care system is clear.

The way we measure what we do needs to reflect the value we are delivering to the health and care system, and the way we measure value will need to mature over the lifetime of this strategy. We already measure delivery of milestones and the quality of our products and service. Milestones give us a way of ensuring progress is being made against set objectives, while quality measures give us assurance that our products are fit for purpose.

To measure the value of our work, we need to focus on three key areas:

- **Delivery:** This is about ensuring that we are working on the right objectives.
- **Productivity:** This is about ensuring that we are working effectively and efficiently on those objectives.
- **Value:** This is about measuring the outcomes resulting from the benefits realised through using our products and services.

By describing the value of our products and services, we can help to move health and care organisations in Wales to reach a more digitally mature position. This will also help us to build the case for future investment in national digital services, reinforcing our mission five objective to be the trusted partner. We will embed this concept of the value story throughout our delivery to ensure that we are constantly evaluating the value of our products and services, and making improvements where necessary.



## OUR PRINCIPLES

### PRINCIPLE 5

#### Learn from the past, embrace the future

Embracing new ways of working, with new technologies and tools, makes for an exciting future for our organisation. We can't keep adding to our old technologies and products because doing this makes those things more complex and more expensive, and results in us being less adaptable as an organisation. New technologies and ways of working offer ways for us to deliver more value.

It will mean that we need to find new road maps for our older, legacy products that ultimately steer us towards their decommissioning. The teams that support, maintain and develop these products will be critical to delivering on this principle. We will need to take the best parts of what we have, and build them into newer products that deliver value to users.

This will be difficult; we will need to make tough decisions on products that we have extensively invested in over the years, however we will need to balance this against an understanding of whether we are meeting our second mission, to deliver high quality digital products and services.



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## OUR PRINCIPLES

PRINCIPLE  
**5**

### Learn from the past, embrace the future

To do this, we must become change-native, building on our recent work to evolve our product portfolios and develop new, better, effective, efficient, and safer products that benefit our partner organisations, staff, patients and the public. We can only achieve this by having a clear direction and expertise in the technologies that we wish to use. Our cloud strategy already sets out how we will move many of our products and services out of data centres and into cloud services, reducing the amount of effort and money we spend on maintaining, upgrading and managing infrastructure. Adopting these new ways of operating, we will rapidly deliver product and services, automating their testing, enabling them to be iteratively developed and built up, and getting them into the hands of end users as quickly as possible.

The NDR will be central to this approach, for the data and standards ‘core’ of our work. In parallel we must invest in, and drive value from the Cloud Centre of Excellence, finding new, innovative ways to deliver increasing value, and being agile to the adoption of new technologies and tools as they become available to us. This will include artificial intelligence – in a myriad of guises – both as tools for front line staff, and for our own people.

We will know we are realising this principle when we are able to begin turning off our legacy products in favour of new, adaptable products that deliver more functionality, better usability and more value for less cost.



**OUR PURPOSE** is fulfilled through our missions and strategic objectives.

**OUR VISION** will be realised through our principles.

**OUR VALUES** underpin everything we do.

**OUR PURPOSE:** To make digital a force for good in health and care

MISSION  
**1**

Provide a platform for enabling digital transformation

MISSION  
**2**

Deliver high quality digital products and services

MISSION  
**3**

Expand the digital health and care record and the use of digital to improve health and care

MISSION  
**4**

Drive better values and outcomes through innovation

MISSION  
**5**

Be the trusted strategic partner and a high quality, inclusive and ambitious organisation

**OUR VISION:** To provide world leading digital services, empowering people to live healthier lives.

PRINCIPLE  
**1**

Put people first

PRINCIPLE  
**2**

Simplify everything we do

PRINCIPLE  
**3**

Design for more data, more digital

PRINCIPLE  
**4**

Find more value

PRINCIPLE  
**5**

Learn from the past, embrace the future

**OUR VALUES:**

COLLABORATION

INNOVATION

INCLUSION

EXCELLENCE

COMPASSION

# OUR STRATEGIC OBJECTIVES

## MISSION

1

## Provide a platform for enabling digital transformation

- Move all our data stores and services to the NDR platform to create a single national Clinical Data Repository
- Redesign our applications and services to a clean architecture which is secure by design and is based on open standards
- Extend data standards and data components to social care and other partners
- Establish an all-Wales framework for sharing health and social care data
- Move all our live services to the cloud and close our datacentres

## MISSION

2

## Deliver high quality digital products and services

- All prescribing and medicines management in Wales is digitally enabled
- All our digital health systems and major social care systems flow data to and from the NDR platform
- Our core health services are consolidated into a single all-Wales Electronic Health Record application
- Our core social care services are consolidated into a single all-Wales Electronic Social Care Record application

## MISSION

3

## Expand the digital health and care record and the use of digital to improve health and care

- A comprehensive single digital health and care record is used across all settings throughout Wales
- The NHS Wales App is used regularly by over a million people
- Users report a top-quartile satisfaction for our products and services

## MISSION

4

## Drive better values and outcomes through innovation

- An NDR Secure Data Environment which provides access for research while protecting privacy
- A national information and data insights service which demonstrates net benefit and value
- Deploy AI and automation, safely and ethically, to deliver year-on-year productivity improvements across NHS Wales

## MISSION

5

## Be the trusted strategic partner and a high quality, inclusive and ambitious organisation

- An academy approach to developing people through talent and leadership development programmes, aligned to Digital and Data Profession Capability Framework
- A secure, long-term financially stable position
- At least a 34% lower carbon footprint with a clear route to achieving net-zero
- Work with partners and stakeholders to deliver a prioritised pipeline of future programmes and projects
- Top quartile staff and stakeholder engagement

## CONCLUSION

This strategy sets out a bold view of where we need to get to as an organisation, which will demand that we make significant changes to the way we work as individuals, as teams and with our stakeholders and partners.

We will use our IMTP to match our strategic vision to the continually changing context in which we work and to measure our progress towards achieving our strategic objectives.

We have set ourselves stretching goals because we believe that digital and data is so important to the future of health and care services in Wales. We are confident that we can do this with the support of our people, our partners and our key stakeholders.



darparu gofal iechyd digidol i bobl Cymru  
delivering digital healthcare to the people of Wales

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# DIGITAL HEALTH AND CARE WALES

## FINANCIAL REPORT FOR THE PERIOD ENDED 29 FEBRUARY 2024

Agenda Item	4.2
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Mark Cox, Associate Director of Finance
Presented By	Claire Osmundsen-Little, Executive Director of Finance

Purpose of the Report	For Noting
Recommendation	SHA Board is being asked to
<b>NOTE</b> the contents of the financial report for 29 February, the forecast achievement of financial targets, the annual accounts timeline and the IMTP financial outlook.	

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	N/A
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QUALITY IMPACT ASSESSMENT (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

<u>DUTY OF QUALITY ENABLER</u>	Whole Systems Approach
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

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

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



<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SLA	Service Level Agreement	PSPP	Public Sector Payment Policy
DSPP	Digital Services for Patients & Public	NDR	National Data Resource
VAT	Value Added Tax	HMRC	His Majesty's Revenue & Customs
IM&T	Information Management & Technology	LIMS	Laboratory Information Management Solution
RISP	Radiology Informatics System Procurement	NIIAS	National Intelligent Integrated Audit Solution
DC2T	Data Centre 2 transfer	LA	Local Authority
CRL	Capital Resource Limit	BoE	Bank of England
WG	Welsh Government	NHSApp	NHS Application



## 3 SITUATION / BACKGROUND

### 3.1 Financial Performance

The purpose of this report is to present DHCWs financial performance and issues to February 29th and assess the key financial projections, risks and opportunities for 2023/24.

DHCW receives funding to support 3 main activities:

1. Ongoing provision of core services via Welsh Government & NHS organisation's (which is delegated to directorate budgets).
2. COVID-19 Response systems & activity (supported as agreed with Welsh Government) and
3. Welsh Government Digital Priority Investment Fund allocations to support discrete development and implementation programmes & projects.

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 are:

- **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:** Manage residual year end balances to a maximum of £2m.



## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### 4.1 Financial Performance:

#### 4.1.1 DHCW Financial Context

DHCW has a high confidence of meeting its statutory financial targets. The end of year position is being managed to ensure a balanced outcome and that pressures relating to support the datacentre migration can be accommodated.

#### 4.1.2 Financial Performance Overview Period to February 29th

The performance highlights for the period to February against key finance measures are as follows:

- **Revenue:** DHCW is reporting a revenue underspend of breakeven £0.116m for the period to February 29th. Whilst pay continues to track behind profiled spend due to recruitment lag, this is significantly offset by increases in non-pay spend as DHCW continues to secure capacity via third party suppliers, accelerated programmes such as Cloud & Product approach readiness activity and internal support of the datacentre migration.
  - Covid-19: DHCW received £7.4m funding and the spend to date is £5.8m.
  - Digital Priority Investment Fund: A total of £33.554m in revenue funding is anticipated with current spend of £29.440m. The major increase in March expenditure run rate is materially as a consequence of planned achievement of third party supplier milestones and disbursements to other NHS Wales organisations in NDR, DSPP, DMTP schemes.
- **PSPP:** The target Public Sector Payment Policy (PSPP) target has been exceeded with 97% of non NHS invoices being paid within 30 days.
- **Cash:** DHCW has a cash balance of £4.9m as at February 29th. The balance has increased since January in preparation for year end spend in March.
- **Capital:** Spend to February totals is £16.440m against CRL of £17.888m. An underspend of £0.017m against period plan and a residual spend balance of £1.448m (8%) to be completed before year end.



### 4.1.3 Developments Since January Board

Headline developments emerging (or continuing) from January reports are summarised within this section.

- **DPIF & COVID Funding:** During January it was confirmed that the DPIF & COVID funding position were now finalized for 2023/24, with the result that DHCW will now be required to manage any over or underspend for the financial year effectively transferring financial risk for the year.
- **Digital Eyecare Programme:** A digital investment proposal has now been drafted. The paper is intended to provide WG with sufficient information to determine its preferred route for the future of the Programme. As part of wider engagement all Health Boards have contributed to the financial plan through identification and agreement of a common set of resources across all organisations. It is anticipated that the paper will be submitted in March.
- **Digital Services For Patients & Public (NHSApp):** A business case has been drafted to underpin the request for a sustained funding provision to support the operation of the NHS Wales App on an ongoing basis. The NHS Wales App has been developed and deployed using DPIF programme funding for the first three years and with an allocation for 2024/25. Beyond this, the NHS Wales App will need to be supported with a continuous stream of funding or it will need to be discontinued. The case will be submitted in late March for Welsh Government consideration.
- **Data Centre Transition:** As a consequence a major outage, the timescales for the migration have been pushed into March, this month has also been extremely challenging with a delay in the installation of the grey fibre solution (impacting the critical path for networking activity) due to resource constraints from a 3rd party supplier and the junior doctor strikes causing delays, plans are currently being worked through to determine if this will impact activity into the new financial year, the current potential exposure is approximately £0.2m in slippage which may require management.
- **Year End Accounts:** The final year end accounts timetable and templates have now been formally issued with the final dates being incorporated within the delivery plan timelines. Key dates include:
  - 02/05/24: Final Day 9 Financial Position submitted to WG.
  - 03/05/24: Draft Accounts Submitted to WG.
  - 15/07/24: Final Accounts submitted to WG by Audit Wales.

The appropriate governance and assurance reviews will be scheduled to meet these timescales.





**4.1.4 2024/25 Financial Plan Overview:** DHCW has established its financial plan for the IMTP term. It translates the objectives, activity and consequential resource requirements to form a fully integrated outlook.

- **Funding assumptions incorporated within the plan:** For 2024/25 the following Welsh Government income is anticipated:

- During the month DHCW has received confirmation of its Core revenue funding (totaling £88.3m) covering:

SHA Core Operations	£53.6m
Depreciation	£8.1m
COVID Digital Services	£7.4m
Primary Care IM&T	£19.2m

Further recurrent central revenue funding of the 2023/24 pay award (totaling £2.8m) is also anticipated. Discretionary capital totaling £2.9m has also been formally confirmed.

- DPIF Funding currently remains formally unconfirmed however it is anticipated a communicated revenue control total of £28m will be allocated (significantly less than initially assumed) supported by £18.2m capital.

To support operational services and digital investments the following income (totaling £48.9m) is anticipated via NHS Wales organisations:

SLA/Other	£16.6m
All Wales Digital Licensing	£30.1m
NHS Digital Investment Contributions	£2.2m

- **Expenditure assumptions:** Incorporated within the forecast pressures are additional costs as a consequence of resources required to support the provision of new services resulting from a completed digital investment, general inflation (predicated upon current BoE forecast) as well as sector specific digital cost pressures and growth.
- **Mitigating actions to breakeven:** To offset identified planning cost pressures DHCW has identified savings target to be delivered via recurrent directorate level cost improvement programmes. Resulting in a savings requirement totaling £5.8m over the planning term (£1.5m in 24/25, £2.0m in 25/26 and £2.3m in 2026/27 respectively) in order to breakeven.



## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

### 5.1 Key Issues

- **IMTP Financial Plan:** DHCW has produced a balanced plan for the term however Focus over the IMTP period remains the implementation of a revised funding model which supports current, future service delivery models and growth whilst establishing an internal "Finding More Value" workstream to identify and implement strategic initiatives to increase efficiency, avoid costs and generate both organisational and system wide recurrent savings.
- **DPIF Funding:** Recent uncertainty regarding the level of investment funding has necessitated detailed impact assessments. The IMTP sets out the approach for managing these uncertainties which may require further iteration of the underpinning financial plan.
- **Sustainable Funding:** DHCW continues to liaise with Welsh Government to produce a policy brief setting out the background (including current challenges), options and a recommendation for addressing the current challenges. Particularly, this will explore how DHCW are funded to maintain and deliver all-Wales digital services, such as the NHS Wales App, the National Data Resource, and the Cancer Informatics Solution alongside an optimal model to support effective digital investment activity. DHCW is working closely with external subject matter experts to inform an expected brief to be constructed by Welsh Government for Ministerial consideration.
- **Microsoft 0365 VAT:** DHCW finance leads are in weekly contact with our VAT advisors after the recent escalation of the claim to the HMRC internal policy team. In terms of timing, it is still not expected that HMRC will come back with a ruling this financial year as there remains a significant number of stakeholders involved in their internal teams that need to provide approval.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
<b>NOTE</b> the contents of the financial report for 29 February, the forecast achievement of financial targets, the annual accounts timeline and the IMTP financial outlook.	



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Digidol Cymru  
Digital Health  
and Care Wales

# SHA BOARD BRIEFING

Finance Performance Report:  
Period 29th February 2024

Claire Osmundsen-Little  
March 2024

## Introduction

## 2023/24 Financial Performance

- Executive Summary
- Performance against Key Indicators
- Revenue Performance
  - Organisational Run Rate
  - Core Directorate Performance
  - Core Savings Performance
  - COVID Financial Update
  - Digital Priorities Investment Fund Financial Update
- Capital Programme

## 2023/24 Annual Accounts Update

## Forward Outlook

## Risks & Opportunities

The purpose of this report is to present the NHS financial context and DHCWs financial position to date alongside key financial projections, risks and opportunities for the financial year. The report advises the Board of Financial Performance and issues for the current financial year to February 2024 and indicative pressure areas for 2024/25.

- The report sets out the financial position as at the end of February 2024 against current budgets.
- DHCW receives funding to support 3 main activities:
  1. Ongoing provision of core services via Welsh Government & NHS organisations (which is delegated to directorate budgets).
  2. COVID-19 Response systems & activity (supported as agreed with Welsh Government) and
  3. Welsh Government Digital Priority Investment Fund allocations to support discrete development and implementation programmes & projects.
- The report provides an overview of activity to be completed in order to deliver the annual statutory accounts and also a summary of the financial outlook over the IMTP term.



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Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

# DHCW Financial Performance

Period to 29th February  
2024



# FINANCE UPDATE | EXECUTIVE SUMMARY

Forecast Full Year Position: DHCW is forecasting achievement of all financial targets for the financial year.

Run Rate: The monthly spend run rate for the final month of the financial year incorporates significant spend as a result of the datacentre migration activity and Primary Care IT refresh rollout. DPIF programmes will also contribute to forecast spend (c£4m) as key milestones within NHSapp, DMTP and NDR programmes are achieved and disbursements to support local resources are claimed.

Savings delivery: The revised Core savings target now totals £4.9m with the vacancy management target being overachieved by £2.5m to period plan, offsetting non pay spend in securing 3<sup>rd</sup> party capacity (managed via our Strategic Resourcing Group), the acceleration of key strategic deliverables (such as Cloud transition) and bridging support of the datacentre migration activity. The majority of schemes continue to have a high degree of confidence of delivery with £2.2m (45%) being recurrent in nature and available to offset the underlying position and emerging pressures in 24/25.








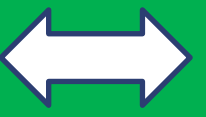
Programmes: The funding position for 23/24 has now been finalised with DHCW expected to manage any end of year variances. Additional proposals to fund the Digital Eyecare Programme Transition & Project and sustainable funding to support the operation of the NHS Wales App are currently being compiled with submission timetabled for Q1 2024/25.

Capital: All schemes are projected to complete this financial year. With focus now on ensuring supplier delivery and commissioning of infrastructure.

2024/25 Allocation: DHCW anticipate a balanced financial plan supported by a challenging savings target. As a consequence of the revised funding allocation further work will be required regarding final deliverables achievable under the adjusted DPIF resource envelope.

Risks: We are confident that all risks to the 2023/24 financial position have been mitigated the IMTP will help inform identification of any additional risks.

# FINANCE UPDATE | 2023-24 SUMMARY PERFORMANCE AGAINST KEY INDICATORS

Indicator	Cumulative Performance	Forecast outlook	Comment
<b>Revenue Breakeven</b> (To secure that the organisations expenditure does not exceed aggregated income)	£0.116m underspend increase from £0.09m  Movement	Breakeven  Movement	DHCW is forecast to breakeven by the end of the financial year.
<b>Remain within Capital Expenditure Limit</b> (To ensure net Capital Spend does not exceed the Capital Expenditure Limit)	Underspend of £0.0.17m Decrease from £0.119m  Movement	Breakeven  Movement	The current capital funding envelope is £17.888m, DHCW is reporting a £16.440m capital spend to date.
<b>Public Sector Payment Policy</b> (To pay a minimum of all non NHS creditors within 30 days of receipt of a valid invoice)	97% PSPP Decrease from 98%  Movement	95%  Movement	PSPP target achieved. Target – 95%, Actual 97%.
<b>Cash Balances</b> Appropriate balances to meet creditor requirements	£4.9m Increased from £0.403m  Movement	Positive Cash Balance  Movement	Cash balance on February 29 <sup>th</sup> has increased in month by £4.5m to £4.9m.  Cash balances will continue to be managed to the end of year target of £2m.

DHCW is reporting achievement against plan of all of the key financial indicators for the period and forecast compliance with all financial targets at year end.

Cash balances have increased in February in preparation for year end spend in March.

# Organisational Run Rate

The organisational run rate is given below presenting the spend profile for the financial year resulting in a forecast expenditure total amounting to £162.4m.

Increase in June  
Back pay £1.1m from 2022-23

Increase in July

- DMTP deliverables with third party suppliers. DSPP £1.6m Work Package7 [Public Beta Enhancements]

Increase July onwards

- Messaging contract in Operations increase £0.1m a month.
- Datacentre and 0365 increase each £0.15m.
- Pay award 5% paid in July – funded Welsh Government.

Increase in September

- Covid use of third party suppliers.
- DSPP £0.5m Work package8 [GP interface connection, software migration] and DMTP £0.5m patient access.

Increase in October

- DSPP Work Package 9 [Core app enhancements and software migration runs September to December £0.7m and LIMS 2.0 funding letters £0.5m.

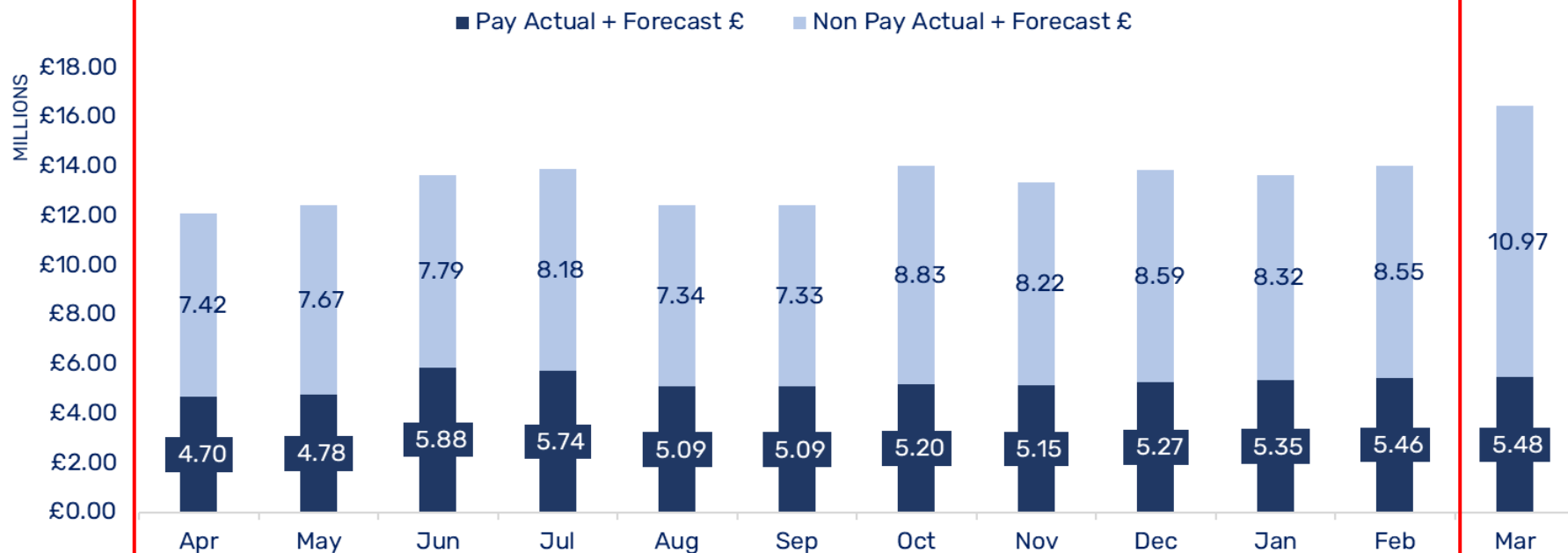
Increase December

- RISP and Maternity milestones

Increase January - March

- DSPP Work Package 10 [GP onboarding Core app enhancements and software migration] and DMTP Prescribing activity.
- Datacentre and SIEM activity

## Organisational Expenditure Run Rate

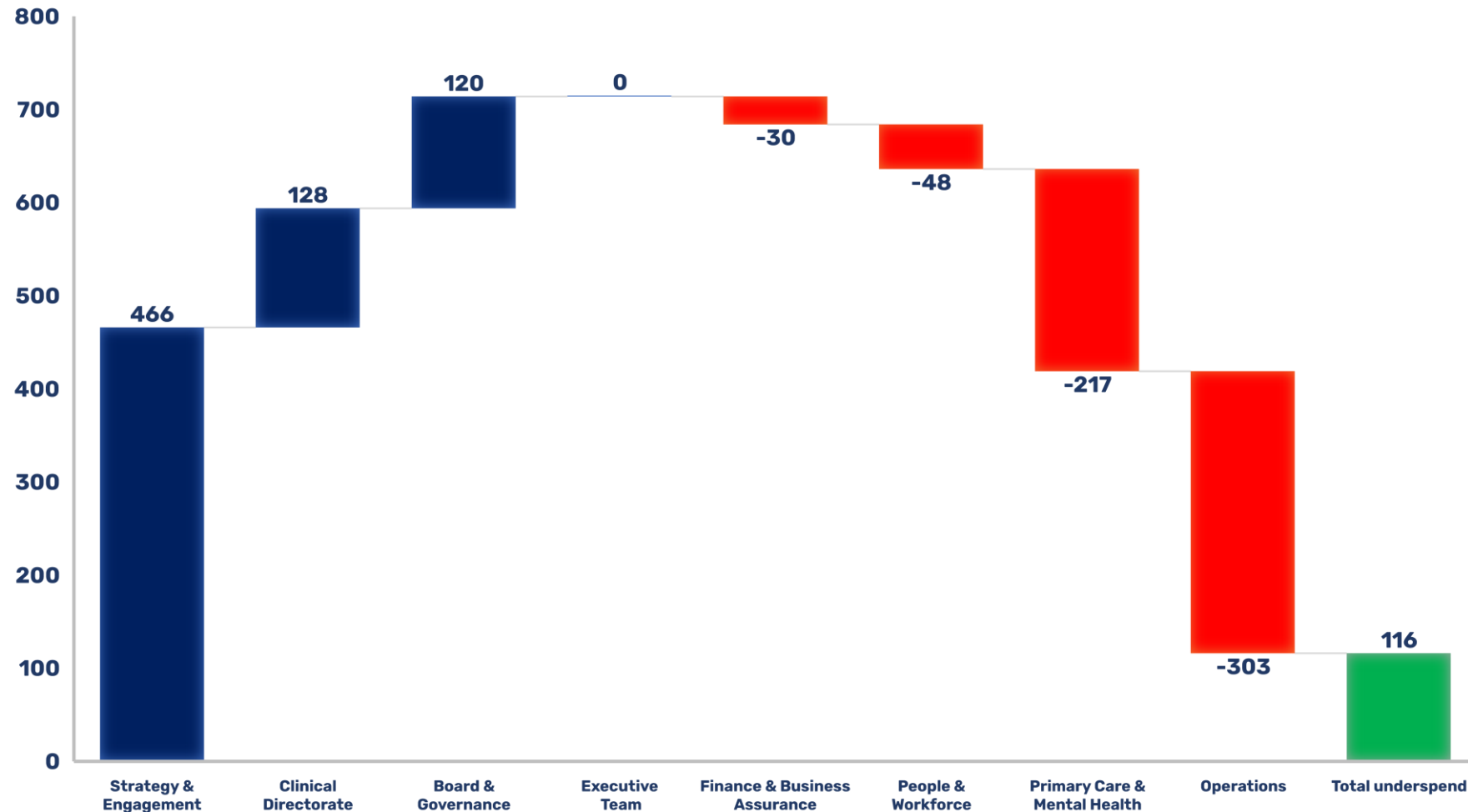


£146.0m Year To Date Spend

# Directorate Performance

In February, DHCW is reporting a small revenue underspend of £0.116m.

## Directorate Contributions to February Organisational Financial Performance £000's



Performance notes:

**Strategy & Engagement** – The directorate is reporting a significant underspend to date as a consequence of recruitment slippage, this is planned to be repurposed to support key DSPP and DDAT activity prior to year end.

**Operations**– The directorate is reporting an overspend of £0.303m. These priority data centre move and SIEM costs (anticipated to total £1.4m) are to be absorbed within the directorate supplemented by organisation wide balances.

**People and Workforce**– The overspend is due to approved additional resources to support the recruitment acceleration.

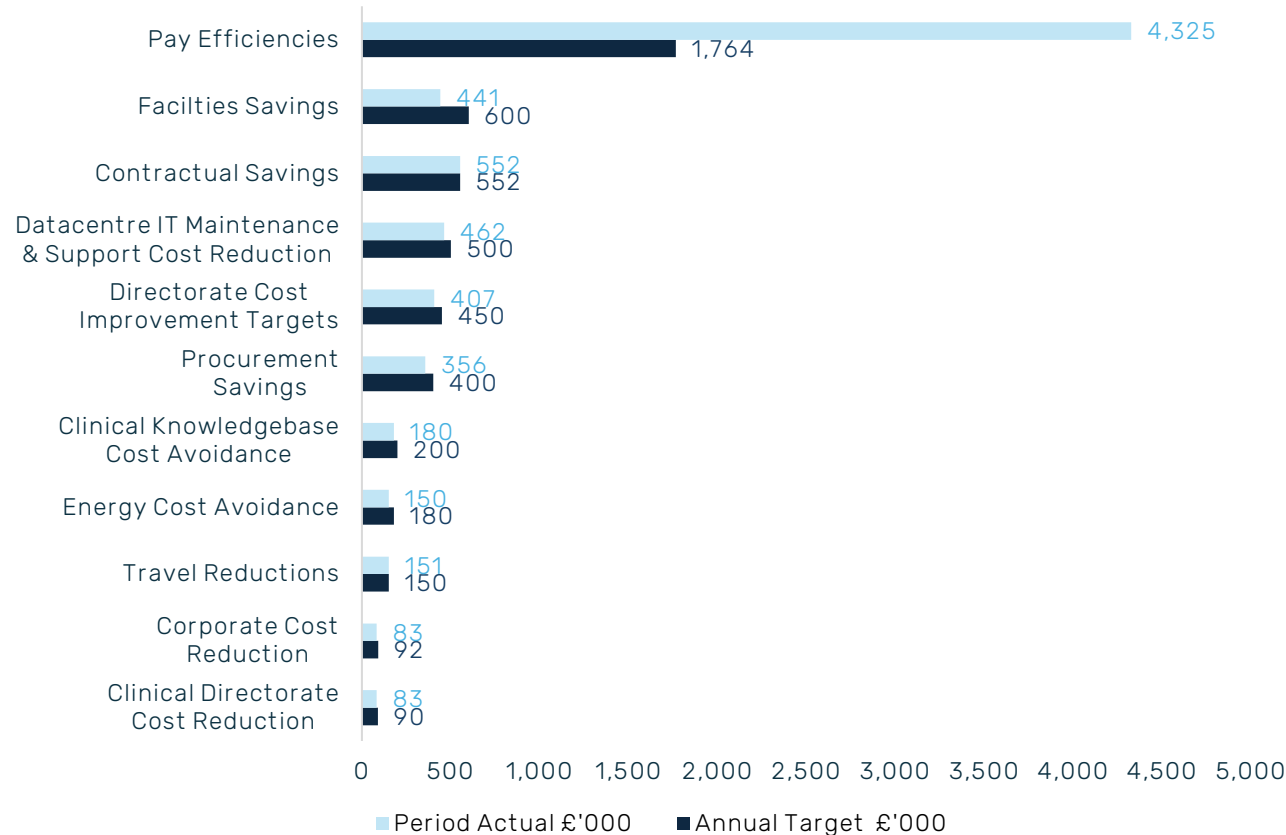
**Primary Care and Mental Health**– Previously reporting an underspend, the shift is from the movement of Choose Pharmacy financial pressures (addressed as part of the 24/25 IMTP), and support of WCCIS and Eyecare programme activity.

**Finance**– Small overspend due to support of strategic activities to inform future sustainable funding and value models.

# 2023/24 Financial Challenge Update

The savings performance target below is now £4.978m which includes the original £4.252m and additional requirement within the NHS financial challenge Savings of £0.726m. A total of £2.241m is anticipated to be recurrent on nature.

Savings Plan Performance £000's



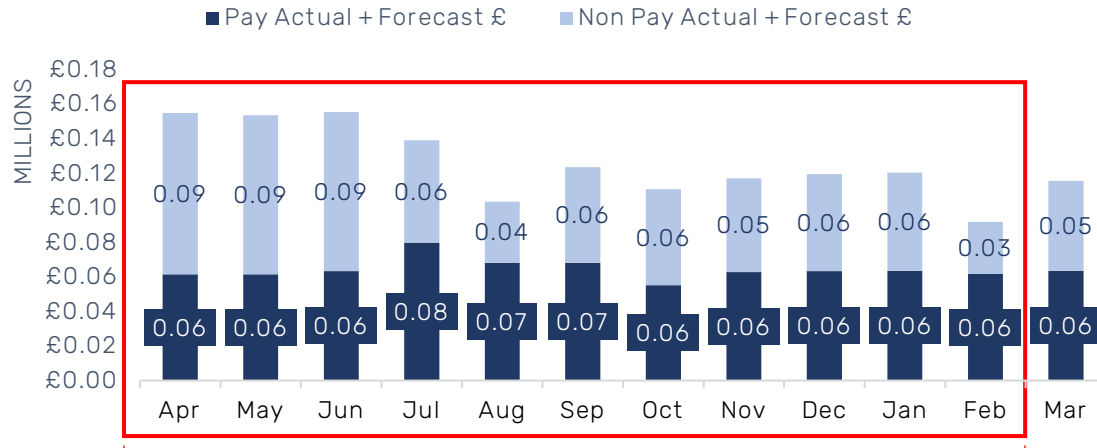
Scheme	Annual Target £'000s	Period Target £'000s	Period Actual £'000s	Period Target Over/(Under) £000's	Plan FYE (Recurring Schemes only) £'000
Pay Efficiencies	1,764	1,736	4,325	2,589	0
Facilities Savings	600	500	441	-59	541
Contractual Savings	552	552	552	0	0
Datacentre IT Maintenance & Support Cost Reduction	500	462	462	0	500
Directorate Cost Improvement Targets	450	407	407	0	450
Procurement Savings	400	356	356	0	400
Clinical Knowledgebase Cost Avoidance	200	180	180	0	200
Energy Cost Avoidance	180	150	150	0	0
Travel Reductions	150	132	151	19	150
Corporate Cost Reduction	92	83	83	0	0
Clinical Directorate Cost Reduction	90	83	83	0	0
<b>Total</b>	<b>4,978</b>	<b>4,641</b>	<b>7,190</b>	<b>2,549</b>	<b>2,241</b>

The organisational vacancy factor target for the year totals £1.764m, increased by £0.464m from the financial challenges exercise. This has been overachieved by £2.589m to date. The challenging facilities requirement is currently running behind target (however this is being offset via directorate pay efficiencies).

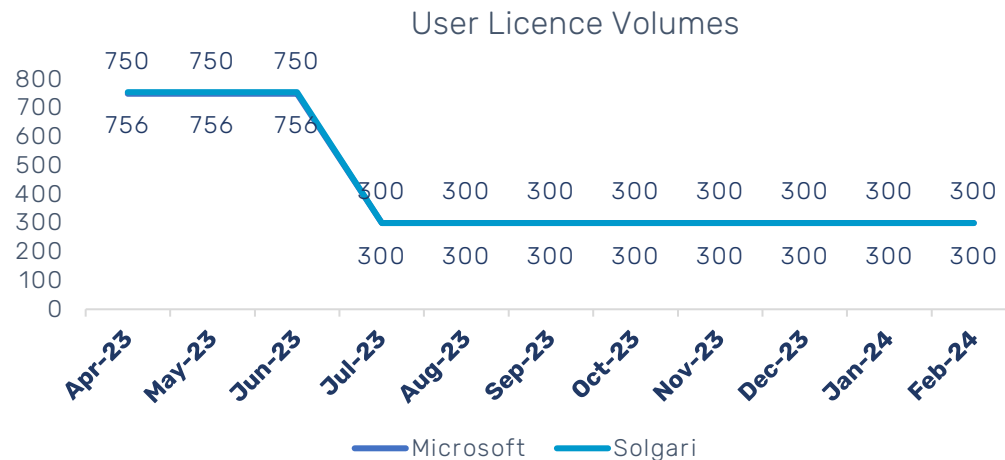
# COVID Financial Performance

The organisational run rate is given below for TTP and Vaccines. The vaccines scheduling text/letter volumes continue to decrease in quarter 4. Given the current trend in letters and texts volumes DHCW will not draw down the total allocation for COVID in 2023-24. February spend and anticipated March expenditure presents an increased run rate as a result of National Immunisation Framework (NIF discovery) and third party support payments.

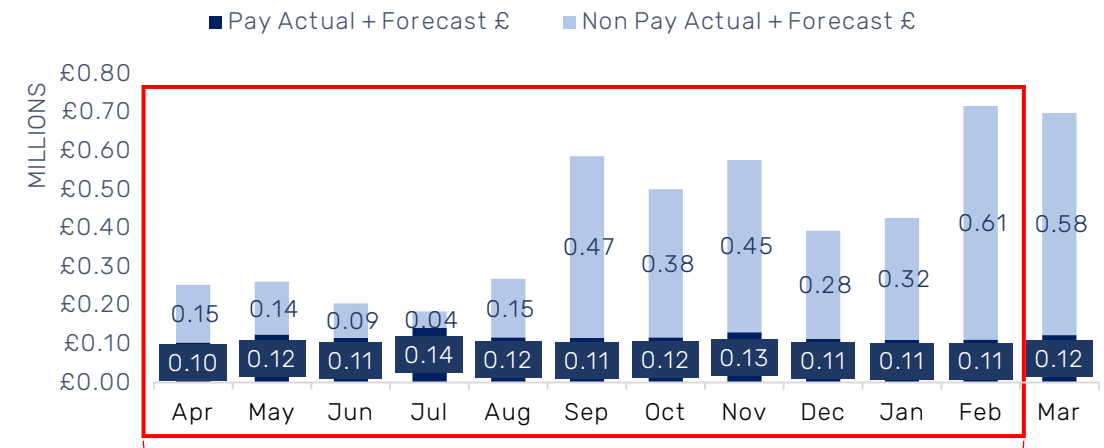
COVID TTP Run Rate £million



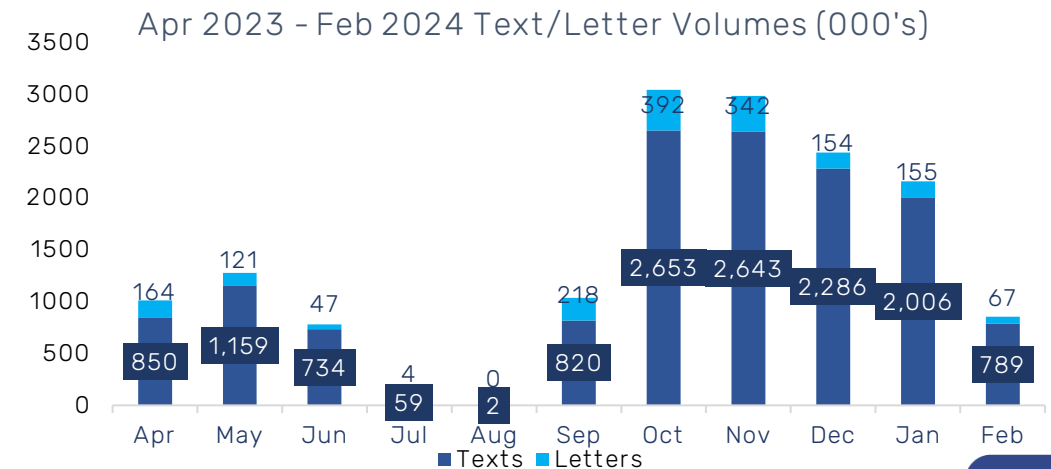
£1.4m spend to date against an annual budget £1.5m



COVID Vaccine Run Rate £million



£4.4m spend to date against an annual budget of £5.9m





# Digital Priority Investment Fund

The organisation has recorded £29.440m cumulative revenue spend against DPIF schemes to February out of total funding envelope of £33.554m

Scheme	Annual Forecast £000's	Period Actual £000's	Residual Spend £000's	Residual Spend %
Approved (Direct)				
National Data Resource	6,139	5,423	716	12%
Digital Medicines Transformation Programme	6,312	5,192	1,120	18%
Digital Services For Patients & Public	5,522	4,619	903	16%
WCCIS - Priority Investment	4,708	4,481	227	5%
WPAS Acceleration	2,413	2,240	173	7%
CANISC - Clinical Functionality	1,949	1,785	164	8%
Digital Maternity Cymru: Scoping and Discovery	1,425	1,150	275	19%
LIMS 2.0	1,826	1,755	71	4%
Digitalisation of Paeds Nursing	686	670	16	2%
RISP: Radiology Informatics System Procurement Programme	701	644	57	8%
Digital Business Change Network	510	405	105	21%
Business Change network and Benefits Realisation	332	264	68	21%
MSC Digital Skills for Health and Care Professions	90	0	90	100%
Digital Eyecare	292	259	33	11%
Total Approved (Direct)	32,904	28,887	4,017	12%
Approved (Indirect)				
Cross Border Pathways	284	226	58	20%
Digital Intensive Care Unit	365	327	38	10%
Total Approved (Indirect and Direct)	33,554	29,440	4,113	12%

A residual funding total of £4.113m (12% of plan) remains to be spent prior to year.

Note:

1. NDR: Material driver being spend on Cloud and recruitment lag (identified as an opportunity to support the NHS financial improvement exercise). Slippage on Health Board disbursement spend has impacted the position.
2. DMTP: Lower spend due to commercial outcomes and rescheduled GP supplier training activity to 2024/25.
3. WCCIS Priority: Local Authority Quarter 3 charges impacting profile together with extension of three contractors and Phase 2 work including market engagement.
4. Maternity: Programme activity reduced with costs associated with the gateway review now expected to take place next financial year.

DHCW will be expected to manage spend in line with these adjusted annual forecasts for the year end.

# Capital Plan Performance

At the end of February, DHCW had a Capital Spend of £16.440m against the final Annual Capital Resource Limit of £17.888m. In February DHCW spend on DCT2 continued, and DHCW received the delivery of Cyber security infrastructure. The remaining balances, over a number of schemes which will be monitored in the forthcoming weeks to ensure the organisation meets its target of remaining within its funding limit.

Scheme	CRL Annual Forecast £000's	Period Plan £000's	Period Actual £000's	Under/- Overspend £000's	Residual Spend £000's
Discretionary					
Infrastructure Communications Technology	2,536	2,345	2,345	0	69
Estates & Facilities	78	65	48	17	152
Total Discretionary	2,614	2,410	2,393	17	221
Digital Priority Investment					
Digital Services for Patients & Public	1,018	803	803	0	215
Digital Medicines Transformation Portfolio	272	272	272	0	0
RISP	464	363	363	0	101
LIMS 2.0	7,599	7,353	7,353	0	246
Digital Intensive Care Unit	5,307	4,642	4,642	0	665
Cyber Security	614	614	614	0	0
Total Digital Priority Investment	15,274	14,047	14,047	0	1,227
Total Capital Plan	17,888	16,457	16,440	17	1,448

Whilst there is a small underspend of £0.017m against period plan (0.1%) there is a high degree of confidence DHCW will meet its planned investment objectives whilst remaining within the total capital funding envelope of £17.9m with anticipated spend of £1.4m during March.



GIG  
CYMRU  
NHS  
WALES

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# DHCW Financial Performance

## Annual Accounts Update

# Overview

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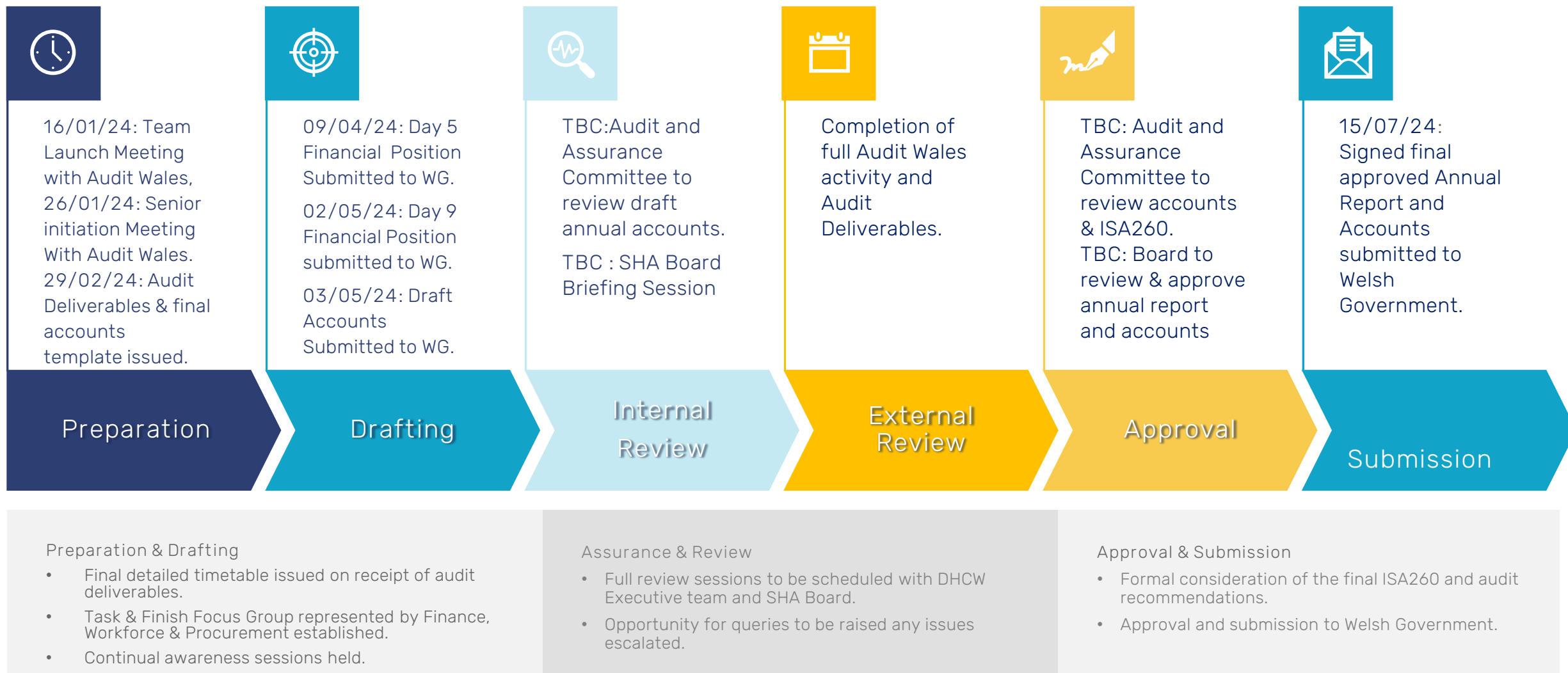
The introduction of ISA315 and IFRS 16 in 2022/23 resulted in additional auditing requirements and the final submission deadline was extended to 31st July, this has been brought forward in 2023/24 to the 15th July.

DHCW has worked with Audit Wales to continually improve the efficiency of the audit process and ensure the necessary resource are available.

- The Manual for Accounts (MfA) sets out the following submission deadlines for this year:
  - Draft Accounts – Friday 3rd May 2024 (midday)
  - Audited Accounts – Monday 15<sup>th</sup> July (midday)

A detailed closure plan has been successfully used in prior years to ensure all relevant staff are aware of their responsibilities in the year-end process and to monitor progress. This will be used again for 2023/24 and includes a task-specific timetable, closing pack for finance staff providing detailed closing instructions and the issuing of general communications to relevant staff across the organisation.

# 2023/24 Annual Accounts High Level Timeline





GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

# DHCW Financial Performance Forward Outlook



# 2024/25 Financial Plan Overview

## Financial Plan

The organisation has identified new national/local inflationary and growth. 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. Over the planning term assumptions have been made in relation to inflation (consistent with current Bank of England forecast), standard growth in capacity and funding indexation.

Incorporated within the forecast pressures are additional costs as a consequence of resources required to support the provision of new services resulting from a completed digital investment, general inflation as well as sector specific digital cost pressures.

Focus over the IMTP period remains the implementation of a revised funding model which supports current, future service delivery models and growth whilst establishing the "Finding More Value" workstream to identify and implement strategic initiatives to increase efficiency, avoid costs and generate both organisational and system wide savings.

In the interim, to offset identified planning cost pressures DHCW has identified savings target to be delivered via recurrent directorate level cost improvement programmes. Resulting in a savings requirement totalling £5.8m over the planning term (£1.5m in 24/25, £2.0m in 25/26 and £2.3m in 2026/27 respectively) in order to breakeven.

## Financial Pressures

As part of the 2024/25 financial planning process DHCW has identified opportunities to mitigate ongoing unavoidable financial pressures, such as:



**Service Growth & Underlying Position....** At present there is no mechanism to keep funding at pace with growth whilst being experienced across the portfolio this is being particularly experienced within Choose Pharmacy.



**Digital Inflation....** Reflects sector specific cost increases and pressures.



**Sustaining Key Digital products....** DHCW will continue to support and sustain key initiatives such as the Cancer Programme, National Data Resource & NHS App. Programme continuity remains a significant issue.



**Energy Costs....** Whilst energy costs have contributed to the underlying position. However, there remains a risk that there may be cost increases due to developing geopolitical issues.



**Cyber Security Improvements....** Costs to support the requirement for a strengthened Cyber Security posture.



**Sustaining Key Digital Core Services....** A number of services require funding in order to provide a sustainable service, such as Integrated Intelligent Audit Solution – now a cloud recurrent service and Wales Accord on the Sharing of Personal Information (WASPI). COVID WIS and the National Immunisation Framework.

Avoidable costs, such as service/product development choices (e.g. transition to cloud) or digital investment fund activity are excluded from the financial plan and will be subject to affordability (the associated deliverables will be colour coded as per this text).

# IMTP Source and Application of Funds

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 70% of the current financial plan for 2024/25) including an allocation for capital charges (depreciation). All other anticipated income relates to the payment for a range of services provided to NHS Wales and Northern Ireland 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 (£86.9m/52%) is linked to ring fenced expenditure such as the provision of All Wales contracts (eg all Wales Digital licensing, specific schemes/initiatives such as digital priority initiatives (DPIF) or services such as Primary Care IM&T Support) resulting in a decreased scope for internally benefiting savings.

Source of Funds	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
<b>Recurrent</b>				
Welsh Government – Core	54.592	56.462	57.591	58.742
Welsh Government – Primary Care IM&T	16.968	19.176	19.560	19.950
Welsh Government – Depreciation	8.067	8.067	8.067	8.067
NHS Wales – SLA/Other	14.713	16.623	18.450	18.820
All Wales Digital Licensing	26.893	30.081	32.081	33.800
<b>Total</b>	<b>121.233</b>	<b>130.409</b>	<b>135.749</b>	<b>139.379</b>
<b>COVID-19 Response</b>				
Test, Trace and Protect	1.550	0.554	0.000	0.000
Vaccination	5.800	6.826	7.527	7.678
<b>Total</b>	<b>7.350</b>	<b>7.380</b>	<b>7.527</b>	<b>7.678</b>
<b>Digital Priority investment Fund</b>				
WG Allocation	32.357	28.07	1.368	0.846
NHS Allocation	1.703	2.234	2.234	0.000
<b>Total</b>	<b>34.06</b>	<b>30.304</b>	<b>3.602</b>	<b>0.846</b>
<b>Grand Total Funding</b>	<b>162.643</b>	<b>168.093</b>	<b>146.878</b>	<b>147.903</b>

Application of revenue funds: The projected application of funds to support IMTP deliverables are identified below.

Application of Funds	2023/24 £m*	2024/25 £m	2025/26 £m	2026/27 £m
<b>Core</b>				
SHA and Core Operational Services	68.605	73.415	76.612	78.413
All Wales Digital Licensing	27.593	31.218	33.246	34.972
Primary Care IM&T	16.968	19.176	19.834	20.204
Depreciation Charges	8.067	8.067	8.067	8.067
<b>Total Core Allocation</b>	<b>121.233</b>	<b>131.876</b>	<b>137.759</b>	<b>141.656</b>
<b>COVID-19</b>				
Test, Trace and Protect	1.550	0.349	0.000	0.000
Mass Vaccinations	5.800	7.031	7.527	7.678
<b>Total COVID Allocation</b>	<b>7.350</b>	<b>7.380</b>	<b>7.527</b>	<b>7.678</b>
<b>Digital Priorities</b>				
Investment Schemes	34.060	30.305	3.602	0.846
<b>Total Digital Priorities Funding</b>	<b>34.06</b>	<b>30.305</b>	<b>3.602</b>	<b>0.846</b>
<b>Total Allocation of Funds</b>	<b>162.643</b>	<b>169.561</b>	<b>148.888</b>	<b>150.180</b>
Savings Target	-	(1.468)	(2.010)	(2.277)
<b>Grand Total Funding</b>	<b>162.643</b>	<b>168.093</b>	<b>146.878</b>	<b>147.903</b>

## Notes:

- \*To normalise across financial years the 2023/24 position excludes IFRS16 revenue adjustments.
- All Wales Digital licensing figure excludes primary care (directly charged to the ringfenced budget).
- 2023/24 savings delivered and netted off SHA and Core Operational Services expenditure.
- Unmitigated cost pressures reflects an assessment of overspend position after allocating current funds and applying savings target.

# Risks and Opportunities

## Financial Risks:

- General Digital Inflation & Contractual Energy Cost increases: The underlying digital price pressures and energy prices continue to be identified, quantified and managed.
- DPIF Programme Funding: Recent uncertainty regarding the level of investment funding has necessitated detailed impact assessments. The IMTP sets out the approach for managing these uncertainties which may require further iteration of the underpinning financial plan.

## Financial Opportunities:

- Sustainable Funding: DHCW continues to liaise with Welsh Government to produce a policy brief setting out the background (including current challenges), options and a recommendation for addressing the current challenges. Particularly, this will explore how DHCW are funded to maintain and deliver all-Wales digital services, such as the NHS Wales App, the National Data Resource, and the Cancer Informatics Solution and explore an optimal model to support effective digital investment activity.
- Microsoft VAT Recovery: HMRC have informed us that the claims have been escalated to the internal policy team in order to assess all the information we have submitted and provision of a consistent response across all cases. In terms of timing, we would not expect them to come back with an answer this financial year as there are a significant number of stakeholders involved in their internal teams that need to provide approval.
- Finding More Value: Alongside practical short-term savings initiatives, DHCW will establish the “Finding more Value” workstream in the transformation project to be led by senior executive representatives with the objective of identifying and delivering on strategic efficiency programmes within the organisation.

# Recommendations

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DHCW Board are requested to:

- Note the position to February 29th 2024 and forecast achievement of financial targets.
- Note the Annual accounts delivery timeline.
- Note the financial outlook over the IMTP period.



# DIGITAL HEALTH AND CARE WALES

## INTEGRATED MEDIUM TERM PLAN

Agenda Item	4.3
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Ruth Chapman, Asst Director of Planning
Presented By	Ifan Evans, Executive Director of Strategy

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to APPROVE the DHCW IMTP 2024-27.

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: This is the overall DHCW 3 year plan – individual initiatives would need to consider their own impact assessments	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
	This is the DHCW 3 year plan so covers items against this category but individual initiatives would consider their own impact assessments.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
	This is the DHCW 3 year plan so covers items against this category but individual initiatives would consider their own impact assessments.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Financial consequences of delivery over the period are considered in the IMTP in draft





WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	IMTP deliverables will impact on resource – but not itemised in this document.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.
	This is the DHCW 3 year plan so covers items against this category but individual initiatives would consider their own impact assessments

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	14/03/2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IMTP	Integrated Medium Term Plan	DPIF	Digital Priorities Investment Fund



### 3 SITUATION / BACKGROUND

**Process.** The DHCW Integrated Medium Term Plan 2024-27 is presented for approval by the SHA Board. The Welsh Government deadline for submission is 29th March 2024, following this approval.

The Welsh Government determine the priorities, timing and general format of the IMTP, and issued guidance via a Planning Framework document on 18 December 2023, followed by a minimum data set issued on 19 January 2024 (revised version issued 01 February 2024).

The IMTP portfolio roadmaps have been underpinned by an annual Business Plan which lists more detailed milestones and deliverables. These have been assessed by teams to confirm the resources required and plans to deliver.

Review of key deliverables has been an ongoing process with Executive Directors, the Planning and Performance Management Group (PPMG), Portfolio Leads and milestone and resource owners from October 2023 to February 2024. We also have our ongoing engagement with stakeholders which includes joint planning with our implementation partners from other NHS organisations. This final document is a culmination of the exercise.

**Confirmed Funding.** Welsh Government Funding for 2024/25 Core, COVID and Primary Care has now been formally confirmed. The provisional plan is consistent with published planning principle assumptions incorporating an anticipated 3.67% uplift in Welsh Government and SLA funding.

**Service Level Agreements.** DHCW has completed detailed 1-1 sessions with organisations providing transparency regarding cost increases and the financial pressures being faced by the organisation. The exercise has been welcomed and there is an expectation that all organisations will formally sign SLAs in March.

**Digital Priorities Investment Fund.** Following dialogue through February, Welsh Government have confirmed a controlled total of £28m for DPIF funded national programmes. This is a significant reduction against the anticipated funding of £36.4m (based on funding allocation letters received, and on funding indicated through regular discussions with Welsh Government).

The reduced funding, confirmed at a late stage in our planning process, will have an impact on our IMTP delivery plans, on programme delivery plans, and on partner delivery plans. We have reflected this in our delivery plans at the IMTP level, but we will need to work through this impact in detail using our established process of managing change controls at the milestones level in our Business Plan. This is a complex process because there is a high degree of interdependency between the 500+ milestones and related team work plans. There will be a much greater volume of change controls in Q1 than is usually the case.



## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### Assurance Activities

The following activities have taken place to give assurance to the SHA Board around the IMTP development process:

- **Oct 2023.** Workshops for 14 Portfolios to develop prioritised delivery plans
- **Dec 2023.** Exec directors' workshop and checkpoint re-confirming approach and priorities
- **Jan 2024.** Major delivery milestones defined. Key commitments shared at the Jan SHA Board Development Session
- **Feb 2024.** A review of major objectives and timelines in the IMTP and their alignment to the new DHCW strategy at a Board Development Session.
- **Jan/Feb/Mar 2024.** An internal planning assurance exercise has taken place to test the following:
  - **IMTP / Strategy.** Do IMTP roadmaps make progress towards the DHCW strategic objectives for 2030, considering the period of this IMTP will take us 50% of the way there.
  - **Roadmaps > Milestones.** Do all IMTP roadmaps have detailed milestones in the 2024-2025 annual Business Plan, as this is the level at which performance against the plan takes place. There are currently over 500 milestones drafted for 2024/25 which feature in our annual business plan and will be formally monitored throughout the year.
  - **Milestone Prioritisation.** Do Business Plan milestones link to an IMTP objective. A mapping exercise takes place as part of the planning cycle which includes assigning a priority level to each milestone, with milestones linked to IMTP roadmaps given highest priority. This allows reassessment of capacity assignment during the year.
  - **Milestone Carry Over.** What is the extent of uncertainty around this year's outstanding milestones – will any need to carry over from 2023/24 to 2024/25?
  - **Capacity.** Do we have capacity to deliver the plan. Sessions were run for milestone owners to discuss plans with over 30 resource owners during Feb 2024. This allows requirements to be discussed and resource owners to highlight any capacity risks.
  - **Stakeholder priorities.** Do our priorities link to Welsh Government and Health Board priorities. Three year joint plans with Health Boards have been shared during the year and the IMTP includes pipeline projects where large new areas of work have been requested but not confirmed. Ministerial priorities are drivers featured on each portfolio timeline.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD/COMMITTEE

The SHA Board is asked to note the following:

- **IMTP Finance** – If anticipated funding is not confirmed (by Welsh Government and/or by NHS organisations through SLAs) then the committed and unavoidable costs will become an organisational cost pressure resulting in a forecast end of year overspend position.
- **Change Management** – the controlled total for DPIF funding is significantly (£8.4m) less than anticipated. This is reflected in the IMTP through the regular blue/yellow indication of whether resources are confirmed, but there has not been sufficient time to work through the impact of reduced funding down to Milestones level. Our approach to managing these changes is set out in the IMTP.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
APPROVE the DHCW IMTP 2024-27.	



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# Integrated Medium Term Plan

2024-27



# Message from the Chair and CEO

## Foreword



Simon Jones (Chair)



Helen Thomas (CEO)

- Digital Health and Care Wales plays a unique role, providing the national digital and data systems underpinning health and care services in Wales. As the expert national body and part of the NHS Wales family we are committed to fulfilling our role as a trusted strategic partner, delivering some of the biggest healthcare digital and data projects in the UK.
- As we enter our fourth year as a Special Health Authority, we are constantly seeking ways to learn, innovate and improve while continuing the delivery of our core services. This is why we are pleased to present our refreshed Integrated Medium Term Plan (IMTP) for 2024-27, developed with partners across the health and care sector in Wales. Our IMTP is set within the strategic context of Welsh Government's 'Digital and Data Strategy for Health and Social Care in Wales 2023' and reiterates our commitment to maintaining high quality and secure services for our partners.
- These are challenging times for NHS Wales – both for patients and staff – but there are many opportunities for digital and data to help with these challenges. The Minister for Health and Social Services has set out her digital expectations in the planning framework – 'digital developments are essential to transforming efficiency, access and care'. Digital transformation will allow for the delivery of better and safer care for patients, support the system by mitigating the unrelenting pressures on services and help to deliver vital longer-term preventative work. Our plans must make the most of these opportunities by increasing our ambitions and placing a strong focus on how our systems and services can improve care and patient outcomes.
- Last year saw us make significant achievements including the introduction of the NHS Wales App into public beta, the launch of the Electronic Prescription Service rollout, major developments in the National Data Resource platform and progress in key areas such as cancer, diabetes and electronic testing requests. DHCW also took over the management of national digital diagnostic programmes. We are proud of the early progress we are making in our approach to user-centred design, working collaboratively with partners to develop services to best meet their needs, and being awarded Digital Inclusion Charter Accreditation by Digital Communities Wales, which recognised our approach as 'exemplary'.
- But we know there is much more to do and that's why our refreshed IMTP demonstrates our ambition to not only continue our delivery for partners and citizens but drive even more opportunities for digital and data to improve health and wellbeing. With partnership and innovation at the heart of the plan we have focused on our five strategic missions to ensure alignment with national objectives and value in healthcare. We also set out our aims and objectives for quality, a diverse and flexible digital workforce and decarbonisation.
- As a forward-thinking and ambitious organisation, our plan, combined with the skills of our workforce, sets out a clear pathway from objectives to activity, building on core services and delivering more to ensure digital and data supports citizens to receive better care and effectively manage their own health and wellbeing.



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- Executive Summary
- Our Strategic Framework

## Mission 1 PROVIDE a platform for enabling digital transformation

### Portfolios

- 1.1 Data Platform and Reference Services
- 1.2 Open Architecture and Interoperability
- 1.3 Protecting Patient Data
- 1.4 Sustainable and Secure Infrastructure

### Focus on:

- National Data Resource
- Open Architecture
- Cyber
- Cloud Transition
- WASPI

### Timelines

- 1.1 Data Platform and Reference Services
- 1.2 Open Architecture and Interoperability
- 1.3 Protecting Patient Data
- 1.4 Sustainable and Secure Infrastructure

## How we have Developed our Plan

- Strategic Context
- Planning Approach
- Ministerial Priorities
- Plan on a Page
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- 2.3 Planned Care
- 2.4 Urgent and Emergency Care
- 2.5 Diagnostics
- 2.6 Medicines

### Focus on:

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- Planned Care Modernisation

### Timelines

- 2.1 Public Health
- 2.2 Primary, Community and Mental Health
- 2.3 Planned Care
- 2.4 Urgent and Emergency Care
- 2.5 Diagnostics
- 2.6 Medicines

## Mission 3 EXPAND the digital health and care record and the use of digital to improve health and care

### Portfolios

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- 3.2 Engaging with Users: Patients and the Public

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- Welsh Clinical Portal
- Digital Maturity
- Welsh Nursing Care Record
- Digital Services for Patients and the Public
- Microsoft Centre of Excellence

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- 3.2 Engaging with Users: Patients and the Public

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### Portfolios

- 4.1. Research and Innovation
- 4.2 Value from Data

### Focus on:

- Innovation
- Value

### Timelines

- 4.1. Research and Innovation
- 4.2 Value from Data

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- The Well-being of Future Generations Act
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### Timelines



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# Introduction

# Executive Summary

## Strategic Context

The health service in Wales continues to operate in an extremely challenging environment. Embracing digital adoption can support and drive the NHS transformation needed.

The digital landscape is moving fast and has its own challenges: growing cyber threats, supply chain issues, variable digital resource availability and affordability, and tackling legacy technology.

That is why our plan has a strong focus on how digital and data can help manage the significant pressure on healthcare services and improve outcomes.

## Approach

We have aligned our plan with our newly drafted DHCW long term Strategy.

We are committed to working openly and transparently, aligning our missions and portfolios to Ministerial Priorities and the IMTP Framework.

We are highlighting our commitment to open architecture, standards, and infrastructure investment.

We have increased activity in primary care, community and mental health.

We have described our key pressures and risks.

We have identified areas where funding/resources are not yet fully confirmed.

## Major Programmes

We run 100+ live services and deliver major national digital transformation programmes.

We will continue to deliver Digital Services for Patients and the Public through the NHS Wales App and website.

The National Data Resource is now delivering the health and care data and analytics capability in a live cloud platform, supporting data-driven insights and improving patient outcomes.

We will continue the delivery of Digital Medicines across Wales, rolling out primary care electronic transfer of prescriptions to community pharmacies. We will build a shared record of medicines and help co-ordinate lessons and dependencies in secondary care e-prescribing local projects.

We will work with supplier partners to deliver new Diagnostics systems.

Our IMTP shows roadmaps for other key national services: a new national critical care system, maternity system, community solution, the Welsh Patient Administration System, and expanding the use and content of the digital health and care record, particularly through the Welsh Clinical Portal and Welsh Nursing Care Record.

# Our Strategic Framework

## Our Vision

To provide world leading digital services, empowering people to live healthier lives

## Our Purpose

To make digital a force for good in health and care

## Our Principles

- PRINCIPLE

1

Put people first
- PRINCIPLE

2

Simplify everything we do
- PRINCIPLE

3

Design for more data, more digital
- PRINCIPLE

4

Find more value
- PRINCIPLE

5

Learn from the past, embrace the future

## Strategic Objectives 2030

- MISSION

1

**Provide a platform for enabling digital transformation**
  - Move all our data stores and services to the NDR platform to create a single national Clinical Data Repository
  - Redesign our applications and services to a clean architecture which is secure by design and is based on open standards
  - Extend data standards and data components to social care and other partners
  - Establish an all-Wales framework for sharing health and social care data
  - Move all our live services to the cloud and close our datacentres
- MISSION

2

**Deliver high quality digital products and services**
  - All prescribing and medicines management in Wales is digitally enabled
  - All our digital health systems and major social care systems flow data to and from the NDR platform
  - Our core health services are consolidated into a single all-Wales Electronic Health Record application
  - Our core social care services are consolidated into a single all-Wales Electronic Social Care Record application
- MISSION

3

**Expand the digital health and care record and the use of digital to improve health and care**
  - A comprehensive single digital health and care record is used across all settings throughout Wales
  - The NHS Wales App is used regularly by over a million people
  - Users report a top-quartile satisfaction for our products and services
- MISSION

4

**Drive better values and outcomes through innovation**
  - An NDR Secure Data Environment which provides access for research while protecting privacy
  - A national information and data insights service which demonstrates net benefit and value
  - Deploy AI and automation, safely and ethically, to deliver year-on-year productivity improvements across NHS Wales
- MISSION

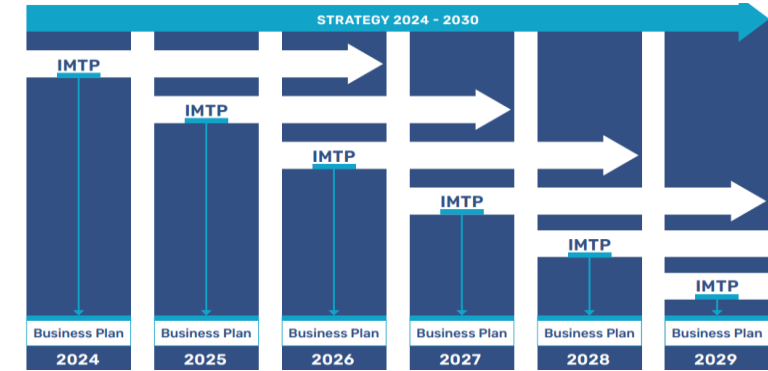
5

**Be the trusted strategic partner and a high quality, inclusive and ambitious organisation**
  - An academy approach to developing people through talent and leadership development programmes, aligned to Digital and Data Profession Capability Framework
  - A secure, long-term financially stable position
  - At least a 34% lower carbon footprint with a clear route to achieving net-zero
  - Work with partners and stakeholders to deliver a prioritised pipeline of future programmes and projects
  - Top quartile staff and stakeholder engagement

# Missions and Portfolios

Our Missions are divided into portfolios – designed to meet our strategic objectives. There are 14 delivery portfolios and 7 enabling portfolios.

Our strategy covers 6 years, our IMTP covers three years and is supported by a detailed annual business plan.



## 1 PROVIDE a platform for enabling digital transformation

1. Data Platform and Reference Services
2. Open Architecture and Interoperability
3. Protecting Patient Data
4. Sustainable and Secure Infrastructure

## 2 DELIVER high quality digital products and services

1. Public Health
2. Primary, Community and Mental Health
3. Planned Care
4. Urgent and Emergency Care
5. Diagnostics
6. Medicines

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

1. Engaging with Users: Health and Care Professions
2. Engaging with Users: Patients and the Public

## 4 DRIVE better value and outcomes through innovation

1. Research and Innovation
2. Value from Data

## 5 BE the trusted strategic partner and a high quality, inclusive and ambitious organisation

1. People and Culture
2. Finance
3. Sustainability
4. Stakeholder Engagement
5. Quality and Safety
6. Governance, Performance and Assurance
7. Commercial Services

# Missions > Deliverables > Outcomes

Each Mission's Portfolio has key areas of delivery shown below. These digital deliverables support transformative, clinical and efficiency outcomes for patients and NHS Wales staff.

## Missions

- 1. PROVIDE a platform for enabling digital transformation
- 2. DELIVER high quality digital products and services
- 3. EXPAND the digital health and care record and the use of digital to improve health and care
- 4. DRIVE better value and outcomes through innovation
- 5. BE the trusted strategic partner and a high quality, inclusive and ambitious organisation

## Deliverables

Care Data Repository	Integration Hub
Open Architecture	Information Governance Framework
Cyber Plan	Cloud Transition
Analytics Platform	Data Standards
Vaccines system	Screening systems
Primary and Community	Maternity system
Welsh Patient Administration	Eye Care
Laboratory Management	Intensive Care
Shared Medicines Record	Radiology Management
E-prescribing	Prescription Transfer
Welsh Clinical Portal / test requesting	M365 CoE outputs
Nursing Informatics	Cancer Informatics
NHS Wales App	
Academic partnerships	Industry Partnerships
Analytics Strategy	Strategic programmes analytics
Wellbeing	Welsh Language
Digital Workforce	Business Change Network
Financial Sustainability	Cloud finance
Decarbonisation	Foundational Economy
Digital Inclusion	Digital Maturity
Benefits Framework	Quality

Portfolios

## Outcomes

Health system transformation and efficiency is increased as sustainable digital services support service re-design and save time.

Patient Safety is increased as manual processes and paper are removed and more data is available for clinicians to make informed decisions and errors are reduced.

Positive health outcomes are seen as a result of increased availability of data and analysis and more time with the patient.

Health system costs decrease where digital supports automation, care closer to home and patient empowerment.

Patient experience improves when patients can interact with health professionals digitally and have more quality time spend with staff.







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# How we developed our plan

# Strategic Context

Digital Strategy. The Welsh Government 'Digital and Data Strategy for Health and Social Care in Wales 2023' has the following strategic aims:

- Empower people to access and use digital services that meet their needs and preferences, and enable them to manage their own health and well-being.
- Enable health and social care professionals to access and use digital tools and data that support them to deliver safe, effective and efficient care.
- Support health and social care organisations to adopt and scale up digital and data solutions that improve quality, productivity and sustainability.
- Develop a digital and data ecosystem that fosters collaboration, innovation and research across health and social care and beyond.

DHCW plays a key role with all NHS Wales organisations in delivery of actions from the strategy, eg developing a national digital platform, implementing a national data resource, establishing a national digital and data governance framework, investing in digital and data infrastructure, standards and interoperability, and supporting digital and data innovation and research.

Our Role. We provide the data centre infrastructure and cloud platform management for national systems and services, including the national service desk and service management capabilities. Similarly, we provide cyber security services and lead on cyber security matters on behalf of NHS Wales. We also provide infrastructure management services (PCs, Printers, Networking, Microsoft 365, etc) for all GP practices, Health Education and Improvement Wales, NHS Wales Shared Services Partnership and the NHS Executive. Other organisations (eg Health Boards and Trusts) manage their own infrastructure and connectivity to our systems.

We deliver a range of national clinical systems used in hospitals, primary, community and mental health settings, patients' homes, pharmacies, emergency care and diagnostics departments. We also provide the platform and building blocks that enable national and local systems to connect to the national digital architecture and provide data and analytics services for national use.

Health Trends. The health service in Wales is facing challenges such as an ageing population, lifestyle changes, and public expectations. These have been compounded by post Covid-19 waiting lists, staff shortages, and a challenging economic climate.

Welsh Government has emphasised that 'digital, innovation, technology and transformation must underpin plans to deliver optimum care and services for patients'.

Health Strategies. This plan is aligned with the Well-being of Future Generations (Wales) Act 2015, the Social Services and Well-being (Wales) Act 2014, and the Health and Social Care (Quality and Engagement) (Wales) Act 2020, and supports the delivery of A Healthier Wales, the long-term plan for health and social care in Wales.

Digital Trends. We are seeing the following shifts and needs:

- Growing importance of data
- Digital services transforming healthcare
- Transition to cloud services
- Enhancing cybersecurity against rising threats
- Adoption of international technical and data standards
- Addressing technology talent shortages
- Cost optimisation amid digital inflation and funding challenges and the shift from capital to recurrent revenue models
- Adoption of 'product' based delivery with emphasis on continuous agility and modular components in digital services
- Automation, particularly in testing
- Open architecture promoting data exchange
- Integration of patient empowerment apps
- The expansion of Artificial Intelligence



Statutory requirement for approvable plans (Integrated Medium Term Plan/ IMTP) which comprises the duty to break-even, whilst setting out the improvements to services and their future sustainability within the resources available to reduce inequalities and to improve the health outcomes of the population served.

## General Requirements (Director General and Minister's Letters)

Plans targeted to pressures:

- Challenging financial outlook
- Impact on Children and Young Persons and other disadvantaged sectors

Recovery and sustainability

- Optimisation of resources to deliver the best care and treatment for the people of Wales
- Reduction in inequalities and improving health outcomes – focus on gaps in service provision
- Stabilisation of the NHS.

## Golden Threads

- Recognition of external factors being the most challenging circumstances since the inception of the NHS; recognition that this is likely to continue
- Improving population health outcomes – impact of burden of disease modelling and focus on prevention – including weight management and diabetes
- Children's access to specific and universal care and services
- Quality and value-based approaches to care – reduction in waste, harm and unwarranted variation
- Shift to primary and community focused care
- Role of the NHS as an **Anchor institution**
- Foundational economy
- Wellbeing of Future Generations (5 Ways of Working)
- Climate change
- Plans to show clarity of delivery commitments – assessment and aggregation against *A Healthier Wales*.

Plans to include 'in year' priorities with route map to medium term, in 3 years context, with longer term ambitions.

**Ministerial Priorities (Planning Framework):** The national programmes will continue to support the delivery of services, whilst reinforcing best practice (quality, efficiency and patient experience) and not driving costs. *Accountability Conditions for these programmes were issued in September 2023 and will provide continuity between 2023/24 Plans.*

## Enhanced Care in the Community

- Focus on reducing delayed pathways of care

## Primary and Community Care

- Focus on improving access and shifting resources into primary and community care

## Urgent and Emergency Care

- Focus on delivering the 6 Goals Programme

## Planned Care and Cancer

- Focus on reducing the longest waits

## Mental Health, including CAMHS

- Focus on delivery of the national programme

## Thematic Workstreams (Value and Sustainability Board)

To support and provide guidance, the Board has agreed five workstreams to **maximise resource utilisation** across the system. These thematic areas cover:

- **Workforce** – continue reduction on reliance of high-cost agency staff; 'Once for Wales' arrangements for recruitment I strengthened
- **Medicines Management**
- **Continuing Healthcare (CHC) / Funded Nursing Care (FNC)**
- **Procurement** and non-pay, and
- **Clinical Variation / Service Configuration** – reduction in unwarranted variation and low-value interventions

The Board has already issued a range of requirements in relation to low value interventions, prescribing and continuing health care that must be implemented to ensure a consistent approach across Wales.

## Further Requirements and Considerations (Director General and Minister's Letters)

### Process and governance arrangements

- Consolidation of plans and ensuring collective progression against sustainability agenda and delivery of **'A Healthier Wales'**
- More detailed expectations are being produced – ie.. PHW mandate letter – follow in 2024
- Three-year plan – including **Firm, indicative, Outline** levels of detail with clear progression captured
- Detail of operational delivery, management of risk and financial sustainability
- Agile and dynamic planning to adapt to changing environment.

### Inclusions

- Quality, prevention, health inequity, impacts on CYPs particularly;
- Anti-Racism Action Plans – employment and service delivery;
- Duty of Quality – 12 Health and Care Quality Standards.

### Financial

- Unprecedented level of financial deficit – continue to reduce funding deficits and ensure financial sustainability – driving down financial risk.

### Integrated Arrangements

- Performance Framework will be issued ASAP and will reflect **key performance information**, complementing the Minimum Data Set (MDS)
- Templates – focus on areas of risk
- Collaboration across HB and public sector boundaries.

### Enablers and Influencers

- A Healthier Wales – Accountability Review
- NHS Wales Joint Commissioning Committee
- Value and Sustainability Board
- NHS Executive – phase two
- Social Partnership and Public Procurement (Wales) Act 2023
- Health Service Procurement (Wales) Bill
- Duty of Quality and Duty of Candour

## Core Supporting Functions and Triangulations

Plans must take advantage of transformation, innovation, partnership/regional working and **digital opportunities**.

- ✓ Embrace the Accelerated Cluster Development and Regional Partnership Board Plans
- ✓ **Strengthen 'Once for Wales' arrangements for digital**
- ✓ Maximise opportunities for regional working;
- ✓ Redistribution of resources to community and primary care;
- ✓ Maximise opportunities offered by **key policies** – ie **Further Faster**;
- ✓ Increasing administrative efficiency, to enable a reduction in administrative/management costs as proportion of the spend base.

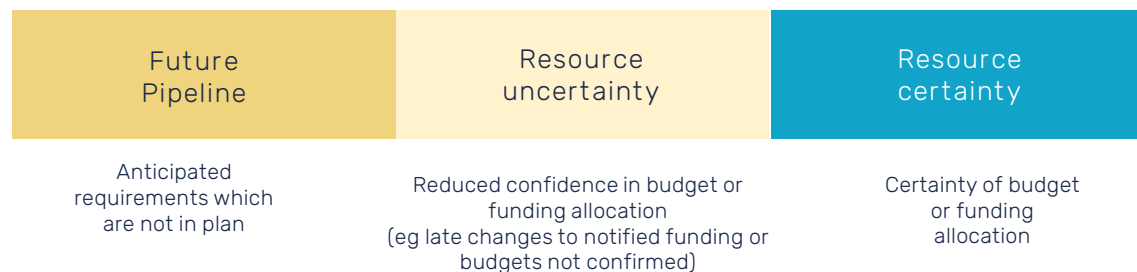
# Ministerial Priorities

Priorities	2023-2024 Achievements	2024-2027 Plans
<b>Enhanced Care in the Community</b> <ul style="list-style-type: none"> <li>Focus on reducing delayed pathways of care</li> </ul> <b>Primary and Community Care</b> <ul style="list-style-type: none"> <li>Focus on improving access and shifting resources into primary and community care</li> </ul>	<ul style="list-style-type: none"> <li>First go live of Electronic Prescription Service (EPS) in Primary Care (GPs to community pharmacists)</li> <li>NHS Wales App for patients – All GP surgeries onboarded, &gt;100k users</li> </ul>	<ul style="list-style-type: none"> <li>Commence national phased roll out of EPS</li> <li>NHS Wales App further roll and extra features</li> <li>Digital development for dentists and optometrists</li> <li>Shared community and social care record</li> </ul>
<b>Urgent and Emergency Care</b> <ul style="list-style-type: none"> <li>Focus on delivering the 6 Goals Programme</li> </ul>	<ul style="list-style-type: none"> <li>Testing the Welsh Intensive Care Information System</li> <li>Developing emergency care dashboards</li> <li>Developing emergency care data set</li> </ul>	<ul style="list-style-type: none"> <li>Rolling out the Welsh Intensive Care Information System</li> <li>Data modelling for urgent and emergency care</li> </ul>
<b>Planned Care and Cancer</b> <ul style="list-style-type: none"> <li>Focus on reducing the longest waits</li> </ul>	<ul style="list-style-type: none"> <li>E-prescribing in secondary care – all health boards have issued invitations to tender</li> <li>Welsh Clinical Portal enhancements– radiology and cardiology test requesting,</li> <li>Welsh Nursing Record in 80% of adult wards</li> <li>Cancer replacement solution – built palliative care module</li> <li>BCU single instance of Welsh Patient Administration System</li> </ul>	<ul style="list-style-type: none"> <li>Co-ordinate shared learning and technical inter-dependencies as organisations implement e-prescribing</li> <li>Welsh Clinical Portal extend content through APIs and add new features</li> <li>Welsh Nursing Care Record for Paediatrics</li> <li>Welsh Patient Administration health board boundary change reconfiguration</li> <li>New / enhanced diagnostics systems</li> </ul>
<b>Mental Health, including CAMHS</b> <ul style="list-style-type: none"> <li>Focus on delivery of the national programme</li> </ul>	<ul style="list-style-type: none"> <li>Looked after Children, Mental Health National dataset work and substance misuse project underway</li> </ul>	<ul style="list-style-type: none"> <li>Mental health digital discovery</li> <li>Shared community and social care record</li> </ul>
<b>Underpinned by</b> 	<ul style="list-style-type: none"> <li>Cyber Leadership Role</li> <li>Data Centre Moves</li> <li>Care Data repository and national data and analytics platform</li> <li>Initial standard 'plug ins' into our systems (APIs)</li> <li>Information Governance</li> </ul>	<ul style="list-style-type: none"> <li>Cyber security enhancements</li> <li>Move to the Cloud</li> <li>Populating our platforms with more data</li> <li>Accelerating APIs to provide an 'Open Architecture'</li> <li>Implementing DHCW IG Strategy</li> </ul>

# Planning Approach

## Principles

- Year 2 and Year 3 are indicative.
- Delivery intentions are based on known funding availability and associated resource.
- **Delivery timelines** are colour coded depending on level of certainty and maturity.



- The addition of new delivery commitments into the plan require additional or reallocated funding / budget.
- New delivery commitments are expected to progress in terms of detailed planning and maturity as they move from future pipeline through to the plan.
- We forecast and model our capacity across the organisation as part of our planning process taking into account factors such as recruitment timelines and absence.
- This plan has considered priorities from partner organisations such as Welsh Government, National Programmes, Health Boards/Trusts and Social Care Wales, Health Education and Improvement Wales, NHS Wales Shared Services Partnership – gathered from meetings, peer groups and new service requests during 2023 and 2024.
- Other organisational plans follow the same planning timeline as DHCW so confirmed detailed requirements may not have been available at time of drafting. We manage alignment of plans during the year as part of our strategic engagement.

## Main Areas of Risk

**Cyber.** Optimising our protection against cyber attacks is critical to ensure continued availability and delivery of our digital solutions. Otherwise optimum, safe and timely patient care is at risk.

**Suppliers.** We are reliant on supplier capacity to support key systems over the course of this plan. We need to be confident that delivery timescales are not at risk, and suppliers are focussed on an NHS Wales roadmap and requirements.

**Digital Inflation.** Increased costs from suppliers of digital services will potentially impact on the organisation's ability to balance finances.

**Sustainable Funding.** Late changes to the final DPIF allocation 2024/25 has created uncertainty around Yr 1 deliverables and medium term roadmaps which is reflected in the submitted IMTP. This will impact on delivery of new systems and ongoing operational services. There can be uncertainty about future service level agreement income from other NHS organisations, including the transition of major programmes from Welsh Government digital priority investments into business as usual.

**Resourcing** – There is a risk of not filling vacancies in a timely manner. Some digital skills are in short supply and posts can be difficult to fill.

**Legacy issues.** There is still legacy infrastructure which needs upgrading across the estate. Any focus away from this means new systems could sit on sub-optimal infrastructure which could delay roll out and presents a risk to delivery of our services.

**Complex Interdependencies.** The integrations between digital systems in health and social care are extremely complex. This can result in unexpected delays which may be difficult to mitigate, for example, when systems are provided by third parties.

**Information Governance** – Without a legal gateway that is fully transparent for the use of identifiable Welsh resident information, DHCW, Programmes such as the NDR and Value in Health, will not be able to derive the full benefits of their assigned responsibilities to collect, process and disseminate information for service improvement, innovation and research.



Portfolios	Plan on a Page 2024-27					
	QTR1	QTR 2	QTR 3	QTR 4	2025/26	2026/27
1.1 Data Platform and References Services	Care Data Repository population					
	National Data and Analytics Platform population					
1.2 Open Architecture and Interoperability	Implement and establish product and platform roadmaps				Future priorities are subject to sustainable funding confirmation	
	Staff Identity Approach – single lifetime digital identity					
	Onboarding and Implement APIs					
1.3 Protecting Patient Data	Welsh Accord for Sharing Personal Information accreditation					
		Clinical risks standards implementation planning				
1.4 Sustainable and Secure Infrastructure	Transition to Cloud					
	Cyber Improvements Plan					
2.1 Public Health		Prioritised product roadmap for National Immunisation Framework for Wales				
2.2 Primary, Community and Mental Health	Procure replacement products for national community system				Future priorities are subject to sustainable funding confirmation	
	Mental Health Digital – initial business case	Shared Care record for social care, community and mental health – initial phases				
2.3 Planned Care	Welsh Patient Administration Boundary Change configuration (other national systems not funded)					
		Maternity System procurement				
2.4 Urgent and Emergency Care	Intensive Care system implementation					
2.5 Diagnostics		Laboratory Information Management System implementation				
		Deliver national elements and support implementation of a new radiology system				
2.6 Digital Medicines	Roll out of electronic transfer of prescriptions from GPs to community pharmacies				Future priorities are subject to sustainable funding confirmation	
	Support readiness of organisations to implement a secondary care e-prescribing system					
3.1 Health and Care Professions	Electronic requesting expanded across specialties				Future priorities are subject to sustainable funding confirmation	
	Future phases of Cancer Informatics Solution					
3.2 Patients and the Public	NHS Wales App. Continue to develop and enhance by adding to the core functional services for patients and the public across care settings					
4.1 Research and Innovation	Support clinical trials – Find recruit, follow up service		Ongoing agreements with academic research and industry partners		Ongoing agreements with academic research and industry partners	
4.2 Value from Data	Data analysis and reporting for strategic programmes and public health		Explore natural language processing opportunities	Data analysis and reporting for strategic programmes and public health	Future priorities are subject to sustainable funding confirmation	

Mission 5 Enablers : People and culture, finance, sustainability, stakeholder engagement, quality and safety, governance, performance, assurance and commercial services



# Business as Usual

A substantial part of DHCW's work falls under 'Business as Usual' (BAU), encompassing the maintenance of 100+ essential services that operate around the clock. These services are critical for users, ensuring seamless input and access to vital clinical and administrative information for safe and effective patient treatment.

Context: There are constantly increasing demands on our current services as users see the benefits of digital solutions. We have more users, who access more frequently 24/7, and who want to see more connections made between our systems. We have an increasingly complex technical landscape with opportunities for more automation and efficiency, but against a backdrop of an outdated legacy of technical debt which needs updating.

There is a need to transform into structures and sustainable funding approaches that enable continuous improvement of all digital services in line with industry best practice and reducing risk and driving value. Moving to a product approach and a shift to cloud native applications will provide fast, agile environments to realise value quickly.

Ongoing running and maintenance aims for availability targets of 99.999%. Work includes security patching, management of service backups, disaster recovery planning, planned and unplanned changes, minor configuration management, daily service checks and ensuring our people are trained to constantly be up to speed with developments in digital.

Business as usual activities are undertaken by our application support, service desk, cyber resilience and data teams and supported by enablers such as finance, people and organisational development and specialist commercial teams.

Service events and incidents occur within all systems, the vast majority being situations that have a minimal effect on service delivery, causing little disruption, but still often requiring logging, diagnosis and rectification. Occasionally IT service incidents have a greater effect on wider groups of users, and these are dealt with through our major IT service incident process and are reported to our Board, as well as being included in our IT service availability management report.

Where we experience repeat incidents, or where we can see a potential trend of incidents, we deal with these through our problem management process.

Service Improvement: We deal with numerous new service requests from our partners across Wales, often to enable greater functionality or to transform a manual process to a digital service. Changes originate from Service Management Boards, Project Boards, NHS Wales organisations, Welsh Government and more. Other improvements include architectural component upgrades, major configuration management and technical risk mitigations.

# Managing Changes to Our Plan

We have an established approach to managing changes to our plan, which enables us to track complex interdependencies between teams across our organisation. As well as internal prioritisation, changes can be driven by external factors, such as supplier dependencies, delivery partner capacity and timelines, and changes to funding. For 2024-25 there have been late changes to some funding assumptions which we will need to manage through change controls during the year.

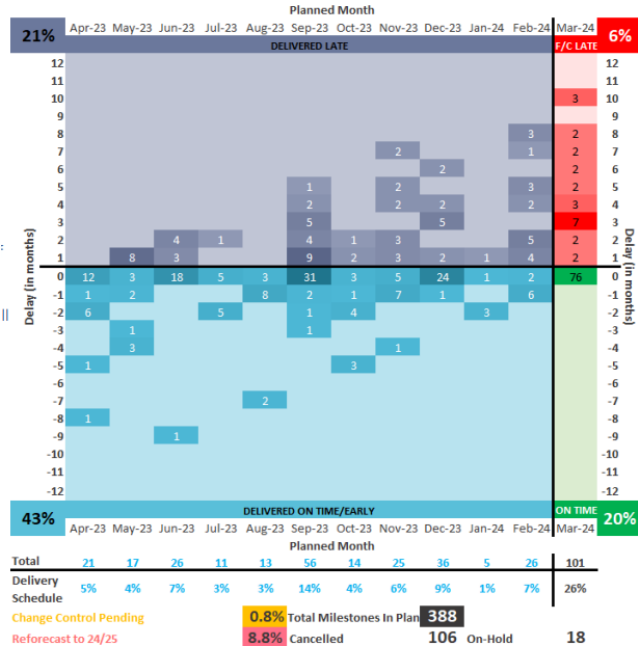
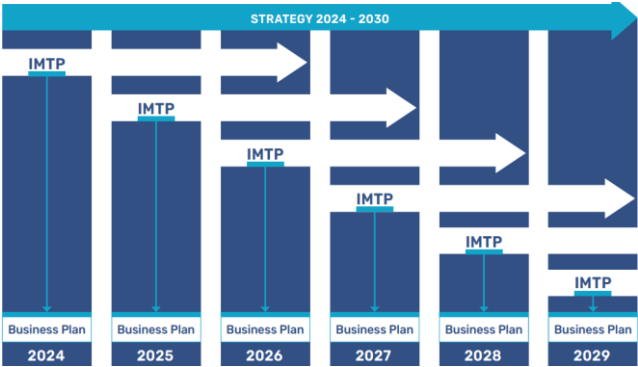
## Background

**2024-25 Funding Allocations:** We receive several funding streams from Welsh Government. Our Core, COVID and Primary Care funding has been formally confirmed and is consistent with the published planning assumptions, which included an anticipated 3.67% uplift in Welsh Government and Service Level Agreement funding. Our IMTP includes several digital transformation programmes which are funded by Welsh Government through the Digital Priorities Investment Fund. Our IMTP has been drafted on anticipated funding of £36.4m for these programmes, but following dialogue through February, Welsh Government has confirmed a controlled total of £28m, which is a reduction of £8.4m, or around 23%.

**Planning process:** Our IMTP planning process starts in October. Over several months we undertake a structured and detailed process, involving hundreds of people across our organisation, to confirm our prioritised delivery plans against anticipated resources. We assure and manage the delivery plans in our IMTP through 500+ delivery milestones. We work with more than 30 resource teams in our organisation to assess and confirm resource requirements, which are then fixed into team work plans. This gives us assurance that we are able to deliver against our IMTP, and against programme plans. Our partners also rely on this process, since we work very closely with them to deliver national programmes and live services.

**Managing changes:** Work plans are highly interdependent – making changes means reassessing architectural, operational and cross organisational dependencies. Our six month planning process concludes in March with formal submission to the SHA Board for approval, prior to submitting our IMTP to Welsh Government. It is therefore very difficult to quickly adjust our IMTP delivery roadmaps, especially following significant changes to funding allocations and assumptions. Given the scale of the reduction to DPIF funding, there will inevitably be an impact on delivery of our IMTP plan, on programme delivery plans, and our partners’ plans.

**Approach for 2024-25:** We have established mechanisms for managing changes to delivery plans and milestones, which we will use to manage impacts and to prioritise resources. We will use the submitted IMTP as our baseline document, as we do each year, but there will be a much greater volume of change controls in Q1 than is usual, as we work through the impact of reduced funding. These changes will be reported through our regular governance arrangements, as will any further adjustment as teams become more or less constrained.





GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

## Strategic Objectives

To deliver our future infrastructure and architecture by 2030, we will:

- Move all our data stores and services to the NDR platform to create a single national Clinical Data Repository
- Redesign our applications and services to a clean architecture which is secure by design and based on open standards
- Extend data standards and data components to social care and other partners
- Establish an all-Wales framework for sharing health and social care data
- Move all our live services to the cloud and close our datacentres

# Mission 1

PROVIDE a platform for enabling digital transformation

Mission 1 :

provide a platform for enabling digital transformation

Wales collects large amounts of health and care data, but it is often fragmented. The Welsh Government recognises the need for better data use. A barrier to data sharing is a lack of technical standards. DHCW plans to address this by implementing a cloud-based 'open platform' architecture design and national standards, through the National Data Resource (NDR) programme. This will improve data storage and reusability, reduce dependence on certain suppliers, make data more portable and secure, and enable analytics and research.

### 1.1 Data Platform and Reference Services

- We will store structured data in a Care Data Repository to enable a single view of an individual's health and care record.
- We will acquire care data into a National Data and Analytics Platform to support data-driven insights and improve patient outcomes.

### 1.2 Open Architecture and Interoperability

- We will extend our architectural building blocks and application programming interfaces (APIs) , making our architecture available to partners and suppliers in a secure, rules-based approach
- We will develop our approach to managing a life long NHS staff digital identity.
- We will publish new APIs allowing more clinical data of a better quality to be available to enhance clinical decision making.
- We will develop our open architecture onboarding, providing a clear process for organisations to access it safely and compliantly.
- We will build a data and integration hub to allow data to move securely and safely across organisational and geographical boundaries.

### 1.3 Protecting Patient Data

DHCW plays a role in providing the Wales Accord for Sharing Personal Information (WASPI), the National Intelligent Integrated Audit Solution (NIIAS), providing Data Protection Officer (DPO) advice to GPs and delivering compliance via the IG Toolkit for Wales.

In addition, we advise on data law and publication to ensure compliance with information governance standards.

- We will develop a strategy that defines the National IG framework for Wales to enable safe sharing of patient information. Patients can be assured that Health and Social Care data held about them is protected.

### 1.4 Sustainable and Secure Infrastructure

DHCW provides an extensive national infrastructure across NHS Wales.

- Services will transition to the cloud, subject to business case approval.
- We will replace and upgrade aging infrastructure.
- DHCW will continue to monitor cyber security threats and implement the DHCW 3-Year Cyber Plan, subject to business case approval. This means confidence that systems are protected and available when needed.

# Mission 1 :

## Focus on :

The **National Data Resource (NDR)** programme aligns with 'A Healthier Wales' policy commitments for a more integrated approach to data. The vision involves Wales leading innovation in health and care, utilising data for decision-making, and supporting clinicians, carers, and decision-makers with insightful recommendations.

The NDR serves as a key enabler to enhance patient experience and service outcomes, with big data capabilities and ensuring faster, more accessible data through cutting-edge solutions.

We are focussing on populating our new national cloud data platform, migrating data from our current datawarehouses, maintaining the platform data catalogue, embedding operational maintenance processes, supporting local data platforms and extending data standards.

The NHS Wales **open architecture** will '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'. (Digital Architecture Review.) We have developed architecture building blocks as the foundational components of our architecture, on which current and future digital applications and services are built. We have also made available our initial tranche of APIs and will extend this over the next few years.

We will onboard and implement APIs to link more system data, eg appointment booking, admissions data and those linking to the NHS Wales App. We will establish product roadmaps, such as a new integration hub and further adopt open standards. This will help incorporate more patient data into the shared health and care record and our structured approach to onboarding will help ensure data quality, patient safety, and data protection.

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 their clinical data to inform their care.  
Care Provider

**Cyber Security.** DHCW procures and implements cyber threat monitoring tools, offering extensive security advice to health partners. These tools and processes detect and prevent cyber attacks, safeguarding clinical data from theft or destruction.

DHCW's security framework is based on the Security of Network and Information Systems Regulations (NIS Regulations), the Cyber Assurance Framework (CAF), and ISO27001. CAF is a legislative requirement for DHCW.

We host the NHS Wales Cyber Resilience Unit, operating with distinct managerial and governance structures, to provide continuous cyber security assurance and report on the 'cyber posture.' We will continue to protect our NHS data and introduce cyber solution improvements.

I have confidence that the dedicated Cyber team in DHCW monitor our wider network to reduce the likelihood and impact of Cyber attacks on the NHS in Wales... Which Means: The systems I need to help patients and colleagues remain safe and available.  
Wider NHS



**WASPI.** We will develop the Wales Accord on the Sharing of Personal Information (WASPI) into an approved Information Commissioner's Office (ICO) Code of Conduct. The (WASPI) framework provides a range of tools, including an established information sharing assurance process to help organisations providing public services share personal information effectively and lawfully.



**Cloud Transition.** All future solutions prioritise the cloud as the deployment destination for Platform as a Service (PaaS) and Software as a Service (SaaS). Provider selection is based on marketplace capabilities, with a single provider identified for Infrastructure as a Service (IaaS). Services are user-centric, aiming for rapid delivery across various devices and locations. In the absence of SaaS, applications will be developed and hosted on PaaS, utilising IaaS only when PaaS and SaaS options are unavailable.

Business access to cloud innovation will be expedited through user-driven self-service consumption within approved offerings. Teams will be equipped with cloud skills, supporting ongoing learning. DHCW will leverage cloud flexibility and scalability to optimise resource usage.

## Mission 1

Provide a platform for enabling digital transformation

### Drivers

- The Welsh Government Information Statement of Intent 2017 - Better use of health and care data for safe, effective care and efficient services
- A Healthier Wales 2019
- NHS Wales Digital Architecture Review 2019
- National Data Resource (NDR) Data Strategy 2022

### Outcomes

- Joining up data in a standard way enables clinical comparisons leading to improved care
- Ensuring data is stored once and reused many times. This can prevent repeating the same questions to patients in different settings about their medications and symptoms.
- Supporting paperless working – Digitising the health and care record will make it easier to record accurate patient information, share this with the right providers and improve allocation of resources.
- Clinicians having access to national data so it doesn't matter where the patient was last seen, all the data is available.

## 1.1 Data Platform and Reference Services 2024-27

QTR1	QTR 2	QTR 3	QTR 4	2025/26	2026/27
Care Data populating into the Care Data Repository with standards-based APIs, supporting an open and interoperable architecture. <i>(Priorities below.)</i>					
Medicines and Allergies	Patient Reported Outcome Measures	Encounters and Diagnostics		Further priority data acquisition into care data repository	
Care data populating into the National Data and Analytics Platform (NDAP)					
Provide toolkit for supporting data acquisition / migration into National Data and Analytics Platform	Deliver national data catalogue	Data migration from existing DHCW national data warehouse into the National Data and Analytics Platform	Enable use of AI tooling in production	Further data acquisition/migration into the National Data and Analytics Platform	
Supporting Local Data Resource work. Enable the sharing of data between national and local data platforms through the National Data Resource programme.					
FHIR interoperability - ongoing development and publication of the NHS Wales FHIR implementation guide					
NHS Wales Terminology Reference Service infrastructure redesign					
Discovery, plan development and definition of a national secure data environment (SDE) solution (research analysis platform)		Launch an SDE managed service to enable interorganisational data collaboration		Ongoing delivery of governed, secure and ethical collaborative data study capabilities	

### Pipeline

- Uk medical device data requirements
- Moving to the ICD 11 coding system



## Mission 1

Provide a platform for enabling digital transformation

### Drivers

- The Welsh Government Information Statement of Intent 2017 - Better use of health and care data for safe, effective care and efficient services
- A Healthier Wales 2019
- NHS Wales Digital Architecture Review 2019
- Open Architecture Strategy

### Outcomes

- Making it easier for multiple software developers and suppliers to plug into DHCW digital solutions thus speeding up delivery of benefits from innovative digital care
- Avoid lock-in to a few suppliers ensuring multiple suppliers can contribute to a rich patient record and provide innovative solutions more quickly
- More structured data populating our repositories means better quality information for clinicians to make optimal decisions

## 1.2 Open Architecture and Interoperability 2024-27

QTR1	QTR 2	QTR 3	QTR 4	2025/26	2026/27
Architecture Development					
Establish product and platform roadmaps non radiology imaging storage Welsh Results Reports Service Welsh Care Records Service				Future priorities are subject to sustainable funding confirmation	
Implement product and platform roadmaps Integration Hub: implementation of the new data and integration hub Clinical Data Engine: operationalise a 'Clinical Data Engine' including any transition from relevant services					
Implement initial phase of patient identity and demographics roadmap Establish business case for transformation of Welsh Clinical Communication Gateway and primary care gateway services					
Open standards development Develop FHIR profiles for Shared Medicines Record and paediatric nursing Clinical data modelling to support cancer programme, colposcopy and paediatric nursing					
Staff Identity Complete discovery and begin developing our staff digital identity approach to improve staff experience and enable a single lifetime digital identity					
Develop our Enterprise Architecture - Through the new Technical Design Authority, commission and develop our enterprise architecture assets including architecture principles, standards, patterns and catalogues.					
Upgrade existing middleware platform					
API products					
Onboard APIs for Digital Services for Patients and the Public				Future priorities are subject to sustainable funding confirmation	
Implement prioritised APIs into production and ready for beta					
Iterate and improve existing API products based on priorities.					
Onboarding products					
Launch Wales Digital Platform	Iterate and improve our Wales Digital Platform, our outward facing website for consumers of APIs and interested public, including a developer portal				
Iterate and improve our onboarding processes for API consumers and providers					

Mission 1

Provide a platform for enabling digital transformation

### Drivers

- Information sharing for patient care and information intelligence
- UK General Data Protection Regulations 2018 requires a strong protection of privacy.
- The Network and Information Systems (NIS) Directive 2018 – secure network and information systems.
- A Healthier Wales 2019 – patient empowerment and data in safe hands

### Outcomes

Safe and equitable access to data at the point of care means:

- Increasing confidence from public that confidential patient data is protected so more likely to share their own data as part of Patient App.
- Increasing confidence that partners and providers of healthcare services comply with privacy requirements through the provision of an IG assurance framework (Our national audit tool has resulted in more data shared from primary care to other settings, eg WAST.)

1.3: Protecting Patient Data 2024-27					
QTR1	QTR 2	QTR 3	QTR 4	2025/26	2026/27
Business as Usual					
Primary Care Information Governance Support - supporting Data Protection Impact Assessments, tool kits, auditing and monitoring for strategic primary care programmes, such as eyecare, dental, community pharmacy, GPs using the Welsh Clinical Portal, and primary cluster development initial agreed priorities.					
GP Data Protection Officer Service - ongoing provision					
Information Governance Toolkit - maintaining the toolkit for use by organisations that want access to patient data in order to deliver efficient health and care services					
Wales Accord for Sharing Personal Information (WASPI) ongoing provision as current					
Standards Compliance (BS10008) - Legal admissibility and retention of electronic information					
National Intelligent Integrated Audit Solution ongoing operations					Establish Funding Model prior to end of contract in 2026
Information Services - continue to support DHCW to deliver its responsibilities for data acquisition, data warehousing and information services while seeking opportunities to rationalise and streamline governance and assurance processes.					
New (DHCW Information Governance Strategy 2023 to 2026)					
Wales Accord for Sharing Personal Information. Deployment of code of conduct for Public Services accredited by the Information Commissioners Office (ICO)				WASPI - Code Owner and Monitoring Body Established	WASPI - Application for Code Membership set up and Public Services onboarded
Policy and Governance - Establish DHCW's role and responsibilities for data policy development.				Delivery of a data policy programme.	
IG Toolkit - extend toolkit to support other NHS contracted service providers, such as eyecare, dentists and prisons				Further IG Toolkit launches	
	Data Protection Officer Service - Implement any agreed service model for community Pharmacies				
Information Sharing Gateway - develop a digital tool whereby IG data collections and workflows are recorded digitally, such as Data Protection Impact Assessments, Information Sharing Templates and Agreements,					
Information Governance Training- expand training provision into structured layers				Design and Build All Wales IG Training Framework	
Clinical Risk Management Standards. Preparatory work ahead of implementation of standards DCB 0129 and DCB0160 aimed at organisations that deliver and maintain Health IT Systems and the need to evidence clinical safety					
DCB Standards Draft sent out for consultation to Health Boards/Trusts		Planning for DCB standards implementation			

## Mission 1

Provide a platform for enabling digital transformation

### Drivers

- The All Wales IT Infrastructure Review (AWIIR) 2020
- A Healthier Wales 2019
- DHCW Cloud Strategy 2022
- The Network and Information Systems (NIS) Directive 2018
- Cyber Assurance Framework (CAF)
- ISO27001 Information Security Management

### Outcomes

- Increasing confidence and trust from our partners to provide quality, reliable digital services, particularly vital clinical systems
- Scaling up (or down) storage capacity very quickly with Cloud can mean adaptability to variable demand
- Saving capital cost with Cloud
- Shifting to high-value activities with Cloud rather than routine, low level maintenance
- Increasing reliability and availability of services with Cloud
- Increasing proactive cyber protection and prompt responses

## 1.4: Sustainable and Secure Infrastructure 2024-2027

QTR1	QTR 2	QTR 3	QTR 4	2025/26	2026/27
Transition Services to the Cloud. Develop detailed plan and move services to the Cloud as per plan and associated change in skills and working practices				Move services to the Cloud as per plan	
Migrate Test and Development systems onto cloud native infrastructure platforms					
Cloud Centre of Excellence. Develop a proposal to set up a Cloud CoE and develop standards and controls which other organisations can use.					
Cloud Team. Embedding the cloud operational management team		Continuous optimisation and exploit opportunities to further embrace cloud services			
Data Centres Complete Data Centre 2 migration including decommissioning legacy data hall				Consider options for rationalising data centre provision	
Lifecycle management. Manage the migration of workloads from aging infrastructure and decommission aging systems.				Lifecycle management. Manage the migration of workloads from aging infrastructure and decommission aging systems	
Cost Avoidance. Explore and implement cost saving and cost avoidance options for large infrastructure contracts. eg server virtualisation, application delivery, and multi factor authentication.					
Infrastructure strategies: Cloud Networking Strategy and High Availability/Disaster Recovery Strategy for Cloud.					
Internet and Remote Working Solutions. Develop options for alternative / improved provision for NHS Wales				Firewall replacements	
Cyber. Onboard NHS Wales systems to a replacement security information and event management system					
National Public Key Infrastructure (PKI) procurement	PKI national implementation				
Cyber Security. Support NHS Wales organisations to continually improve their cyber security controls and undertake a national assessment of NHS Wales's ability to respond to a major cyber incident					
		Cyber incident response exercise (DHCW)	Cyber incident response exercise (All Wales)		
Implementation of remaining Cyber improvement solutions as per Cyber 3 year plan					
Network and Information Systems regulations (NIS). The independent Cyber Resilience Unit, as a delegated authority from Welsh Ministers will audit and support Health Boards in Wales along with reporting national adherence to the NIS Regulations.					
Client services. Continual refresh of user devices ( including 3000 GP computers) and further adoption of Cloud services				Continual refresh of user devices	
Implement User Experience Management solution and use this to explore options for reducing our carbon footprint					
M365 Centre of Excellence. Migrating all email security infrastructure to Cloud				Decommission on-premise email infrastructure	



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and Care Wales

## Strategic Objectives

To provide world-leading digital services, by 2030 we will ensure that:

- All prescribing and medicines management in Wales is digitally enabled
- All our digital health systems and major social care systems flow data to and from the NDR platform
- Our core health services are consolidated into a single all-Wales Electronic Health Record application
- Our core social care services are consolidated into a single all-Wales Electronic Social Care Record application

# Mission 2

DELIVER high quality digital products and services

Across these settings and specialisms are many 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' (National Clinical Framework). The sharing of data through digital supports the key transformation programmes set up to deliver this vision.

## 2.1 Public Health

Our systems support public health screening and vaccines programmes in particular.

- We will work with the national Vaccine Programme Wales on implementing funded digital transformation requirements identified during discovery including new priority vaccines
- We will continue to run our existing systems for vaccines, child health and screening services - supporting consistent, standardised data collection which helps protect against infections and, for screening, means earlier, faster diagnosis to improve survival outcomes.

## 2.3 Planned Care

The vision for planned care in Wales aims to meet the clinical need of the patient from effective referral through to treatment. DHCW supports this through systems such as our Welsh Patient Administration System and electronic prioritisation of referrals, plus standardisation of core datasets and provision of analysis and insight for service re-design.

- We will work on datasets supporting outpatient modernisation
- We will support the digital systems implications of a local health board boundary change
- We will act on the outcome of a maternity system business case
- We will decouple modules from our patient administration system for a cleaner applications roadmap

## 2.2 Primary, Community and Mental Health

DHCW manage the GP systems contract, and have built, procured and/or programme managed systems for community pharmacists, dentists, community health, mental health and social care staff. This allows the safe sharing of quality data between community health and social care nationally and the opportunities for analysis and insight into primary care trends and bottlenecks.

- We will plan our move to a new community care solution and develop requirements for a shared record for community and social care. We will focus also on mental health digital and data requirements.
- In primary care we will prioritise GP clinical system migrations, aiming to minimise the impact to practices and patients and work with the Strategic Programme for Primary Care around modelling demand and capacity in support of their aim to provide people with access to seamless services delivered as close to home as possible.
- We will work on an Eyecare system procurement
- We will develop a Dental Access Portal to help patients seeking routine services

## 2.4 Urgent and Emergency Care

The Six Goals for Urgent and Emergency Care Programme has been prioritised by Welsh Government to gain an understanding of 'what good looks like' for patients accessing an Emergency Department.

- We will finish developing the Welsh Emergency Care Data Set
- We will respond to requirements from the Welsh Ambulance Service and Six Goals programme
- We will roll out an intensive care information system

## 2.5 Diagnostics

The diagnostic services in Wales are facing challenges due to increasing demand, changes in clinical care, lack of standardisation and scarce expertise. NHS Wales aims to improve service efficiency and effectiveness by reconfiguring services and providing diagnosis closer to the patient.

Digital technology is being used to realise improvements in service delivery, patient safety, communication, error rates, costs and use of data which in turn supports artificial intelligence. Modern diagnostic imaging is key to diagnosis and treatment in modern patient care. Radiology services have always been provided from a wide range of healthcare settings, in all health boards and trusts across Wales, but the future development of regional diagnostic hubs will expand the range of services provided outside of typical hospital environments.

- We will roll out the new laboratory information system (LIMS2.0), while dual running and planning to decommission the current services (WLIMS). This means better access to test results improving patient care and clinical safety through improved information sharing across boundaries.
- We will deliver national integrations and data migrations and support the configuration and roll out of the new radiology system (RISP). This combines picture archive and communication, patient dose management and radiology information management functionality into one system rolled out across Wales by 2026.
- We will support the outcome of a business case for a digital cellular pathology system and look to procure a replacement point of care testing solution
- We will continue to make available new diagnostics reports via our national repositories



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 Specialist

## 2.6 Medicines

This portfolio aims to make the prescribing, dispensing and administration of medicines everywhere in Wales, easier, safer, more efficient and effective, for patients and professionals, through digital.

'Through ePrescribing we 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' - Eluned Morgan MS, Minister for Health and Social Services.

The portfolio brings together four national programmes and projects that will deliver the benefits of a fully digital prescribing approach:

1. Electronic Prescription Service (EPS) in primary care – delivering the electronic transfer of prescriptions without the need for a paper form
2. Electronic Prescribing and Medicines Administration (ePMA) – implementing new digital systems in every ward in every hospital in NHS Wales
3. Shared Medicines Record – building a single record of medicines for every patient in Wales that is easily accessed and shared when needed
4. Patient Access – developing medicines functionality within the NHS Wales App including ordering repeat prescriptions and nominating a pharmacy of choice.

I can see all the medicines prescribed for the patient ... Which Means I am better informed when making decisions on their treatment.  
Clinician





# Mission 2 :

Focus on :

## Primary Care Strategy

In primary, community and mental health settings we manage the national contract for GP systems, and we provision community systems such as choose pharmacy and dental referrals. We are expanding to provide enabling services such as M365 to community optometrists, as well as using new technologies to develop services such as building a platform for patients to enrol for an NHS dentist, to receive routine services.

We have published our Primary Care Strategy that sets out how we will build the organisational platform from which we can deliver digital products and services with improved value and benefits to our stakeholders. While we build on existing services, we will also expand to become more than a digital delivery organisation; this includes developing a health informatics research and reporting capability, enabling access to information and analysis to inform decision making, as well as establishing a digital futures team to help shape technology choices, seeking out good practice and innovation. Our focus will be on the end user and providing products that meet their needs, are compliant and safe, and ready at the time they are required. We are committed to working with our stakeholders from creation of the delivery plan to achieving the planned outcomes.

We are working with local authorities and health boards across Wales to lead a digital transformation programme for community and social care information, which completed a strategic review in 2023, setting a new direction of travel. The Connecting Care programme will deliver replacement applications for social care, community care and mental health practitioners, and join up data and information through a shared care record.

We have established a new primary, community and mental health directorate to drive our work in this area.

## Planned Care Modernisation

Planned care modernisation starts with effective referral management to ensure that those most in clinical need are referred to the appropriate setting, treated appropriately at the right time, at the right place, whilst giving more choice to the patient and measuring what's important.

Our services such as the Welsh Patient Referral Service and the Welsh Patient Administration System play a key part in planned care modernisation and support delivery of appropriate, timely treatment by recording where the patient is on their route from primary through to secondary care. This includes sending electronic referrals and the administration of outpatient appointments and hospital admissions. Digital services 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. Our services also help through:

- building new pathway datasets into systems to record what's important and supporting improved decision making
- automating referral workflows including the prioritisation of referrals and feeding back metrics to support service re-design decisions
- reconfiguration and joining up of systems to support health board boundary changes.
- a fuller picture of Wales/England cross border patient health
- increasing visibility of the maternity record as women move across organisational and national boundaries

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



Mission 2

Delivering high quality digital products and services

Drivers

- Public Health Wales Strategy 2023-2035
- National Immunisation Framework for Wales 2022

Outcomes

- Ensuring a responsive and sustainable technology platform which users can rely on
- Providing digital and data services to screening programmes which aim to diagnose faster to improve survival outcomes
- Helping to evidence how public health actions are impacting on viral transmission
- Improved uptake of vaccinations means better vaccination intelligence to enable education and public confidence.

2.1: Public Health 2024-27					
QTR1	QTR 2	QTR 3	QTR 4	2025/26	2026/27
Business as Usual					
Vaccines – Support routine and planned vaccine requirements such as HPV, Covid, flu.				Support routine and planned vaccine requirements	
Child Health – Maintain system and undertake a Child Health requirement review					
New					
Newborn Screening Services – Stabilising the Newborn Screening System (blood spot and hearing)					
National Immunisation Framework for Wales – digital discovery	Prioritised product roadmap for National Immunisation Framework for Wales				

## Mission 2

Delivering high quality digital products and services

### Drivers

- The Strategic Programme for Primary Care and the Primary Care Model for Wales
- NHS Primary Care Contract Reform
- DHCW Primary Care Strategy
- NHS Wales eye health care future approach for optometry services

### Outcomes

- Service transformation through digital opportunities.
- Delivery of products and services that support end users in their day-to-day work delivering patient care, informed by user-centred design
- A focus on primary care data to inform population health planning
- Deriving intelligence from data through integrated and enhanced analytics
- Enabling optimum decision making based on shared, standardised information between community health and social care
- Maximising value of primary health services - Choose Pharmacy supporting moving activity from GPs

### Pipeline

- Digital solutions for district nursing
- Digital solutions for Allied health Professionals
- GP data standards - Transition from legacy Read coding within GP practice clinical systems to SNOMED CT standards.

2.2: Primary, Community and Mental Health 2024-27					
QTR1	QTR 2	QTR 3	QTR 4	2025/26	2026/27
Choose Pharmacy. Maintain system.					
Choose Pharmacy. Modernise the technology platform of the Choose Pharmacy solution for community pharmacies					
Electronic transfer of prescriptions from GPs to community pharmacists – See <i>Timeline 2.6 Medicines</i>					
National Community System. Initiation of the plan to replace the current community application. Completion of procurement activities for social care replacement and implementation underway. Completion of discovery and requirements gathering for health products with procurement activities delivered.				Completion of implementation for first adopters of social and health care products	Completion of implementation of social and health care products
Shared Care Record Develop requirements for shared care record for social care, community care and mental health	Shared Care Record Initiation and delivery of the plan to develop a shared care record for social care, community care and mental health.			Ongoing implementation of shared care record for social care, community care and mental health	
			Mental Health Data Evaluation of mental health and substance misuse pilots		
Mental Health Digital Development Develop a business case for mental health digital development	Planning and further phases of discovery for mental health digital development working up to a full business case			Initiation of programme of work to deliver outstanding developments not included in National Community System.	Ongoing programme of work to deliver outstanding developments not included in National Community System.
All Wales GP systems migration – Safely migrate practices to new GP systems, aiming to minimise impact to practices and patients					
Primary Care Capacity Working in partnership with the Strategic Programme for Primary Care and the NHS Executive to deliver a national demand and capacity modelling tool for General Medical Services				The majority of this portfolio has been commissioned by Welsh Government and is dependent on a sustainable funding model	
Dental Access Portal –to provide a digital central allocation list for patients seeking routine services from an NHS dentist					
Dental e-referrals: building integration to enable referrals to be sent to secondary care					
Eye Care system procurement					
Community Optometrists – implementing Microsoft 365 as an enabler for future digital initiatives					

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Mission 2

Delivering high quality digital products and services

Drivers

- Five Goals for Planned Care / Transforming and modernising planned care and reducing NHS waiting lists

Outcomes

- Supporting the NHS to focus on those with greatest clinical need
- Supporting an increase in the capacity of the health service, eg regional centres, care closer to home
- Supporting the transformation of services to be sustainable for the longer term, eg transformation of outpatients, equitable approaches to patient prioritisation
- Digitising and prioritising GP referrals improves speed and safety
- A fuller picture of Wales/England cross border patient health
- Increasing visibility of the maternity record as women move across organisational and national boundaries

Pipeline

- Wider sharing of data with England - request health care record data from other NHS healthcare organisations
- Lymphoedema

2.3: Planned Care 2024-27					
QTR1	QTR 2	QTR 3	QTR 4	2025/26	2026/27
Business As Usual					
Publication of further data sets to support outpatient modernisation eg around waiting lists, discharge and pathways					
Hospital Initiated Referrals. Ensure pathway efficiencies by maximising output from our patient referral solution					
New					
Outpatient data modernisation- Application of data changes to all relevant systems					
Boundary change. Support Cwm Taf Morgannwg and Swansea Bay health boards with configuring WPAS (patient administration)				Boundary change	
Boundary change. Support Cwm Taf Morgannwg and Swansea Bay health boards with configuring other national systems					
Welsh Patient Administration System - rearchitect for cloud hosting.					
Maternity: Consider outcome of Digital Maternity Cymru Outline Business Case	Maternity System Procurement			Maternity implementation and support	
Finalising Cross Border sharing of patient information from Powys with and from England					

## Mission 2

Delivering high quality digital products and services

### Drivers

- Six Goals for Urgent and Emergency care (2021 – 2026)
- Quality Statement for Care of the Critically Ill (2021)

### Outcomes

Better access, availability and analysis for urgent and emergency care data between care settings supports the Six Goals Programme, ie:

- Supporting people at more risk of needing urgent and emergency care
- People are told where they can get the help they need
- Other choices than hospitals
- Reacting quickly in a health emergency
- People get the best care in hospital and when they leave
- Home where possible

### Pipeline

Welsh Emergency Care Data Set Programme

## 2.4: Urgent and Emergency Care 2024-27

QTR1	QTR 2	QTR 3	QTR 4	2025/26	2026/27
Respond to future digital requirements from Welsh Ambulance Service, including the 111 service					
Emergency Care : Welsh Emergency Care Data set published					
Respond to future digital requirements from the 6 Goals for Urgent and Emergency Care - for emergency department IT system(s).					
Intensive Care: Implement a clinical system to digitise and transform ICU departments across Wales				Further implement a clinical system to digitise and transform ICU departments across Wales	

## Mission 2

Delivering high quality digital products and services

### Drivers

- Pathology Statement of Intent - Development of high quality, effective and resilient pathology services
- Imaging Statement of Intent - New strategic approach to the development of high quality, effective and sustainable imaging services for NHS Wales

### Outcomes

- Better access to test results improving patient care and contributing to earlier and preventative diagnosis
- Improving clinical safety
- Improving service performance
- Improving information sharing across boundaries and single solution for storage and distribution of imaging.

### Pipeline

- Respiratory health Integration: secondary care lung function tests, primary care lung function tests (Spirometry), secondary care lung function test reporting
- Digital cellular pathology
- Cardiac PACs

## 2.5: Diagnostics 2024-27

QTR1	QTR 2	QTR 3	QTR 4	2025/26	2026/27
NEW					
	Laboratory Management Product available – much enhanced laboratory information management system		Laboratory Management. Rolling out laboratory information management system (LIMS 2.0)		Laboratory System – start re-procurement
				Decommission previous laboratory management information system infrastructure	
Radiology system. Work with health boards and the National Imaging Academy Wales to support the implementation of a new radiology system across Wales. The system will include picture archiving, radiology information, obstetrics and patient dose management.					
			Radiology System. New product available		Radiology System – start re- procurement
				Decommission existing radiology management system (Radis)	
		Welsh Point of Care Testing – reprocurement business case		Welsh Point of Care Testing – contract award	Welsh Point of Care Testing – readiness and implementation
Diagnostics artificial intelligence – Contribute and collaborate on opportunities					
Electronic test requesting – See Timeline 3.1			Enhance the national availability of diagnostic results and reports into national repositories <i>See Timelines 1.2 and 3.1:</i>		
Endoscopy – endoscopy electronic test results in national repositories in remaining health boards					



## Mission 2

Delivering high quality digital products and services

### Drivers

- Welsh Government Review of E-prescribing 2021
- Pharmacy Delivering a Healthier Wales – Apr 2019
- Optimising pharmacy services at hospital discharge to improve patient flow 2022

### Outcomes

- enabling modernisation of medicines management, reducing dispensing errors and improving outcomes.
- accessing medicines information regardless of where this originated
- better access to medicines data and safer prescribing
- improving patient empowerment and self care.

### Pipeline

- Pharmacy Stock Control System procurement
- Closed Loop Medicines Administration
- Systematic Anti-Cancer Therapies

## 2.6: Medicines 2024-27

QTR1	QTR 2	QTR 3	QTR 4	2025/26	2026/27		
Making the prescribing, dispensing and administration of medicines everywhere in Wales, easier, safer, more efficient and effective through digital							
Digital Medicines Transformation: Respond to the Welsh Government commissioned E-Prescribing Review by delivering a major transformation, business change portfolio				Continue Digital Medicines Transformation			
Building a single record of medicines for every patient in Wales so all information is in one place and easily shared when needed. Working with all systems which record medicines data to adopt the medicines, allergies and intolerances data standard which is necessary for populating the single record of medicines and allergies.				Building a single record of medicines and allergies.			
Electronic transfer of prescriptions: Commence national phased roll out covering electronic signing and transfer of prescriptions from GPs to the community pharmacy or appliance dispenser of a person's choice.	Further roll out of electronic transfer of prescriptions			Continue electronic transfer of prescriptions roll out - dependent on sustainable funding			
Assurance of community pharmacy systems suppliers - working with suppliers to enable the electronic transfer of prescriptions.				Assurance of independent prescribers patient medical record systems			
E-prescribing in secondary care – Managing technical dependencies (eg APIs) across Wales as local organisations implement e-prescribing and medicines administration on every ward, in every hospital in NHS Wales.				Continue Managing technical dependencies for E-prescribing in secondary care			
E-prescribing in secondary care - Coordinate the sharing of experiences, knowledge, lessons learned and best practice with Health Boards through communities of practice, forums of learning and events				Continue co-ordinate lessons learnt for E-prescribing in secondary care			
E-prescribing in secondary care - To support the readiness activities of health boards and trusts to implement an ePMA solution				Continue readiness support for E-prescribing in secondary care - dependent on sustainable funding			
Patient access to medicine information – implement prescription ready notifications and nominated pharmacy feature in the NHS Wales App							

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## Strategic Objectives

To maximise use of the digital health and care record in 2030, and ensure digital services are being used everywhere, we will ensure that:

- A comprehensive single digital health and care record is used across all settings throughout Wales
- The NHS Wales App is used regularly by over a million people
- Users report a top-quartile satisfaction for our products and services

# Mission 3

EXPAND the digital health and care record and the use of digital to improve health and care

## Mission 3 :

EXPAND the digital health and care record and the use of digital to improve health and care

### 3.1 Engaging with Users : Health and Care Professions

In DHCW we have developed a system available to 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 forms have been built for nursing (Welsh Nursing Care Record), 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. This means more electronic data from other health boards and clinical colleagues ensures more informed decisions.

We will:

- continuously add more clinical content and drive access and uptake through development of APIs
- expand and increase uptake of electronic test requesting and results notifications and electronic sign off
- add new forms to our Nursing Care Record
- develop any future funded phases of the Cancer solution delivered in the Welsh Clinical Portal
- continue to work with NHS Wales partners as hosts of the Microsoft Centre of Excellence
- prioritise user centre design principles to improve and test user satisfaction and drive digital maturity

### 3.2 Engaging with Users : Patients and the Public

Digital Health and Care Wales is establishing a core platform of digital services for patients in Wales, that allows them to take control of their own health and well-being, make informed choices about their own treatment and find the most appropriate service for their needs across all settings not just primary care.

The platform will also enable enhanced communication and advice between patients and healthcare providers, increase efficiency and convenience, allow patients to give feedback on their care, and enable self-monitoring of health and sharing of data with clinicians. Digital Health and Care Wales has supported the set up of the Digital Services for Patients and the Public Programme and has set up the data and information architecture required to open up access to NHS held data in a safe, secure, and auditable fashion.

We will:

- continue to develop the NHS Wales App by adding to the core functional services for patients and the public supported by data interoperability and information governance
- conduct user research with patients and the public to test new features and provide feedback to enable continuous improvement of the NHS Wales App
- transition support of the NHS Wales App to DHCW
- onboard and connect third party suppliers
- work with partners including NHS organisations, Welsh Government, social care, third sector, industry partners and patients and the public to support service redesign

# Mission 3 :

Focus on :

**Cancer.** DHCW are working alongside our key partners to develop any future funded phases of the Cancer solution in support of the Cancer Improvement Plan.

This ensures technology supports cancer information quality and visibility across Wales, acting as a key enabler to reduce harm and support integrated working and ensuring flexibility to meet changing service requirements. Our latest development is the build of palliative care functionality.

The Cancer solution is:

- improving access to cancer information along complex patient pathways and enabling cancer services redesign
- replacing the legacy CANISC system and putting cancer informatics onto a safer and more technologically resilient software and hardware
- improving national cancer data standards datasets – effective, efficient and timely world-class cancer health information
- exploiting opportunities for Big Data and further development of an infrastructure to support intelligence through the National Data Resource

**Digital Maturity.** Digital maturity is a measure of the value that digital and data bring to an organisation, encompassing the products and services that are available for use, how well used they are, and how valued they are by end users.

In the NHS in Wales we have supported health boards and trusts in understanding their level of digital maturity through an assessment using the Health Information Management Systems Society's (HIMSS) Electronic Medical Record Adoption Model (EMRAM), and through a usability survey conducted by KLAS research. These assessments form a baseline from which to continue measuring the digital maturity of the NHS in Wales. They also provide the foundations of the business cases underpinning future investment in Wales's Clinical Data Repository and Electronic Health Record.

**Welsh Clinical Portal.** The Single Record brings together digital projects and services through the Welsh Clinical Portal (WCP), including test requesting, results reporting, patient referrals, and management of patient information and assessments.

We plan to further increase access and usage of the Welsh Clinical Portal over the next three years and provide new functionality and more clinical data for users. Over a 12 month period\* we have seen significant growth:

- Over 35,000 unique users WCP – an 11% increase
- Over 2.5 million patient care documents viewed – a 44% increase
- Over 194k Welsh GP Records viewed within the Welsh Clinical Portal – a 14% increase
- The last six months\*\* saw 1.6mill pathology tests requested, 6.5 mill pathology results viewed, 2 mill radiology reports viewed and 400k images viewed.

Recent achievements include:

- Radiology electronic requesting extended to almost all health boards, with fast adoption to the first GP practices
- Cardiology electronic requesting launched in the first and second health boards
- GP Portal allows access to secondary care functionality and information at a patient level without needing to re-login.

Welsh Clinical Portal is live across all Welsh health boards, Velindre Trust, GP Surgeries, Welsh Ambulance and Air Ambulance sites. \*Qtr 2/2022 – Qtr 2/2023 \*\* April – Sept 2023

## Mission 3 :

Focus on :

The Welsh Nursing Care Record (WNCR) went live in April 2021, and is now live in all Health Boards and Velindre Trust across Wales – available in 80% of adult in-patient wards. With collaborative working between clinical professionals and DHCW, WNCR now has nine risk assessments, nursing notes and adult in-patient assessments digitised and will extend into paediatric wards over the next year. It has

- transformed nursing documentation by standardising forms and making them digital
- used the same standardised nursing language to reduce duplication and give back time to care for patients
- enabled nurses to complete assessments at the patient bedside on mobile devices
- met auditing needs and reporting requirements
- captured centrally information so data can be accessed anywhere irrespective of health board boundaries.

The Digital Services for Patients and the Public Programme (DSPP) is delivering an NHS Wales App, website, and technical platform, which enables patients and the public in Wales to access services digitally. This will support self-management and more efficient and sustainable delivery of health and care services.

The NHS Wales App was launched as ‘public beta’ in April 2023. Technical validation of GP systems continued during the summer, followed by accelerated onboarding of all GP surgeries since October 2023.

We have >100k users as at Mar 2024.



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



**Gwasanaethau Digidol**  
ar gyfer Cleifion a'r Cyhoedd  
**Digital Services**  
for Patients and Public

The Microsoft 365 Centre of Excellence helps NHS Wales organisations to be more productive by unlocking capabilities and maximising adoption of M365. This includes building solutions within the centre and helping organisations build their own solutions. The benefits include releasing cash back to NHS Wales, modernising and replacing legacy systems and improving cyber security and information protection. It also unlocks value through effective use of licencing through improving user lifecycle management and optimising licence allocation to avoid unnecessary license costs

# Mission 3

Expand the digital health and care record and the use of digital to improve health and care

## Drivers

- A Healthier Wales 2019
- A Cancer Improvement Plan for NHS Wales 2023 - 2026
- National Clinical Framework 2021

## Outcomes

Clinically led development of digital solutions to support clinicians to deliver effective care means:

- More electronic data from other health boards and clinical colleagues ensures more informed decisions
- Spending less time on the phone awaiting results from GP, hospital and other settings
- Recording nursing assessments in a single system reduces the need for so much paper and the problems with locating and filing it
- Improving access to diagnostic investigations means patients can be treated earlier and with less duplicated procedures such as taking blood, having X-rays.
- Ensuring the cancer patient record is delivered on a modern and resilient IT platform that enables greater integration of care and provides the relevant data to guide service development. (Quality Statement for Cancer)

## Pipeline

- Velindre Cancer Centre: Digital First Hospital

# 3.1: Engaging with Users: Health and Care Professions 2024-27

QTR1	QTR 2	QTR 3	QTR 4	2025/26	2026/27
Business As Usual					
Content of digital health care record. Increase clinical information content and adoption by working with clinical networks and policy leads to prioritise clinical data storage and develop arrangements to source that data from suppliers.					
Remote and mobile working. Develop priorities from the Welsh Clinical Portal Delivery Group, such as the mobile version.					
Electronic requesting expanded across secondary and primary care, to cover specialties such as gynaecology, cytology, primary care, phlebotomy cloud hosting, spirometry, and integration with the new radiology system.					
Diagnostics test results notifications and electronic sign off - increase uptake across Wales					
Nursing Care Record. Continue to improve nursing digitisation in secondary care by feeding in an increasing number of standardised forms and aligned improvements to the Welsh Nursing Care application including backlog improvements such as cross boundary records, multidisciplinary notes, allergies and adverse reactions.					
M365 Centre of excellence - derive value and efficiency from continuing to build M365 solutions with NHS Wales partners					
NEW					
Electronic Health Record roadmap - establish our strategy and roadmap for Electronic Health Record (EHR) provision including assessing existing national capabilities against a functional baseline for EHRs.				Welsh Clinical Portal in the Cloud.	
Nursing Care Record: Further digitisation across the patient lifespan in secondary care by developing paediatric forms.					
Cancer Solution. Finalise the development and implementation of cancer screening and colposcopy functionality.		Cancer Solution. Independent system review ahead of further development	Cancer improvement plan. Future years' priority deliverables .	Cancer improvement plan. Future years' priority deliverables .	
Cancer Solution. Continued roll out of cancer data sets, multiple disciplinary teams and palliative care functionality to all Health Boards					
Support paperless design for Radiotherapy treatments & improved connectivity for national patient data sharing		Decommission legacy cancer solution			
Microsoft 365 Centre of Excellence/Client Services - Establish a task force to explore how DHCW can leverage the use of AI in the workplace					
M365 Centre of Excellence -wider engagement with other public sector bodies including a public sector best practice sharing forum					
	Commence re-negotiations for M365 contract				
Complete the M365 CoPilot early adopter trial					

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## Mission 3

Expand the digital health and care record and the use of digital to improve health and care

### Drivers

- A Healthier Wales
- Digital and Data Strategy for Health and Social Care in Wales 2023

### Outcomes

- a safe, secure, inclusive platform to empower patients in their health and wellbeing and enable integration of products and systems to support service transformation
- patients across Wales have the opportunity to interact with a tool that will help them manage their health and care needs while promoting diversity and inclusivity
- Enables the health and care system to be more efficient in the provision of care when and where it is needed
- current and future suppliers adhere to DSPP's accreditation and onboarding process in order to integrate with the NHS Wales App by demonstrating how they meet the conditions for alignment

## 3.2: Engaging with Users: Patients and the Public 2024-27

QTR1	QTR 2	QTR 3	QTR 4	2025/26	2026/27
Patient facing health and social care applications. Driving forward service transformation to empower patients to manage their health and wellbeing via the Digital Services for Patients and the Public services supported by data interoperability and information governance				Patient facing health and social care applications. Driving forward service transformation to empower patients to manage their health and wellbeing via the Digital Services for Patients and the Public services supported by data interoperability and information governance	
NHS Wales App. Continue to develop and enhance by adding to the core functional services for patients and the public across care settings					
NHS Wales App. Continue to raise awareness of the NHS Wales App.					
User research with patients and the public to test new features and provide feedback to enable continuous improvement of the NHS Wales App				Continued user research and implementation of patient feedback	
Commence transition of NHS Wales App to DHCW				Support and further development including continuing the transition to DHCW	
Work with partners including NHS organisations, Welsh Government, social care, third sector, industry partners and patients and the public to support service redesign					
Onboarding and connection of third party suppliers via the Welsh Accreditation Process for Suppliers and Systems					



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## Strategic Objectives

To support more research and innovation activity and to demonstrate its value, by 2030 we will have:

- An NDR Secure Data Environment which provides access for research while protecting privacy
- A national information and data insights service which demonstrates net benefit and value
- Deploy AI and automation, safely and ethically, to deliver year-on-year productivity improvements across NHS Wales

# Mission 4

Drive better outcomes and value through innovation

# Mission 4 : DRIVE better outcomes and value through innovation

## 4.1 Research and Innovation

- We will continue to deliver the four aims of our Research and Innovation Strategy 2022-25. Working across teams and with external R&I partners, we aim to help develop the knowledge, innovation and insight required for service improvement, transformation and better health outcomes. This includes a robust, transparent and assured R&I governance process for the prioritisation and management of all proposals, requests, programmes and collaborations - along with the resources, engagement mechanisms and support systems required. We will:
- maximise ongoing agreements with academic research and industry partners
- target strategic priority areas for R&I
- develop our e-Library collections
- look to support national research infrastructure to aid recruitment and data use in clinical trials

## 4.2 Value from data

This work focuses on the full life cycle of data from the acquisition and curation of data, the analysis of data to provide intelligence for informed decision making, to initiating actions that provide value through improvement in service delivery and population health. Our aims are described in our Information and Analytics Strategy and this will be aligned with, and remain responsive to, the requirements of major stakeholders and national programmes such as Value in Health, Six Goals for Urgent and Emergency Care, and the Cancer Improvement Plan.

We will:

- continue to develop prioritised information dashboards and visualisations, with supporting analytics
- collaborate with the National Data Resource Programme to transition from the current data acquisition and warehousing to the cloud platform
- drive use of Natural Language Processing (NLP) and artificial intelligence
- deliver our Information and Analytics Strategy



# Mission 4 :

Focus on :

## Innovation

We have set up a more robust, transparent and assured R&I governance process for the prioritisation and management of all proposals, requests and collaborations. As part of the processes we have embedded, we are able to review our capacity and capability in the context of required resources, engagement mechanisms, costing of our input, and information governance support. As part of this, where DHCW is looking to support or lead R&I activities, prior consideration will be given to the benefits that the activity will realise, aligned to the DHCW benefits management framework.

We will review, rationalise and formalise current R&I partnerships and agreements with academia and industry, moving away from doing things on a best endeavours basis.

We will also continue to develop and promote the use of these well-established and emerging new data, infrastructure and skills support services and secure platforms for R&I provided by DHCW, to external agencies.

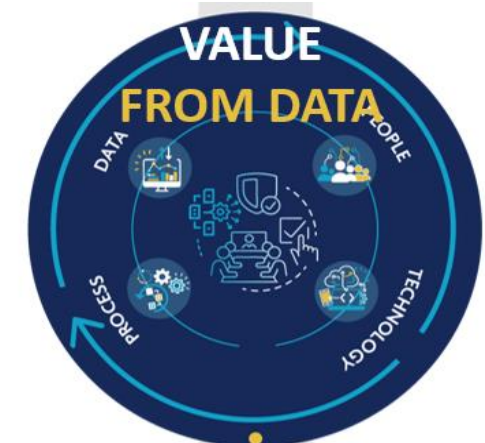
With information dashboards and analytics, data becomes intelligence which I can apply to my decisions and actions.  
Which Means: I can see whether my policy is working on the ground and modify to the needs of the nation  
Policy Lead

## Value

We deliver information and analytics services to partners across Wales. As an Official Statistics Producing Body, we also publish official statistics relating to health and care in Wales. This helps our partners, like NHS delivery organisations, to deliver more value from data, using information tools which we co-developed with users. We have started moving our analytics data store to the NDR platform, and we have used low code tools from Microsoft and others to accelerate our development of dashboards, forecasting and modelling.

Through the advanced analytics learning programme we are investing in the future skills we will need to use new data and artificial technologies. We also work closely with the Value in Health programme, by co-developing dashboards which combine system and patient provided outcomes data to focus on specific clinical areas.

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 Planner



"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.



## Mission 4

Drive better value and outcomes through innovation

### Drivers

- A Healthier Wales
- DHCW Research and Innovation Strategy
- WG Innovation Strategy
- UK Clinical Research Vision
- UK Life Sciences Vision
- NHS Wales e-Library Service Board

### Outcomes

- A culture promoting R&I evidenced through increased engagement and activities
- Increased partnerships focused on R&I
- Improved quality and impact
- Participation in all Wales projects to support national priorities
- Increased usage of e-Library resources for knowledge sharing

## 4.1: Research and Innovation 2024-27

QTR1

QTR 2

QTR 3

QTR 4

2025/26

2026/27

Business As Usual

Ensure a sustainable funding model including delivery funding, income generation opportunities and grants

Ongoing agreements with academic research and industry partners, including the Bevan Committee to collaborate on R&I projects - linked to prioritised commitments including monitoring of outcomes and impact

Ongoing review against wider R&I strategies and policies to target priority areas

Supporting the Secure Data Environment and linking to our existing R&I governance arrangements including a centralised front door for DHCW R&I activities

Develop collections and increase uptake and usage of the NHS Wales e-Library

New

Clinical Trials Data Element: Agreement and implementation plan for scoping of a 'Find, Recruit, Follow up' service to support clinical trial scoping, recruitment and data provision in Wales

DHCW as a Sponsor: Option appraisal to consider DHCW Sponsorship of studies.

R&I Learning: develop a learning plan for NHS Wales linking with academia and assess impact

National Innovation Infrastructure support: representation on Innovation Leads Group, supporting WG innovation action plan delivery and developing innovation training

## Mission 4

Drive better value and outcomes through innovation

### Drivers

Strategic Programmes:

- Six Goals – Urgent and Emergency Care
- Five Goals for Planned Care/ Transforming and Modernising planned care and reducing NHS waiting lists
- Welsh Value in Health programme
- The Strategic Programme for Primary Care and the Primary Care Model for Wales
- National Data Resource programme
- DHCW Information and Analytics Strategy

### Outcomes

- Better health outcomes through the ability to target health promotion activities and self care
- Increased visibility of health intelligence to support programme delivery to target health strategies
- Data can be transferred across solutions to reduce repetitive questioning and improve clinician and patient experience
- Identifying service bottlenecks and sub-optimal activities to help redesign the patient pathway and make sure patients get seen when needed in the right place.

## 4.2: Value from Data 2024-27

QTR1	QTR 2	QTR 3	QTR 4	2025/26	2026/27
Business As Usual					
Public Health. Continue to deliver the funded 'business as usual' data analysis and reporting for Public Health initiatives.					
Strategic Programmes. Deliver the funded 'business as usual' analysis and modelling of data in relation to major strategic programmes. These include Six Goals for Urgent and Emergency Care, planned and primary care and the population of data into a Health Intelligence Portal					
Official Statistics. Delivery of the Official Statistics publication plan					
Information and Analytics Strategy. Delivery of the 3 yr Information and Analytics Strategy					
		Build feedback and evaluation mechanisms into dashboards and the ad hoc request process to demonstrate value and aid ongoing system improvement			
Value in Health. Utilise our systems to support the Value in Health Programme, including developing standards for PROMS and PREMS.				Continue to support stakeholders in delivery of priority developments	
Primary and community care data. Ensure continued delivery of data and analytics to the wider stakeholder community for system recovery				Primary Care Data Quality Roadmap	
New					
Public Health. Consider new data analysis and reporting requirements for public health initiatives, including vaccines, subject to funding					
Strategic Programmes. Consider new data analysis and reporting requirements in relation to major strategic programmes including the Six Goals for Urgent and Emergency Care, the Cancer informatics programme and single cancer pathway, and a systemic anti cancer treatment dashboard.					
Clinical System dashboards : continued development of national dataset dashboards which have originated from DHCW clinical applications					
Natural Language Processing: explore, with partners, the possibilities of deriving value from electronic documents using natural language processing					





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Digital Health  
and Care Wales

## Strategic Objectives

By 2030 we will have affirmed our position as a trusted partner and a high-performing organisation, by having:

- An academy approach to developing people through talent and leadership development programmes, aligned to Digital and Data Profession Capability Framework
- A secure, long-term financially stable position
- At least a 34% lower carbon footprint with a clear route to achieving net-zero
- Work with partners and stakeholders to deliver a prioritised pipeline of future programmes and projects
- Top quartile staff and stakeholder engagement

# Mission 5

BE the trusted strategic partner and a high quality, inclusive and ambitious organisation

## 5.1 People and Culture

Our vision is to be a great place to work where our people are fully engaged, high performing and embody our values and behaviour. For the period of this plan we will continue to implement our People and Organisational Development strategy and focus on leadership, talent and succession, recruitment pipelines, equality and diversity, and collaborative digital professional workforce planning with partners across NHS Wales. We will demonstrate our commitment to the Welsh Language scheme and encourage our people to learn Welsh. We will support the implementation of the cloud and a product approach by upskilling our people.

## 5.2 Finance

Our main financial objective is financial sustainability. We also want to automate processes more, look at what it means for finance in a Cloud environment, benchmark, horizon scan and lead on cloud accounting guidance, benefits management and financial analytics.

## 5.3 Sustainability

Our sustainability enablers include our statement publication for the Well-being of Future Generations Act, building on our decarbonisation/adaptation strategy, biodiversity and the foundational economy ambitions.

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## 5.4 Stakeholder Engagement

Our stakeholders, partners and people are key. We will continue to work closely with our patient groups, health boards and trusts and other partners, to take forward the next generation of services needed to transform health and care delivery for the people of Wales. Through our joint plans and listening and learning approach, we will regularly review our partnership working and develop an engagement toolkit to support effective collaboration with all our partners.

## 5.5 Quality and Safety

Quality and safety are at the core of all we do. The Health and Social Care (Quality and Engagement) (Wales) Act 2020 came into force on 1st April 2023 and strengthens the voice of citizens, introduces a duty of candour and strengthens the existing duty of quality on NHS bodies. We will be addressing the requirements, producing regular reports and developing training and processes in support of the Duty of Quality. Other legislative focus is on new regulations around medical devices.

## 5.6 Governance, Performance and Assurance

This enabler includes the assurance we provide to our Board and all stakeholders through risk management, business continuity, service management, performance and planning frameworks. We also host the cyber resilience unit.

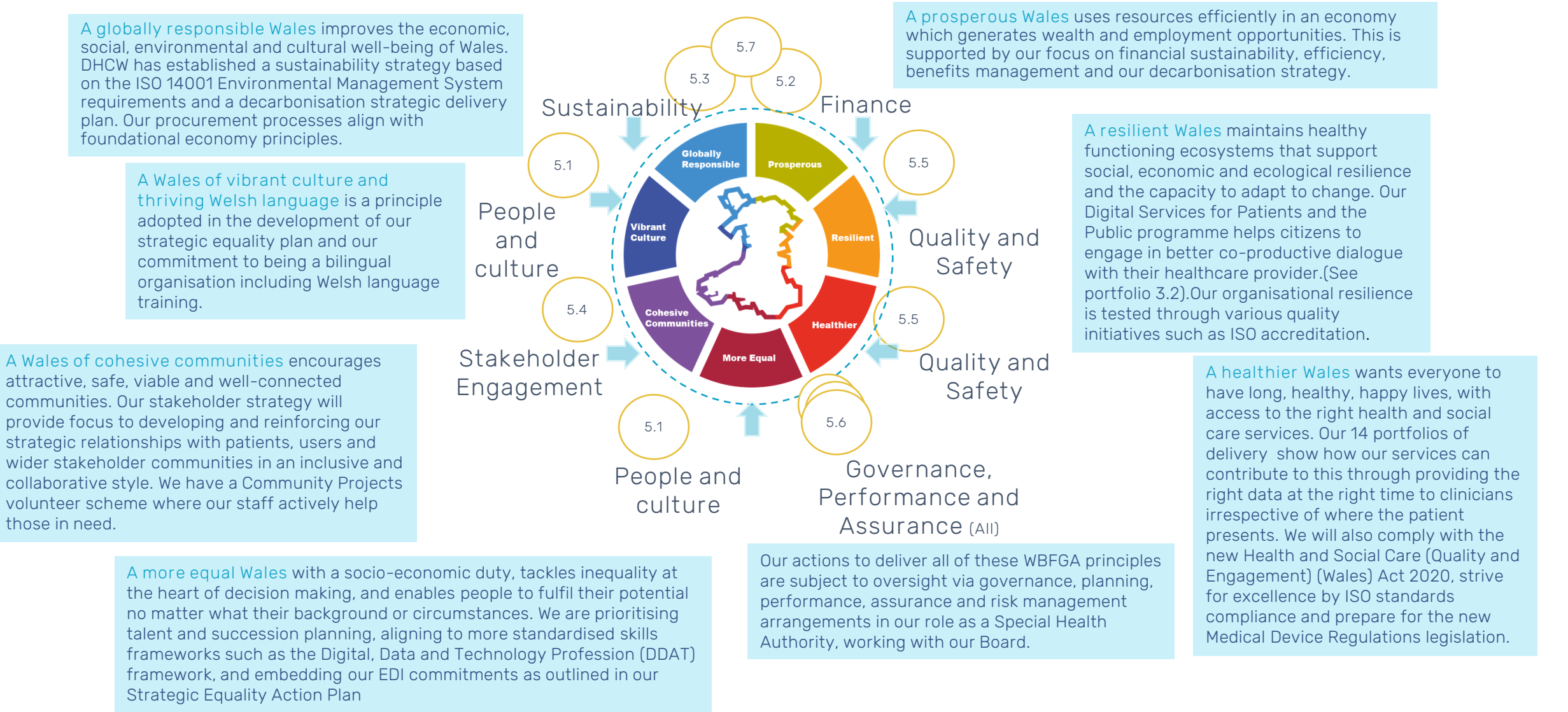
## 5.7 Commercial Services

DHCW run specialist complex procurement and contracting services to support the delivery of Digital Transformation across NHS Wales. This ranges from contracts to maintain national central hosted services including people-based contracts and the procurement of replacement or new national clinical solutions which underpin patient care and any new policy initiatives. A Commercial Services strategy will be developed. This will focus amongst other things on key government policy and good practice including the foundational economy, health transformation, decarbonisation, and digitalisation VFM and compliance with procurement legislation.

# Mission 5 :

## Focus on: Well-being of Future Generations Act

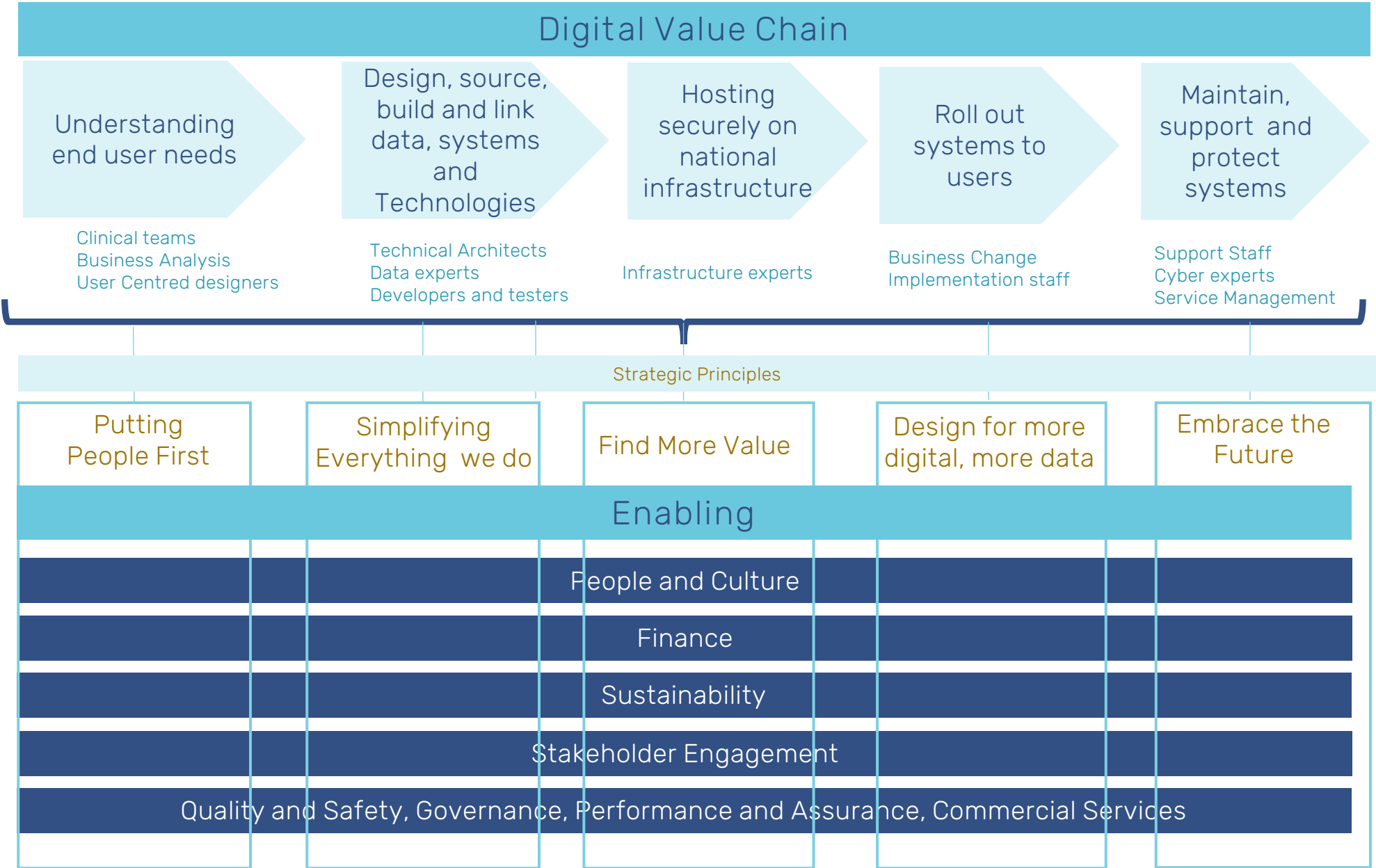
The enablers in Mission 5 reflect a strong alignment to the objectives of the Well-being of Future Generations (Wales) Act 2015 which DHCW formally comes under from 30 June 2024. Our enablers are mapped to the Act below.



# Mission 5 : Making the linkages – Maximising Digital Value and Sustainability

Mission 5  
Demonstrates the value and fit of the enabling teams in the delivery objectives of our IMTP and our DHCW Strategy.  
The team will focus on the transformation DHCW will need to make to its operating model to embrace products and programmes using cloud and by adopting the strategic principles.

Our teams will focus their planning objectives to match our 5 Strategic Principles.



# Mission 5 : Focus on: People and Culture

## our vision

A great place to work where our people are fully engaged, high performing and embody our values and behaviours.

We will achieve this by joining these six themes to shape our workforce.



## Spotlight on 2024-27

- Resourcing – to be the employer of choice by attracting the best talented people reflecting the diverse communities we work in. Utilising innovative methods of on-boarding whilst maximising flexible and competitive benefits.
- Leadership – talent and succession planning to ensure critical talent within a compassionate culture of diversity, equality and inclusion to future proof workforce. Identify, develop and grow next generation of leaders.
- Values and Behaviours – embedded in everything we do to support evolution of the transformational DHCW culture.
- Maximise New Ways of working – developing flexible workforce models to support recruitment, retention of talent, resilience and wellbeing of our people.
- Grow our Own – create continuous pipeline and career pathways for people to meet growing demand in key roles through integrated workforce planning, partnership working and collaboration to support cloud and product approach strategies.
- Strategic Equality Plan (SEP) – evaluate the SEP action plan to ensure all our people continue to thrive and feel empowered to be the best they can be.
- Collaborating with professional partners to implement the Digital Data and Technology Plus Profession Framework to ensure consistency in Digital roles across NHS Wales

## Mission 5 :

### Canolbwntio: ar y gymraeg Focus on: Welsh

Fel sefydliad dwyieithog, rydyn ni wedi ymrwymo i greu amgylchedd ar gyfer dysgwyr a siaradwyr rhugl, fel yr amlinellir yn ein Cynllun Iaith Gymraeg ar gyfer trin y Gymraeg a'r Saesneg yn gyfartal mewn busnes cyhoeddus yng Nghymru.

Mae ein hymdrechion yn cynnwys y canlynol:

- Dylunio, datblygu a lansio Ap GIG Cymru sydd â swyddogaethau dwyieithog i gleifion a'r cyhoedd.
- Brandio dwyieithog newydd
- Integreiddio ystyriaethau Cymraeg yn y broses dylunio systemau
- Datblygu a lansio Ap Asesu'r Gymraeg i gefnogi asesu swyddi
- Cydweithio â gwasanaethau cyfieithu
- Ymgysylltu ag awdurdodau iaith
- Cymryd rhan weithredol yn Rhwydwaith y Gymraeg ar gyfer arferion gorau yn GIG Cymru
- Creu gwefan arfer gorau'r Gymraeg i'w defnyddio ar draws GIG Cymru
- Annog yr holl staff yn weithredol i ddefnyddio eu sgiliau Cymraeg, waeth beth fo'u lefel. Gall staff gyrchu ystod o gyrslau hyfforddi rhad ac am ddim ar gyfer pob lefel o Gymraeg a chysiau magu hyder.

- Erbyn 2024-27, byddwn yn:
- Canolbwyntio ar sicrhau bod staff yn cyrraedd lefel cwrteisi yn y Gymraeg fel yr amlinellir yng Nghynllun Pum Mlynedd Mwy Na Geiriau 2022-2027
- Gwreiddio a rhannu Ap Asesu'r Gymraeg ar draws GIG Cymru i gefnogi recriwtio siaradwyr Cymraeg
- Asesu ac ymateb i ofynion penodol y Gymraeg mewn perthynas â systemau digidol a argymhellir gan Lywodraeth Cymru yn ei Chynllun Pum Mlynedd Mwy Na Geiriau 2022-2027
- Parhau i adeiladu ar ein hamgylchedd a'i wella ar gyfer yr holl staff i ddefnyddio eu Sgiliau Cymraeg, waeth beth fo'u lefel
- Parhau i ddatblygu a rhannu arfer gorau iaith Gymraeg ar draws GIG Cymru drwy'r wefan fel yr amlinellir yng Nghynllun Pum Mlynedd Mwy na Geiriau

As a bilingual organisation, we are committed to creating an environment for language learners and fluent speakers, as outlined in our Welsh Language Scheme for equal treatment of Welsh and English in public business in Wales.

Our efforts include:

- Designed, developed and launched the NHS App which has bilingual functionality for patients and the public
- New bilingual branding
- Integrating Welsh considerations in the system design process
- Developed and launched a Welsh Language Assessment App to support the assessment of jobs
- Collaborating with translation services
- Engaging with language authorities
- Actively participating in the Welsh Language Network for best practices in NHS Wales
- Creating a Welsh Language best practice website for use across NHS Wales
- Actively encourage all staff, regardless of level to use their Welsh language skills. Staff have access to a range of free training courses for all levels of Welsh and confidence building courses.

In 2024-27 we will :

- focus on ensuring staff achieve a courtesy level of Welsh as outlined in the More Than Just Words five year plan 2022-2027
- embed and share the Welsh Language Assessment App across NHS Wales to support Welsh Language recruitment
- assess and respond to the specific Welsh language requirements relating to digital systems recommended by the Welsh Government's More Than Just Words five year plan 2022-2027
- continue to build on and enhance our environment for all staff, regardless of level to use their Welsh Language Skills
- continue to develop and share Welsh Language best practice across NHS Wales via the website as outlined in the More than Just Words five year plan



# Mission 5 :

## Focus on: Finance

### The Financial Context

#### Planning Context:

In a resource constrained environment, the best allocation of those scarce resources to deliver the best outcomes requires a robust financial strategy. For DHCW, addressing historic growth, emerging digital cost inflation alongside increased integration demands provides a challenging outlook when added to significant funding and macroeconomic pressures.

- **Financial Objectives:** 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.
- **Key Planning Assumptions:** The IMTP financial plan is predicated upon all Wales guidance and assumptions and current Bank of England forecasts. There is further work to clarify future Digital Priorities Investment fund allocations and profiles, whilst any developments DHCW 'chooses' to make (such as the pace of cloud transition) will meet affordability requirements and be managed to meet financial objectives.
- **Financial Sustainability:** The finance team in partnership with Welsh Government policy leads and stakeholders Wales wide will look to complete a review of organisational funding flows to ensure the most effective mechanism is in place to support efficient planning and provide the best outcomes. Alongside this, DHCW will establish a new Finding More Value workstream charged with identifying and delivering strategic efficiency programmes.

#### Key Planning Considerations:

- **Cost Pressure Management:** The IMTP incorporates assessed unavoidable pressures over the planning term (both national and local).
- **Cloud Adoption:** The financial plan continues to reflect the organisation's cloud adoption roadmap and cloud first approach to data hosting 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, Digital Services for Patients and Public) has been incorporated within the financial plan. This results in a tapered investment profile over the IMTP timeline.
- **COVID-19:** Now reflected within DHCW Core operations, the financial plan reflects the in-year activity to decommission the Test, Trace and Protect (TTP) service provision whilst continuing support for vaccines digital solutions and the newly formed National Immunisation Framework requirements.

# Mission 5 :

## Focus on: Finance

### The Financial Outlook

The Financial Strategy for 2024/25 presents a breakeven position 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. It has been cross referenced with output from the IMTP Portfolio review exercise and workforce plan to ensure congruence with stated deliverables. For 2024/25 funding amounting to £169.6m supported by a savings target of £1.5m is forecast to underpin the resource requirement with capital investments totalling £21.1m planned to be made throughout the year. The current DPIF funding control total has been incorporated within 2024/25 forecast with future years reflecting known allocations.

Activity Area	Revenue				Capital			
	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
Core SHA Operations	121.233	131.876	137.759	141.656	2.614	2.969	2.969	2.969
Digital Priority Investments	34.060	30.305	3.602	0.846	15.719	18.159	9.62	1.176
COVID-19 Digital Services	7.350	7.380	7.527	7.678	0	0	0	0
Savings Target	0	(1.468)	(2.010)	(2.277)	0	0	0	0
Total	162.643	168.093	146.878	147.903	18.333	21.128	12.589	4.145
Outlook	0	0	0	0	0	0	0	0

The key financial objective is to provide quality and value for money services whilst ensuring a sustainable underpinning financial baseline for the organisation. [Back to Contents](#)

### Financial Pressures

As part of the 2024/25 financial planning process DHCW has identified opportunities to mitigate ongoing unavoidable financial pressures, in the following areas:



**Service Growth & Underlying Position....** At present there is no mechanism to keep funding at pace with growth whilst being experienced across the portfolio this is being particularly experienced within Choose Pharmacy.



**Digital Inflation....** Reflects sector specific cost increases and pressures.



**Sustaining Key Digital products....**DHCW will continue to support and sustain key initiatives such as the Cancer Programme, National Data Resource and NHS App. Programme continuity remains a significant issue.



**Energy Costs....** Whilst energy costs have contributed to the underlying position, there remains a risk that there may be cost increases due to developing geopolitical issues.



**Cyber Security Improvements....** Costs to support the requirement for a strengthened Cyber Security posture.



**Sustaining Key Digital Core Services....** A number of services required funding in order to provide a sustainable service, such as Integrated Intelligent Audit Solution – now a cloud recurrent service and Wales Accord on the Sharing of Personal Information (WASPI). COVID WIS and the National Immunisation Framework.

Avoidable costs, such as service/product development choices (eg transition to cloud) or digital investment fund activity are excluded from the financial plan and will be subject to affordability (the associated deliverables will be colour coded as per this text).

# Mission 5 :

## Focus on: Finance

### Source and Application of Funds

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 70% of the current financial plan for 2024/25) including an allocation for capital charges (depreciation). All other anticipated income relates to the payment for a range of services provided to NHS Wales and Northern Ireland 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 (£86.9m/52%) is linked to ring fenced expenditure such as the provision of All Wales contracts (eg all Wales Digital licensing, specific schemes/initiatives such as digital priority initiatives (DPIF) or services such as Primary Care IM&T Support) resulting in a decreased scope for internally benefiting savings.

Source of Funds	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
<b>Recurrent</b>				
Welsh Government - Core	54.592	56.462	57.591	58.742
Welsh Government - Primary Care IM&T	16.968	19.176	19.560	19.950
Welsh Government - Depreciation	8.067	8.067	8.067	8.067
NHS Wales - SLA/Other	14.713	16.623	18.450	18.820
All Wales Digital Licensing	26.893	30.081	32.081	33.800
<b>Total</b>	<b>121.233</b>	<b>130.409</b>	<b>135.749</b>	<b>139.379</b>
<b>COVID-19 Response</b>				
Test, Trace and Protect	1.550	0.554	0.000	0.000
Vaccination	5.800	6.826	7.527	7.678
<b>Total</b>	<b>7.350</b>	<b>7.380</b>	<b>7.527</b>	<b>7.678</b>
<b>Digital Priority investment Fund</b>				
WG Allocation	32.357	28.07	1.368	0.846
NHS Allocation	1.703	2.234	2.234	0.000
<b>Total</b>	<b>34.06</b>	<b>30.304</b>	<b>3.602</b>	<b>0.846</b>
<b>Grand Total Funding</b>	<b>162.643</b>	<b>168.093</b>	<b>146.878</b>	<b>147.903</b>

Application of revenue funds: The projected application of funds to support IMTP deliverables are identified below.

Application of Funds	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
<b>Core</b>				
SHA and Core Operational Services	68.605	73.415	76.612	78.413
All Wales Digital Licensing	27.593	31.218	33.246	34.972
Primary Care IM&T	16.968	19.176	19.834	20.204
Depreciation Charges	8.067	8.067	8.067	8.067
<b>Total Core Allocation</b>	<b>121.233</b>	<b>131.876</b>	<b>137.759</b>	<b>141.656</b>
<b>COVID-19</b>				
Test, Trace and Protect	1.550	0.349	0.000	0.000
Mass Vaccinations	5.800	7.031	7.527	7.678
<b>Total COVID Allocation</b>	<b>7.350</b>	<b>7.380</b>	<b>7.527</b>	<b>7.678</b>
<b>Digital Priorities</b>				
Investment Schemes	34.060	30.305	3.602	0.846
<b>Total Digital Priorities Funding</b>	<b>34.06</b>	<b>30.305</b>	<b>3.602</b>	<b>0.846</b>
<b>Total Allocation of Funds</b>	<b>162.643</b>	<b>169.561</b>	<b>148.888</b>	<b>150.180</b>
Savings Target	-	(1.468)	(2.010)	(2.277)
<b>Grand Total Funding</b>	<b>162.643</b>	<b>168.093</b>	<b>146.878</b>	<b>147.903</b>

#### Notes:

- 23/24 forecast breakeven position.
- All Wales Digital licensing figure excludes primary care (directly charged to the ringfenced budget).
- 2023/24 savings delivered and netted off SHA and Core Operational Services expenditure.
- Unmitigated cost pressures reflects an assessment of overspend position after allocating current funds and applying savings target.

Mission 5 :

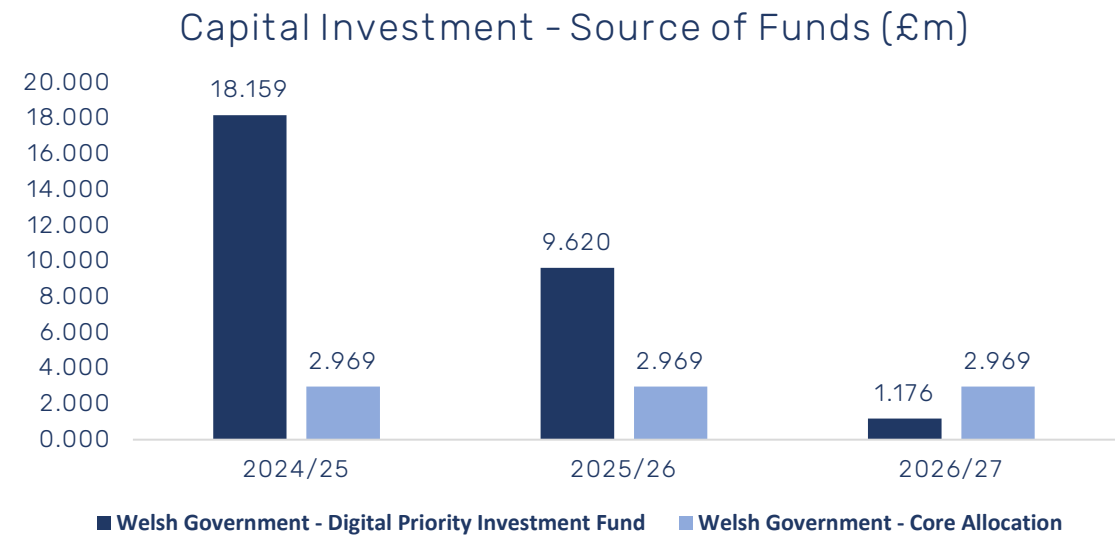
Focus on: Finance

Capital Investment

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.

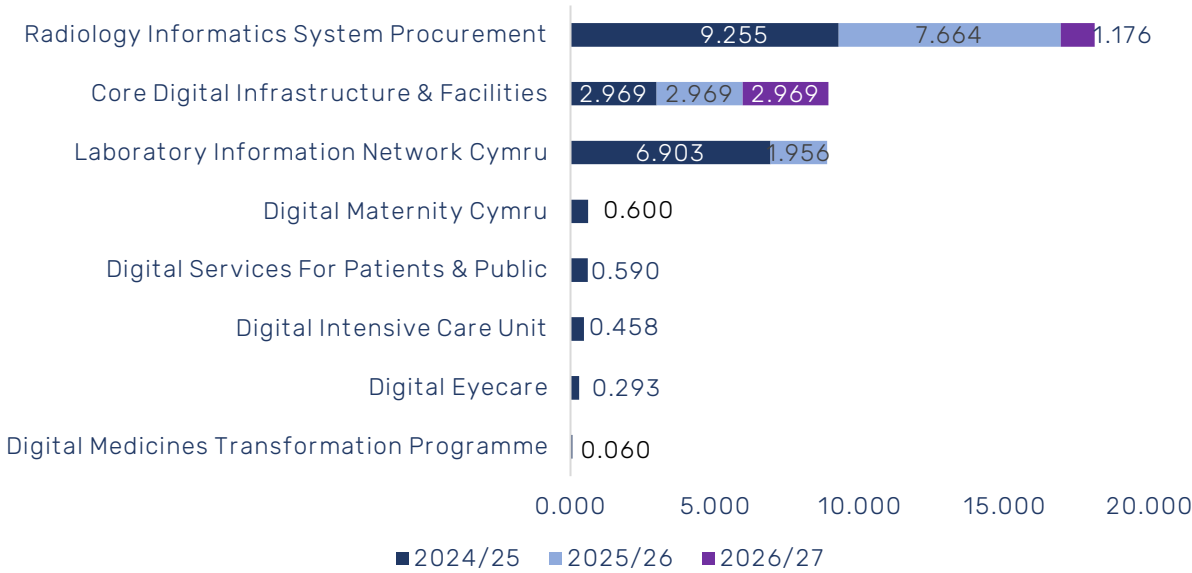
Capital funds are received exclusively from Welsh Government and are grouped by:

- Discretionary Capital Funding: Available for the organisation to allocate to support internally prioritised schemes.
- Digital Prioritisation Investment Funding (DPIF) (single purpose funding). Note, the profiled decrease in funding reflects current approved position.



The capital plan assumes funding of £21.2m in 2024/25, £12.6m in 2025/26 and £4.1m in 2026/27 to support key plan deliverables. The plan supports the procurement of hardware and software and where applicable the cost of internally developed assets.

Application of IMTP Capital Investment Funds (£ms)



Throughout the year capital disbursements may be allocated to NHS organisations in line with conditions of digital priority funding projects (DPIF).

DHCW will prioritise the discretionary capital investment on refreshing data centre and internet firewalls together with point of care testing systems.

# Mission 5 :

## Focus on: Finance

### The Financial Strategy – Finding More Value

DHCW will continue to develop practical short-term savings initiatives but in order to meet medium/long term organisational ambitions and provide and support financial sustainability going forward, DHCW finance team will lead the Finding more Value workstream in the transformation project to be established on April 1<sup>st</sup>, led by senior executive representatives with the objective of identifying and delivering on strategic efficiency programmes within the organisation.

#### Key Deliverables:

- To motivate, communicate and engage the DHCW team in understanding the financial impact of the new operating model including an essential tool kit and workforce to move us forward.
- To create a transformational financial plan to ensure an affordable operating model which delivers £5m savings in 3 years.
- To knit together the key pieces of the directorate initiatives held in the Mission 5 to an overarching transformational plan. Alignment of the Missions 1-4 so that the supporting functions enable the financial delivery (priority and fit) and the redesign of the finance model to support the delivery.
- To oversee the value and change through being part of a transformation project that is overseen by the Portfolio Oversight part of Management Board
- To create a roadmap/timeline on the financial delivery of the transformational change delivered through 5 workstreams.

#### Contributing Workstreams:

- Putting people first
  - Workforce and structure redesign.
  - Tool kit enabling (maximising current & new assets).
  - Quality culture promotion.
- Simplifying everything we do
  - Architecture and system simplification.
- Find more value
  - Development and programme efficiencies.
  - Demonstrating value both social, environmental and financial.
- Design for more digital, more data
  - Shift to an efficient and effective product - based delivery underpinned with cloud.
  - Efficient and effective governance and assurance processes
- Embrace the future
  - Putting users at the centre of innovative design.

# Mission 5 :

## Focus on: Benefits

### Benefits Framework

In Wales there is a clear commitment to value-based healthcare. Benefits realisation is an integral part of delivering that strategy - maximising the outcomes that matter to people as well as using resources most effectively.

A benefits realisation approach needs a clear framework, as well as being culturally embedded across all parts of a health system. DHCW has developed a benefits realisation framework in 2022/23 in consultation with partner organisations and Welsh Government and this will be used as a national guide sitting alongside local frameworks where in existence.

The benefits plans for digital schemes following the national framework are being worked up , such as Microsoft 365 Centre of Excellence, and others aligned such as Digital Medicines Transformation programme and National Data Resource. Benefits are also a key feature of our Research and Innovation, and Value from Data Portfolios.

In 24/25 there will be focus on further developments leading to consistent benefits management across NHS Wales including benefits identification, measurement and tracking. We expect to:

- implement the benefits realisation framework and create a local benefits model for all digital schemes led by DHCW
- integrate the local organisations' benefits models to deliver a master register of agreed benefits, metrics to measure successful delivery, ownership and accountability
- create a national digital benefits office to record and store all benefits plans, ensure continuity of tracking, report on national results and provide advice and benefits resources for all organisations.





# Mission 5 :

Focus on:

## Sustainability

DHCW's Sustainability Strategy integrates existing processes with ISO 14001:2015, serving as a structured tool to fulfil our environmental protection mandate. It guides the establishment, implementation, maintenance, and continuous improvement of our environmental management performance.

In 2021, we developed the DHCW Decarbonisation Strategic Delivery Plan, which we report against regularly. There are some ongoing challenges which we are working through when creating our adaptation plans.

Our commitment to the Foundational Economy involves collaboration with stakeholders, commercial suppliers, recruitment practices, and research partners, coordinated by a Foundational Economy Group for a cohesive, sustainable approach.

## Foundational Economy

Procurement activity is continuing to be structured using the underpinning principles of the foundational economy in line with government policy. Key contractual documentation includes foundational economy requirements and 10% evaluation criteria. Recent data centre replacement contracts were awarded to companies located in South Wales and also included requirements around the development of local apprenticeships.

Our longer terms plans include:

- The development of a foundational policy and action plan
- Working in a more focussed way with the NHS Wales Shared Services Partnership procurement function
- Greater market engagement/campaigns in advance of appropriate procurement activity
- Measuring actual benefits coming out of contractual activity – hard and soft measures

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## Stakeholder Engagement

People are central to transformation. Collaborating with national and local partners, we anticipate healthcare's future and facilitate transformation through data and technology.

DHCW engages various stakeholders, including patients, the public, clinicians, administrative staff, and others. We align priorities with Welsh Government policies, partnering with health boards, trusts, Special Health Authorities, Local Authorities, and suppliers to enhance our digital infrastructure collaboratively.

Engaging academia fosters innovative partnerships and develops the digital workforce.

Our stakeholder engagement strategy supports effective collaboration, improving understanding, and is vital for ensuring NHS Wales obtains necessary digital health solutions.

### ENGAGEMENT PILLARS



Foster a culture of effective engagement, enhancing DHCW's capability and capacity



Develop effective strategic partnerships, networks, and forums to enable successful collaborative working



Be recognised as a system leader in the development of high-quality technology, data products and services for the NHS



Operate as an agile and responsive organisation, listening and responding to stakeholders

# Mission 5 :

## Focus on: Alignment with Partners (1)

Digital Health and Care Wales Alignment with Partners	Health Education and Improvement Wales	NHS Wales Shared Services Partnership	NHS Wales Executive	Aneurin 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	
Data Platform and Reference Services													
National Data Resource													
Open Architecture and Interoperability													
Digital Architecture Review Response including APIs, CDE and Product and Platform Strategies													
Protecting Patient Data													
Information Governance Toolkit													
National Intelligent Integrated Audit Solution													
Sustainable and Secure Infrastructure													
Core Infrastructure e.g. Public Sector Broadband Aggregation (PSBA)													
Security information and event management (SIEM)													
Vulnerable Monitoring Service (VMS)													
Products													
Public Health													
Test, Trace and Protect													
Screening Services													
Primary, Community and Mental Health													
Choose Pharmacy													
Child Health (CYPRIS)													
Dental E Referrals													
GP Test Requesting													
GP Systems													
Welsh Clinical Communications Gateway													
Welsh Community Care Information System							LA Instance			LA Instance			
Planned Care													
Digital Maternity Cymru				Local solution									
Eye Care Digitisation - Not DHCW project. Integration role						CAV solution	CAV solution						
Powys/England Cross Border													
Welsh Patient Administration System													
Welsh Patient Referral Service				Local solution									

# Mission 5 :

## Focus on: Alignment with Partners (2)

Digital Health and Care Wales Alignment with Partners	Health Education and Improvement Wales	NHS Wales Shared Services Partnership	NHS Wales Executive	Aneurin Bevan	Betsi Cadwaladr	Cardiff And Vale	Cwm Taf Morgannwg	Hywel Dda	Powys	Swansea Bay	Velindre	WAST	Public Health Wales
Urgent and Emergency Care													
WAST Electronic Patient Care Record - Integration													
Welsh Emergency Department System													
Welsh Intensive Care Information System													
Diagnostics													
Laboratory Information Management System (LIMS) 2.0													
Endoscopy (HB systems consuming eMPI and WRRS)													
Radiology Informatics Solution Procurement New													
Welsh Laboratory Information Management System (current)											W/TAIL		Micro
Welsh Radiology Information System (current)													
Welsh Point of Care Testing													
Medicines													
E-prescribing and Medicines Management (Secondary Care)													
Electronic Transfer of Prescriptions (GP to Community Pharmacy)													
Patient Access to Medications													
Shared Medicines Record													
Welsh Hospital Pharmacy Stock Management System													
Engaging with Users: Health and Care Professionals													
Cancer Informatics Programme													
NHS Wales eLibrary for Health													
Microsoft 365													
Welsh Clinical Portal													
Electronic Test Requesting (Radiology)													
Electronic Test Requesting (Pathology)													
Electronic Test Requesting (Cardiology and new request types)					Cardiology & Histo	Cardiology	Cardiology						
Welsh Nursing Care Record (Hospital)													
Welsh Information System for Diabetes Management													
Engaging with Users: Patients and the Public													
Digital Services for Patients and the Public													
Research and Innovation													
Value from Data													
See National Data Resource above													
Data and Analytical Services													
PROMS and PREMS / Value in Health													

Mission 5 :

Focus on:

Quality and Safety

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 reporting to 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 our Quality Management System (QMS). All policies, standard operating procedures, templates and other guidance can be found in our QMS.

We maintain certification to the following 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
- BS10008:2014 Evidential weight and Legal admissibility
- Service Desk Institute

Governance, Performance and Assurance

The Welsh Government define Corporate Governance as ‘ the way in which public service bodies ensure that they are doing the right things, in the right way, for the right people, in a manner that upholds the values set for the Welsh public sector’. The effectiveness of governance arrangements has a significant impact on how well organisations meet their aims and objectives.

This enabler focuses on ensuring good governance and assurance arrangements are in place to underpin all that we do. In addition to ensuring the performance framework and reporting arrangements it drives ongoing operational improvement.

Product Approach

We are transitioning to a product centric operating model which will:

- Establish sustainable structures, resources and funding streams for the continuous and quality delivery of our products.
- Ensure our resources are directed to the most critical activities.
- Optimise software engineering and delivery capability to minimise the time to value for new developments.
- Adopt value metrics to measure the ongoing realisation of the positive health outcomes enabled by our products.
- Improve stakeholder engagement and focus on user experience.

Project Mindset	Product Mindset
Temporary teams	Long-lived teams
Build-once mentality	Test and learn mentality
Customer feedback at the end	Customer feedback throughout the product
Release once	Release continuously
Success is measured by delivery of scope within time and budget	Success is measured by customer satisfaction and value created
Scope is determined by stakeholders	Scope guidelines are set with stakeholders and teams learn through experimentation and customer feedback

Optimising our operations for digital delivery

## Mission 5

BE the trusted strategic partner and a high quality, inclusive and ambitious organisation

### Drivers

- Well-being of Future Generations Act 2015
- DHCW People and Organisational Development Strategy 2022-2025
- A Healthier Wales Workforce Strategy for Health and Social Care
- DHCW Welsh Language Scheme
- DHCW Cloud and Product Strategies

### Outcomes

- A great place to work – people fully engaged, high performing and embodying DHCW values and behaviours
- Right people, right place, right skills
- Establish DHCW as a bilingual organisation

## Mission 5 Enablers 2024-27

QTR 1	QTR 2	QTR 3	QTR4
5.1 People and Culture (Vibrant Culture, more equal)			
Develop plans as part of the transformation programme, to move to a product approach way of working, to support organisational design, people transformational change and organisational development.		Commencement of implementation of a transformation programme, to move to a product approach way of working, to support organisational design, people transformational change and organisational development.	
Launch and engage the DHCW strategic workforce plan for 2024 (short term/medium term/long term)	Analyse and report on the DHCW strategic workforce plan findings	Develop and begin delivery to support the outcomes in line with strategic drivers and change	Continue with delivery to address critical skills/skills gap analysis, succession planning, talent management and refresh the model for 2025-26 in conjunction with the Strategic Resourcing Group
Implementation of DDaT Framework including development of standardised format to ensure a uniform approach across the NHS Wales and UK			
Drive the commitments under the Health and Wellbeing and Equality, Diversity and Inclusion commitments outlined in the Strategic Equality Action Plan and People and OD Strategy approach and evaluate in partnership in Q3 and Q4 to develop new provision for future years			
Drive a planned approach to recruit, retain and develop Welsh language skills across the organisation identifying new opportunities to embed our language.			Evaluate the successes and challenges in order to develop new approaches for future years.
Ongoing engagement with directorates to ensure Welsh Language skills are recorded accurately			
New Welsh Language assessment app rolled out across DHCW			
Establish a quality approach to Clinical Informatics and Business Change Services, including alignment of services into our product operating model, development of DDaT Plus professional capability profiles, collaboration on clinical information and supporting NHS Wales digital maturity.			
Establish a Digital Change Delivery Network Accredited Learning Hub to deliver accredited courses including: Change Ambassador Programme, Coaching For Change and Delivering Service Excellence Course			
Product Centric Target Operating Model			
Confirm product-centric target operating model design			
Confirm operational teams organisational change phase 2 design	Pilot implementation of product teams	Phased Implementation of product teams	
Confirm Implementation Plan			
Develop Product Tooling Strategy			

## Mission 5

BE the trusted strategic partner and a high quality, inclusive and ambitious organisation

### Drivers

- DHCW Cloud Strategy 2022
- National Data Resource (NDR) Data Strategy 2022
- WG DHCW Accountability Conditions
- Ministerial Priority 7: NHS Finance and managing within resources
- NHS Wales Financial Planning Principles and Approach

### Outcomes

- Evidenced allocative efficiency of digital to NHS Wales.
- Enhanced transparency and product insights.
- Sustainable digital service provision.
- DHCW leadership and recognised centre of expertise in digital technical accounting, toolkits and cloud governance.
- Enhanced organisational financial governance and controls.
- Strengthened business partnering aligned to insights and value improvement.

## Mission 5 Enablers 2024-27

QTR 1	QTR 2	QTR 3	QTR 4
5.2 Finance ( <b>Prosperous</b> )			
Develop a quality aligned service improvement plan including improving, embedding and automating financial processes			
Implementation of new all Wales Finance Business Intelligence solution			
Define quality in terms of finance governance			
Business partnering focus on the strategic value of product delivery			
Completion of DHCW sustainable funding recommendations			
Lead Finding more Value workstream as part of the transformation project			
Establish the FinOps finance function for Cloud			
		Migration of Oracle E-business Suite Infrastructure from On-Premise to Cloud	
		Research and develop an action plan to create a Digital finance function and toolset	
		Design and Implement Enhanced Business Intelligence Product Cost Dashboards (linking costs with resource management systems/flow)	
Integration of benefits realisation in DHCW programmes			
Visualise the value of digital to NHS Wales: Establishment of benefits reporting mechanism			
Establish and complete Digital Technical Accounting workplan			
Strengthened Business partnering service improvement exercise			
All Wales leadership - IMTP/Minimum Data Set strengthening of the Digital Agenda			
Strengthening of staff analytical capabilities via NDR Advanced Analytics Learning Programme			



## Mission 5

BE the trusted strategic partner and a high quality, inclusive and ambitious organisation

## Drivers

- Well-being of Future Generations Act 2015
- NHS Wales Decarbonisation Strategic Delivery Plan
- DHCW Decarbonisation Strategic Delivery Plan 2021-2030
- DHCW Stakeholder Engagement Strategy
- Health and Social Care (Quality and Engagement) (Wales) Act 2020 requirements and annual quality report
- Medical Device Regulations 2024
- Audit Wales Structured Assessment 2022

## Outcomes

- A reduced carbon footprint
- Increase in DHCW collaborative working with partners to accelerate effective adoption of digital solutions
- Increased safety compliance of systems
- A strong risk culture that meets the needs of the organisation

# Mission 5 Enablers

QTR 1	QTR 2	QTR 3	QTR4
5.3 Sustainability (Globally responsible)			
Ongoing transformation of DHCW offices to a modern workplace.			
	Applying sustainable development principle to new projects		
Meeting decarbonisation roadmap objectives			
Maintain ISO14001 certification			
Continue to drive and measure low carbon activities relate to procurement			
5.4 Stakeholder Engagement (Cohesive communities)			
Mature our User-Centred Design (UCD) focus and capability across the organisation and embed an holistic set of UCD standards, practices and tools to ensure that all of our products and services are developed in collaboration with our users and stakeholders			
Strategic approach to ongoing digital maturity and usability assessments			
Engagement series: Plan and deliver an engagement series with stakeholders			
Digital Inclusion: Build on DHCW Digital inclusion action plan, define reporting structures and further opportunities to lead with NHS Wales partners			
Strategic Partnerships: Develop and nurture core set of DHCW strategic partnerships, agreeing joint plans and programmes of work. Define internal ownership and objectives.			
Engagement Toolkit: Create Stakeholder engagement toolkit accessible for all DHCW teams including stakeholder maps and templates.			
Undertake Independent Stakeholder review		Communicating with stakeholders: Refine DHCW communications focused to stakeholders including updating website with overview of our partnerships.	
Stakeholder Relationship Management System – launch pilot and review		Stakeholder Relationship Management System – commission and embed	
NHS Wales Partnership Workshops: Undertake workshops to continuously improve partnership working			
	Introduce user satisfaction measures		
5.5 Quality and Safety (Healthier)			
Programme of workshops across all directorates to map Health and Care Quality Standards 2023 to the work of each directorate			
Create a Clinical Informatics Framework to maximise our support for health and care provision			Embed the Clinical Informatics Framework
Publication of first Annual Quality Report as required by the Health and Social Care (Quality and Engagement Act)(Wales) 2020			
Implement a power app to modernise the Welsh Informatics Assurance process			
Review of and improvements to risk based internal audit programme			
Adopt practices to meet ISO 13485 – Quality Management for Medical Devices		Certification to ISO 13485 – Quality Management for Medical Devices	
Readiness for Medical Device Regulations (MDR) implementation in anticipation of new UK MDR legislation.			
Adopt practices to meet ISO 22301 – Business Continuity Management		Promote the role of DHCW emergency planning in terms of the wider civil contingency resilience and preparedness	

## Mission 5

BE the trusted strategic partner and a high quality, inclusive and ambitious organisation

### Drivers

- Network and Information Systems (NIS) Directive 2018
- Well-being of Future Generations Act 2015

### Outcomes

- Effective enhanced programme governance arrangements
- A strong risk culture that meets the needs of the organisation

## Mission 5 Enablers

QTR 1		QTR 2		QTR 3		QTR4	
5.6 Governance, Performance and Assurance (Resilient, All)							
Network and Information Systems regulations (NIS). The independent Cyber Resilience Unit, as a delegated authority from Welsh Ministers will audit and support Health Boards in Wales along with reporting national adherence to the NIS Regulations. (See Portfolio 1.4)							
Develop DHCW's corporate performance capabilities							
Embed and develop the Portfolio Management Office (PMO) to support new portfolio governance, and deriving value from standards, consistency and analytics.							
Create a Digital Change Delivery Network including launching the DCDN platform and toolkits for engagement, benefits and service improvement, better business change guidance, development of the Change Ambassador Peer Network.							
Agree baseline national systems delivery plan with partner organisations							
Agreement of business case and funding for service management tooling		Procure and implement new service management tooling					
Review of Board Assurance Framework				Review of Board Assurance Framework			
Risk Appetite and Statement Review							
				Annual Corporate Risk Trending Analysis			
Deliver and monitor internal Exec engagement programme							
Deliver DHCW's first hybrid staff conference		Evaluation of action plan from first year of Comms Strategy					
Promote comms toolkit		Devise forward plan for public and political awareness raising events		Develop new action plan to deliver Communications Strategy			
Review outcomes of stakeholder communications survey and make changes to stakeholder communications		Support delivery of DHCW presence at Eisteddfodd					
Re-design of DHCW's website							
5.7 Commercial Services (Globally responsible, Prosperous)							
Publish a DHCW Commercial Services Strategy		Continued extension of Foundational Economy principles		Support the aims of the Social Partnership and Public Procurement (Wales) Act 2023 to enhance well-being through socially responsible procurement. Comply with new Procurement legislation which is replacing PCR2015.			



# DIGITAL HEALTH AND CARE WALES STRATEGIC EQUALITY PLAN (SEP) UPDATE REPORT

Agenda Item	4.4
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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

Executive Sponsor	Sarah-Jane Taylor, Director of People and Organisational Development
Prepared By	Lenisha Wright, Equality, Diversity, Inclusion and Wellbeing Lead
Presented By	Sarah-Jane Taylor, Director of People and Organisational Development

Purpose of the Report	For Noting
Recommendation	SHA Board is being asked to
<b>NOTE</b> the following: <ul style="list-style-type: none"><li>To provide the assurance that the actions and the commitment in the SEP are being progress to plan.</li><li>To highlight the continued value to the organisation of an established and engaged EDI Network in achieving the objectives outlined in the Strategic Equality Plan.</li><li>The next steps and planned activity in quarter 1 and 2 of 2024-25.</li></ul>	

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

<b>STRATEGIC MISSION</b>	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
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<b>CORPORATE RISK</b> (ref if appropriate)	Not applicable
<b>QUALITY IMPACT ASSESSMENT</b> (ref if appropriate)	Not applicable

<b><u>WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A More Equal Wales
If more than one standard applies, please list below: <ul style="list-style-type: none"> <li>• A Resilient Wales</li> <li>• A Wales of cohesive Communities</li> <li>• A Wales of Vibrant Culture and Thriving Welsh Language</li> </ul>	

<b><u>DHCW QUALITY STANDARDS</u></b>	BS 76000:2015
If more than one standard applies, please list below: <ul style="list-style-type: none"> <li>• ISO 30415 – Diversity &amp; Inclusion</li> </ul>	

<b><u>DUTY OF QUALITY ENABLER</u></b>	N/A
<b><u>DOMAIN OF QUALITY</u></b>	N/A
If more than one enabler / domain applies, please list below:	

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

<b>IMPACT ASSESSMENT</b>	
<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>LEGAL IMPLICATIONS/IMPACT</b>	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL</b>	No, there are no specific financial implications related



IMPLICATION/IMPACT	to the activity outlined in this report
<b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below The activities and work undertaken to support the commitments of the strategic equality plan have wide ranging implications and are intended to have positive implications for the workforce of DHCW, its stakeholders and key partners. There should be benefits felt in the attraction and retention of diverse talent, greater understanding, innovation, and creativity and the realising of a positive and inclusive culture.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	Yes, please detail below <ul style="list-style-type: none"> <li>The activities and work undertaken around Equality, Diversity and Inclusion impacts the diverse communities within which DHCW operates.</li> <li>Completion of equality impact assessments supports diversity and inclusion in the work undertaken by DHCW throughout its communities.</li> </ul>
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
People & OD Senior Leadership Team Meeting	13 <sup>th</sup> March 2024	Approved
Sarah-Jane Taylor and Shikala Mansfield	12 <sup>th</sup> March 2024	Approved
Equality, Diversity and Inclusion Network Meeting	26 <sup>th</sup> March 2024	
SHA Board	28 <sup>th</sup> March 2024	
Management Board	18 <sup>th</sup> April 2024	



Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SEP	Strategic Equality Plan	ESR	Electronic Staff Record
UK	United Kingdom	ONS	Office of National Statistics
SHA	Special Health Authority	BS	British Standard
ISO	International Standards Organisation	EDI	Equality, Diversity and Inclusion
EIA	Equality Impact Assessment	POD	People and Organisational Development
SLT	Senior Leadership Team		
DHCW	Digital Health and Care Wales		



### 3 SITUATION / BACKGROUND

All public sector employers within Wales have a requirement to share its equality objectives in the form of a published Strategic Equality Plan (SEP).

DHCW first published its SEP in April 2023, in line with the commitments outlined in the DHCW People and Organisational Strategy (October 2022). DHCW is committed to building an organisation of innovative and diverse talent and to be recognised for having a supportive and inclusive culture where everyone thrives and there is equality of opportunity for all.

DHCW People and Organisational Strategy commitments are:

Key Themes	People Priorities
Extraordinary Leadership	Leadership Development Training and Development Talent Management- at all levels Succession Planning
Great Organisation to Work	Culture and Organisation Development Diversity/Equality/Inclusion/Welsh Language Values and Behaviours Thriving Research and Innovation agenda
Strategic Workforce Planning	Resourcing - Recruitment & Retention Shaping the Workforce - current and future workforce Workforce Review - career pathways across digital profession NHS Wales
Grow Our Own	Growing our own talent Career Pathways - all workforce Partnership and Collaborative Working
Wellbeing & Engagement	Wellbeing and Engagement
New Ways of Working	Technology and New Ways of Working

An overarching commitment, integral in the People and Organisational Development Strategy, is the DHCW Strategic Equality Plan. The DHCW Strategic Equality Plan (SEP) 2023-2027 is underpinned by the Equality Act 2010, the Anti-racist Wales Action Plan 2022, and the Wales LGBTQ+ Action Plan 2010.

The first Strategic Equality Plan update report was received by SHA Board in September 2023. This is the second update report which focusses specifically on the progress made during quarter 3-4 (2023) to the commitments outlined in the Strategic Equality Plan.

The action plan identifies five key commitments to equality, diversity and inclusion which align to our DHCW organisational values and are integral to the People and Organisational Development Strategy commitments. These commitments are:

Commitment 1	Supporting our people
Commitment 2	Ensuring everyone is educated and held accountable
Commitment 3	To utilise data and tracking to understand our starting point and supportive commitments
Commitment 4	Analyse to better understand those opportunities and barriers
Commitment 5	Visible and active sponsorship through our partners

An update of the progress made to date is detailed under each commitment area in Section 4.



## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### 4.1 Commitment 1: Supporting our People

There have been a number of ongoing developments to meet this commitment, these include:

- I. DHCW Equality, Diversity and Inclusion (EDI) Network – This group has now got good representation across all nine protected characteristics outlined in the Equality Act and is designated safe space and is driving improved understanding and positive change in how materials are developed. The membership is growing and is providing valuable insight of how we can all improve presentation of materials and language used to support improved engagement and felt inclusion for everyone in the workforce. The network is currently supporting development and review of people policies and surveys and is operating very effectively and passionately across a wide range of topics and themes. EDI network membership includes Marilyn Bryan-Jones, Independent Member who is the Board Champion for Equality and Sarah-Jane Taylor, Director of People and OD
- II. There has been positive benefit to the revised and new learning offerings in support of upskilling managers and employees to highlight and improve the understanding of equality, diversity and inclusion and the benefits can be felt organisationally by having a positive inclusive culture and equality of opportunity for everyone to develop, feel supported and thrive throughout their working life. These include, Corporate and Local Induction, and the Senior Leaders days, where both events heavily featured the new values and the strategic equity plan and discussed everyone's role to support the commitments.
- III. The Talent programmes implemented in 2023 is progressing well, with development plans drafted for the employees on the cohort. The Statutory and mandatory training has been well received with 99% of employees completing the Equality and Diversity and Human Rights Level 1 training. This is supported by the whole of the Executive team and reviewed each month as part of the Management Board standing performance items. We have also adopted a new cohort as part of the induction which are external contractors that are working in DHCW and Equality, Diversity and Inclusion training has been provided to them in addition to DHCW workforce as many contractors work alongside them, both virtually and in the office.
- IV. DHCW Ten Talks were delivered in the second half of 2023, as well as people sharing their lived experiences. These continue to have a positive impact, in raising awareness and educating the organisation on specific matters, with staff given the opportunity to ask questions and gain real insight, which has been welcomed.
  - Marilyn Bryan-Jones led a Ten Talk session for Black History Month (October 2023) in keeping with the theme "Celebrating our Sisters".
  - During interfaith week (November 2023) information was shared on the principles of the Interfaith Council of Wales promoting inclusivity of all religions, and on World Religion Day (21st January 2024)
  - A number of staff members shared blog posts about their faith and beliefs, a member of staff shared a blog on growing up in a Jewish faith and this was shared on Holocaust Memorial Day
  - During LGBTQ+ History Month (February 2024) information was shared on SharePoint of the amazing work of LGBTQ+ community across the NHS Wales.

## 4.2 Commitment 2: Ensuring everyone is educated and held accountable

The publication of the Strategic Equality Plan (April 2023), in particular regard to the action plan commitments formed a good step forward in increasing transparency around progress and goals.

- I. There have been ongoing robust reviews at the EDI network, the DHCW Local Partnership Forum, Health and Well-being group, the People and OD SLT monthly meeting and the Management Board and Executive Meetings, as part of the forward work plan. An external audit was undertaken in quarter 3 (2023) which resulted in DHCW achieving recertification for the BS 76000 standard for valuing people and certification for the ISO 30415 standard for diversity and inclusion.
- II. Equality Impact Assessments (EIAs) concentrate on systematically assessing and recording the likely impact of a new projects, policies or schemes which need assessment whether there is a detrimental impact on equality, inclusion and human rights. This is led, assessed, and delivered by EDI Lead within the People and OD Team. Our commitment in 2024 is to continue raise awareness, assess, evaluate, and embed all the principles and practices integral within EIAs in all strategic and operational endeavours.
- III. The organisation is committed to develop and grow our own talent. As a learning organisation, schemes to grow the future generation of talent, supporting our people at each stage of their career is very much committed to. The opportunity to grow our own and build a pipeline of diverse talent will further be achieved through ongoing funded education with our education partners. There are a number of employees undertaking various education programmes from level 3, 4 and 5 qualifications (e.g. ILM Leadership & Management and Project Management), to digital degree apprenticeship programmes, through to Masters degrees and PhDs. These learning opportunities are open and available to all and the People and OD Team support, track access and ensure equity to development opportunities to education and qualifications. A Band 3-5 career development programme will also be launched on 20<sup>th</sup> March 2024.

## 4.3 Commitment 3: To utilise data and tracking to understand our starting point and supportive commitments

DHCW utilises data to develop and guide meaningful equality, diversity and inclusion support features and initiatives. The table at **Appendix 1** provides information of some of the data monitored for initiatives undertaken during quarter 3 and 4 of 2023-24. Data is utilised in internal reports and those for the Welsh Government and wider stakeholders.

## 4.4 Commitment 4: Analyse to better understand those opportunities and barriers

Deep analysis within the People and OD team has been a challenge and it is so important for us to better understand a range of opportunities and challenges, particularly those real challenges faced by people, with unique lived experiences. The challenge is that some staff who need support are reluctant to request help, particularly those with invisible or non-physical disability, referred to as hidden disabilities, however this is slowly improving. Examples are included below.

- I. Exit interview data is gathered and analysed to track trends for opportunities and to determine any barriers or challenges. The average turnover rate is 8% (31st January 2024). There is keen focus on retention interviews to retain our talent and reviewing local surveys, and additionally working closely with trade union representatives to identify and tackle any hot spots where turnover is high.
- II. The Access to Work Programme [gov.uk](https://www.gov.uk) provides vital support for individuals with disabilities offering practical assistance and a scheme to cover costs associated with disabilities. The onus is on the employee to apply for the provision. A growing number of staff have contacted the EDI Lead following a concentrated communication campaign to the workforce to get support through Access to Work for workers with disabilities. There has now been a felt benefit to those staff members who have now gained support from this provision and are being supported by this programme.

- III. As a Disability Confident Employer, DHCW makes provision for reasonable adjustments, placing the organisation in a good position to continue to attract and retain disabled people and support the development of their careers. Based on DHCW Workforce data, 9% of staff have characterised as disabled on ESR as of 31<sup>st</sup> January 2024. As part of the EDI Network, and the endeavours of managers and the POD Team, we are supporting people to feel confident to register the nature of their disability on the confidential ESR system as some people are reluctant what we refer to as an invisible disability i.e. non-physical disability. This is an ongoing commitment to try and get everyone who fall within this category to register to best support the diverse workforce with change initiatives to make supportive adjustments to be a fully inclusive employer.
- IV. Diversity data is monitored to determine new and improved opportunities to achieve a diverse workforce. The percentage of DHCW's workforce reported as Black, Asian, Minority Ethnic is currently 11% and this is monitored monthly on ESR system.
- V. Exit interview data is gathered and analysed to track trends for opportunities and to determine any hotspots and to address these quickly and effectively. The average turnover rate is 8% (31<sup>st</sup> January 2024). There is keen focus on retention interviews to retain our talent and reviewing local surveys, and additionally working closely with trade union representatives to identify and tackle any hot spots where turnover is high.

#### **Commitment 5: Visible and active sponsorship through our partners**

The Board and Executive are visible and keen sponsors of the People and OD Strategy and the Strategic Equality Plan. A summary is provided below of the range of further visible and active sponsorship organisationally/nationally which have been carried out in the final quarters 23-24.

- I. The EDI Network meetings are attended by the Director of People and OD and the appointed Equality Champion (Independent Member).
- II. DHCW is represented and participates in the various NHS All Wales groups and meetings across the EDI agenda, Equality Leadership Group (ELG) which discusses pertinent matters such as the Workforce Race Equality Standard (WRES). As a group, the ELG jointly participate in activities such as a film screening for LGBTQ+ History Month (February 2024) and consolidated efforts to standardise EIA documents across all NHW Wales organisations. DHCW is also represented at the NHS Anti Violence Collaborative, which was formed to support efforts addressing violence in healthcare.
- III. DHCW demonstrated visible and active sponsorship having received certification for the Diversity and Inclusion Standard ISO 30415, following a rigorous external audit process.

#### **4.5 Focus on the next quarter to support our 2024-25 strategic equality plan commitments**

- Ongoing engagement and integration of the work of the EDI network – supporting equality assessments, implementing robust practices/policies and organisational talks
- Implementing actions from the Staff Surveys and supporting SEP objectives. A continuous improvement plan, stemming from external audits for BS 76000 and ISO 30415.
- Planning is underway for the All Wales NHS Staff Network Event in May 2024, uniting networks from across Wales and to help drive forward various outreach initiatives.
- The DHCW EDI Lead is part of the Awards planning group and is chairing the Staff Awards Panel putting values and behaviours at the forefront of the recognition awards.
- There is a segment on our values planned later in the year on the Staff Conference agenda. This is alongside a number of communications and new talks/exercises being prepared on the pledge, behaviours and values for various Directorate team days.

## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

The key risk is the need to secure long-term funding to substantiate the EDI Lead who is leading the EDI commitments organisationally and working closely with various all Wales equality working and peer groups and outreach initiatives and to provide them with a permanent contract.

## 6 RECOMMENDATION

<b>Recommendation</b>	SHA Board is being asked to
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**NOTE** the following:

- To provide the assurance that the actions and the commitment in the SEP are being progress to plan.
- To highlight the continued value to the organisation of an established and engaged EDI Network in achieving the objectives outlined in the Strategic Equality Plan.
- The next steps and planned activity in quarter 1 and 2 of 2024-25.

## Appendix 1

Initiative	Description	Data and Tracking
Growing our own and building a pipeline	Apprenticeships	<ul style="list-style-type: none"> <li>• During Apprenticeship week (February 2024) a number of sessions were held on funded Apprenticeship qualifications offered, encouraging staff to apply. Over 105 people joined webinars.</li> <li>• Apprenticeship qualifications support us to build a DHCW talent pipeline by upskilling existing staff and are available for all to apply (subject to eligibility as they are funded by Welsh Government).</li> <li>• DHCW currently employs 9 apprentices, these individuals are paid at a Band 3 and are undertaking fully-funded apprenticeship qualifications, earning whilst they are learning and gaining on the job experience, enabling them to be "job-ready" as and when permanent roles are advertised.</li> <li>• Apprenticeships are integral with the work of the Strategic Resourcing Group and strategic workforce planning and supporting a range of pipelines across the whole of Wales in 24-25 will be a key focus, with particular regard to Welsh language schools/colleges. The team are extending the work in this area to provide the best pipelines for</li> </ul>





		<p>graduates and better utilising our relationships with our Welsh universities to support new talents at all levels into DHCW and this work is being led by the Strategic Resourcing Group and supported by the EDI network.</p>
DHCW Ten Talks	Topics: Black History Month, Menopause Awareness & Neurodiversity	<ul style="list-style-type: none"><li>• An average of 200 employees attended Ten Talks in the second half of the 2023 financial year.</li><li>• These Ten Talks generated interest in the EDI Network, with staff going back to network members raising questions, requesting and sharing information. This also resulted in new members joining the Network.</li></ul>
Surveys	DHCW Staff Survey & NHS Wales Staff Survey	<ul style="list-style-type: none"><li>• 65% of DHCW employees participated by completing DHCW staff survey and 60.5% completed the NHS Wales staff survey (2<sup>nd</sup> best in responses and the <b>best in Wales results for Engagement</b>).</li><li>• Actions within the health and wellbeing and EDI area resulting from the local DHCW staff survey have been developed in partnership. These are being supported by all Directorates senior leadership teams (SLT) and are reviewed every other month as part of the SLT meetings which are chaired by each of the Directors.</li></ul>





## DIGITAL HEALTH AND CARE WALES DIGITAL INCLUSION UPDATE

Agenda Item	4.5
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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

Executive Sponsor	Helen Thomas, Chief Executive Officer
Prepared By	Nadine Payne, Head of Engagement & Strategic Partnerships
Presented By	Helen Thomas, Chief Executive Officer

Purpose of the Report	For Noting
Recommendation	SHA Board is being asked to
NOTE the report.	

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A More Equal Wales
If more than one standard applies, please list below:	

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

<u>DUTY OF QUALITY ENABLER</u>	Whole Systems Approach
<u>DOMAIN OF QUALITY</u>	Equitable
If more than one enabler / domain applies, please list below:	

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

IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below Ensuring we make our products and services as accessible and inclusive as possible is essential to delivering quality solutions that support patient safety.
<b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below We have a legal requirement as a public body in Wales to ensure our services and solutions are accessible and inclusive as possible.
<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report



	There are no new financial implications listed within this report but it should be recognised we need to consider the implications for digital inclusion in all our work going forward, which may have financial implications.
<b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	Yes, please detail below  Public bodies are encouraged to consider data and evidence on the inequalities of outcome associated with socio-economic disadvantage. Digital Inclusion does adversely affect certain groups and there is a correlation between those who are digitally excluded and some of the heaviest users of health and care services in Wales.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	Yes, please see detail below  As part of existing and planned work we are undertaking research ourselves and with partners to better inform our understanding, develop future plans and drive better outcomes.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	March 2024	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority



### 3 SITUATION / BACKGROUND

As the national body responsible for national digital systems for Health and Care in Wales, ensuring we make the digital services we provide as accessible and inclusive as possible is critical. DHCW is committed to supporting Digital Inclusion, with commitment within our strategic plan, our IMTP, and support from the most senior levels of the organisation, including our CEO as executive sponsor, our Chair and regular reporting to our Board.

In 2022, DHCW signed the Digital Inclusion Charter with a commitment against six pledges. DHCW was already undertaking work to support this area, with some good practice identified, but it was often unsighted or happening in isolation. We were keen to introduce a framework for a consistent and coordinated approach.

In 2023 we established the DHCW Digital Inclusion Working Group to ensure digital inclusion is embedded across DHCW, and through identifying opportunities and continuous learning, develop our efforts. Through the DHCW Digital Inclusion Action Plan we have sought to bring together our activities, creating visibility under one umbrella, and define measures and reporting to assess our progress. The action plan categorises our activities into the below areas, with some more developed than others:

- Embedding across DHCW
- Empowering communities
- Empowering patients and public
- Ensuring accessibility
- Developing Future skills
- Working in partnership

It is essential we work with partners and other stakeholders to support this agenda, and clearly define the role we can play. Our action plan has a strong emphasis on partnership working.

This paper provides an update on the work to date and future plans.



## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### Action Plan: Areas of work

The action plan brings together and highlights the significant efforts of teams across DHCW who are supporting Digital Inclusion, either through existing activities, or newly established initiatives.

Embedding across DHCW	Impact
<ul style="list-style-type: none"><li>• <b>Established DHCW Digital Inclusion Working Group</b> in November 2023, with 16 members following Expression of Interest process, with all Directorates represented. Bi-monthly meetings established chaired by Helen Thomas, as Exec lead.</li><li>• <b>Action plan:</b> Group has undertaken mapping exercise of existing work, identified areas of good practice and gaps to define an action plan.</li><li>• <b>Secured Digital Inclusion Charter Accreditation</b> in December 2023 by demonstrating our commitment across DHCW against six pledges, one of 10 organisations in Wales to achieve this.</li><li>• <b>Staff development:</b> Through TENTalks, staff conference and Board development sessions, raised awareness of Digital Inclusion and helped inform our activities.</li></ul>	<ul style="list-style-type: none"><li>• Ensured Digital Inclusion representation across DHCW Directorates</li><li>• Raised awareness of the agenda across DHCW</li><li>• Secured Digital Inclusion Charter Accreditation</li></ul>
Empowering communities	Impact
<ul style="list-style-type: none"><li>• <b>DCHW Community Projects Initiative:</b> through the Health and Wellbeing Network, established DHCW Community Projects Initiative supporting staff to use up to 2 days a year to participate in activities within their local community. A 6-month pilot of the initiative was launched in August 2023, and the aim that half of those initiatives approved would be focused on digital inclusion. Staff who have made use of the initiative to date have shared their experiences through Blogs. HEIW are keen to learn from the pilot and consider a similar initiative.</li></ul>	<ul style="list-style-type: none"><li>• Increased staff wellbeing and enabled them to support and upskill communities</li><li>• Inspired other NHS Wales organisations.</li></ul>
Empowering patients and public	Impact
<ul style="list-style-type: none"><li>• <b>Awareness Roadshows:</b> Working with Digital Communities Wales to provide awareness roadshows to their community hub leads/digital champions.</li><li>• <b>Digital Champions:</b> Engaging with health boards, third sector organisations and local authorities to build up a list of digital champions and trainers who are working directly with patients and the public, and who can support training on the NHS Wales App. This includes: Meidrun Mon, Digital Confidence Denbighshire, Cardiff and Powys Councils, Aneurin Bevan UHB Nye's Community Champions, Hywel Dda UHB Regional Digital Inclusion Group, North Wales Police Cyber Crime Team.</li></ul>	<ul style="list-style-type: none"><li>• Over 250 people have attended the roadshows since May 2023</li><li>• Created repository of Digital champions for GP practices and Health and care professionals to support NHS Wales App roll out</li><li>• Created resource centre to provide training, communications materials and events to support patients and public</li></ul>



Empowering patients and public (cont.)	Impact
<ul style="list-style-type: none"> <li>• <b>Supporting GP Practices and health and care professionals</b> through building a Digital Champions resource they can use to signpost patients and the public if they need help registering with NHS login, or access to equipment.</li> <li>• <b>Building DSPP Resource Centre website</b> to provide information on Digital champions, training and communications materials, and events. This will also help to gauge where support is required (linking to the WG Digital inclusion data map which is updated every 6-8 months) and keeping them updated on new features. The website will feature <b>case studies</b> on how the App is being implemented and training offered to encourage sharing of good practice across peer groups and trainers to encourage take up of the NHS Wales App and other patient facing digital services.</li> </ul>	<ul style="list-style-type: none"> <li>• Created resource centre to provide training, communications materials and events to support patients and public</li> </ul>
Ensuring Accessibility	Impact
<ul style="list-style-type: none"> <li>• <b>Digital Inclusion survey for patients and public</b> was launched in collaboration with our partners. in Public Health Wales, Health Education and Improvement Wales, health boards, Digital Communities Wales, Social Care Wales, Welsh Government, DHCW directorates, third sector organisations such as Wales Council for Voluntary Action, and those representing condition specific and sensory loss, as well as Shared Services which are providing paper copies to NHS Wales and GP practice staff and scanning services. 207 digital responses received to date which is helping inform our activities and a link to the survey will be included on the resource centre website to encourage further take up.</li> <li>• <b>Accessibility Standards:</b> Through the DHCW User Centred Design (UCD) Working Group a proposal is being developed to stand up a Centre of Excellence within which the remit for developing a consistent approach to standards across DHCW would sit. This would ensure alignment to national standards, and how we can assure these to ensure our services and systems are as inclusive and accessible as possible.</li> <li>• <b>Public and Patient Advisory Group,</b> through this group with wide representation we look to ensure our services and systems consider the broad needs of patients and the public and enhance skills and knowledge to support accessibility.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensuring consistent and assured approach to delivering accessible and inclusive systems and services</li> <li>• Provided greater understanding of user needs for accessibility assurance</li> </ul>
Future skills	Impact
<ul style="list-style-type: none"> <li>• <b>DHCW Digital Champions:</b> Development and delivery of training on our digital systems to healthcare staff, patients and public, this includes working with Digital Communities Wales to train staff to go out into communities to help to upskill the public in using the NHS Wales App, (to date over 60 DHCW staff have been trained).</li> </ul>	<ul style="list-style-type: none"> <li>• Developed workforce capability to support Digital Inclusion</li> </ul>





Working in Partnership	Impact
<ul style="list-style-type: none"><li>• <b>Encouraging a national approach:</b> Presented to Directors of Digital Peer Group to identify leads and map activity, share learning, and look for opportunities to streamline and collaborate.</li><li>• <b>Digital Capabilities Framework:</b> working with HEIW to link up across Wales on upskilling of broader workforce.</li><li>• <b>Supplier engagement:</b> exploring opportunities to realise further value from supplier relationships through support for skills and social value initiatives.</li><li>• <b>National and UK Forums:</b> DHCW National Digital Lead – Public Engagement, is a member of the Patient Information Forum Advisory Group, OfCom Communications Consumer Hub for Wales, and Digital Inclusion Alliance Wales Network to share information and advice across Wales and the UK</li></ul>	<ul style="list-style-type: none"><li>• <b>Promoted our work and approach</b></li><li>• <b>Sharing learning</b></li><li>• <b>Driving additional value for our supplier relationships</b></li></ul>

### Future activities

Alongside developing the areas above, we have commissioned Cwmpass to undertake a Digital Inclusion review with a range of key stakeholders to help DHCW to understand and address the following objectives:

- **Engagement** – what are the best approaches to engage with seldom heard voices so that relationships of trust can be built to share power and responsibility and participate efficiently with identified pieces of work in the future that relate to digital health.
- **Ecosystems** – identify a mapping of the ecosystems to enable citizens and clinicians to participate in the future development of digital health services in Wales.
- **Networks** – how to put citizens' and clinicians' voices first by developing networks for participation that operate across identified silos.
- **Funding** – what are the recommendations for ongoing funding required to develop digital health systems that are co-produced with citizens and meet their needs.

### Promoting our work

We are keen to promote our work in this important area. We proactively promoted DHCW receiving the Digital Inclusion charter and reiterated our commitment to this work. We also recently published a set of blogs from members of DHCW staff who have undertaken the Community Projects Initiative. As our work continues, we will be developing proactive communications to promote this, including case studies of digital champions as well the people we are helping to support and upskill.

We will look to further promote the DCHW Digital Inclusion Working Group and encourage opportunities for staff to support this agenda.

## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

If we do not ensure our systems and products are as inclusive and accessible as possible, we risk not delivering on our ambition as an organisation. We will be in danger of leaving cohorts of the most vulnerable behind and further exacerbate the challenges they face.

Having a clear vision for our role within Digital Inclusion agenda is essential to ensure we focus our efforts in the right way, working with our partners.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
NOTE the report.	



# DIGITAL HEALTH AND CARE WALES STRATEGIC PROCUREMENT REPORT

Agenda Item	4.6
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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

Executive Sponsor	Claire Osmundsen-Little- Executive Director of Finance
Prepared By	Julie Francis, Head of Commercial Services
Presented By	Claire Osmundsen-Little- Executive Director of Finance

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to
APPROVE one (1) Contract Award, and one (1) Memorandum of Understanding ("MOU"). All details are set out in Appendix 1.	

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	Deliver high quality digital products and services
CORPORATE RISK (ref if appropriate)	N/A
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: An EQIA is not applicable	

<b>IMPACT ASSESSMENT</b>	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below To the extent set out in the Terms and Conditions of each contract included in this report,
<b>FINANCIAL</b> IMPLICATION/IMPACT	Yes, please see detail below To the extent as set out in the payment profile attributable to each agreement. Expenditure against the agreement will be managed in accordance with the Contract Owner, Commercial Services, the Finance Directorate and the Contract Management process.
<b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.



## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Julie Francis, Head of Commercial Services	04.03.2023	APPROVED
Claire Osmundsen-Little- Executive Director of Finance		

DHCW	Digital Health and Care Wales
DSPP	Digital Services for Patients and the Public
MOU	Memorandum of Understanding
GDS	Government Digital Service
PCR2015	Public Contract Regulations 2015
SFI	Standing Financial Instructions
SHA	Special Health Authority
SO	Standing Orders
VfM	Value for Money
WG	Welsh Government

## 3 SITUATION / BACKGROUND

The Commercial Services Team, within the Finance and Business Assurance 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.

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.

For special Agreements such as Memorandum of Understanding ("MOU"), and other inter Authority Agreements, these are Approved by Management Board and presented to the SHA Board for Noting. In the event of these Agreements over £750,000 excl. VAT, these will also require SHA Board Approval.



## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Appendix 1 sets out one (1) Contract Award Approval and one (1) MOU Approval for the consideration of the Board.

An overview of the contractual activity requiring approval is provided below:

### (i) P879 Agile Product Delivery Partner (discovery, Development, Deployment) Framework Agreement

**Contractor:** Kainos  
**Term:** 01 April 2024 to 31 March 2028  
**Value:** Total Contract Value including the extension options is £20,000,000.00 (excl. VAT)  
**Approval Requested:** Contract Award

#### Context/Background:

Digital Health and Care Wales ("DHCW") has undertaken a single supplier Framework Agreement for an Agile Product Delivery Partner to enable specialist resources to be called off as and when required to support DHCW and the Digital Services for Patients and the Public ("DSPP") programme in delivering the NHS Wales App. This contractual arrangement was sought to support the NHS Wales Apps' next stage of development and operation. The ethos of the contractual agreement is "agility" and "flexibility". Its scope is to provide specialist expertise for the discovery, development and deployment and support of applications for the DSPP in accordance with current business plan needs and future WG policy. This was procured via an Open PCR2015 Procurement Process.

The Framework Agreement does not commit DHCW to any expenditure and only following a call-off process will any financial commitment be made.

***Please note all call-off arrangements should be in accordance with the scope and call-off procedure under the Framework Agreement.***

The Framework Agreement will be underpinned by the NHS Wales Standard Terms and Conditions for Services v4 2023.

### (ii) P642.19C Welsh Immunisation System ("WIS") – Vaccination Programme to support Covid-19

**Contractor:** The Cabinet Office  
**Term:** 01 April 2024 to 31 March 2025  
**Value:** Total Contract Value is £2,500,000.00 (excl. VAT)  
**Approval Requested:** MOU Approval





## Context/Background:

Digital Health and Care Wales ("DHCW") currently has a Memorandum of Understanding ("MOU") in place with the Government Digital Service ("GDS"), which is a division of the Cabinet Office. The MOU includes a Data Processing and Financial Agreement for the use of GOV.UK Notify, which is the government's messaging platform. The platform has been developed by Central Government for use by all parts of the public sector to deliver urgent messages (letters/texts). Since December 2020 when the MOU was initially entered into it has been a vitally important platform to manage the Covid-19 Vaccination programme across NHS Wales. The use of this platform ensures that critical messages (letters/texts) are delivered smoothly and efficiently from each Health Board to its patients.

With Covid still prevalent within society, the use of the GOV.UK Notify message platform will be needed for the next twelve (12) months, as a minimum, to support the vaccination service and its booster programmes for those eligible.

Funding of £2.5m has been allocated by Welsh Government to DHCW in order to continue the messaging provision from GOV.UK Notify from April 2024 and its on that basis that this paper is made. Please note the Authority will be charged based on usage.

The Procurement Regulations have been adhered to as set out below:

No competitive procurement was required to be made in this instance for the following reasons:

- The MOU is a Co-operation Contract under which the Government Digital Service (GDS) as a central purchasing body (as defined in regulation 37(10)(a) of the Public Contracts Regulations (PCR2015) procures services for all Customers across the Public Sector.
- The GDS procures messaging services (including SMS messages and emails) from private sector suppliers, in accordance with the Public Contracts Regulations 2015. Regulations 37(8) and 37 (4) 37(10)(a):
  - Acquiring supplies or services, or both, intended for contracting authorities;
  - the award of public contracts or the conclusion of framework agreements for works, supplies or services intended for contracting authorities.



## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

Appendix 1 includes one (1) Contract Award Approval relating to:

- (i) **P879 Agile Product Delivery Partner (discovery, Development, Deployment) Framework Agreement** in respect of which:
- The procurement has been undertaken in accordance with the requirements of SFIs, including PCR2015, as assured by the Head of Commercial Services.
  - DHCW's evaluation team comprising key subject matter experts have approved the procurement approach, including the selection and evaluation processes and the award outcome, as assured by the Executive Director of Strategy.
  - The Framework Agreement does not commit DHCW to any expenditure and only following a call-off agreement being entered into will any commitment to expenditure be made.
  - DHCW's intention to enter into this Agreement has been notified to Welsh Government in accordance with Standing Orders.

Appendix 1 includes one (1) MOU Approval relating to:

- (ii) **P642.19C Welsh Immunisation System ("WIS") – Vaccination Programme to support Covid-19 Provision** in respect of which:
- The MOU includes a Data Processing and Financial Agreement for the use of GOV.UK Notify. The Data Processing Agreement is not a contract for the acquisition of services, and therefore falls outside the definition of "procurement" in regulation 2 of the Public Contracts Regulations 2015. This agreement is a legal vehicle for GDS to make the commitments that the applicable Data Protection Act legislation and the GDPR/Data Protection Act 2018, and any applicable national implementing laws as amended from time to time that relates to the Processing of personal data and privacy required from a data processor. It does not contain any obligation for GDS to provide those services. As a result, this agreement is outside the scope of Part 2 of the Public Contracts Regulations 2015, as set out in regulation 3 of the Public Contracts Regulations 2015, and no procurement competition is necessary to enter into this agreement with GDS by the Head of Commercial Services.
  - As a result, no procurement competition is necessary to buy these messaging services from GDS, because GDS is acting as a central purchasing body for this activity, as assured by the Head of Commercial Services.



## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
<b>APPROVE</b> one (1) Contract Award, and one (1) Memorandum of Understanding ("MOU"). All details are set out in Appendix 1.	

## 7 APPENDIX 1 KEY PROCUREMENT DOCUMENTS

For APPROVAL:

- (i) P879 Agile Product Delivery Partner (discovery, Development, Deployment) Framework Agreement
- (ii) P642.19C Welsh Immunisation System ("WIS") – Vaccination Programme to support Covid-19 Provision

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

<b>Scheme Title</b>	P879 AGILE PRODUCT DELIVERY PARTNER (DISCOVERY, DEVELOPMENT, DEPLOYMENT) FRAMEWORK AGREEMENT
<b>Supplier</b>	Kainos
<b>Contract Awarded for Use by</b>	DHCW
<b>Date Prepared</b>	12/02/2024
<b>Prepared By</b>	Nathan Beynon
<b>Scheme Sponsor</b>	Matt Cornish - Digital Service for Patients and the Public Programme Director

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

### 1. DESCRIPTION OF GOODS / SERVICES / WORKS

Digital Health and Care Wales ("**DHCW**") is seeking to establish a sole supplier Framework Agreement for an Agile Product Delivery Partner to enable specialist resources to be called off as and when required to support DHCW and the Digital Services for Patients and the Public ("**DSPP**") programme in delivering the NHS Wales App. The Framework Agreement will help deliver the DSPP Programme's vision:

- i. Using transformational digital services to increase people's involvement in the management of their health and wellbeing to engender more positive health and social care outcomes for the people of Wales.
- ii. Opening up channels to capture and share information relating to people's health and wellbeing:
  - Greater visibility of and access to the information that the NHS holds at an individual level.
  - Ability for the patient to collect and share information with carers, medical professionals and others of their choosing.
  - Create a technical and cultural environment that can extend beyond traditional NHS boundaries and into social care and the third sector.
- iii. Providing Information sharing under clear models for consent, data provenance, and audit including controlled proxy access and accountability for actions based on available information at a given point in time.
- iv. This vision for information sharing includes:

- Transactional information such as appointment bookings.
- Communications including correspondence, messages and video calling and conferencing.
- Personalised health and wellbeing information presented in a context that is understandable, allowing a user to navigate between multiple sources of supporting information and service information with relative ease.

To achieve these objectives a competitive procurement commenced on 15<sup>th</sup> December 2023 and concluded on 15<sup>th</sup> January 2024.

### **Background**

To support the NHS Wales Apps' next stage of development and operation DHCW required an agile and flexible means of contracting with an external product delivery partner was sought. The scope of the procurement was to provide specialist expertise for the discovery, development and deployment and support of applications for the DSPP in accordance with current business plan needs and future WG policy.

To enable the DSPP programme to call off their requirements on an "ad hoc basis" in accordance with the iterative technological needs of the programme and NHS Wales' strategic business needs, a Framework Agreement was considered to be the most appropriate contractual mechanism. The route to market was via an Open Procurement procedure (full analysis on procurement procedure is located in section 5 below). This approach satisfies Standing Financial Instructions ("SFIs") and PCR15 with regards to competing requirements in the marketplace.

The Framework Agreement is available to DHCW only.

The Framework Agreement enables the Awarding Authority to undertake direct call off arrangements for technical resources aligned to discovery, development, deployment and ongoing service management/support requirements to be commissioned via work package-based assignments.

A key benefit of the contractual approach is the in-built flexibility to enable DHCW to downscale and upscale specialist resources as required and over time will facilitate the transition of some of the core technical expertise to an "in-house" team via a process of knowledge transfer which will be carefully managed by the Authority. The Contract will be subject to a formal contract management process to ensure that it meets the quality/price/value for money principles and benefits which were embodied within the procurement process.

The term of the Framework Agreement is for four (4) years and the anticipated maximum contract value is £20,000,000.00. Governance procedures have been adhered to via the Welsh Governments Ministerial notification process.

**Please Note: This is a "capped" contract value. There is no contractual commitment for this level of expenditure to be made.**

Contractual expenditure is to be managed via two mechanisms - the contractual structure – i.e. only “calling off” professional services via work-packages when needed and via robust contract management. Each work-package will be scoped out by DHCW Product Owners/Subject Matter Experts and priced separately by Kainos using the agreed day rates. Appropriate approval and governance mechanisms will be observed throughout the term of the Agreement in accordance with the SHA’s Standing Financial Instructions and agreed call off processes under the Framework Agreement to ensure that the need and expenditure are controlled appropriately.

<b>1.1 Nature of contract:</b> Please indicate with a (x) in the relevant box	First time	<input checked="" type="checkbox"/>	Contract Extension	<input type="checkbox"/>	Contract Renewal	<input type="checkbox"/>
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## 1.2 Period of contract including extension options:

<b>Expected Start Date of Contract</b>	1 <sup>st</sup> April 2024
<b>Expected End Date of Contract</b>	31 <sup>st</sup> March 2028
<b>Contract Extension Options (E.g. maximum term in months)</b>	N/A

## 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.

<b>Goal 1:</b> 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	<input checked="" type="checkbox"/>
<b>Goal 2:</b> Support the modernisation of clinical specialties and healthcare processes through delivering dedicated high-quality digital services	<input checked="" type="checkbox"/>
<b>Goal 3:</b> 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	<input checked="" type="checkbox"/>
<b>Goal 4:</b> Enable users to derive value from data collected from national and local systems through Big Data Analysis	<input checked="" type="checkbox"/>

### 2.2 INTEGRATED MEDIUM-TERM PLAN

Is this scheme included in the SHA’s Integrated Medium Term Plan?	<b>Yes</b>	<b>No</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.	<input checked="" type="checkbox"/>
Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.	<input checked="" type="checkbox"/>
Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery.	<input checked="" type="checkbox"/>
Deliver bold solutions to the environmental challenges posed by our activities.	<input type="checkbox"/>
Bring communities and generations together through involvement in the planning and delivery of our services.	<input checked="" type="checkbox"/>
Demonstrate respect for the diverse cultural heritage of modern Wales.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

### 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	<input checked="" type="checkbox"/>	Long Term	<input checked="" type="checkbox"/>	Integration	<input checked="" type="checkbox"/>	Collaboration	<input checked="" type="checkbox"/>	Involvement	<input checked="" type="checkbox"/>
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## 3. PROCUREMENT ROUTE

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

<b>Competition</b> Three (3) Quotes <input type="checkbox"/> Formal Tender Exercise <input type="checkbox"/> Mini Competition <input type="checkbox"/> Find a Tender <input checked="" type="checkbox"/> <small>(replaces OJEU, Public Contract Regulations 2015 still apply)</small>	<b>Single source</b> Single Quotation Action <input type="checkbox"/> Single Tender Action <input type="checkbox"/> Direct call off Framework <input type="checkbox"/> All Wales contract <input type="checkbox"/>
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### 3.2 Please outline the procurement procedure.

In order to secure an appropriate supplier for this procurement, a Contract Notice ("**Notice**") was issued on 15<sup>th</sup> December 2023, in the Find a Tender Service ("**FTS**"). In accordance with the Open Procedure, as set out in Regulation 27 of the Public Contract Regulations (2015), the Invitation to Tender ("**ITT**") was issued in parallel with the Contract Notice.

The contract is underpinned by the NHS Wales Standard Terms and Conditions for Provision of Services 2023. These terms and conditions of contract ensure that appropriate contractual cover is provided

to adequately protect the Authority during the life-time of the agreement for services of this nature and that delivery risks are appropriately shared.

### 3.3 What has been the approximate timeline for procurement?

DATE	ACTIVITY
15 <sup>th</sup> December 2023	PCR15 Contract Notice, SPD and ITT published
29 <sup>th</sup> December 2023	Closing date for suppliers to submit clarification questions
8 <sup>th</sup> January 2024	Closing date for clarification responses
15 <sup>th</sup> January 2024	Tender Closing date
15 <sup>th</sup> to 19 <sup>th</sup> January 2024	Stage 1 Selection Evaluation and sign off
22 <sup>nd</sup> to 26 <sup>th</sup> January 2024	Stage 2 Award Evaluation and sign off
12 <sup>th</sup> February 2024	Standstill Period commences (10 days)
23 <sup>rd</sup> February 2024 (Midnight (GMT))	Standstill period concludes
1 <sup>st</sup> April 2024	Framework Agreement Award/Contract Commences

## 4. BENEFITS (Quantifiable / Non-Quantifiable)

### 4.1 Outline benefits of preferred option

The provision of the Agile Product delivery Partner (Discovery, Development, Deployment) Framework Agreement will bring a number of benefits, as detailed below:

- Support the organisation in undertaking discovery activities that will inform future development work of the NHS Wales App;
- Provide resources to continue to develop and increase the functionality of the NHS Wales App;
- Provide ongoing support for operations and release management; and
- Provide service management and support for the NHS Wales App and the Vaccination booking Service
- Provide transition support
- Cost avoidance of up to 50% is envisaged based on a comparison between alternative extant commercial agreements that DHCW could use. Based on anticipated expenditure this may equate to cost avoidance of up to £10m over the term of the agreement. The savings data will be captured centrally by Commercial Services and shared via the IOPR and other reporting mechanisms. It should also be noted that the Agile Product Delivery Partner Framework Agreement can be utilised for any Agile Product Delivery requirement that requires, discovery, development, operations and support services required by DHCW.

## 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**

DHCW will not have an appropriate commercial agreement to provide the resources required for the ongoing development and associated technical support for the NHS Wales App.	DHCW could commission some work under alternative extant commercial agreements, however, this could result in up to 50% additional expenditure being made. This is due to the beneficial day rates provided by the Framework Agreement.
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## 6. FINANCIAL ANALYSIS

<b>Maximum expected whole life cost relating to the award of contract</b>	<b>Excluding VAT (£)</b> <b>£20,000,000.00</b>	<b>Including VAT (£)</b> <b>£24,000,000.00</b>		
<b>The nature of spend</b>	<b>Capital</b> <input checked="" type="checkbox"/>	<b>Revenue</b> <input checked="" type="checkbox"/>		
<b>How is the scheme to be funded?</b> Please mark with a (x) as relevant.				
Existing budgets <input checked="" type="checkbox"/>				
Additional Welsh Government funding <input type="checkbox"/>				
Other <input checked="" type="checkbox"/>				
Under the Framework Agreement there is no commitment to spend.				
The DSPP programme and other DHCW departments will be required to seek budgetary approval of any expenditure via a Procurement Approval Form and extant governance processes currently operating within DHCW prior to “drawing down” on the Framework Agreement.				
The Framework value of £20,000,000.00 excluding VAT sets out the maximum sum which may be spent in total for DHCW.				
<b>EXPENDITURE CATEGORY</b>	<b>Year 1 (exc. VAT)</b>	<b>Year 2 (exc. VAT)</b>	<b>Total (exc. VAT)</b>	<b>Total (inc. VAT)</b>
	£	£	£	£
Not applicable to be determined at the point of call off				
<b>Overall Total</b>	The total contract value will not exceed £20,000,000.00 excluding VAT			

## 7. DECLARATION OF COMPLIANCE

<b>7.1 Procurement Approval</b>	
The Head of Commercial Services / Delegated Authority has approved the procurement route and confirms that policies and procedures have been followed.	
<b>Head of Commercial Services:</b>	Julie Francis
<b>Signature:</b>	<div>05/03/2024</div> <div>  <b>Julie Francis</b> </div> <hr/> <div> Julie Francis  Head of Commercial Services  Signed by: Julie Francis (JU000244) </div>

<b>Date:</b>	05.03.2023
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### 7.1 Director Approval

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

<b>Lead Director Name:</b>	Ifan Evans, Executive Director of Strategy
<b>Signature:</b>	<div>X</div> <div>_____</div> <div>Ifan Evans Executive Director of Strategy</div>
<b>Directorate:</b>	Strategy
<b>Date:</b>	

### 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.

<b>Lead Director Name:</b>	Claire Osmundsen-Little, Executive Director of Finance
<b>Signature:</b>	<div>19/03/2024</div> <div>X </div> <div>_____</div> <div>Claire Osmundsen-Little Executive Director of Finance Signed by: Biba Lewis (Bi305077)</div>
<b>Directorate:</b>	Finance and Business Assurance
<b>Date:</b>	

## 8. APPROVALS AND ASSURANCE RECEIVED

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

	Date of Meeting	Outcome

## 9. CONFIRMATION OF DHCW BOARD APPROVAL

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

The Digital Health and Care Wales Board has approved the award of this agreement for the durations and values (including extensions and options) as set out in this paper at its meeting of 28<sup>th</sup> March 2024.

**Chair of DHCW Board Signature:**

X

Chair of DHCW Board

**Independent Member Signature:**

X

Independent Member

**Chief Executive Officer:**

Helen Thomas

**Signature:**

X

Helen Thomas  
Chief Executive Officer



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

Scheme Title	Welsh Immunisations System ("WIS") – Vaccination Programme to support Covid-19
Supplier	The Cabinet Office
Terms and Conditions	Memorandum of Understanding ("MOU") in place with the Government Digital Service ("GDS"), which is a division of the Cabinet Office.
Contract Awarded for Use by	Digital Health and Care Wales ("DHCW")
Prepared By	Laura Panes, Strategic Procurement and Contracts Manager
Date Prepared	1 <sup>st</sup> February 2024
Scheme Sponsor	Sam Hall, Director of Primary, Community & Mental Health Digital Services

All proposals must be consistent with the strategic and operational plans of DHCW.

### 1. DESCRIPTION OF GOODS / SERVICES / WORKS

Digital Health and Care Wales ("DHCW", the "Authority") currently has a Memorandum of Understanding ("MOU") in place with the Government Digital Service ("GDS"), which is a division of the Cabinet Office. The MOU includes a Data Processing and Financial Agreement for the use of GOV.UK Notify, which is the government's messaging platform. The platform has been developed by Central Government for use by all parts of the public sector to deliver urgent messages (letters/texts). Since December 2020 when the MOU was initially entered into it has been a vitally important platform to manage the Covid-19 Vaccination programme across NHS Wales. The use of this platform ensures that critical messages (letters/texts) are delivered smoothly and efficiently from each Health Board to its' patients.

With Covid still prevalent within society, the use of the GOV.UK Notify message platform will be needed for the next twelve (12) months, as a minimum, to support the vaccination service and its' booster programmes for those eligible. Funding of £2.5m has been allocated by Welsh Government to DHCW in order to continue the messaging provision from GOV.UK Notify from April 2024 and its on that basis that this paper is made. Please note the Authority will be charged based on usage.

An 'invite to attend' letter is still the initial "use case" for this service, which has significantly reduced the administrative burden on uHBs and/or DHCW in the printing and issuing of these letters.

#### 1.1 Nature of contract:

Please indicate with a (x) in the relevant box

First time

☐

Contract Extension

☐

Contract Renewal

☒

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<b>1.2 Period of contract including extension options:</b>						
<b>Expected Start Date of Contract</b>	01 April 2024					
<b>Expected End Date of Contract</b>	31 March 2025					
<b>Contract Extension Options (E.g. maximum term in months)</b>	Please Note: The term of the purchase order(s) may also need to flex – this will be largely dependent upon the course of Covid-19 and associated Welsh Government policy and management of COVID19.					
<b>Comments</b>	<p>The MOU between DHCW and the GDS, a division of the Cabinet Office, is a rolling Agreement and may be terminated at any time on the provision of ninety (90) days written notice. It is therefore essential that the Programme Lead manages this process in a timely fashion with the Commercial Services Lead.</p> <p>A purchase order will be generated immediately following the approval by the DHCW Management Board and will be raised to a value of £2.5m. In accordance with extant governance, it will also be noted at DHCW's SHA Board (a rolling MOU with a public sector organisation – further details on the procurement route are noted in section 3 below ).</p>					

## 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.

<b>Goal 1:</b> 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	<input type="checkbox"/>
<b>Goal 2:</b> Support the modernisation of clinical specialties and healthcare processes through delivering dedicated high-quality digital services	<input checked="" type="checkbox"/>
<b>Goal 3:</b> 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	<input checked="" type="checkbox"/>
<b>Goal 4:</b> Enable users to derive value from data collected from national and local systems through Big Data Analysis	<input checked="" type="checkbox"/>

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## 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) – Not Applicable

### 3. PROCUREMENT ROUTE

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

##### Competition

Three (3) Quotes ☐

Formal Tender Exercise ☐

Mini Competition ☐

Find a Tender ☐
(replaces OJEU, Public Contract Regulations 2015 still apply)

##### Single source

Single Quotation Action ☐

Single Tender Action ☐

Direct call off Framework ☐

All Wales contract ☐

Memorandum of ☒

Understanding/Special

Agreements

#### 3.2 Please outline the procurement procedure.

No competitive procurement was required to be made in this instance for the following reasons:

The MOU is a Co-operation Contract under which the Government Digital Service (GDS) as a central purchasing body (as defined in regulation 37(10)(a) of the Public Contracts Regulations (PCR2015) procures services for all Customers across the Public Sector. The latter procures messaging services (including SMS messages and emails) from private sector suppliers, in accordance with the Public Contracts Regulations 2015. Regulations 37(8) and 37 (4) 37(10)(a) apply.

Regulation 37(8) of the Public Contracts Regulations 2015 highlights that contracting authorities may award a public service contract for the provision of centralised purchasing activities to a central purchasing body without applying the need to apply the “call for competition” as set out in the Public Contracts Regulations 2015.

Regulation 37(4) of the Public Contracts Regulations 2015 states that a contracting authority fulfils its obligations under the Public Contracts Regulations 2015 when it acquires services from a central purchasing body in this particular way.

The Financial Agreement under this MOU allows GDS to charge the Customer for the direct costs GDS must pay to suppliers to send the Customer’s messages. This charge is not for pecuniary gain and is nothing other than an amount required for GDS to discharge its GOV.UK Notify obligations in the public interest.

#### 3.3 What has been the approximate timeline for procurement?



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Activity	Date
Board Paper Approval by Commercial Services	1 <sup>st</sup> March 2024
Procurement Approval Form Approval	8 <sup>th</sup> March 2024
Board Paper Approved by DHCW Management Board	14 <sup>th</sup> March 2024
Board Paper Noted by DHCW SHA Board	28 <sup>th</sup> March 2024

The Purchase order for £2.5m is anticipated to be generated immediately after DHCW Management Board Approval is received.

#### 4. BENEFITS (Quantifiable / Non-Quantifiable)

##### 4.1 Outline benefits of preferred option

There are a number of transactional/process driven benefits together with VFM benefits as set out below:

- This is the agreed and standard platform utilised across the UK Health Sector to manage the Covid Vaccination programme.
- Adopted since December 2020, this is a faster and more efficient way of managing the large volume of transactional communications (e.g. letters, emails and text messages) required by the COVID vaccination programme on a local and national basis across the NHS in Wales i.e. It reduces the impact on the Authority's and UHB's resources in printing and sending letters.
- It also supports patients' preference when it comes to contact.

A standard Appointment Letter template is already established and in use and can continue to be deployed, without any interruption to the ongoing service needs.

Prices have been compared with other private sector enterprises and has been found to offer value for money in relation to the costs for SMS text messaging. Current prices for SMS texts for business range from £0.04 - £0.07. In addition, the pricing for SMS in the last TTPS contract which was the short-term solution for dealing with sending appointments electronically, was charged at £0.065 per SMS.

#### 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
This service will need to be available to enable support to continue for the Welsh Government's Covid-19 Vaccination Service including booster campaigns.	Not applicable for the reasons outlined.

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If this agreement is not executed, it will have a direct impact on the Covid-19 Vaccination Programme and the ability to continue the immunisation of the citizens of Wales against Covid-19.

## 6. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract	Excluding VAT (£) £2,500,000	Including VAT (£) £3,000,000		
The nature of spend	Capital <input type="checkbox"/>	Revenue <input checked="" type="checkbox"/>		
How is the scheme to be funded? Please mark with a (x) as relevant.				
Existing budgets	<input type="checkbox"/>			
Additional Welsh Government funding	<input checked="" type="checkbox"/>			
Other	<input type="checkbox"/>			
[If you have selected 'Other' – please provide further details]				
EXPENDITURE CATEGORY	Year 1 (exc. VAT) £	Year 2 (exc. VAT) £	Total (exc. VAT) £	Total (inc. VAT) £
Revenue	2,500,000	N/A	2,500,000	3,000,000
Overall Total	2,500,000	N/A	2,500,000	3,000,000
Additional Information	A value of <b>£2,500,000 exc. VAT</b> will cover the period April 2024 to March 2025. This funding has been Approved by WG for FY 24/25 for the provision of this service.			



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## 7. DECLARATION OF COMPLIANCE

### 7.1 Procurement Approval

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

Head of Commercial Services:	Julie Francis
	05/03/2024
Signature:	<div>X Julie Francis</div> <div>Julie Francis Head of Commercial Services Signed by: Julie Francis (JU000244)</div>
Date:	05/03/2024


### 7.1 Director Approval

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

Lead Director Name:	Sam Hall
	05/03/2024
Signature:	<div>X </div> <div>Sam Hall Director of Primary, Community &amp; Mental Health... Signed by: Sam Hall (Sa286900)</div>
Directorate:	Director of Primary, Community & Mental Health Digital Services
Date:	05/03/2024

### 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
	19/03/2024
Signature:	<div>X </div> <div>Claire Osmundsen-Little Executive Director of Finance Signed by: Biba Lewis (Bi305077)</div>
Directorate:	Finance and Business Assurance
Date:	





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## 8. APPROVALS AND ASSURANCE RECEIVED

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

	Date of Meeting	Outcome
Management Board – TO BE APPROVED	14 March 2024	TBC
DHCW Board – TO BE APPROVED	28 March 2024	TBC

## 9. CONFIRMATION OF DHCW BOARD APPROVAL

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

The Digital Health and Care Wales Board has approved the award of this agreement for the durations and values (including extensions and options) as set out in this paper at its meeting of 28<sup>th</sup> March 2024.

Chair of DHCW Board Signature:

X

Chair of DHCW Board

Independent Member Signature:

X

Independent Member

Chief Executive Officer:

Helen Thomas

Signature:

X

Helen Thomas  
Chief Executive Officer

TITLE	ALL WALES / DHCW INTERNAL	OVERVIEW OF THE SCOPE	INDICATIVE CONTRACT VALUE (inc. VAT)	TERM (YEARS)	INDICATIVE CONTRACT START DATE	SHA BOARD DATE	CURRENT STATUS
End User Devices	All Wales	Establishment of an agreement for the periodic purchase of end user devices (Laptops, Screens and peripherals) for DHCW supported organisations including General Practices (GP's)	£14m	3 + 1	01/04/2024	25/01/2024	Approved by SHA Board in January
Microsoft Licence Agreement Reseller (LAR)	All Wales	A contract to secure a sole supplier re-seller for all Microsoft Products and Services used across the NHS in Wales.	£450m	4+2	01/04/2024	25/01/2024	Approved by SHA Board in January
Agile Product Delivery Partner (Discovery, Development, Deployment) Framework Agreement	DHCW Internal	The purpose of this procurement is to create a sole supplier Framework Agreement for an Agile Delivery Partner (Discovery, Development, Deployment). The Framework Agreement will be available to DHCW only, supporting the organisation with the discovery, development, operations and support activities required in delivering the NHS Wales App. The Framework Agreement will enable the Awarding Authority to undertake direct call off arrangements and commission work package-based assignments.	£20m	4	01/04/2024	28/03/2024	To be approved by SHA Board March 2024.
Microsoft Enterprise Agreement - Annual True-Up	All Wales	Annual 'True-Up' of the licencing volumes of the All Wales Enterprise Agreement. This will be the commencement of the third year of the Agreement out of a possible five (5) years.	£30m	1+1+1	01/07/2024	28/03/2024	To be noted by the SHA Board in May 2024.
Medicines Information Solution	All Wales	Provision of a central pharmacy database provided for/by the All Wales Library Service.	£1.2m	2+1	01/09/2024	25/07/2024	In planning
VMWare	All Wales	Provision of VM Ware licences to optimise DHCW operating infrastructure.	£4m	1+1	23/10/2024	26/09/2024	<b>NEW:</b> In Planning
Connecting Care	All Wales	provision of clinical record systems for Community and Mental Health services.	£40m	4+2+2	01/12/2024	28/11/2024	<b>NEW:</b> Programme team are evaluating options for a procurement which may effect the procurement plan.
Digital Eye Care Programme	All Wales	Provision of an Electronic Patient Record and clinical system for the provision of Eye Care between Primary and Secondary Care.	£2m	3+1+1	01/02/2025	01/01/2025	<b>NEW:</b> Options for the continuation/replacement of the current solution are being reviewed by the Programme team.
Digital Maternity Cymru	All Wales	Establishment of an All Wales Framework Agreement for a Maternity system.	£6m	4+2	01/04/2025	01/03/2025	In Planning - awaiting submission and approval of an OBC, by Welsh Government.
Welsh Point of Care Testing Solution	All Wales	A Middleware solution to allow point of care patient testing devices to integrate with NWS Wales solutions to record results within the patient record.	£3m	7+3	19/09/2026	TBC	<b>NEW:</b> Procurement planing to commence Q1 24/25. Due to significant integration arequirements a long lead time for a new provider is required.
National Integrated Intelligent Audit Solution	All Wales	Procurement of an audit solution to monitor record access and patient data use	£6m	5+2	24/11/2026	TBC	<b>NEW:</b> Procurement planing to commence Q1 24/25. Due to significant integration requirements a long lead time for a new provider is required.
Welsh Integration & Messaging Service	All Wales	Renewal of the integration/essaging solution currently which allows integration between all clinical systems in NHS Wales.	£10m	5+2	01/12/2028	TBC	<b>NEW:</b> Procurement planing to commence Q1 24/25. Due to significant integration requirements a lead time in excess of 24 months is needed for a new provider.
Systematic Anti-Cancer Therapy (SACT) System	All Wales	An All-Wales agreement for the provision of an Anti-Cancer Therapy information management software solution as a managed service.	£5m	5+2	TBC	TBC	<b>NEW:</b> Procurement planning stage- defining a route to market.
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.	£15m	3+1+1	TBC	TBC	Procurement planning stage- defining a route to market. Currently drafting an OBC to secure funding. (being undertaken by external 3rd Party Inform Solutions.



# DIGITAL HEALTH AND CARE WALES STRUCTURED ASSESSMENT 2023 & ANNUAL REPORT 2023

Agenda Item	5.1
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Head of Corporate Governance
Presented By	Chris Darling, Board Secretary & Darren Griffiths, Nathan Couch, Audit Wales

Purpose of the Report	For Assurance
Recommendation	SHA Board is being asked to <b>RECIEVE</b> the Structured Assessment 2023 Report for <b>ASSURANCE</b> and <b>NOTE</b> the Annual Audit Report 2023.

WC:  
APP:  
TOTAL:

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## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

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

IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>WORKFORCE</b> 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.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Board Secretary	February 2024	Approved
Audit & Assurance Committee	February 2024	Noted
Management Board	March 2024	Noted

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority



### 3 SITUATION / BACKGROUND

- 3.1 This report provides a summary of the key messages from Audit Wales Structured Assessment 2023 work at DHCW.
- 3.2 The Structured Assessment work is designed to help the Auditor General's statutory requirement to be satisfied that DHCW has made proper arrangements to secure economy, efficiency and effectiveness in its use of resources under section 61 of the Public Audit (Wales) Act 2004.
- 3.3 The work specifically focused on Board transparency, cohesion and effectiveness. Corporate systems of assurance, corporate approach to planning and corporate approach to financial management.
- 3.4 To deliver this work, Audit Wales observed Board and Committee meetings, attended a Board Development session, reviewed a range of documents and interviewed the following Senior Officers and Independent Members:
  - Chair
  - Chief Executive
  - Board Secretary
  - Head of Corporate Governance
  - Executive Director of Strategy
  - Executive Director of Operations
  - Executive Director of Finance
  - Chair of Audit & Assurance Committee
  - Independent Member x 2





## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The Structured Assessment 2023 report can be found in full at [Appendix 5.1ii](#).
- 4.2 Overall, Audit Wales found that DHCW's corporate governance, assurance, planning and financial management arrangements are generally good, with some opportunities to strengthen them further. However, DHCW is facing significant resource, financial and investment risks that will need to be carefully managed to ensure it achieves both immediate priorities and longer term objectives while remaining financially sustainable.
- 4.3 Supporting this, Audit Wales found that DHCW:
- Has a stable and cohesive Board that conducts its business appropriately, effectively, and transparently. However, opportunities remain to enhance some arrangements further.
  - Systems of assurance are robust and operating effectively, but opportunities exist to enhance some of these arrangements further.
  - Planning arrangements continue to mature, but opportunities remain to develop detailed supporting delivery plans for some corporate plans and strategies to support effective monitoring and oversight. DHCW is facing significant resource and investment risks which may impact on the delivery of its key strategic and transformational priorities.
  - DHCW continues to have a generally effective approach to financial planning, monitoring and reporting. However, increasing financial challenges and an over reliance on non-recurrent savings could impact on its future financial sustainability.
- 4.4 The Structured Assessment 2023 raised five recommendations, these have been accepted by management, with appropriate actions and implementation dates.
- 4.5 In addition, the DHCW Annual Audit Report 2023 ([Appendix 5.1iii](#)) is included for information.



## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
RECIEVE the Structured Assessment 2023 Report for ASSURANCE	

# Asesiad Strwythuredig 2023 IGDC

Casgliadau a chanfyddiadau

# Trosolwg o'r Archwiliad



## Nod

Helpu i gyflawni gofyniad statudol yr Archwilydd Cyffredinol i fod yn fodlon bod cyrff y GIG wedi gwneud trefniadau priodol i sicrhau darbodusrwydd, effeithlonrwydd, ac effeithiolrwydd yn eu defnydd o adnoddau o dan adran 61 o Ddeddf Archwilio Cyhoeddus (Cymru) 2004.

## Meysydd Ffocws

- Tryloywder, effeithiolrwydd, a chydlynid y Bwrdd
- Systemau sicrwydd corfforaethol
- Dull corfforaethol o gynllunio
- Dull corfforaethol o reoli adnoddau ariannol

## Dull

- Hunan asesiad
- Adolygu dogfennau
- Arsylwi'r Bwrdd a'r Pwyllgorau
- Cyfweiliadau strwythuredig



**Canfuom fod trefniadau corfforaethol IGDG o ran llywodraethu, sicrwydd, cynllunio, a rheolaeth ariannol yn dda ar y cyfan, gyda rhai cyfleoedd i'w cryfhau ymhellach. Fodd bynnag, mae IGDG yn wynebu risgiau sylweddol o ran adnoddau, cyllid, a buddsoddi y bydd angen eu rheoli'n ofalus i sicrhau ei fod yn cyflawni ei flaenoriaethau tymor byr ac amcanion tymor hwy wrth barhau i fod yn gynaliadwy yn ariannol.**

# Tryloywder, effeithiolrwydd, a chydlynid y Bwrdd



## Casgliad:

Mae gan IGDC Fwrdd sefydlog a chydlynol sy'n cynnal ei fusnes yn briodol mewn modd effeithiol a thryloyw. Fodd bynnag, erys cyfleoedd i wella rhai trefniadau ymhellach.

## Prif Ganfyddiadau:

- Mae Bwrdd IGDC yn parhau i ddangos ymrwymiad cryf i gynnal busnes y Bwrdd a phwyllgorau mewn modd sy'n dryloyw i'r cyhoedd.
- Caiff cyfarfodydd y Bwrdd a phwyllgorau eu cadeirio'n dda a'u cynnal yn briodol. Mae ganddynt agendâu cytbwys, ac maent yn derbyn papurau o ansawdd da.
- Mae camau cadarnhaol wedi'u cymryd i addasu y strwythur pwyllgorau i adlewyrchu rôl newydd y Bwrdd o ran goruchwyllo rhaglenni digidol cenedlaethol.
- Mae'r Bwrdd wedi ymrwymo i gryfhau ei ymgysylltiad â staff IGDC, ond erys cyfleoedd iddo ymgysylltu'n uniongyrchol â dinasyddion a defnyddwyr gwasanaethau clinigol mewn cyrff ieuchyd eraill.
- Mae gan IGDC Fwrdd cydlynol a sefydlog ynghyd â threfniadau da ar gyfer anwytho aelodau newydd, datblygu'r bwrdd, a hunan-adolygu.



# Systemau sicrwydd corfforaethol



## Casgliad:

Mae systemau sicrwydd IGDC yn gadarn ac yn gweithredu'n effeithiol, ond erys cyfleoedd i wella rhai o'r trefniadau hyn ymhellach.

## Prif Ganfyddiadau:

- Mae gan IGDC drefniadau effeithiol ar gyfer rheoli ei risgiau strategol a chorfforaethol. Mae ei ddealltwriaeth o'i archwaeth risg yn aeddfedu a dylai hyn fod o gymorth iddo gryfhau'r trefniadau hyn ymhellach.
- Mae trefniadau rheoli perfformiad IGDC yn parhau'n weddol effeithiol. Fodd bynnag, erys cyfleoedd i roi mwy o sicrwydd i'r Bwrdd ar y camau sy'n cael eu cymryd i wella tanberfformiad.
- Mae gan IGDC drefniadau sicrhau ansawdd effeithiol ac mae'n gwneud cynnydd da o safbwynt gweithredu'r dyletswyddau newydd mewn perthynas ag ansawdd a gonestrwydd.
- Mae gan IGDC drefniadau effeithiol ar gyfer monitro ac olrhain cynnydd yn erbyn argymhellion archwilio mewnol ac allanol.

# Dull corfforaethol o gynllunio



## Casgliad:

Mae trefniadau cynllunio IGDC yn parhau i aeddfedu, ond erys cyfleoedd i ddatblygu cynlluniau cyflawni ategol manwl ar gyfer rhai strategaethau a chynlluniau corfforaethol i gefnogi'r broses monitro a throsolwg yn effeithiol. Mae IGDC yn wynebu risgiau adnoddau a buddsoddi sylweddol a allai effeithio ar ei allu i gyflawni ei flaenoriaethau strategol a thrawsnewidiol allweddol.

## Prif Ganfyddiadau:

- Er bod dull corfforaethol IGDC ar gyfer cynhyrchu strategaethau a chynlluniau yn effeithiol, mae'n wynebu risgiau sylweddol a allai effeithio ar ei allu i gyflawni blaenoriaethau strategol a thrawsnewidiol allweddol.
- Er bod gan IGDC drefniadau effeithiol ar gyfer goruchwylio'r gwaith o gyflawni ei CTCl, mae angen iddo gryfhau ei drefniadau ar gyfer goruchwylio'r gwaith o gyflawni strategaethau a chynlluniau corfforaethol eraill.

# Dull corfforaethol o reoli adnoddau ariannol



## Casgliad:

Ar y cyfan, mae trefniadau IGDC ar gyfer cynllunio, monitro, ac adrodd ar faterion ariannol yn parhau'n effeithiol. Fodd bynnag, gallai heriau ariannol cynyddol a gorddibyniaeth ar arbedion anghylchol effeithio ar ei gynaliadwyedd ariannol yn y dyfodol.

## Prif Ganfyddiadau:

- Cyflawnodd IGDC ei amcanion ariannol ar gyfer 2022-23 ac mae'n rhagweld y bydd yn adennill costau yn 2023-24. Fodd bynnag, mae ansicrwydd ynghylch ei sefyllfa ariannol yn y dyfodol.
- Mae gan IGDC ddull gweddol effeithiol o gynllunio ariannol ac mae'n glir ynghylch ei heriau ariannol. Fodd bynnag, mae'n parhau i ddibynnu'n ormodol ar swyddi gwag i gyflawni targedau arbedion, ond nid yw hyn yn gynaliadwy yn y tymor canolig i'r hirdymor.
- Ar y cyfan, mae gan IGDC drefniadau effeithiol ar gyfer goruchwyllo a chraffu ar faterion reolaeth ariannol.
- Mae craffu a throsolwg ariannol priodol ar hyn o bryd, ond efallai y bydd angen cynyddu hyn yng ngoleuni'r heriau ariannol sy'n wynebu'r sefydliad.



- Adolygu'r trefniadau tymor hwy ar gyfer cadeirio'r Pwyllgor Cyflawni Rhaglenni newydd.
- Ymgysylltu â chyrff iechyd eraill neu Llais Cymru, i archwilio opsiynau i aelodau'r Bwrdd glywed yn uniongyrchol gan ddinasyddion a defnyddwyr gwasanaethau clinigol.
- Bwrw ymlaen â'r gwaith 'cynnig gwerth' yn gyflym i ddangos effaith digidol ar draws GIG Cymru a datblygu cynlluniau sy'n ystyried yn ofalus blaenoriaethau mewnol IGDC a blaenoriaethau rhanddeiliaid a'r hyn y gall ei gyflawni gyda'i adnoddau.
- Sicrhau bod cynlluniau a strategaethau corfforaethol yn cael eu hategu gan gynlluniau busnes / cyflawni manwl a gwella ansawdd yr adroddiadau diweddarau a gyflwynir i'r Bwrdd.
- Rhoi mwy o sicrwydd i'r Bwrdd ar y broses o ddatblygu a chyflawni arbedion cylchol yn y tymor canolig i'r hirdymor er mwyn cryfhau cynaliadwyedd ariannol y sefydliad yn y dyfodol.



## DIGITAL HEALTH AND CARE WALES CORPORATE RISK REGISTER

Agenda Item	5.2
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Bethan Walters, Corporate Risk Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to
<b>NOTE</b> the Risk and Board Assurance Framework Workplan. <b>RECEIVE</b> and <b>DISCUSS</b> the status of the Corporate Risk Register including changes since the last meeting.	

WC:  
APP:  
TOTAL:

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

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

## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	Deliver high quality digital products and services
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CORPORATE RISK (ref if appropriate)	All are relevant to the report
QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below: ISO 14001 ISO 20000 ISO 27001 BS 10008	

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below: Safe Care Effective Care	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	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.	

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
<b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	05/03/2024	Discussed and verified
Management Board	14/03/2024	Discussed and verified

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAF	Board Assurance Framework	WG	Welsh Government
NI	National Insurance	DPIF	Digital Priorities Investment Fund
DSPP	Digital Services for Patients and the Public	WICIS	Welsh Intensive Care Information Service
WASPI	Wales Accord on the Sharing of Personal Information	NDR	National Data Resource
SLA	Service Level Agreement	IMTP	Integrated Medium Term Plan
IRAT	Integration and Reference Team	ICU	Intensive Care Unit
ISD	Information Services Directorate	HBs	Health Boards
WG	Welsh Government	FDU	Finance Delivery Unit
SAIL	Secure Anonymised Information Linkage	CAPEX	Capital Expenditures
OPEX	Operating Expenditures	DU	Delivery Unit
WEDs	Weekly Executive Directors	OCP	Organisational Change Policy



### 3 SITUATION / BACKGROUND

- 3.1 The [DHCW Risk Management and Board Assurance Framework \(BAF\) Strategy](#) outlines the approach the organisation will take to managing risk and Board assurance.
- 3.2 The [Risk and BAF workplan for 2023/24](#) includes progress of activity tracked on the forward workplan.
- 3.3 Risk should be considered from the perspective of opportunities and threats, managing risks effectively can often lead to realizing opportunities. With health services under more pressure than ever there is a huge opportunity to use digital products and services to drive efficiencies and improve patient outcomes. DHCW intends to be at the forefront of this, trends and opportunities include:
- The growing importance of data
  - Digital services driving service transformation
  - Moving to Cloud services
  - International technical and data standards
  - Tackling a shortage of technology talent
  - A shift from capital funding to a recurrent revenue-based model
  - Organisations shifting from programme to 'product' based delivery models
  - Continuous agility in delivering digital services, modular components and mix and match
  - Automation and Artificial Intelligence
  - Open architecture where data exchange is facilitated between public and private sector providers
  - The increasing need to ensure robust, secure and solid digital foundations to enable successful digital delivery
  - Patient empowerment Apps



## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 Board members are asked to consider both opportunity and threat-based 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)'.
- 4.2 The wider considerations regarding organisational risk factors have been previously stated but remain relevant. They include, sector, stakeholder, and system factors, as well as national and international environmental factors.
- 4.3 In considering environmental and international factors members should note the [WEF The Global Risks Report 2024.pdf \(weforum.org\)](#) This report considers risk from an international perspective, the report highlights a number of highly relevant areas for consideration by DHCW, which will be discussed by Board members at the Board Development Day to be held in April 2024.
- 4.4 The below are key areas from the World Economic Forum Term Global Risks Landscape (2024) for context and consideration by the Board:
- Cyber insecurity
  - Misinformation and disinformation
  - Adverse outcomes of AI technologies
- 4.5 [The HM Government National Risk Register](#) was published in August 2023, which includes a section on the cyber-attack: health and care system. Learning from this report will be subject to the Board Development session planned for April 2024.
- 4.6 DHCW's Corporate Risk Register currently has 16 risks on the Register, 11 of which are detailed at item 5.2i Appendix A. There are 5 Private risks, of which 4 are considered at every Digital Governance and Safety Committee and 1 are considered at Programmes Delivery Committee.
- 4.7 Board members are asked to note the following changes to the [Corporate Risk Register 5.2i Appendix A](#) (new risks, risks removed and changes in risk scores) for the period 1 January 2024 to 29 February 2024:



**NEW RISKS (1) 0 Private 1 Public**

Risk Ref	Risk Title	Risk Description
DHCW0334	Impact of cost of transition team	IF there is a delay to operationalising a new internal NHS Wales App product team THEN the DSPP Programme will need to support an extended period of 'dual running' RESULTING IN less funding available to commission work from the external delivery partner.

**RISKS REMOVED (4) 1 PRIVATE 3 PUBLIC**

There were four risks removed from the register during this period.

RISK REF	DESCRIPTION	STATEMENT	COMMITTEE ASSIGNMENT
DHCW0308 – Sustainable funding for NIIAS	IF a sustainable financial position cannot be found for the National Intelligent Integrated Audit Solution (NIIAS) THEN a DHCW funding risk will create longer term financial challenges to DHCW internal core funding decisions RESULTING IN difficult financial control issues and jeopardising long-term provision for the service	Reduced to Directorate level awaiting WG confirmation letter	Digital Governance & Safety Committee
DHCW0321 – Sustainable funding for WASPI	IF a sustainable financial position cannot be found for funding to support the development and implementation of the WASPI Code of Conduct THEN key organisation stakeholders are unlikely to sign up to become code member organisations as DHCW would not be able to discharge Code responsibilities RESULTING IN a missed opportunity for enhancing data sharing standards across Wales and reducing missed opportunities with data sharing between agencies.	Reduced to Directorate level awaiting WG confirmation letter	Digital Governance & Safety Committee
DHCW0301** PRIVATE	PRIVATE	Plan agreed which reduces the risk to Directorate	Programmes Delivery Committee



RISK REF	DESCRIPTION	STATEMENT	COMMITTEE ASSIGNMENT
DHCW0329 – Choose Pharmacy DHCW maintaining the funding gap	IF a sustained and appropriate level of funding for the support and development of the Choose Pharmacy application is not established THEN DHCW will need to continue to cover the additional costs of £515k PA for the provisions of the service, which is the current shortfall between Welsh Government annual funding (£415k) and the costs associated with the Choose Pharmacy service (£930k) RESULTING IN DHCW bearing a significant cost pressure of £515k PA for the provisions of the Choose Pharmacy service.	Reduced to Directorate level core funding approved	Audit & Assurance Committee

#### RISKS WITH A CHANGE IN SCORE (1)

There was one changes in scores during the period.

RISK REF	DESCRIPTION	STATEMENT	COMMITTEE
DHCW0318 **PRIVATE**  Executive Director of Strategy	**PRIVATE**	Change in complaint status has led to score being increased from 9 to 12	Programmes Delivery Committee

4.8 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.

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)			**DHCW0277 → **DHCW0281 → **DHCW0282 → **DHCW0315 →		
	MAJOR (4)			DHCW0263: DHCW Functions → DHCW0296 – Allergies/Adverse Reactions – Single Source → DHCW0313 – Digital Cost Pressure – Service Model Changes → DHCW0320 – Citizen and stakeholder trust in use of HSC data →	DHCW0300 – Canisc (Screening and Palliative Care) → DHCW0316 – Technical Debt Accumulation →	DHCW0331 – Fixed term resource funding → DHCW0332 – Sustainable Major Programmes Funding → DHCW0333 – WICIS Implementation Delay →
	MODERATE (3)			DHCW0269 – Switching Service – Data warehouse ↔ **DHCW0318 ↔	DHCW0334 – Impact of cost of transition team ★	
	MINOR (2)					
	NEGLECTIBLE (1)					



New Risk



Non-Mover



Reduced



Increased

\*\*Private risks

- 4.9

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 (commercially sensitive, cyber and security related) risks are reviewed in detail by the Committee’s in a private session.

## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1

The Board is asked to note the recent changes in the corporate risk profile, as a result of the escalation of one new risks, removal of four risks and the change in score of one risk.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
<p><b>NOTE</b> the Risk and Board Assurance Framework Workplan.</p> <p><b>RECEIVE</b> and <b>DISCUSS</b> the status of the Corporate Risk Register including changes since the last meeting.</p>	



# DIGITAL HEALTH AND CARE WALES

## INTEGRATED ORGANISATIONAL PERFORMANCE REPORT

Agenda Item	5.3
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Angela Hagget, Organisational Performance Lead
Presented By	Claire Osmundsen-Little, Executive Director of Finance

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to
<b>DISCUSS/REVIEW</b> the report as representative of the performance of the organisation for January - February 2024.	

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	N/A
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	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.	

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 an act upon the elements of performance for



	which they hold responsibility or accountability.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	14 <sup>th</sup> March 2024	Noted

Acronyms			
DHCW	Digital Health and Care Wales	IT	Information Technology
IOPR	Integrated Organisational Performance Report	SHA	Special Health Authority
IMTP	Integrated Medium Term Plan	SLA	Service Level Agreements
DPIF	Digital Priorities Investment Fund	VM	Virtual Machine

## 3 SITUATION / BACKGROUND

<p>This document provides a summary of the Digital Health and Care Wales (DHCW) Integrated Organisational Performance Report (IOPR) to the end of February 2024. A similar report is presented to the DHCW Management Board monthly; Management Board attendees present and discuss performance and resulting actions or risks. The Board IOPR is presented on a bi-monthly basis in arrears.</p>
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## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

There has been considerable work in programmes; GP market changes, progress on plans for future national direction on replacements for the community and eye care systems, further uptakes on the NHS App across Wales but concerns about timelines in both the critical care and radiology programme deliveries.

There have been efficiencies in the digital deployment of the COVID vaccination spring booster and work to move to the new data centre is progressing. Most moves are scheduled to be completed before the year end; however, networking is now expected to complete next year.

### Operations

There is one indicator which is RED on our scorecard, this relates to Operational Service Delivery. We have continued to experience disruption from the Data Centre transition, which has impacted on networking across the estate and is now on a critical path. The Data Centre move will happen this year, however, networking and decommissioning will be extended into quarter 1 next year. We are identifying the effects of this on next year's plan. Additional improvement work on disk storage has been undertaken. There have been several network issues identified and a comprehensive review is scheduled in March by our network support partner. Additionally, unforeseen spend has been identified regarding Welsh Point of Care Testing (WPoCT) hardware.

DHCW experienced 6 major IT incidents during January and 5 in February, none of which breached the agreed resolution target. Achieving 99.983% availability year to date. However, we did not achieve the Incident resolution target of 95% (actual 94%) for critical national services due to a new service which has been introduced, additional training has subsequently been undertaken.

### Strategic Programmes

The NHS Wales App onboarded 116 practices in February, however, we are receiving continuing complaints and enquiries regarding the app. The Service Desk has also received support tickets, discussions are ongoing through March to agree a formal support arrangement. The number of calls relating to the App has reduced in February reflecting the internal work to address initial key concerns.

Welsh Intensive Care Information System (WICIS) programme has also reported that work has been ongoing with Health Boards to fully understand the requirements and work toward an 'All Wales' adoption approach. Health Boards have indicated when they will seek to implement the system with caveats around defects and system usability.



## Primary Care & Mental Health

DHCW were formally notified in January that one of our GP Systems suppliers will not be proceeding with Deployment Orders for the next GP System contract and will be withdrawing services from Wales. The withdrawal means that a number of migrations to the alternative system will now be required. There will be additional work to migrate the GP practices and consequential financial implications and impact on DHCW staff and work programmes which have been built into the IMTP.

Planning and discovery for the platform replacement of Welsh Community Care Information System (WCCIS) continues to progress. Ongoing iterative improvements of the current platform continue to be challenging although progress is being made. The programme is currently forecasting a overspend as we maintain Connecting Care initiation without any additional allocation from Welsh Government (WG) and timelines remain challenging.

The spring COVID booster software and cohort upgrades were successfully released February, in the Welsh Immunisation System, making it the most rapid deployment to date, taking 20 working days. All required changes were also delivered ahead of the start of invitations being sent out on 1st March.

## Finance and Business Assurance

Finance is finalising this year's position and the allocation of funding for 2024/25. The commercial team have been working on the impact of the procurement options on the hardware supporting WPoCT with the operations teams and work on the SLAs with NHS England is a priority.

## People and Organisational Development

There has been an improvement in both short and long-term sickness. It should be noted that from a peak in December this is the second month we have seen a decline in appraisal compliance, just attaining the target of 85%.

## Clinical Assurance and Information Governance

In February we saw the highest level of freedom of information requests this year at 10 and there are currently 5 outstanding clinical incidents carried forward, again another peak.

DHCW have been finalising the Intermediate Medium Term Plan (IMTP) for submission to the Board in March, together with engaging our stakeholders on our revised strategy.

The financial outlook for this financial year indicates all statutory targets will be met. We are in receipt of our funding allocation for 2024/25, albeit the Digital Priorities Investment Funding has been reduced to £28m. The reduction is resulting in concern around the inclusion and profile of some of our programmes for 2024/25.



## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
<b>DISCUSS /REVIEW</b> the report as representative of the performance of the organisation for the period January - February 2024.	





GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

# INTEGRATED ORGANISATIONAL PERFORMANCE REPORT (IOPR)

Special Health Authority Board  
January - February 2024

# 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 Missions (below) defined within our Integrated Medium-Term Plan (IMTP).

Performance is monitored and managed at various levels throughout the DHCW governance structure, with final oversight through Management Board and then our Special Health Authority (SHA) Board.

## Contents

- Organisational Scorecard & Summaries
- Corporate Planning
- Financial Performance
- People and Organisational Development
- Commercial Services
- Operational Service Management
- Clinical Assurance and Information Governance
- Governance and Quality
- Engagement

This report supports the requirements of Management review as defined in ISO:9901 and other related standards.

# Scorecard

The SCORECARD presents a high-level view of the business areas which are monitored and presented in greater detail throughout this report. This month there are **three indicators which are AMBER** and one indicator which is **RED**.

 Amber Status

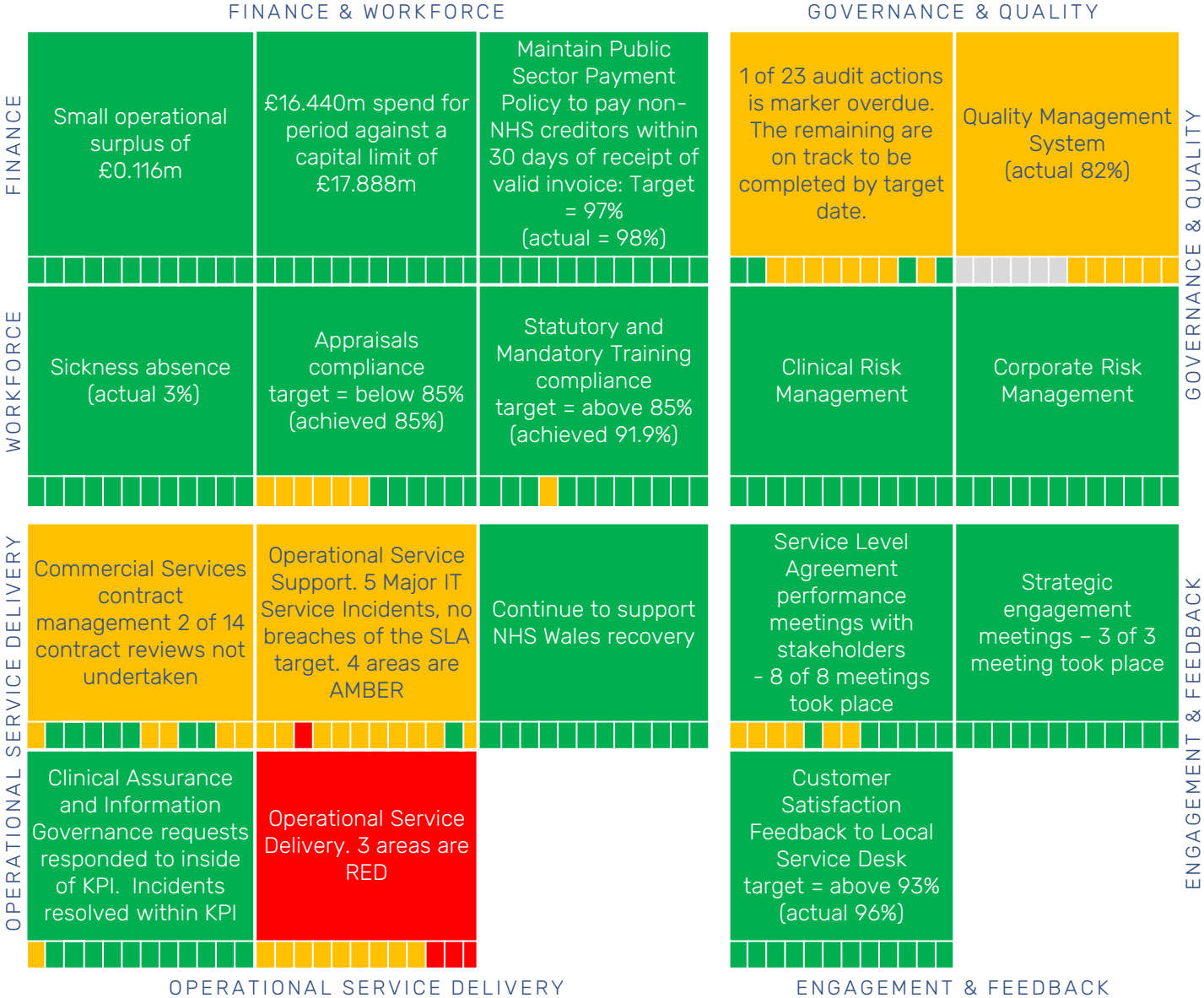
**Commercial Services** – Contract management was **AMBER** in January and February as **two** planned contract reviews did not take place in each month and have been rescheduled.

**Quality Management**– Overall compliance has increased to **82%** in February 24’ from 80%. Reviews of Integrated Management System documents have improved however the percentage of quality improvement actions which have been reviewed to schedule is below target.

**Operational Service Support** – Incident & Service Request Resolution was **94%** in February against a target of 95%. There were **five** Major Incidents in February and **six** in January, none of which breached. Problem management was AMBER in both January and February.

 Red Status

**Operational Service Delivery** – The status reflects the position regarding documentation and testing. Testing has been delayed to coincide with the Data Centre Transition Project, minimising disruption to NHS Wales. Data Centre Core Services have flagged networking as issues have been encountered with capacity & resilience for connections to third party networks. A comprehensive review is scheduled for March ‘24.



Previous 12 months RAG status are indicated in the smaller boxes right to left.

Our Approach: To focus our delivery on the challenges of our service partners, we have divided our work into Missions, Portfolios and Enablers. These reflect ministerial priorities and alignment with national programmes and describe our strategic objectives and outcomes.

## 1. PROVIDE A PLATFORM for enabling digital transformation

- 1.1 Data Platform and References Services
- 1.2 Open Architecture and Interoperability
- 1.3 Protecting Patient Data
- 1.4 Sustainable and Secure Infrastructure

## 2. DELIVER high quality digital products and services

- 2.1 Public Health
- 2.2 Primary, Community and Mental Health
- 2.3 Planned Care
- 2.4 Urgent and Emergency Care
- 2.5 Diagnostics
- 2.6 Digital Medicines

## 3. EXPAND the digital health and care record and the use of digital to improve health and care

- 3.1 Health and Care Professions
- 3.2 Patients and the Public

## 4. DRIVE better value and outcomes through innovation

- 4.1 Research and Innovation
- 4.2 Value from Data

## 5. BE the trusted strategic partner and a high quality, inclusive and ambitious organisation

- 5.1 People and Culture
- 5.2 Finance
- 5.3 Sustainability
- 5.4 Stakeholder Engagement
- 5.5 Quality and Safety
- 5.6 Governance, Performance and Assurance

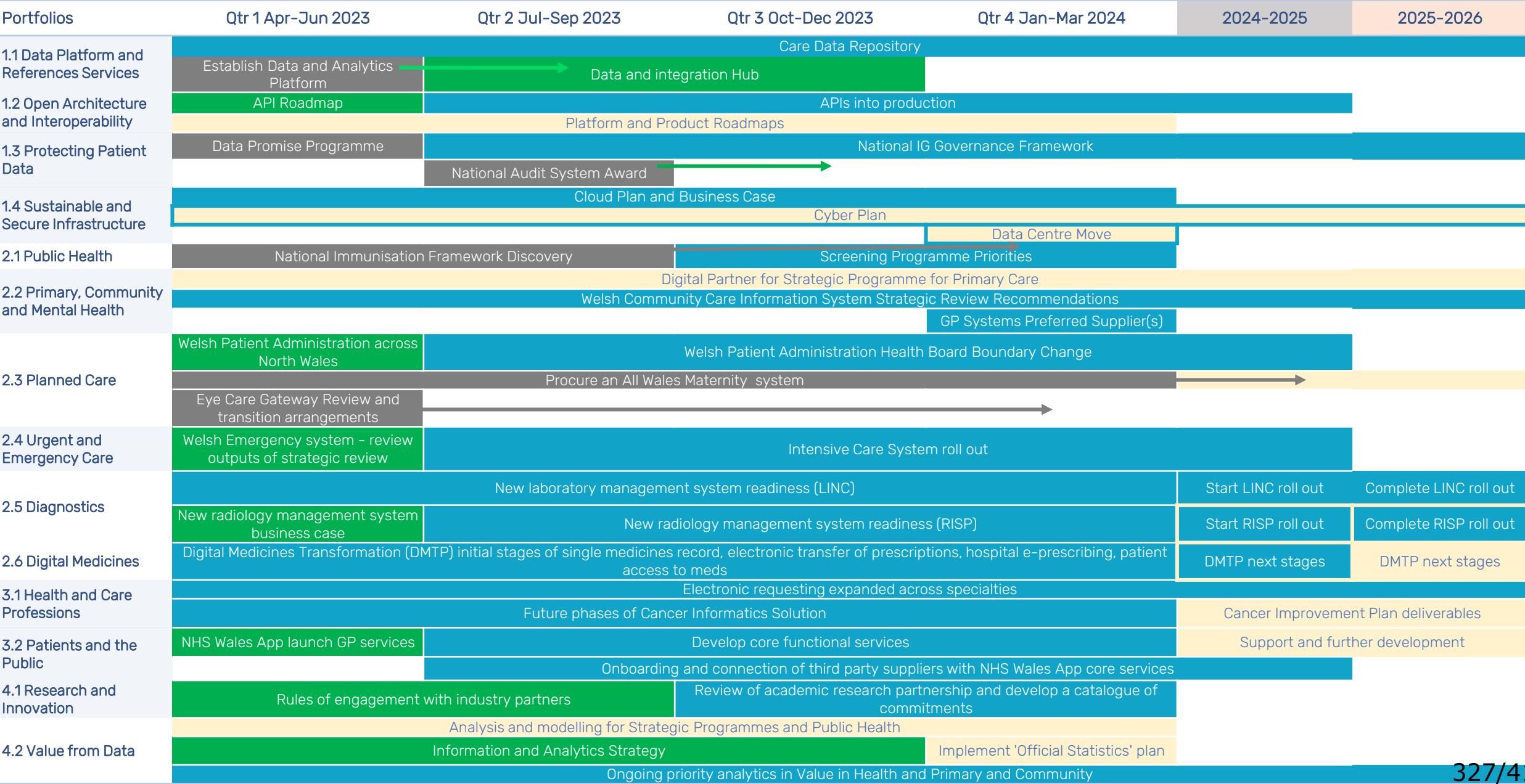
# Plan On A Page

Key

Funded	Confidence in availability of funding or budget allocation
Resource not confirmed	Limited confidence in funding or budget allocation
Change Control	

5

The border shows the position at the start of the year



DHCW is reporting achievement of all 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 £0.116m after applying the savings target profile.

Capital – Current Spend of £16.440m against CRL of £17.888m.

PSPP – DHCW have paid 97% of non-NHS invoices within 30 days.

Bank- Cash balances have increased in month in preparation for year end.

Indicator	Result	Summary
<b>Revenue Breakeven</b> (To secure that the organisations expenditure does not exceed aggregated income)		Small operational surplus of £0.116m.
<b>Remain within Capital Resource Limit</b> (To ensure net Capital Spend does not exceed the Capital Resource Limit CRL)		£16.440m spend for period against a capital limit of £17.888m
<b>Public Sector Payment Policy</b> (To pay a minimum of all non-NHS creditors within 30 days of receipt of a valid invoice)		PSPP target achieved 97% achieved against a target of 95%
<b>Bank</b> Sufficient bank balances		Balance as at 29/02/24 £4.948m

Summary:

**Forecast:** DHCW is forecasting achievement of all financial targets, however focus will be on the final month of Data Centre transition activity.

**DPIF** the revenue and capital positions have now been fixed with Welsh Government and consequently DHCW is required to manage any movement from final allocations.

**Savings:** DHCW is currently overachieving against its total revised savings core savings target of £4.978m (excluding £3.4m ring fenced candidates Digital Priorities Investment Fund (DPIF)/Primary Care IM&T and COVID). This will be used to support non recurrent Datacentre Migration/Security Information Event Management/National Intelligent Integrated Audit System spend in 2023-2024.

**COVID:** Given the current trend in letters and texts volumes DHCW will not draw down the total allocation for COVID in 2023-24.

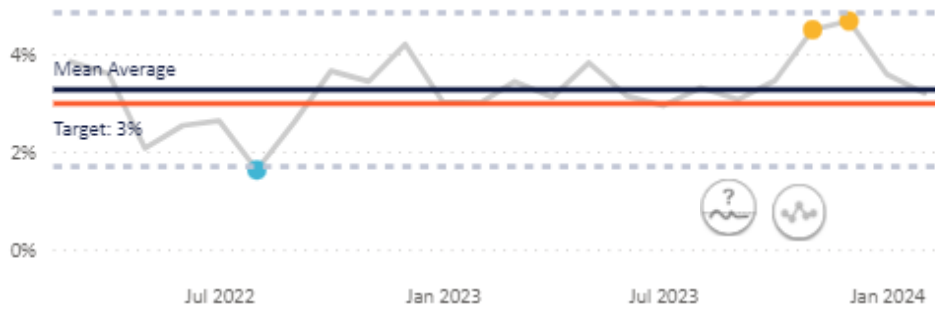
**Capital** There is a £1.5m expenditure in Discretionary and DPIF schemes in March, which will be closely monitored for year end.

**Bank** DHCW cash balance has increased in preparation for 31st March 2024.



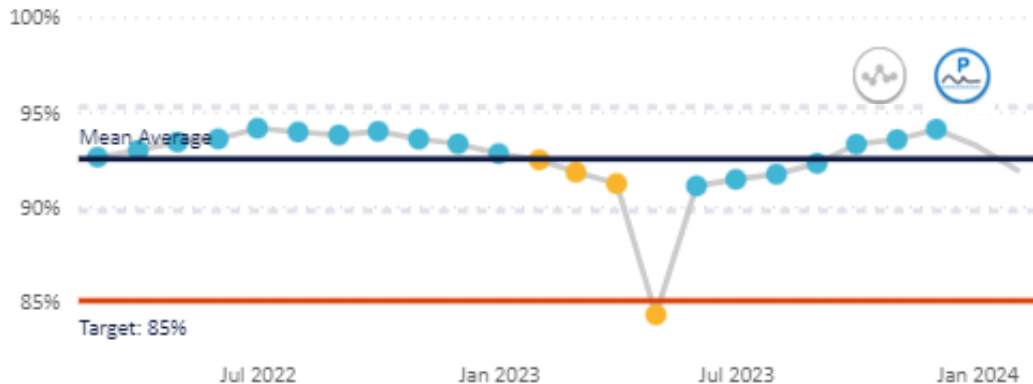
# People & Organisational Development | Summary

## Sickness Absence



Overall sickness absence - **3%** which is a decrease of 1.67% from December.  
 Long term sickness - **2%** slightly decreased from December.  
 Short term sickness - **1%** slightly decreased from December.

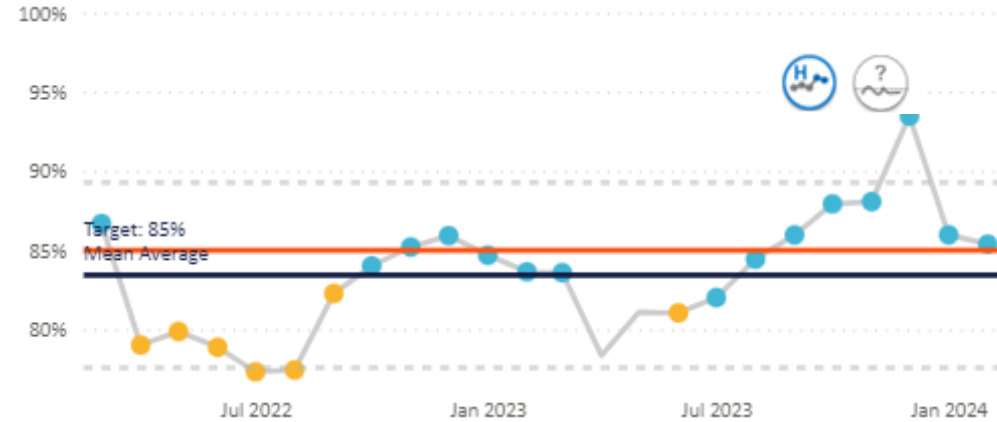
## Statutory and Mandatory Training



Statutory and Mandatory Training is **91.9%** a decrease of 2.2% from December. It is above the Welsh Government target of 85% for NHS Wales.

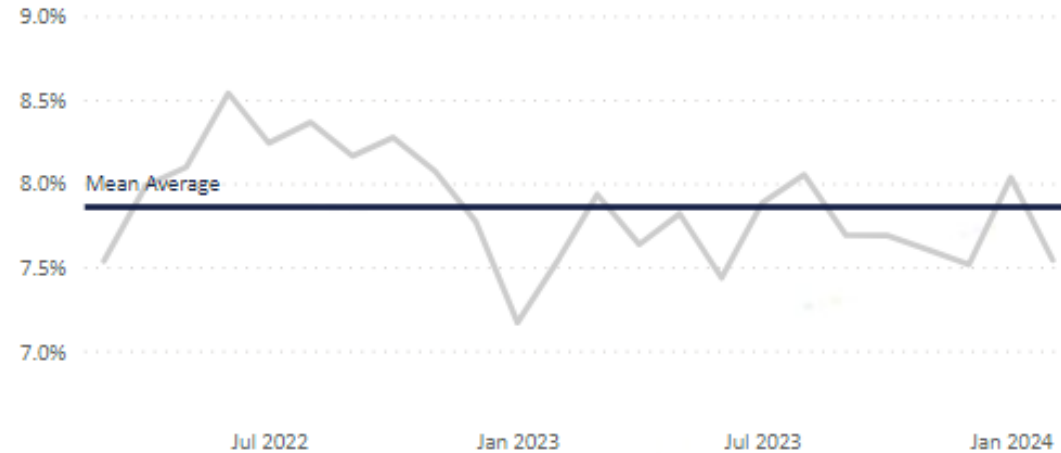
Please note: Workforce data is subject to cut-off and collection at month-end, which is dependent on stakeholders inside and outside DHCW. Therefore, some information/data may be included in later reports.

## Appraisals



Appraisal completion rate is **85%**, a decrease of 8% from December. This meets the Welsh Government target of 85%.

## Turnover



Turnover is **7.54%**, this has slight increased from December.

### RAG KEY

#### VARIATION



Special Cause Concerning variation



Special Cause Improving variation



Common Cause

### ASSURANCE



Consistently fail target



Consistently hit target



Hit and miss target subject to random

● Target  
● Average  
— Process Limits



# Commercial Services | Strategic Procurement Activity

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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
End User Devices	All Wales	Establishment of an agreement for the periodic purchase of end user devices (Laptops, Screens and peripherals) for DHCW supported organisations including General Practices (GP's)	£14m	3 + 1	01/04/2024	25/01/2024	Approved by SHA Board in January
Microsoft Licence Agreement Reseller (LAR)	All Wales	A contract to secure a sole supplier re-seller for all Microsoft Products and Services used across the NHS in Wales.	£450m	4+2	01/04/2024	25/01/2024	Approved by SHA Board in January
Agile Product Delivery Partner (Discovery, Development, Deployment) Framework Agreement	DHCW Internal	The purpose of this procurement is to create a sole supplier Framework Agreement for an Agile Delivery Partner (Discovery, Development, Deployment). The Framework Agreement will be available to DHCW only, supporting the organisation with the discovery, development, operations and support activities required in delivering the NHS Wales App. The Framework Agreement will enable the Awarding Authority to undertake direct call off arrangements and commission work package-based assignments.	£20m	4	01/04/2024	28/03/2024	To be approved by SHA Board March 2024.
Microsoft Enterprise Agreement - Annual True-Up	All Wales	Annual 'True-Up' of the licencing volumes of the All Wales Enterprise Agreement. This will be the commencement of the third year of the Agreement out of a possible five (5) years.	£30m	1+1+1	01/07/2024	28/03/2024	To be noted by the SHA Board in May 2024.
VMWare	All Wales	Provision of VM Ware licences to optimise DHCW operating infrastructure.	£4m	1+1	23/10/2024	26/09/2024	NEW: In Planning
Medicines Information Solution	All Wales	Provision of a central pharmacy database provided for/by the All Wales Library Service.	£1.2m	2+1	01/09/2024	25/07/2024	In planning
Connecting Care	All Wales	Provision of clinical record systems for Community and Mental Health services.	£40m	4+2+2	01/12/2024	28/11/2024	NEW: Programme team are evaluating options for a procurement which may affect the procurement plan.

# Operational Performance | Incident & Service Request Management - Overview

9

Performance Area	Metric	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
National Services - Critical (Excluding GP Services)	Score denotes % of <b>Incidents</b> resolved within the SLA target *(Resolved total can include Incidents logged outside the month)	1079 (98%)	1449 (98%)	1321 (97%)	1221 (96%)	1310 (97%)	1174 (97%)	1265 (97%)	1315 (94%)	1264 (97%)	1295 (98%)	899 (97%)	1085 (97%)	1086 (94%)
	Score denotes % of <b>Service Requests</b> resolved within the SLA target *(Resolved total can include SRs logged outside the month)	4855 (98%)	5048 (98%)	4566 (98%)	4980 (98%)	4916 (98%)	4924 (98%)	5254 (98%)	5223 (98%)	5387 (98%)	5290 (98%)	4238 (98%)	5417 (98%)	5299 (97%)
National Services - Standard	Score denotes % of <b>Incidents</b> resolved within the SLA target *(Resolved total can include Incidents logged outside the month)	675 (99%)	469 (99%)	314 (99%)	386 (100%)	367 (98%)	348 (99%)	407 (95%)	407 (99%)	458 (97%)	335 (98%)	276 (99%)	317 (96%)	328 (96%)
	Score denotes % of <b>Service Requests</b> resolved within the SLA target *(Resolved total can include SRs logged outside the month)	1407 (98%)	1388 (98%)	1047 (99%)	1211 (98%)	1203 (97%)	1178 (98%)	1397 (98%)	1248 (97%)	1401 (98%)	1102 (97%)	871 (99%)	1217 (97%)	1573 (98%)
Desktop Support Service - Critical	Total <b>Incidents</b> Resolved (% resolved within timescale)	1235 (95%)	1315 (94%)	1435 (95%)	1667 (94%)	1680 (94%)	1677 (96%)	1714 (96%)	1540 (96%)	1751 (94%)	1408 (96%)	1137 (96%)	1606 (96%)	1646 (97%)
	Total <b>Service Requests</b> Resolved (% resolved within timescale)	800 (96%)	1078 (94%)	989 (95%)	1166 (94%)	1034 (94%)	1091 (95%)	946 (94%)	980 (95%)	1123 (91%)	924 (96%)	745 (96%)	1064 (95%)	1020 (96%)

Performance Area	Metric	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
National GP Services - Critical	Calls Logged as <b>Incidents</b> (% resolved within timescale)	800 (99%)	1143 (100%)	1139 (99%)	970 (100%)	729 (99%)	742 (99%)	737 (99%)	863 (99%)	794 (99%)	1221 (99%)	977 (98%)	862 (99%)	TBC
	Calls Logged as <b>Service Requests</b> (% resolved within timescale)	299 (100%)	573 (100%)	658 (100%)	615 (99%)	745 (100%)	649 (99%)	621 (100%)	438 (100%)	408 (100%)	310 (99%)	253 (100%)	271 (98%)	TBC

**Summary:** The SLA target of 95% was not met in Feb'24 due to a process error by a service in the Proof of Concept (POC) phase.

IT Service Availability in February 2024  
was 99.995%  
with 5 MIs totalling 210 minutes of  
disruption across 8 services

IT Service Availability in 2023-24 to  
date is 99.983% with  
48 MIs totalling 6373 minutes of  
disruption across 42 Services

**SUMMARY:** Following review, the Service Availability Impact for each individual Service Outage is normalised to account the proportion of users impacted and key service functions impacted and justification approved by the Operational Services Board.

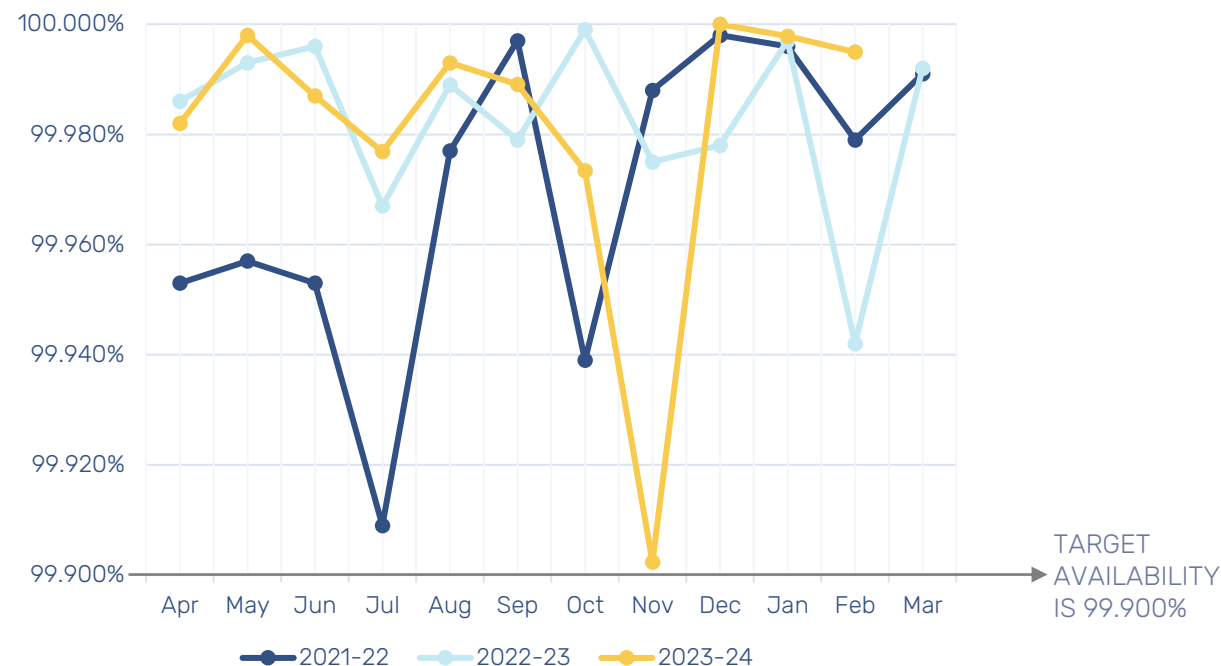
'Normalized Service Outage Minutes' = 'Service Outage Minutes' \* I \* U

Impact Factor (I): An adjustment from 0-1 where service is partially available to user with some key functions unavailable.

User Factor (U): An adjustment from 0-1 for where just a portion of the user base is impacted.

In future wider service issues around IT Service Availability, e.g. partial availability, start and end times, systematisation of data, Service Category (Critical /Standard), multiple impacts with staggered restoration, scheduled maintenance windows and alternative data sources will be reviewed.

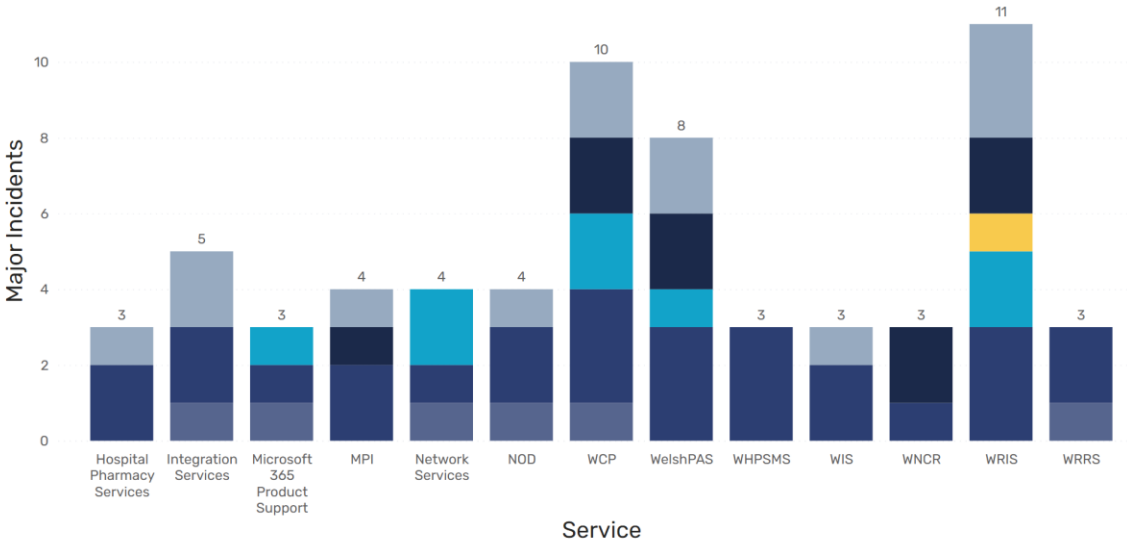
DHCW Service Availability Annual Comparison



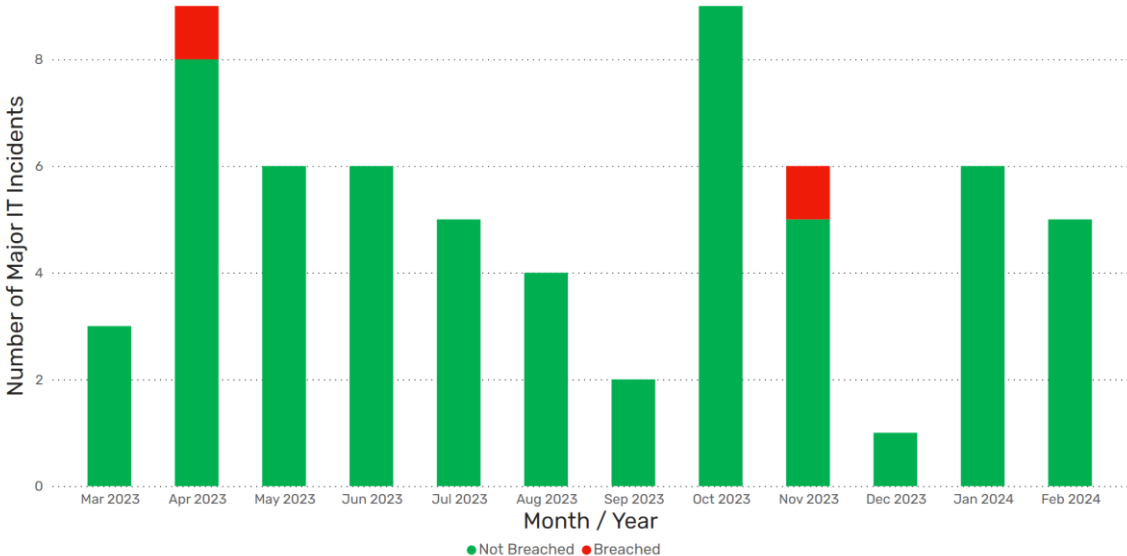
Note: (a) from 1<sup>st</sup> May 2023 to 31<sup>st</sup> August, service availability figures do not include the outages of Welsh Radiology Information System (WRIS) which are reported in the Major IT Service Incidents as WRIS is not a service hosted by DHCW (they are hosted in local organisations). From September those not caused by locally supported infrastructure are included.  
(b) From 1<sup>st</sup> June 2023 service availability figures include 50% of downtime for Major Incidents impacting service to users but where the service remained available.  
(c) From 1<sup>st</sup> December 2023 the figures for each outage will be normalised to account the proportion of users impacted and key service functions impacted.

Major Incidents by Service in Last 6 Months

Year Month ● September 2023 ● October 2023 ● November 2023 ● December 2023 ● January 2024 ● February 2024



Major Incidents per Month



Service	Rolling 6-month Availability	Last Month Availability
Welsh Clinical Portal (WCP)	99.648%	99.929%
My Health Online (MHOL) Patient Support	99.728%	100.000%
NHS Wales App	99.728%	100.000%
EMIS Web	99.730%	100.000%
Network Services	99.917%	100.000%
Integration Services	99.944%	99.776%
Microsoft 365 Product Support	99.955%	100.000%
Welsh Hospital Pharmacy Stock Management System (WHPSMS)	99.963%	100.000%
Master Patient Index (MPI)	99.967%	99.976%
Welsh Patient Administration System (WelshPAS)	99.969%	99.944%
Impacted Services		
Welsh Radiology Information System (WRIS)	99.976%	99.943%
Hospital Pharmacy Services	99.984%	99.976%
Welsh Immunisation System (WIS)	99.984%	99.976%

# Operational Performance | Major IT Incidents January (1 of 2)

Service(s) affected	Welsh Clinical Portal (WCP), Welsh Patient Administration System (WPAS), Welsh Nursing Care Record (WNCR)		Service Level: Clinical Critical	P2	Incident Ref: 8978861 Problem Ref: 29970, 29153
Date/Time Logged	16/01/2024 11:30	Date/Time Resolved	16/01/2024 11:39	Escalation Level	None
					Time to resolution: 9 mins Incident <b>did not breach</b> the 8 hour SLA target
Description	WNCR users in Betsi Cadwaladr University Health Board (BCUHB) reported patients lists failing to load. WelshPAS users also reported freezing and performance issues, with WCP users also affected. It was found that 5 long running stagnant database transactions needed to be terminated. Once the Database connections were terminated system functionality was restored. One P2 ticket was logged with DHCW.				

Service(s) affected	Master Patient Index (MPI), Welsh Clinical Portal (WCP)		Service Level: Clinical Critical	P2	Incident Ref: 8980567 Problem Ref: 29548
Date/Time Logged	16/01/2024 17:14	Date/Time Resolved	17/01/2024 12:55	Escalation Level	None
					Time to resolution: 45 mins Incident <b>did not breach</b> the 8 hour SLA target
Description	MPI demographic queries were unavailable to WCP Causing an error message. During operating system patching the MPI service did not reconnect gracefully to the database. One P2 ticket was logged with DHCW.				

Service(s) affected	Welsh Clinical Portal (WCP)*, Welsh Patient Administration System (WPAS)*		Service Level: Clinical Critical	P2	Incident Ref: 8982088 Problem Ref: 29976
Date/Time Logged	17/01/2024 12:01	Date/Time Resolved	17/01/2024 13:52	Escalation Level	None
					Time to resolution: 111 mins Incident <b>did not breach</b> the 8 hour SLA target
Description	Velindre University NHS Trust reported that not all patients were being returned into outpatient lists. Investigations found that patients with certain treatment types were not showing in the Outpatient list, WelshPAS Integration identified that these status types were excluded from the new Myrddin integration service method. A change was enacted to include the omitted treatment types into the integration feed restoring a full outpatient list view in WCP. One P2 ticket logged was logged with DHCW				



Operational Performance | Major IT Incidents January

(2 of 2)

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Service(s) affected	Welsh Radiology Information System (WRIS)**		Service Level: Clinical Critical	P1	Incident Ref: 8990100 Problem Ref:
Date/Time Logged	22/01/2024 10:24	Date/Time Resolved	22/01/2024 11:05	Escalation Level	None
					Time to resolution: 41 mins Incident <b>did not breach</b> the 4 hour SLA target
Description	Radiology users in the Princess of Wales Hospital Cwm Taf Morgannwg (CTM) UHB reported that WRIS was unavailable, users received an error message of 'Unable to connect to database'. The WRIS Team initially performed a restart however the restart was unsuccessful, and the team continued investigations. It was found that the database server was unavailable and CTM UHB Local IT were involved to troubleshoot. Local IT found that a network switch had failed, the switch was restored and in doing so WRIS users regained access. One single P1 ticket was logged with DHCW.				

Service(s) affected	Welsh Radiology Information System (WRIS)^		Service Level: Clinical Critical	P1	Incident Ref: 8992722 Problem Ref: 24799
Date/Time Logged	23/01/2024 09:10	Date/Time Resolved	23/01/2024 09:18	Escalation Level	None
					Time to resolution: 8 mins Incident <b>did not breach</b> the 4 hour SLA target
Description	User in Cardiff and Vale UHB reported that they were unable to access WRIS. Investigations identified that this related to a known error with the Service, the root cause of which remains under investigation, however a restart of the service on the primary webserver restored access. One single P1 ticket was logged with DHCW.				

Service(s) affected	Welsh Nursing Care Record (WNCR)		Service Level: Clinical Critical	P2	Incident Ref: 8996585 Problem Ref: 30015, 30016
Date/Time Logged	24/01/2024 11:10	Date/Time Resolved	24/01/2024 11:40	Escalation Level	None
					Time to resolution: 30 mins Incident <b>did not breach</b> the 8 hour SLA target
Description	Users across Wales reported that they were unable to access the WNCR system. Investigations established that the WNCR Database servers were unavailable. The physical server hosting the WNCR Database Virtual Machines had been powered down as part of a planned change. Data Centre Services were unaware that WNCR was using the host server as primary. One P2 ticket was logged.				

# Operational Performance | Major IT Incidents February (1 of 2)<sup>14</sup>

Service(s) affected	Welsh Radiology Information System (WRIS)^		Service Level: Clinical Critical	P1	Incident Ref: 9029476 Problem Ref: 19407
Date/Time Logged	08/02/2024 15:00	Date/Time Resolved	08/02/2024 15:05	Escalation Level	None Time to resolution: 5 mins Incident <b>did not breach</b> the 4 hour SLA target
Description	Swansea Bay UHB (SBUHB) reported that users throughout the health board were unable to access the WRIS Service, with existing sessions terminated and new sessions unable to log in. The service was restarted. The error message being displayed, was related to a known problem within the system. Upon restart of the service, the WRIS team found that access had been restored however the application was running slower than expected. Recycling the application pool reduced the RAM usage improving application log in times. One P1 ticket was logged with DHCW.				
Service(s) affected	Welsh Clinical Portal (WCP)		Service Level: Clinical Critical	P2	Incident Ref: 9040815 Problem Ref: -
Date/Time Logged	15/02/2024 10:19	Date/Time Resolved	15/02/2024 10:41	Escalation Level	None Time to resolution: 22 mins Incident <b>did not breach</b> the 8 hour SLA target
Description	Users in Velindre University NHS Trust reported severe application slowness for all users when trying to access the WCP. Investigations identified a database performance issue caused by a query resulting in database blocking. The query was stopped and WCP returned to expected levels of responsiveness. One P2 ticket was raised with DHCW.				
Service(s) affected	Welsh Clinical Portal (WCP), National Operational Databases (NOD)*		Service Level: Clinical Critical	P2	Incident Ref: 9049123 Problem Ref: 30129
Date/Time Logged	20/02/2024 11:19	Date/Time Resolved	20/02/2024 12:10	Escalation Level	None Time to resolution: 51 mins Incident <b>did not breach</b> the 4 hour SLA target
Description	Users from across NHS Wales reported severe slowness and errors when attempting patient searches within the WCP. Investigations identified that WCP slowness was aligned with Clinical Data Repository (CDR) SQL database issues. Large numbers of query compilations were observed. As the numbers of queries dropped, expected levels of responsiveness returned. A change was enacted to reduce the central processing unit overhead of this query process. 11 P2 tickets were received by DHCW.				

Service(s) affected	Integration Services, Welsh Patient Administration System (WelshPAS), Welsh Immunisation System (WIS), Welsh Radiology System (WRIS), Master Patient Index (MPI), Hospital Pharmacy Services, Welsh Clinical Portal (WCP).			Service Level: Infrastructure Critical	P2	Incident Ref: 9049082 Problem Ref: 30127
Date/Time Logged	20/02/2024 11:19	Date/Time Resolved	20/02/2024 12:01	Escalation Level	None	Time to resolution: 42 mins Incident <b>did not breach</b> the 8 hour SLA target
Description	Monitoring showed that multiple message flows had stopped sending. Investigations identified a reboot of the secondary node for scheduled patching activity, this caused a loss of quorum, leading to databases on the primary node becoming temporarily unavailable. Following review, pre-implementation steps for SQL patching windows have been established. One P2 ticket was logged.					

Service(s) affected	Integration Services, Welsh Patient Administration System (WelshPAS), Welsh Radiology System (WRIS)			Service Level: Infrastructure Critical	P2	Incident Ref: 9054313 Problem Ref: 30139
Date/Time Logged	22/02/2024 10:33	Date/Time Resolved	22/02/2024 11:29	Escalation Level	None	Time to resolution: 56 mins Incident <b>did not breach</b> the 8 hour SLA target
Description	Monitoring showed that multiple message flows had stopped sending. Investigations identified that during routine monthly patching the SQL databases failed over as expected, but the applications did not re-connect gracefully. Investigations are ongoing to identify the root cause. One P2 ticket was logged.					

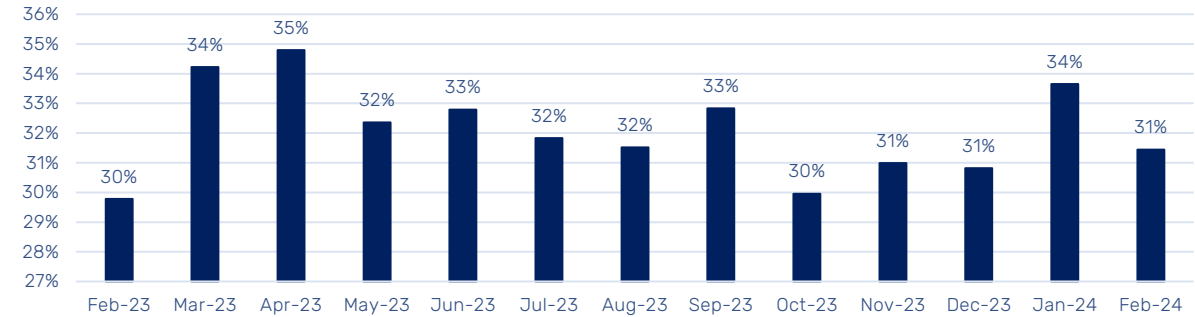
	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Total Telephone Calls – English	5495	6663	5482	5671	5695	5354	5831	6316	5336	4307	3527	5253	5076
Total Telephone Calls – Welsh										117	83	85	49
% Abandoned Calls – English	7.5%	3.8%	4.2%	2.4%	2%	2.2%	4.6%	6%	1.3%	1.9%	0.8%	0.9%	1.6%
% Abandoned Calls – Welsh										20.5%	1.2%	2.4%	3.1%
Average Speed of Answer (Seconds) (Target 30 sec)	19.0	11.5	6.0	8.5	7.5	7.5	10.5	16.1	7	14.5	19.5	11	10.25

## Commentary:

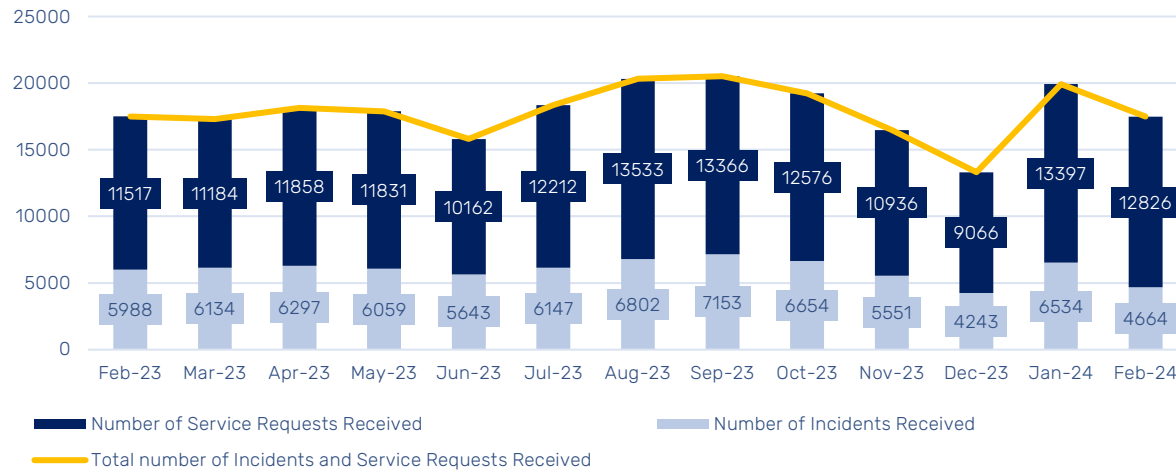
Ticket and telephone call volumes have returned to normal levels following the quiet Christmas period. Service Desk figures are in line with expected levels compared to the same time last year.

Abandoned calls rate increased slightly to 1.6% for the English call line and 3.1% for the Welsh line but are within target. The spike in the November Welsh Abandoned calls is a result of teething issues with the new implementation.

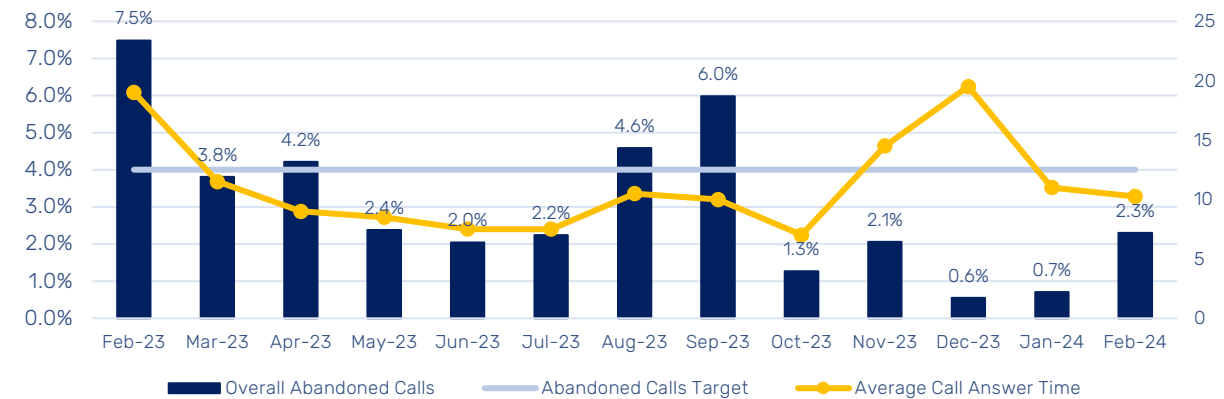
First Line Resolution Fix Rate



Incidents and Service Requests Received



Telephone Abandoned Calls and Call Answer Times



## Clinical Incidents

There are 5 ongoing Clinical Incident investigations, including one which was logged in January. One investigation was closed in February.

### In January,

- DHCW received seven Freedom of Information (FOI) Act requests, two Subject Access Requests (SAR), one Environmental Information Regulation request and one request under Schedule 2 of the Data Protection Act.
- Three FOIs, one SAR and one request under Schedule 2 of the Data Protection Act was responded to.

### In February

- DHCW received seven FOIs one SAR, and one other individual right request.
- DHCW responded to ten FOIs, one Environmental Information Regulation (EIR) request and one individual right (IR) request.

All requests were responded to within the statutory timescales. A summary of the responses are provided on the next slide.

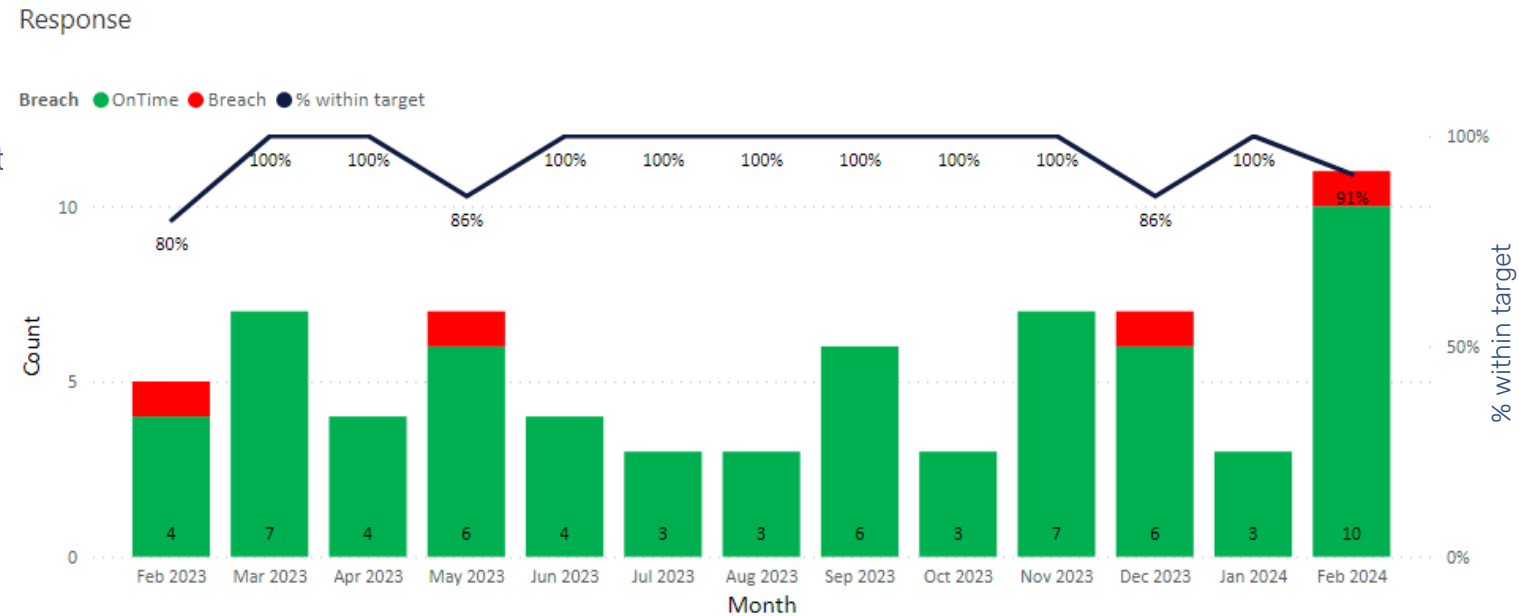


Diagram is for responses to Freedom of Information Act requests only.



Number	RAG	Status
1	Green	Complete
23	Yellow	The action is on target for completion by the agreed date
0	Orange	The action is not on target for completion by the agreed date
1	Red	The implementation date has passed, and management action is not complete
25	Open Actions	

Following advice from Internal Audit, one action which is dependent on a third party is being managed via a separate log where it can be tracked.

At the end of December 2023, there were 32 open actions, of which 19 were recorded as having a **GREEN** 'complete' status and 13 marked as on target for completion.

The Audit & Assurance Committee received 4 reports in February 2024 which contained a total of 12 actions, these have been added to the Audit Action Log which now contains a total of 25.

Progress has been made against these recommendations with actions being updated. One action has been marked as having a **GREEN** 'complete' status, one action has been marked as **OVERDUE** and the remaining 23 actions are **ON TRACK** for completion by the agreed date.

## Key Matters for Consideration of this Meeting

- Following the Audit & Assurance Committee meeting in February, a further 12 actions were added to the Audit Action Log.
- The majority of audit actions have been updated.
- One further action has been marked as having a **GREEN** 'complete' status.
- One action is marked as **OVERDUE**.
- The remaining 23 actions are **ON TRACK**.



## Progress:

### NHS Wales Partners

- A partnership workshop was held with Aneurin Bevan UHB to understand needs and a set of follow-up actions has been taken.
- Recommendations were made regarding Exec engagement with HBs going forward to include a workshop approach.

### Commercial Partners

- Schedule of strategic engagement being developed with agreed priority partners to drive further value from relationships, support management of risk and identify opportunities.
- Mapping and profiling being undertaken for each. Meetings were held with Phillips and EMIS, and an internal mapping session around Microsoft is scheduled.

### Other Partnerships

- Defined partnership categories and priorities following Board Development session.
- Joint workplan with Life Sciences Hub Wales being finalised.

### Stakeholder Relationship Management System (SRM)

- Pilot in development to run from March to August, to improve visibility and intelligence on our stakeholder engagement, covering six external facing DHCW Teams.
- Working group established to support pilot and review.

### Stakeholder Review

- Invitation to Tender (ITT) was re-issued and is currently at evaluation phase. Once awarded the supplier will work with the working group to design and release the survey and interviews in Q1.

### Digital Inclusion (DI)

- The next DHCW DI Working Group meeting will be held on 21st March
- Alignment meeting with HEIW and discussed national approach to DI at Directors of Digital.
- Two strategic sessions on Digital Inclusion and Governance were held on 6th February.

### Engagement Plans and Support

- The team are currently supporting development of engagement plans, for R&I, LIMS, and activity for Eyecare.

### NHS Wales Strategic Engagement Meetings:

Date	Organisation
17th January 2024	Powys Teaching Health Board (PTHB)
14th February 2024	Cardiff & Vale UHB (being rescheduled)
20th February 2024	Health Education and Improvement Wales (HEIW)
23rd February 2024	Betsi Cadwaladr UHB (rescheduled from 7th Feb)
28th February 2024	NHS Wales Shared Services Partnership

### Commercial Strategic Engagement Meetings:

Date	Organisation
13th February 2024	EMIS
26th February 2024	Philips

### Other Strategic Engagement Activities:

Date	Organisation
16th January 2024	Strategic Programme for Planned Care
18th January 2024	DHCW Prof. Network Engagement & Comms
30th January 2024	DI and HEIW
6th February 2024	Directors of Digital

Date	Organisation
17 <sup>th</sup> January 2024	Swansea Bay University Health Board (SBUHB)
18 <sup>th</sup> January 2024	NHS Wales Shared Services Partnership (NWSSP)
22 <sup>nd</sup> January 2024	Health Education Improvement Wales (HEIW)
29 <sup>th</sup> January 2024	NHS Wales Executive
1 <sup>st</sup> February 2024	Welsh Ambulance Services Trust (WAST)
2 <sup>nd</sup> February 2024	Hywel Dda University Health Board (H DUHB)
5 <sup>th</sup> February 2024	Betsi Cadwaladr University Health Board (BCUHB)
7 <sup>th</sup> February 2024	Powys Teaching Health Board (PTHB)
8 <sup>th</sup> February 2024	Public Health Wales (PHW)
9 <sup>th</sup> February 2024	Cardiff & Vale University Health Board (CVUHB)
14 <sup>th</sup> February 2024	Cwm Taf Morgannwg University Health Board (CTMUHB)
27 <sup>th</sup> February 2024	Velindre University NHS Trust (VUNHST)
12 <sup>th</sup> March 2024	Aneurin Bevan Health Board (ABUHB)
22 <sup>nd</sup> April 2024	NHS Executive

***\*\*W/C 11/03/2024 – All Q4 SLA Review Meetings to be scheduled for April.***

## Summary:

Customer Satisfaction levels remain above target at **96%**.

### Digital Health and Care Wales – Technium –

*Problem was resolved quickly and with minimum fuss.*

### Health Education and Improvement Wales –

*The member of staff was very friendly, knowledgeable and helpful.*

### NWSSP – IP5 Stores –

*The service was really quick and so helpful. The problem was resolved within a few minutes of my call. The person was very patient with me as well.*

### Hywel Dda University Health Board–

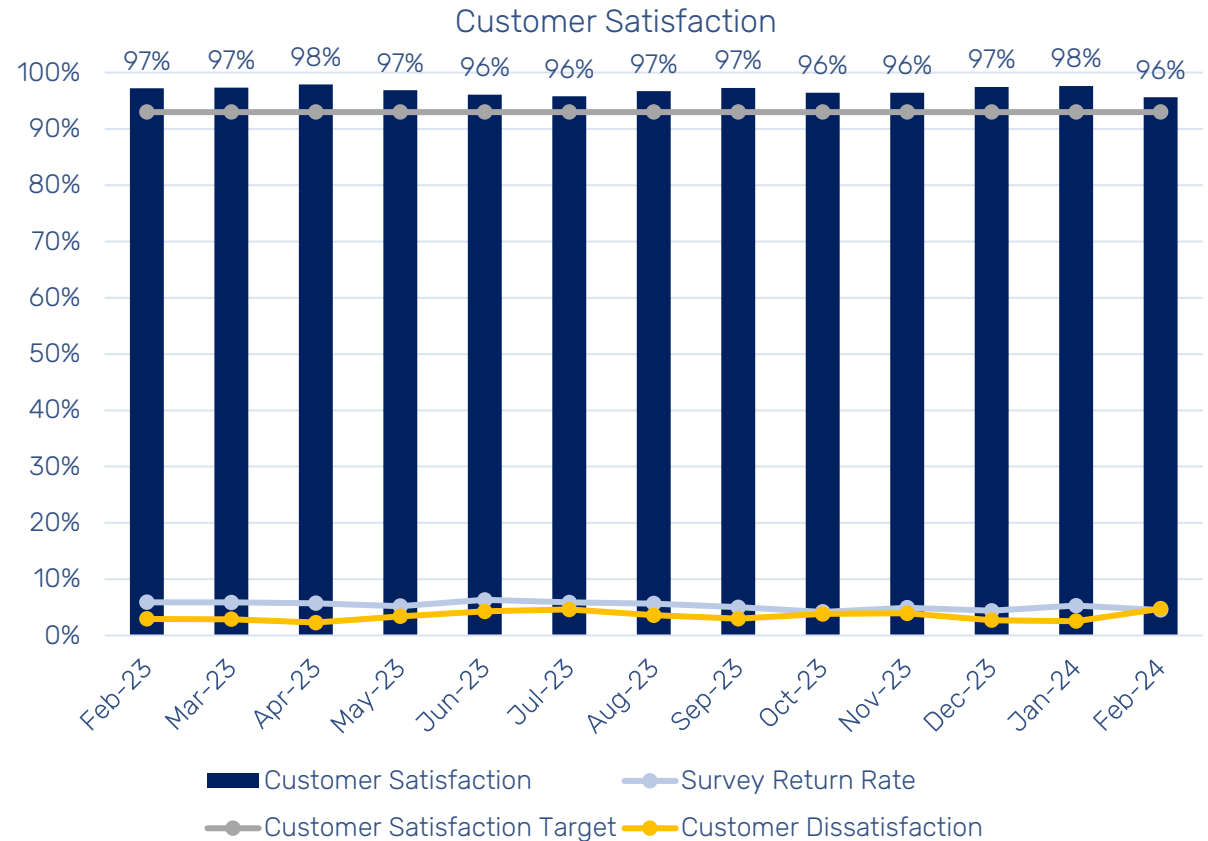
*The person helping me was very patient, calm and helpful. Also, the service was very prompt, I didn't have to hang around waiting for the call to be answered.*

### Betsi Cadwaladr University LHB–

*Friendly person with clear instructions on the issue to help me obtain VPN use.*

### NWSSP – Cwmbran House (Pontypool) –

*Very helpful, efficient and patient.*



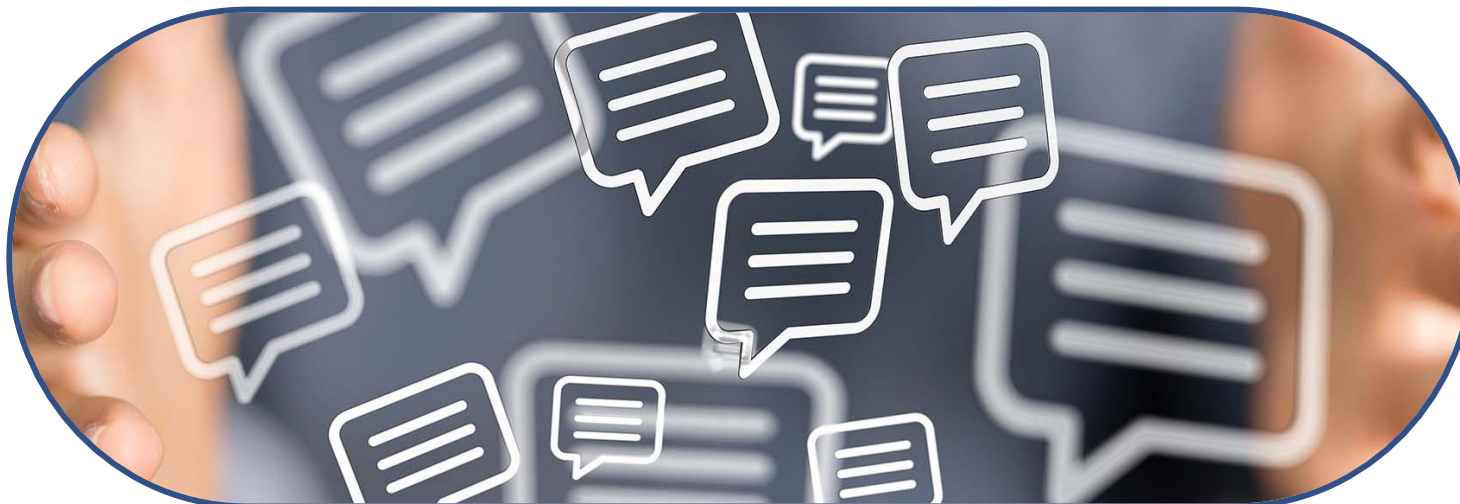
*The previous 12-month data for customer satisfaction has been amended due to a change in how 'undecided' responses to the ServicePoint surveys are included. They were previously included in 'Dissatisfaction' scores, but now included in 'Satisfaction' scores.*

*In the previous report December's satisfaction score was reported as 99%. This has been identified as a data error and has been amended.*

# Engagement | Business Change Team - Feedback

"Thanks, I think as we start using the antenatal portion it will prove very helpful to us." (BCUHHB)  
- WCP WISDM

"Discussing the 2.4 release functionality and in particular the 'Reopen' option to open assessments. This is amazing we really need this thank you." - Betsi Cadwaladr (WNCR)



"I like that everyone is involved and you create an amiable environment for all presenters. Your constructive feedback also stood out for me."  
- National (Change Ambassador Programme)

"Thanks for explaining the other accessibility options, the predicated text remembers all my previous words and is fantastic. It's made my life so much easier." - Betsi Cadwaladr (WNCR)

"Highlighted Inpatient note filtering and Bowel Assessment RA Filter. This is really good, I have been using WNCR but didn't know about these, this will be very useful thank you." - Betsi Cadwaladr (WNCR)



GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

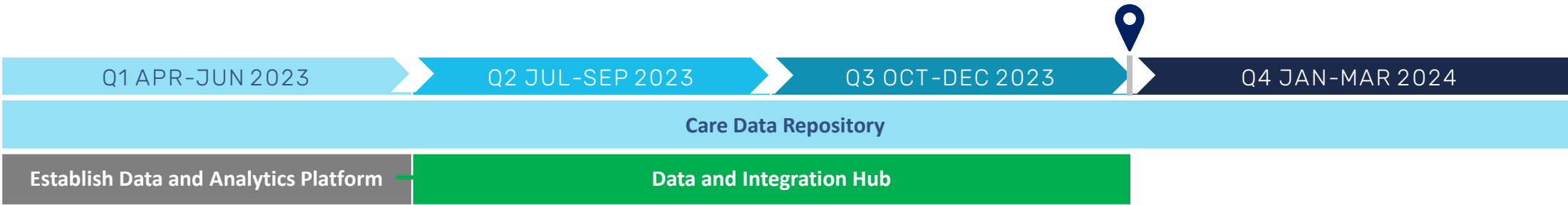
# INTEGRATED ORGANISATIONAL PERFORMANCE REPORT (IOPR)

## Quarter 3 Portfolio Reports

# MISSION 1: PROVIDE A PLATFORM for enabling digital transformation

## PORTFOLIO 1.1: DATA PLATFORM AND REFERENCES SERVICES:

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



### CURRENT PORTFOLIO STATUS

All milestones for completion by the end of Q3 have been achieved and the Portfolio Status is on track to deliver the remaining milestones for the year.

#### DELIVERY:

**Plan for the redesign of the NHS Wales data dictionary.** The requirement has been incorporated into the scope of the National Data and Analytics Platform/Data Catalogue & Data Standards project, which is in the early stages of initiation.

**Patient locations and Products in relation to Scan for Safety.** The standard has been developed and a draft Digital Standards Changes Notice (DSCN) for Global Location Number (GLN) and Global Trade Identification Numbers (GTINs) was taken to the Welsh Information Development Group (WIDG).

**Establish Data and Integration Hub on a Cloud Platform.** The Data Platform Set-up Project, which involved the Minimum Viable Product (MVP) development work, reached completion of the capability build and the relevant folder structure, on August 1<sup>st</sup>, 2023. Further development work will be subject to requirements being scoped and agreed.

#### IMPACT:

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

#### SITUATIONS OF NOTE:

There are no situations of note in this reporting period.



# MISSION 1: PROVIDE A PLATFORM for enabling digital transformation

## PORTFOLIO 1.2: OPEN ARCHITECTURE AND INTEROPERABILITY

We will continue with extending our architectural building blocks and Application Programming Interfaces (APIs) and develop our open architecture onboarding.



### CURRENT PORTFOLIO STATUS:

The **API platform team** will manage the Google Apigee 'API Gateway' and demand for new APIs (for development and ongoing improvements by respective product teams) is now fully formed. Engagement products have been delivered, including API catalogue and specifications; key provisioning and onboarding process is being evolved, with supplier support.

The majority of additional **product roadmaps** are on track to be delivered this year. However, some milestones for Clinical Data Engine Business Case and Genomics Roadmap have been reforecast, due to resource availability. The Welsh Care Records Service roadmap, an unfunded milestone, has been moved to next year, due to the reprioritisation of architecture work.

DELIVERY:	IMPACT:
<p>There has been ongoing <b>API</b> beta participation with Aneurin Bevan University Health Board (ABUHB) and electronic Prescribing and Medicines Administration (ePMA) supplier. There are also ongoing conversations with Cardiff &amp; Vale University Health Board, Velindre Cancer Centre, Welsh Blood Service and Digital Services for Patients and the Public (DSPP). Support from the DHCW Communications team has been agreed, to provide some editorial oversight of the website, before being made publicly available.</p> <p>The Technical Design Authority continues to lead on <b>establishing architecture principles</b> and steer the enterprise architecture. A business case for The Clinical Data Engine has been drafted for review. As part of the beta process, the beta support team are working with Cardiff and Vale University Health Board on the governance process, for using diagnostic information through the Welsh Results Reports Service API.</p>	<p>Providing a clear and proportionate process, allowing organisations to access the open architecture in a safe, secure and compliant way.</p> <p>Our architecture will become available to partners and our suppliers in a controlled, secure, and rules-based approach.</p>

SITUATIONS OF NOTE:
None

# MISSION 1: PROVIDE A PLATFORM for enabling digital transformation

## PORTFOLIO 1.3: PROTECTING PATIENT DATA

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



### CURRENT PORTFOLIO STATUS:

All milestones are on track to be achieved by the end of Q4, including the feasibility study of the API management layer, as a candidate for extracting audit data for NIIAS, which is underway. This would result in reconfiguration of the connection topology and shape future procurement.

DELIVERY:	IMPACT:
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There were multiple significant achievements in Q3, including the awarding of contracts for the Information Sharing Gateway tool and NIIAS. The Service Level Agreement for GP Data Protection Officer Service was updated and reviewed.	Patients have assurance that their private data is protected.
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### SITUATIONS OF NOTE:

There are long-term funding risks for NIIAS, following the current 3-year contract commitment.

# MISSION 1: PROVIDE A PLATFORM for enabling digital transformation

## PORTFOLIO 1.4: SUSTAINABLE AND SECURE INFRASTRUCTURE

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

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



### CURRENT PORTFOLIO STATUS:

Neither the **Data Centre 2 Transition (DC2T) activities** nor the **Cyber** Business case has been funded by Welsh Government at this point, however, the DHCW Finance team has secured internal funding for the DC2T project.

**Cloud Plan and Business Case:** Work to develop outline costs and a high-level plan is progressing well. A high-level approach and plan was presented to DHCW Executives in December.

**Cyber Plan:** The Security Incident and Event Monitoring (SIEM) procurement has commenced. Work continues to progress other elements of the Cyber Plan, which do not require additional funding.

**Data Centre 2 Transition:** There was a pause on network changes during December, due to the need to undertake a major incident review; a revised plan has incorporated recommendations from the review and network changes will recommence in January.

DELIVERY:	IMPACT:
<p><b>Cloud Plan and Business Case:</b> A high-level approach and plan was presented to DHCW Executives in December.</p> <p><b>Cyber Plan:</b> The SIEM procurement started.</p>	<p>This provides confidence that systems are protected and available when needed.</p>

### SITUATIONS OF NOTE:

The **DC2T** project experienced complex issues, during the stages to integrate the new network, to existing networks and circuits. Network changes required for the DC2T Project have been paused during December, to allow for a major incident review to be undertaken, as noted above. The recommendations have been incorporated into forward planning for the project and work is anticipated to recommence in January, however the risk remains that the transition may slip into next financial year.

# MISSION 2: DELIVER high quality digital products and services

## PORTFOLIO 2.1: PUBLIC HEALTH

- The Public Health strategy in Wales aims to improve health and well-being and reduce health inequalities, particularly in light of challenges such as aging populations, long-term conditions, wealth disparities, and emerging threats such as antimicrobial resistance and infectious diseases.
- We will continue to deliver any planned Covid-19 requirements as they arise through the Welsh Immunisation System (WIS)
  - We will undertake discovery work around digital options for the national Vaccine Transformation Programme.
  - We will support Public Health Wales (PHW) screening service requirements



### CURRENT PORTFOLIO STATUS:

**Welsh Immunisation System & CYPRIS:** Resourcing constraints mean that key technical resources are being shared between WIS and CYPrIS which is impacting the cadence of work.

**National Immunisation Framework:** The completion of the National Immunisation Framework discovery has been re-forecast to February and accepted by the Vaccine Oversight Board.

### DELIVERY:

**National Immunisation Framework:** The discovery has resumed, and the first interim report was received in December.

### IMPACT:

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

### SITUATIONS OF NOTE:

**Welsh Immunisation System:** The first planning assumptions for a potential Spring COVID vaccination campaign were received by DHCW on December 19<sup>th</sup>. Further detail is required to plan a response; the JCVI confirmed the Spring COVID vaccination booster campaign in February.

**Newborn Hearing & Bloodspot Screening:** PHW have agreed to a re-platform of Newborn Hearing Screening with no changes to the application functionality. This will now be taken through DHCW's governance process.

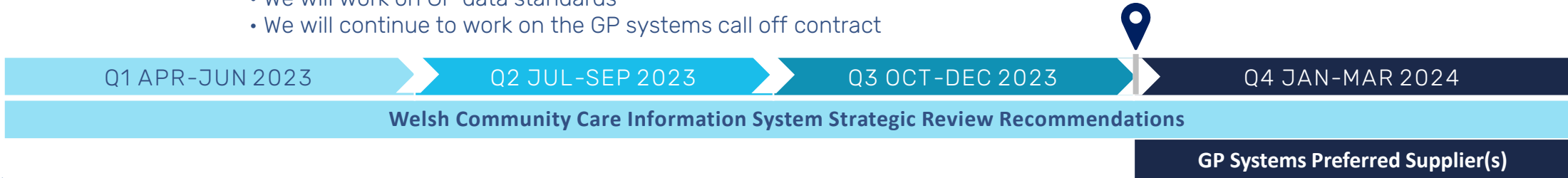
**CYPrIS:** We have had confirmation that the Child Health discovery will not go ahead; as a consequence of this, next year's IMTP for CYPrIS is likely to focus on system maintenance.

# MISSION 2: DELIVER high quality digital products and services

## PORTFOLIO 2.2: PRIMARY, COMMUNITY AND MENTAL HEALTH

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

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



### CURRENT PORTFOLIO STATUS:

**Primary Care – GP Systems:** An extension to the standstill period for the GP Systems contract was agreed, to enable one of our suppliers to consider their status in Wales, following the mini-competition outcome. Planning for 112 migrations between suppliers has commenced; this includes engagement with internal teams, to assess the resource impact. External engagement will follow. (Update January 2024: the supplier has confirmed its decision to withdraw from the next contract to provide GP systems in Wales, therefore, 198 practices will need to migrate clinical system).

**WCCIS:** Exit discussions have been initiated, however the supplier cites a need for clarity in certain areas, before they are able to commit to further work. Preparatory work on the Mental Health dataset continues. Additional funding will be required to initiate Q4 Phase 2 activities.

### DELIVERY:

**Primary Care – GP Systems:** The mini-competition process has concluded, with all GP practices participating. Suppliers have been notified of the outcome. The Primary Care Strategy (2024-27) has been approved by the DHCW Board and will be published to stakeholders, shortly. The design to enable dental referrals to flow from primary to secondary care, via the national architecture has been completed.

**WCCIS:** The production of a procurement approach for Local Authorities is to follow. A Senior Architect (contractor) has been recruited. An agreement has been reached to move forward with procurement preparations with Powys County Council and Betsi Cadwaladr University Health Board (BCUHB), as first adopters.

### IMPACT:

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

### SITUATIONS OF NOTE:

**Primary Care:** The outcome of the mini-competition process will require additional funding to be made available for practice migrations and is set to have a significant impact on resources, as well as potential effect on other national programme delivery.

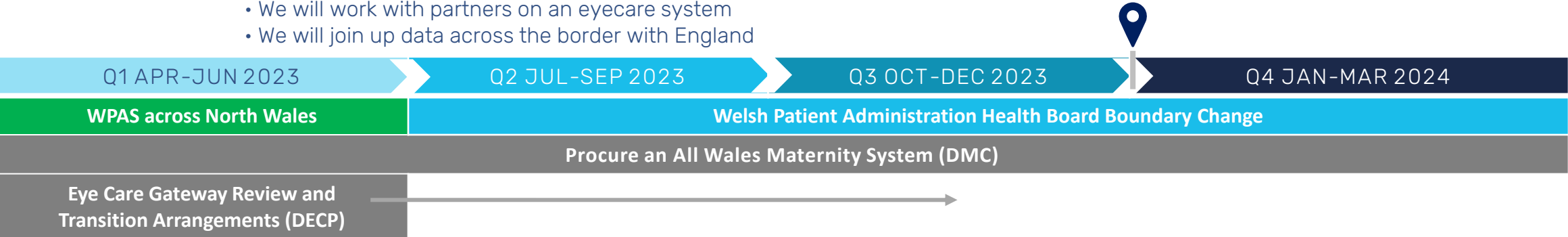
**WCCIS:** If further funding is not found in Q4, phase 2 procurement work and the discovery work necessary to prepare for data migration activities will not be initiated. The team are exploring a number of avenues with Welsh Government to access the additional funding.

MISSION 2: DELIVER high quality digital products and services

PORTFOLIO 2.3:  
PLANNED CARE

The vision for planned care in Wales aims to better meet the clinical need of the patient from effective referral through to accessing appropriate treatment at the right time and place. DHCW plays a role in this by supporting the administration of patients along their journey of care, through systems such as our Welsh Patient Administration System (WPAS) and electronic prioritisation of referrals, plus standardisation of core datasets and provision of analysis and insight for service re-design.

- We will implement our WPAS roadmap
- We will procure a national maternity system
- We will work with partners on an eyecare system
- We will join up data across the border with England



CURRENT PORTFOLIO STATUS:

**Digital Maternity Cymru (DMC)** : An Outline Business Case (OBC) has been drafted, which requires approval prior to procurement. A review with Welsh Government Policy teams was held in January 2024, to identify the approach and expectations. **WPAS**: There are 22 national services which will be impacted by the boundary change, and it has been identified that a quarantined test environment is required. This will be a new environment that will allow some national services to be safely tested. **Digital Eye Care Programme (DECP)**: Following the recommendation not to novate the contract, the programme remains on hold. Several potential strategic options have been identified.

DELIVERY:	IMPACT:
<b>DMC</b> : The OBC has been drafted and is undergoing an internal review, prior to submission to Programme Board. Recommended changes to the statement of requirements are being reviewed and a review of programme governance is underway. <b>WPAS</b> : Data migration cycle 2 is complete and cycle 3 is being planned. The DHCW Governance Board has been stood up and held its first meeting. The proposed go-live date is in May 2025. A Master Patient Index (MPI) link for Cwm Taf Morgannwg (CTM) has been agreed to be implemented, prior to go-live. Workshops with CTM and Swansea Bay University Health Board (SBUHB) continue. <b>DECP</b> : Extensive stakeholder engagement has been undertaken to discuss the Programme status and potential options. A second meeting with senior managers at NHS Education Scotland revealed similar concerns with the system supplier and in house development of the solution. A Change request has been submitted to the Welsh Government, for full year costs.	An improved, integrated view of care activity, including maternity and eye care. WPAS, now a single instance across North Wales, allows the common and consistent recording of patient administration data in secondary care. This is positive for patient safety and communication, across the region.

SITUATIONS OF NOTE:

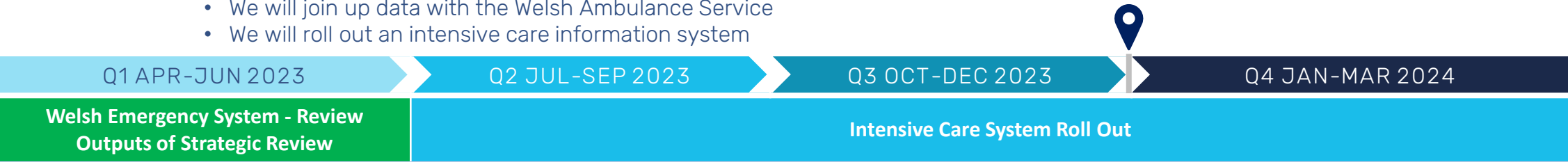
**DMC**: There is a risk around pan-Wales buy-in/approval of OBC and implications for the Programme. **WPAS**: The projected completion is May 2025; however, the current funding expires in March 2025. If the timeline cannot be shortened, additional funding will need to be secured. **DECP**: There are significant issues to overcome, including commercial, the strategic approach and funding. The Senior Responsible Officer has formally stepped down; the Welsh Government will appoint a Chair, under new governance.

# MISSION 2: DELIVER high quality digital products and services

## PORTFOLIO 2.4 URGENT AND EMERGENCY CARE

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

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



### CURRENT PORTFOLIO STATUS:

**Welsh Intensive Care Information System (WICIS):** The second health board was scheduled to be CTM who indicate that they will not be ready; BCUHB have affordability concerns. A readiness to proceed (RP1) payment has been made to the supplier.

**WEDS:** The future of Emergency Department solutions across Wales is being discussed within the project, however, it is not within the scope of the WEDS project to determine the next steps.

DELIVERY:	IMPACT:
<p><b>WICIS:</b> The project is part way through a delayed User Acceptance Testing (UAT) &amp; Validation testing. The projected first go live at the Grange Hospital will be re planned once UAT concludes. ABUHB is working on associated standard operating procedures (SOPs) and business change activity</p> <p><b>WEDS:</b> Commercial discussions are underway with supplier following SBUHB’s decision not to extend the roll out of the system to Morriston hospital.</p>	<p>Emergency care clinicians have access to the right information to help triage and direct patients to the right services. Intensive care clinicians will use less paper and have a better view of capacity and variation across Wales.</p>

### SITUATIONS OF NOTE:

**WICIS:** The first go live in ABUHB was delayed to allow more time for UAT, Patient Safety review, and creation of revised SOPs. Health Board Chief Executives have been asked to re-commit to implementing WICIS before end of 2024/25. There is a financial implication to this which the project has requested support from Welsh Government to address.

**WEDS:** There are ongoing discussions with the supplier.



# MISSION 2: DELIVER high quality digital products and services

## PORTFOLIO 2.5: DIAGNOSTICS

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

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



### CURRENT PORTFOLIO STATUS:

**LIMS2.0:** The initial solution contractual milestone has been met, along with second milestone, The mobilisation phase was concluded at the end of November 2023 and the programme moved into the Launch phase. **RISP:** All Local Deployment orders have been signed. Plans have been received from the supplier and are under review.

### DELIVERY:

**LIMS2.0:** The reference solution was delivered ahead of plan. A formal launch event for the contingency plan/programme was delivered in readiness for 'Set-up/Launch' to commence in January 2023. The team has completed two ' Early look' sessions with over 200 stakeholders from Health Boards, Trusts and DHCW.

**RISP:** An order was placed for a Public Sector Broadband Aggregation (PSBA) link. Project commencement meetings were completed with BCUHB and PHW. Contract extensions were signed and Welsh Refence Data Terminology Server (WRTS), Welsh Results Reporting Service (WRRS) and Authentication Software Architecture Documents were approved.

### IMPACT:

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

### SITUATIONS OF NOTE:

**Diagnostics :** Health Boards will need to allocate sufficient resources to carry out readiness activities so as not to compromise service delivery. **LIMS2.0:** will need to minimise configuration changes, all deployment must be completed by August 2025. **RISP:** The Supplier was unable to provide a joint RIS and Picture Archiving System (PACS) plan and the two plans do not align. The PSBA link will not be in place in time; DHCW are working with the supplier on mitigation as this is on the critical path.

# MISSION 2: DELIVER high quality digital products and services

PORTFOLIO 2.6:  
MEDICINES

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



CURRENT PORTFOLIO STATUS:

A Q3 Electronic Prescription Service (EPS) milestone to complete EPS early adopter has been moved to Q4. **Primary Care Electronic Prescription Service (EPS)**, a Service Proof of Concept (SPoC) commenced on 7th November. **Secondary Care electronic Prescribing and Medicines Administration (ePMA)** Invitation To Tenders (ITTS) have all been published by end of December 2023. **Shared Medicines Record (SMR)** “medicines on admission” requirements have been captured. The **NHS Wales App** medicines features developments have started. The federated GP medicines, GP Allergies and Discharge Medicines Application Programming Interfaces (APIs) are available for beta testing with ePMA national framework suppliers.

DELIVERY:	IMPACT:
<p><b>Primary Care Electronic Prescription Service (EPS) Programme:</b> The SPoC go live on November 7<sup>th</sup> in Rhyl (<i>Lakeside Medical Practice and Wellington Road Pharmacy</i>) <i>was followed by a visit by the Minister for Health and Social Services on November 16<sup>th</sup>.</i> This has removed the need to print a GP prescription. The programme is continuing to support sites to increase throughput to exit the SPoC phase in Q4 and are engaging with the next sites to go live. The Community Pharmacy System Innovation Fund (CPSIF), is managed for us by Life Sciences Hub Wales to incentivise innovation in digital pharmacy systems. Following the third round of applications, from all pharmacy system suppliers in Wales, two new entrants have been awarded grants or made a firm commitment to develop their system to support EPS in Wales.</p> <p><b>Secondary Care electronic Prescribing and Medicines Administration (ePMA) Programme:</b> Health Boards and Velindre University NHS Trust are making good progress with the procurement of their ePMA systems. All Invitation to Tenders (ITTs) were published by end of December 2023.</p> <p><b>Patient Access Project:</b> Software development on NHS Wales App “prescription ready push notification” feature has completed, and testing is to commence in January. This will inform a patient when their GP prescription is ready from their community pharmacy. Development has started to enable a patient to nominate a community pharmacy in the NHS Wales app to receive their GP prescription.</p> <p><b>Shared Medicines Record (SMR) Project:</b> The project is working with ePMA suppliers to test data and information sharing with the SMR; working with systems, which record patient medicines and allergies information and make these available in the SMR.</p>	<p>Making the prescribing, dispensing and administration of medicines everywhere in Wales, easier, safer, more efficient and effective through digital. Enabling modernisation of medicines management, reducing dispensing errors and improving outcomes.</p>

SITUATIONS OF NOTE:

A finance proposal to defer/release funding has been accepted by the Welsh Government. Revenue funding deferred has been carried over into DMTP’s 2024-25 financial year budget. Delivery of Phase 1 national APIs and integrations are required for ePMA go-lives. These are available for beta testing. The delivery of the Shared Medicines Record (SMR) platform has moved from September 2023 to March 2024. One GP supplier has confirmed that EPS functionality will not be available in their product to start assurance activities before summer, 2024. This will impact assurance and testing, which will take several months before EPS can be used by GP practices, using this supplier.

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

PORTFOLIO 3.1:  
ENGAGING WITH  
USERS: HEALTH  
AND CARE  
PROFESSIONALS

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

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



CURRENT PORTFOLIO STATUS:

**Cancer Programme:** A new solution with the screening/colposcopy supplier can negate the need to invest in a new image solution. All Palliative Care features are available for UAT.

**Electronic requesting** Radiology electronic test requesting (ETR) has been extended to nearly all health boards and into primary care. The feedback on Cardiology has been very positive from the three piloting health boards. The focus of the next phase of ETR is the evolution of the Welsh Clinical Worklist Manager (WCWM) capability to satisfy full end to end ETR for those specialities without an orders receipting system. Endoscopy ETR design has commenced, and a prototype signed off by the National Endoscopy Programme (NEP). **E-Library** Third year contract extensions have been actioned for: BMJ Best Practice, ClinicalKey, Maudsley Prescribing Guidelines, NEWT Guidelines, Scopus citation database. Other procurement milestones on track.

DELIVERY:

IMPACT:

**E-Library:** e-Journals and databases (CINAHL, British Nursing Database and HMIC) contracts have been awarded. A Copyright Licence contract review and contract initiation meeting with EBSCO has been completed. The E-Library team has been nominated to lead on work standardising e-Book requirements and collection development policy for the NHS 5 nations digital and physical library services

**Patient GP Referrals :** The first two hospital specialities are live in BCUHB.

**Anti-coagulation form** is being readied to launch, with send to GP.

**Histopathology requesting** is now live in BCU.

**Welsh Clinical Worklist Manager** first iteration is in UAT is ready for a December go live for Palliative Care user base.

**Welsh Nursing Care Record (WNCR)** is now implemented as a single Instance with 24/7 cover.

**GP system write-back** (placing electronic order information into the GP patient record) has a plan to deliver,

**Microsoft 365 CoE:** The Copilot trial, M365 MailMarshal and Staff Movement Advice Modernisation app projects are continuing. The Welsh Health Telephony Network retirement is complete. The annual re-accreditation to Secure Email Standard is complete. The Public Key Infrastructure refresh project has started.

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

SITUATIONS OF NOTE:

**Cancer funding:** A funding paper requesting a minimum investment proposal for 2024/25 has been submitted to Welsh Government. DHCW will incur significant costs per month for permanent staff currently funded by the Programme if bid not approved.

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

## PORTFOLIO 3.2: ENGAGING WITH USERS: PATIENTS AND THE PUBLIC

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



### CURRENT PORTFOLIO STATUS:

The GP practice deployment of the NHS Wales App is over 50% complete. Work Package 9 delivery is complete, including the deployment for live testing of Health Journal and Health Timeline and Welsh Identity Verification Solution (WIVS) discovery. Planning is in progress for Public Communications Campaign.

NHS Wales App statistics to 31st December 2023:

- App downloads: 76,218
- Web logins: 77,729
- Total repeat prescriptions ordered: 47,003
- Total appointments booked: 4,723

### DELIVERY:

Onboarding is complete for all Practices using one of the GP systems. 202 GP Practices now connected to the NHS Wales App. Work Package 9 has been undertaken including the delivery of a Health Journal and Health Timeline feature for live testing, discovery activity for the NHS login Welsh Identity Verification Solution (WIVS), NHS Wales App platform migration activity and development of prescription ready notifications. Delivery work package 10 scope has been confirmed and signed. The Executive Summary of the Business Case for future sustainable funding has been drafted and shared for stakeholder review. The requirement specification for the new Agile Product Delivery Partner Framework Agreement has been published.

### IMPACT:

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

### SITUATIONS OF NOTE:

Governance for NHS login use in Wales remains a situation of note. The development of a Business Case for sustainable funding for submission to SHA Board/Welsh Government DSPP will require approval of funding via Execs to formally build a Contractual Change Notice into Work Package 10 to cover proxy functionality in NHS Wales App. A capital funding bid will follow. Proxy and WIVS are important criteria to support the start of the National Publicity Campaign that is planned to commence on 20 March. The Programme has agreed to provide details, regarding delivery of a proxy, to enable understanding of whether an extension to EMIS support to MHOL is required.

# MISSION 4: DRIVE better value and outcomes through innovation

## PORTFOLIO 4.1: RESEARCH AND INNOVATION

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



### CURRENT PORTFOLIO STATUS:

**Assets and resourcing:** We are reviewing plans for marketing for R&I to external partners and developing bitesize Innovation training with Wales Institute of Digital Information (WIDI) and Velindre. We have connected with disease specific groups to understand resourcing needs and are continuing to pilot the R&I Costing Mechanism.

**Culture:** Meetings are taking place with Cardiff and Vale University Health Board, University of Wales Trinity St David and WIDI to develop Innovation training modules for use across Wales.

**Partnership:** We are continuing to contribute to national groups including Innovation Leads, Health and Care Research Wales and the Life Sciences Hub Wales Partnership Group. The Canadian Embassy visit, and workshop showcase were undertaken to widen industry contacts and enable international partnership opportunities.

**Value and impact:** We continue to work with Health and Care Research Wales to scope potential support for clinical trials. We are supporting the ADR (Administrative Data Research UK) Data Processing Agreement with Welsh Government and agreements with Swansea University’s SAIL databank .

DELIVERY:	IMPACT:
<p>The R&amp;I Board has met to review and agree the R&amp;I annual report and Find, Recruit, Follow up service business case.</p> <p><b>Canadian Embassy visit:</b> DHCW welcomed delegates from the 2023 UK Digital Health Canadian Technology Accelerator to DHCW’s Cardiff office to explore opportunities to collaborate.</p> <p><b>Progression of Find, Recruit, Follow up service;</b> The R&amp;I board endorsed proposals and progression to Welsh Government to include within financial planning.</p> <p><b>Costing of SAIL and progression on WG Contracts:</b> We are working to ensure long term resourcing activity relating to the SAIL databank and effective governance.</p>	<p>Processing, analysis and application of data to solve real health problems and ultimately derive value from that data.</p>

### SITUATIONS OF NOTE:

Additional resourcing to support long term delivery would be beneficial. Negotiating funding to secure additional resources and opportunities.

# MISSION 4: DRIVE better value and outcomes through innovation

## PORTFOLIO 4.2: VALUE FROM DATA

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



### CURRENT PORTFOLIO STATUS:

All milestones are currently on track, with two completed during Q3. Work is ongoing to review, document and rationalise the COVID and Welsh Immunisation System (WIS) data tables. The Data warehouse team will run the first quarterly refresh of the National Community Child Health Database and will produce personally identifiable information (PII) child health views for Health Boards to securely access. The Health Intelligence webpage is being restructured to provide a more suitable layout and design and will promote official statistics and other publications more prominently. DHCW continues to support the Cancer Informatics programme, Value in Health Programme and the Vaccine / Covid programme. Preparations will begin for the Spring booster update for vaccinations.

We continue to review the Research Accreditation Panel (RAP) report and identify future actions and preparation for the next annual review in respect of the Digital Economy Act Accreditation. Work continues in preparation for the Data Centre 2 Transition (DC2T), and to develop the Primary Care Information Portal (PCIP), this includes Contract Assurance, reports for National Respiratory Audit Programme and releasing the new updated version of the PCIP.

Teams continue to develop new dashboards such as the Spinal Dashboard and updating existing dashboards following agreed publication timescales.

DELIVERY:	IMPACT:
As part of the data centre migration and our audit requirements, DHCW achieved a successful failover of all services between data centres and back again, including the switching service which is now geographically resilient. This ensures services are completely compliant for DC2T project resilience testing, benefitting all of NHS Wales organisations using the service. The initial phases of the Unscheduled Emergency Care and 6 Goals Dashboards were launched, through collaboration with Welsh Government and NHS stakeholders. The Information and Analytics Strategy has been approved and published, providing a clear plan for the organisation, endorsed by Management Team and benefitting all of NHS Wales. The re-designed PCIP with improved functionality has been released. This included new features to help both Practices and Health Boards with various General Medical Services (GMS) requirements e.g. summary dashboards for Practices and Health Board Primary Care Departments. This increases functionality for Practices and Health Boards to monitor progress against the GMS contract. In line with the requirements of the Value in Health (ViH) programme, the Hip Dashboard has been republished with new branding and accessible colours, which will be used as a template for all other ViH dashboards.	Data gets processed, analysed, communicated and applied to real health service problems, allowing informed decision making and actions to be taken which ultimately bring value.

### SITUATIONS OF NOTE:

There are no situations of note in this reporting period.





# DIGITAL HEALTH AND CARE WALES PROGRAMMES DELIVERY COMMITTEE HIGHLIGHT REPORT

Agenda Item	5.4
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Date of Board Meeting	28 March 2024
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Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Name of Committee	Programmes Delivery Committee
Chair of Committee	David Selway, Independent Member
Lead Executive Director	Ifan Evans- Executive Director of Strategy
Date of Last Meeting	6 February 2024
Prepared By	Skylar Green, Corporate Governance Coordinator
Presented By	David Selway, Committee Chair

Purpose of the Report	For Assurance
Recommendation	
NOTE the content of the report for ASSURANCE.	



<b>STRATEGIC MISSION</b>	All missions apply
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<b>CORPORATE RISK</b> (ref if appropriate)	DHCW0269 Switching Service - Data Warehouse.  DHCW0332- Sustainable Major Programmes Funding.  DHCW0333 - WICIS Implementation Delay.
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<b>WELL-BEING OF FUTURE GENERATIONS ACT</b>	A healthier Wales
If more than one standard applies, please list below:	

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

<b><u>DUTY OF QUALITY ENABLER</u></b>	Information
<b><u>DOMAIN OF QUALITY</u></b>	Effective
If more than one enabler / domain applies, please list below:	

<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: There is no requirement for an EQIA.	

<b>APPROVAL/SCRUTINY ROUTE:</b>		
Person/Committee/Group who have received or considered this paper prior to this meeting		
<b>COMMITTEE OR GROUP</b>	<b>DATE</b>	<b>OUTCOME</b>
Committee Chair	06 February 2024	Approved



IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
	Should the appropriate assurance not take place, there could be unforeseen quality and safety implications to the DHCW services provided.
<b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL</b> IMPLICATION/IMPACT	Yes, please see detail below
	Programmes deliverance might be impacted due to uncertainty of funding.
<b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>SOCIO ECONOMIC</b> 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	SHA	Special Health Authority
CAV	Cardiff and Vale University Health Board	NDR	National Data Resource
PDC	Programmes Delivery Committee	WCCIS	Welsh Community Care Information System
DSPP	Digital Services for Patients and the Public	WPAS	Welsh Patient Administration
AB	Aneurin Bevan University Health Board		

Definitions	
<b>ALERT</b>	Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently
<b>ASSURE</b>	Detail any areas of assurance that the Committee has received
<b>ADVISE</b>	Detail any areas of ongoing monitoring where an update has been provided to the Committee

## PUBLIC SESSION

ALERT	<ul style="list-style-type: none"> <li>• Cancer Informatics Programme - No formal confirmation of secured funding had been received, therefore there was funding uncertainty beyond March 2024.</li> <li>• Eyecare Digitisation Programme - The Committee were advised that DHCW had developed a digital investment proposal for eyecare which would be submitted to Welsh Government. In addition, DHCW's Audit &amp; Assurance Committee had requested an additional internal audit on Eye Care governance since transferring to DHCW and findings from this audit would be made available. The Committee also noted the Microsoft 365 roll out for Ophthalmology was planned to be completed by August 2024.</li> <li>• Welsh Intensive Care Information System- Aneurin Bevan University Health Board (AB) didn't go live with the system as planned in November 2023. However, AB have now completed testing and an assessment of a timeline to refine the system was to be evaluated and an agreed implementation plan needed to agreed and put in place.</li> <li>• Welsh Patient Administration WPAS (Bridgend Transition Programme) - The Committee were made aware that this was a complex data migration programme, requiring the movement of a high volume of records between systems, involving multiple stakeholders and impacting a large number of integrated services. There are risks to delivery costs and timelines inherent in this programme, and also to service performance, which are being managed closely through the programme.</li> </ul>
ASSURE	<ul style="list-style-type: none"> <li>• NDR- The programme was halfway through phase three of the business case. The Committee were assured that the programme was on track and there was a strong representation from Health Boards and close engagement with Welsh Government.</li> <li>• WCCIS- A full business case was being drafted for the future of the programme and the Committee were assured that good stakeholder engagement had taken place.</li> <li>• Digital Medicine Transformation Portfolio- The Committee were assured that all programs and projects within the portfolio were reported to be doing well.</li> <li>• Radiology Informatics System Procurement- The Committee were assured that a good conversation was held at the Programme Board regarding the benefits of acting collectively as NHS Wales in addition assurance was received regarding the delivery of the plan.</li> </ul>

ADVISE	<ul style="list-style-type: none"> <li>The Committee were advised of the positive Committee Development Session that had been held to discuss the Scope of the Committee in addition to benefits relation from programmes.</li> </ul>
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## PRIVATE SESSION

ALERT	<ul style="list-style-type: none"> <li>The Committee discussed in detail the current status of the following programmes, which were not able to be discussed in public session due to commercial sensitivities. <ul style="list-style-type: none"> <li>○ Eyecare Digitisation Programme</li> <li>○ Digital Maternity Cymru</li> <li>○ Welsh Intensive Care Information System</li> </ul> </li> </ul>
ASSURE	<ul style="list-style-type: none"> <li>Digital Services for Patients and the Public - Funding for the NHS Wales app is only available until March 2025. The Committee reviewed the draft business case in development that was being drafted for Welsh Government submission.</li> </ul>
ADVISE	<ul style="list-style-type: none"> <li>N/A</li> </ul>

### Delegated action taken by the committee:

The Committee APPROVED the Committee Annual Cycle of Business 2024-25.  
The Committee APPROVED the Terms of Reference 2024/25.  
The Committee APPROVED the Committee Annual Report 2023/24.

### Date of next committee meeting:

14 May 2024



# DIGITAL HEALTH AND CARE WALES DIGITAL GOVERNANCE AND SAFETY COMMITTEE HIGHLIGHT REPORT

Agenda Item	5.5
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Date of Board Meeting	28 March 2024
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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
Lead Executive Director	Rhidian Hurle, Executive Medical Director
Date of Last Meeting	1 February 2024
Prepared By	Julie Robinson, Corporate Governance Coordinator
Presented By	David Selway, Independent Member

Purpose of the Report	For Assurance
Recommendation	
The Board is being asked to: <b>NOTE</b> the content of the report for <b>ASSURANCE</b> .	



STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
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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:	

DUTY OF QUALITY ENABLER	Information
DOMAIN OF QUALITY	Effective
If more than one enabler / domain 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
Committee Vice Chair	March 2024	Approved



IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> 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 services provided
<b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
<b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>SOCIO ECONOMIC</b> 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	SHA	Special Health Authority
DG&S	Digital Governance and Safety Committee	WASPI	Wales Accord on the Sharing of Personal Information
ICO	Information Commissioner's Office		

Definitions	
<b>ALERT</b>	Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently
<b>ASSURE</b>	Detail here any areas of assurance that the Committee has received
<b>ADVISE</b>	Detail here any areas of ongoing monitoring where an update has been provided to the Committee



## PUBLIC SESSION

ALERT	There were no items to alert to the SHA Board.
ASSURE	<ul style="list-style-type: none"> <li>• <b>Corporate Risk Management</b> The Digital Governance and Safety Committee were pleased to <b>note</b> the progress taken place on the Corporate Risk Register and the de-escalation of two risks to Departmental Risk Registers.</li> <li>• <b>Incident Review and Organisational Learning Report.</b> DG&amp;S <b>noted</b> the work undertaken by the Service Management Team in quarter 3, which included managing and analysing enquiries in relation to the NHS App.</li> <li>• <b>Research and Innovation Annual Report.</b> The Committee <b>noted</b> the key activities undertaken by R&amp;I throughout the year. The Committee <b>recognised</b> the resources needed by R&amp;I to enable them to continue and increase their work.</li> </ul>
ADVISE	There were no items to provide advice to the SHA Board.

## PRIVATE SESSION

ALERT	No items to alert to the SHA Board.
ASSURE	<ul style="list-style-type: none"> <li>• <b>Cyber Security Assurance Report</b> were <b>assured</b> to note the report and the progress made on all areas.</li> <li>• <b>Corporate Risk Register</b> The Committee <b>discussed</b> in detail the four private risks on the register.</li> <li>• <b>Deep Dive.</b> The Committee received deep dives into two of the risks which had been on the register for longer than 12 months.</li> </ul>
ADVISE	<ul style="list-style-type: none"> <li>• <b>WASPI Code of Conduct Final Report</b> The Committee were <b>advised</b> that DHCW has secured funding to establish WASPI as an ICO Code of Conduct. DHCW would then become one of the first organisations to achieve an approved Code of Conduct supporting information sharing practices.</li> </ul>

### Delegated action taken by the committee:

The Committee APPROVED the Committee Annual Cycle of Business 2024-25.  
The Committee APPROVED the Terms of Reference 2024/25.  
The Committee APPROVED the Committee Annual Report 2023/24.

### Date of next committee meeting:

2 May 2024



# DIGITAL HEALTH AND CARE WALES

## ANNUAL REPORT OF THE DIGITAL GOVERNANCE AND SAFETY COMMITTEE

Agenda Item	5.5i
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Julie Robinson, Corporate Governance Coordinator
Presented By	Chris Darling, Board Secretary

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to
RECIEVE the Annual Report of the Digital Governance and Safety Committee 2023/24 for ASSURANCE.	



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	Provide a platform for enabling digital transformation
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CORPORATE RISK (ref if appropriate)	N/A
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Globally Responsible Wales
If more than one standard applies, please list below:	

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

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

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

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



<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Laura Tolley, Head of Corporate Governance	January 2024	Reviewed
Rowan Gardner, Committee Chair	January 2024	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WASPI	Wales Accord on the Sharing of Personal Information	AUP	Acceptable Use Policy



### 3 SITUATION / BACKGROUND

- 3.1 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.
- 3.2. 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 in relation to health and care and have oversight of DHCW Major Programmes. The SHA Board agreed the Committee would be known as the Digital Governance and Safety Committee.
- 3.3 Following an independent review into Programme Governance Arrangements that was commissioned by DHCW, supported by Welsh Government, a new Committee of the Board was established during 2022-23, the Programmes Delivery Committee. To avoid duplication, the Digital Governance and Safety Committee Terms of Reference were updated and approved on 9 November 2023 to remove the reference below:

*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;*

*- Major national digital programmes and projects*

- 3.4 The purpose of the Digital 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.
- 3.5 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.



## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 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 3 – however, to strengthen member resilience, a further Independent Member was appointed to the Committee in October 2023 (i.e. moving to 4 Independent Members).

**Other usual expected attendees:**

- Executive Medical Director (Caldicott Guardian)
- Director of Information and Communication Technology
- Associate Director of Information, Intelligence and Research
- Associate Director of Information Governance
- Board Secretary

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.

- 4.2 The Committee met four times during the period 1 April 2023 and 31 March 2024. This is in line with its Terms of Reference. The Digital Governance and Safety Committee achieved attendance rate of 87.5% for this period.

	11.05.23	03.08.23	02.11.23	01.02.24	Attendance
Rowan Gardner (Chair)	✓	✓	✓	X	75%
David Selway (Vice Chair)	✓	✓	✓	✓	100%
Marilyn Bryan Jones	X	✓	✓	✓	75%
Alistair Klaas Neill (Appointed October 2023)	N/A	N/A	✓	✓	100%
Total	75%	100%	100%	75%	87.5%



4.3 During the financial year 2023/24 the Digital Governance and Safety Committee reviewed the following key items at its public meetings:

4.3.1 Standing items presented at each Committee throughout the year are as follows:-

#### **Forward Workplan (informed by the Annual Cycle of Business)**

The workplan as identified by members of the Committee in developmental meetings with Board Secretary and Executive Medical Director around the Annual Cycle of Business is noted at each meeting with the opportunity for further input.

#### **Digital Programme Overview Update**

The Digital Programme update gives a high-level overview of the Programme Portfolio noting by exception the status of programmes. Following the independent review into Programme Governance arrangements and the subsequent update to the Committee terms of reference, this item transitioned to the Programmes Delivery Committee in October 2023.

#### **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, deep dives into all corporate risk assigned to the DG&S Committee that have remained on the corporate risk register since 1 April 2021 were undertaken, one of which was included for discussion in the public session and the remaining five were taken to the private session.

#### **Incident Review and Organisational Learning Report**

The Incident Review and Organisational Learning Report is presented as a standing agenda item, with an emphasis on themes and learning trends.

#### **Assurance Reports**

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

- Information Governance Assurance Report – noting the Welsh Information Governance Toolkit at the August 2023 meeting;
- Informatics Assurance Report;
- Information Services Assurance Report;





4.3.2 In addition, the following items were presented to the Committee for oversight and endorsement:

- Wales Accord on the Sharing of Personal Information (WASPI)
- Delivering the Data Promise for Health and Social Care Wales
- Data Sharing during the Corona Virus Pandemic

#### Policies and Strategies

- Principles & Standards of Privileged Access Management
- Anti-Malware
- Access Control
- Acceptable Use Policy (AUP)
- Information Security
- Wales Informatics Assurance
- NEW Vulnerability Management
- NEW Service Management
- Intellectual Property Policy
- Clinical Strategies – Information and Analytics, Clinical Informatics and Business Change and Information Governance.
- Research and Innovation Strategy

#### Committee Membership, Terms of Reference, and Effectiveness Self-Assessment

As an annual exercise the Committee Membership and Terms of Reference are reviewed, and Committee members undertake a Committee Effectiveness Self-Assessment with results presented to the Committee at the end of each financial year.

4.4 During the financial year 2023/24 the Digital Governance and Safety Committee reviewed the following key items at its **private** meetings:

- Corporate Risk Register – all risks deemed private were reviewed in detail for assurance at each meeting.
- Cyber Assurance Report – this report was presented at each Committee meeting throughout the period.
- Cyber Resilience Report – Audit Wales
- Covid Inquiry Update
- Internal Audit on General Data Protection Review
- Early insight into the WASPI Code of Conduct Consultation Process
- WASPI Code of Conduct Final Report



## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The Digital Governance and Safety Committee is of the opinion that the draft Digital Governance and Safety Committee Annual Report 2023/24 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.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
RECIEVE the Annual Report of the Digital Governance and Safety Committee 2023/24 for <b>ASSURANCE</b> .	



## DIGITAL HEALTH AND CARE WALES AUDIT AND ASSURANCE COMMITTEE HIGHLIGHT REPORT

Agenda Item	5.6
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Date of Board Meeting	28 March 2024
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Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Name of Committee	Audit and Assurance Committee
Chair of Committee	Marian Wyn Jones, Independent Member
Lead Executive Director	Claire Osmundsen Little, Executive Director of Finance
Date of Last Meeting	13 February 2024
Prepared By	Julie Robinson, Corporate Governance Coordinator
Presented By	Marian Wyn Jones, Independent Member

Purpose of the Report	For Assurance
Recommendation	
The Board is being asked to: <b>NOTE</b> the content of the report for <b>ASSURANCE</b> .	



STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
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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:	

DUTY OF QUALITY ENABLER	Information
DOMAIN OF QUALITY	Effective
If more than one enabler / domain 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
Committee Chair	March 2024	Approved



IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> 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 services provided
<b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
<b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>SOCIO ECONOMIC</b> 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	SHA	Special Health Authority

Definitions	
<b>ALERT</b>	Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently
<b>ASSURE</b>	Detail here any areas of assurance that the Committee has received
<b>ADVISE</b>	Detail here any areas of ongoing monitoring where an update has been provided to the Committee

## PUBLIC SESSION

ALERT	<ul style="list-style-type: none"> <li>• <b>The noncompliance with a Standing Financial Instruction.</b> The Audit and Assurance Committee were <b>alerted</b> to a request which had been made from the Operations Directorate to Commercial Services to approve a retrospective work package.</li> </ul>
ASSURE	<ul style="list-style-type: none"> <li>• <b>Audit and Assurance Committee Annual Report.</b> The Committee <b>received</b> the Audit and Assurance Committee Annual report for <b>endorsement</b> to the SHA Board for <b>approval</b>.</li> <li>• <b>Audit and Assurance Committee Effectiveness Self-Assessment.</b> The Committee were pleased to <b>note</b> the positive report in which Members had commented that the Committee had matured.</li> <li>• <b>Audit and Assurance Committee Terms of Reference and Cycle of Business.</b> The Committee <b>received</b> for <b>approval</b> the updated Terms of Reference and Cycle of Business.</li> <li>• <b>Board Assurance Framework Escalations (Strategic Mission 5) Deep Dive.</b> The Audit and Assurance Committee <b>received</b> a deep dive into workforce and noted the progress to date on the commitments and in mitigating the overarching principal risk.</li> <li>• <b>Structured Assessment.</b> The Committee were pleased to <b>receive</b> the positive Structured Assessment from Audit Wales and <b>noted</b> that some areas to improve on within the financial position were out of the control of DHCW.</li> <li>• <b>Benefits Realisation Audit Review.</b> The Committee <b>received</b> and <b>discussed</b> the Benefits Realisation Audit Review which received a Reasonable Assurance rating.</li> <li>• <b>Welsh Health Circular Report.</b> The biannual Welsh Health Circular Report was <b>received</b> for <b>noting</b>.</li> <li>• <b>Standards of Behaviour Report.</b> The Audit and Assurance Committee were pleased to <b>note</b> the progress made on establishing a Declarations of Interest register for members of staff of DHCW.</li> <li>• <b>Corporate Risk Management</b> The Audit and Assurance committee <b>noted</b> the changes to the risk profile and the two new funding related risks assigned to the Committee.</li> <li>• <b>Welsh Language Report.</b> The Committee <b>received</b> the Welsh Language Report for <b>assurance</b> and noted the progress and the increase in Welsh Language designated posts. Additionally, the Committee <b>received</b> a report on the work underway on the Welsh Language Assessment of Job Descriptions.</li> </ul>
ADVISE	<ul style="list-style-type: none"> <li>• <b>Raising Concerns Report.</b> The Committee received for <b>noting</b> the first Raising Concerns Report.</li> <li>• <b>Financial Update.</b> The Audit and Assurance Committee <b>received</b> an update on the current and planned work for Delivering the Annual Accounts and were pleased to note there were no major issues forecast to prevent the timeframe being met.</li> </ul>

## PRIVATE SESSION



ALERT	No items to alert to the SHA Board.
ASSURE	<ul style="list-style-type: none"><li>• <b>Audit Wales Review: DHCW Nationally Hosted NHS IT Systems Review</b> Members were <b>assured</b> to note the report and the progress made on the actions.</li><li>• <b>Management of Assets.</b> The Committee <b>received</b> a presentation on the overview of Management of Physical Assets.</li></ul>
ADVISE	<ul style="list-style-type: none"><li>• <b>Audit Actions (Private).</b> The Committee were <b>advised</b> of 18 actions and noted 14 was complete with the remaining four on target for completion.</li><li>• <b>Counter Fraud Progress Report.</b> The Committee received an update on the work carried out by the Counter Fraud team for this period.</li><li>• <b>Programme Governance.</b> The Committee received a verbal update on the current status of the Programme Governance.</li><li>• <b>Raising Concerns.</b> A verbal update was <b>received</b> by the Committee on a Raising Concern matter.</li></ul>

**Delegated action taken by the committee:**

The Committee APPROVED the Committee Annual Cycle of Business 2024-25.  
The Committee APPROVED the Terms of Reference 2024/25.  
The Committee APPROVED the Committee Annual Report 2023/24.

**Date of next committee meeting:**

16 April 2024





# DIGITAL HEALTH AND CARE WALES ANNUAL REPORT OF THE AUDIT AND ASSURANCE COMMITTEE

Agenda Item	5.6i
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Julie Robinson, Corporate Governance Coordinator
Presented By	Laura Tolley, Head of Corporate Governance

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to RECIEVE the Annual Report of the Audit and Assurance Committee 2023/24 for ASSURANCE.



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	N/A
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Globally Responsible Wales
If more than one standard applies, please list below:	

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

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

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

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

<b>SOCIO ECONOMIC IMPLICATION/IMPACT</b>	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION IMPLICATION/IMPACT</b>	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Laura Tolley, Head of Corporate Governance	January 2024	Reviewed
Marian Wyn Jones, Committee Chair	January 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
LINC	Laboratory Information Network Cymru	WCCIS	Welsh Community Care Information System



### 3 SITUATION / BACKGROUND

3.1 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.

3.2 This report outlines Audit and Assurance Committee attendance and key items discussed in public and private during the 2023-24 financial year.

3.3 Audit and Assurance Committee Membership

3.3.1 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 Members x 4 (one of whom is the Chair)

The Executive 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 External and Internal Auditors without any Executive Director or Officer present. The opportunity to meet with Auditors private will be available at each meeting.

**Other usual expected attendees:**

Executive Director of Finance

Board Secretary

Head of Corporate Governance

Associate 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.



## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The Committee met six times during the period 1 April 2023 and 31 March 2024, two of these were extraordinary meetings to consider the Annual Report and Accounts. This is in line with its Terms of Reference.
- 4.2 The Audit and Assurance Committee achieved an attendance rate of 87.5% from Committee members (80% is considered to be an acceptable attendance rate) during the period 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024 (excluding extraordinary meetings) as set out below:-

	18.04.23	03.07.23	17.10.23	13.02.24	Attendance
Marian Wyn Jones (Chair)	X	✓	✓	✓	75%
Alistair Klaas Neill (Vice Chair)	✓	✓	✓	✓	100%
Ruth Glazzard	✓	✓	✓	✓	100%
Marilyn Bryan-Jones	X	✓	✓	✓	75%
Total	50%	100%	100%	100%	87.5%

- 4.3 During the financial year 2023/24 the Audit and Assurance reviewed the following key items at its meetings:

### 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 two payments in the 2023-2024 financial year.

### Procurement and Scheme of Delegation Compliance

The Committee received regular updates on procurement activity undertaken including compliance with the Standing Financial Instructions. Learning was noted from an incident of Inappropriate Adherence with Standing Financial Instructions for WCCIS Data Discovery Consultancy during the period 2023-2024.

### Corporate Risk Register

The Register was received and scrutinised at each meeting. The Committee were assured that risks were assessed by the Risk Management Group; in addition, it was reviewed on a monthly basis by the DHCW Management Board. A deep dive into Board Assurance Framework principal risk relating to mission 5 risk took place during the 2023/24 period.

### Local Counter Fraud Update

The Committee received updates from the Counter Fraud officer at each meeting and were informed that one investigation had taken place in relation to DHCW Staff. In addition, DHCW were added to the National Fraud Initiative, and this was completed during 2023/24.



### Standards of Behaviour

The Committee received a report on a quarterly basis and noted that work was progressing on capturing Declarations of Interest, Gifts and Hospitality for all DHCW staff.

### Decarbonisation and Estates Compliance

The Committee received an update at all regular meetings on Estate Compliance and in addition the Decarbonisation Return on Transport and Procurement.

### Quality and Regulatory Compliance

The Committee received an update at all regular meetings on Quality and Regulatory Compliance, in addition it noted DHCW's progress to implement the Duty of Quality Act.

### High Value Purchase Order Report

Committee members received regular reports on orders which exceeded £750k which included the addition of a log of the cumulative high value transactions.

### COVID-19 Inquiry Update Report

The Committee received updates on the latest position in relation to an UK COVID-19 Inquiry and were informed of the work being undertaken in preparation for this.

### Welsh Health Circulars

The Committee received a bi-annual update on the current status of the Welsh Health Circulars at the July and February Committee meetings.

### Legislative Assurance Framework

The Audit and Assurance Committee received a bi-annual update on the governance assurance framework at the July and April Committee meetings.

### Welsh Language Compliance & Improvement Framework

The Committee received regular updates on progress of compliance to the Welsh Language Standards and received assurance on the work being undertaken regarding recruitment. Additionally, the Report 'More than Just Words' was reviewed.

### Internal Audit

A draft Internal Audit Plan for 2023/24 was developed following meetings and correspondence with the Special Health Authority's Executive Directors, Chief Executive and Committee Chair. The Committee approved the plan at the meeting in April 2023.

Eleven reports were presented during the year:

- Corporate Governance – **Substantial** Assurance rating,
- Estates Compliance – Waste Management – **Substantial** Assurance rating,
- Risk Management – **Substantial** Assurance rating,
- Workforce Planning PADR – **Reasonable** Assurance rating,



- Centre of Excellence – **Reasonable** Assurance rating
- Cyber Security Improvement – **Substantial** Assurance rating
- Hybrid Working – **Substantial** Assurance rating
- Board Assurance Framework – **Substantial** Assurance rating
- UK GDPR – **Substantial** Assurance rating
- Stock Management – **Reasonable** Assurance rating
- Benefits Realisation – **Reasonable** Assurance rating

### Audit Wales

#### Structured Assessment

DHCW's second Structured Assessment was presented to Audit and Assurance Committee in February 2024.

#### Audit Wales Progress Reports

The Committee received progress reports from Audit Wales on the following:-

- Primary Care
- Review of Workforce Planning Arrangements
- DHCW Nationally Hosted NHS IT System Review

#### Audit Action Tracker

The reports and tracker 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 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 February 2024 meeting. The feedback indicated a generally positive response with the culture of the meetings considered conducive to open and productive debate.

#### Raising Concerns

In February 2024, the Committee received an update on Raising Concerns and were assured on the processes in place to support this work.

### 4.3. Audit and Assurance Committee Private Agenda items

4.3.1 During the financial year 2023/24 the Audit and Assurance Committee reviewed the following key items at its **private** meetings.

- Verbal update on LINC and Contract Resolution
- Cyber Security Improvement Plan Internal Audit Report
- Programme Governance Independent Review
- Covid-19 Inquiry
- Counter Fraud
- Management of Physical Assets
- Programme Governance
- Raising Concerns



## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The Audit and Assurance Committee is of the opinion that the draft Audit and Assurance Annual Report 2023/24 is consistent with its role as set out within the Terms of Reference and that there are no key risks / matters for escalation to the Board / Committee.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
RECEIVE the Annual Report of the Audit and Assurance Committee 2023/24 for ASSURANCE.	



## DIGITAL HEALTH AND CARE WALES COMMITTEE CHAIR'S REPORT FOR BOARD

Agenda Item	5.7
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Date of Board Meeting	28 March 2024
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Public or Private	Public
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IF PRIVATE: please indicate reason	N/A
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Name of Committee	Local Partnership Forum
Chair of Committee	Helen Thomas, Chief Executive Officer
Lead Executive Director	Sarah-Jane Taylor, Director of People and Organisational Development
Date of Last Meeting	5 March 2024
Prepared By	Alison Bedford, Corporate Governance Coordinator
Presented By	Helen Thomas, Chief Executive Officer

Purpose of the Report	For Assurance
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### Recommendation

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

<b>STRATEGIC MISSION</b>	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
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<b>CORPORATE RISK</b> (ref if appropriate)	
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<b>WELL-BEING OF FUTURE GENERATIONS ACT</b>	A healthier Wales
If more than one standard applies, please list below:	

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

<b><u>DUTY OF QUALITY ENABLER</u></b>	Workforce
<b><u>DOMAIN OF QUALITY</u></b>	Person Centred
If more than one enabler / domain applies, please list below:	

<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: There is no requirement for an EQIA.	

<b>APPROVAL/SCRUTINY ROUTE:</b> Person/Committee/Group who have received or considered this paper prior to this meeting		
<b>COMMITTEE OR GROUP</b>	<b>DATE</b>	<b>OUTCOME</b>
Committee Chair	March 2024	Approved



## 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 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	SHA	Special Health Authority
LPF	Local Partnership Forum		

## Definitions

ALERT	Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently
ASSURE	Detail here any areas of assurance that the Committee has received
ADVISE	Detail here any areas of ongoing monitoring where an update has been provided to the Committee

## PRIVATE SESSION

ALERT	<ul style="list-style-type: none"><li>There were no items for the Board to be alerted to.</li></ul>
ASSURE	<ul style="list-style-type: none"><li><b>Corporate Risk Register.</b> The Local Partnership Forum <b>received</b> the Corporate Risk Register and noted the 3 new risk areas - Sustainable Major Programmes Funding, WICIS Implementation Delay, Impact of cost of transition team.</li><li><b>Workforce Performance Report.</b> The LPF noted the sickness absence has decreased slightly by <b>1%</b> last month to <b>4%</b> in the month of January 2024 and were assured that this was being</li></ul>

	<p>monitored appropriately with support being provided where required.</p> <p>LPF were pleased to note the increase in appraisal completion which was at 86%, in addition to 93.2% Statutory and Mandatory training compliance.</p> <ul style="list-style-type: none"> <li>• <b>Analysis of Reasons for Staff Leaving the Organisation.</b> The LPF received and discussed a presentation which outlined the reasons for staff leaving DHCW from several exit interviews conducted.</li> <li>• <b>Well-being of Future Generations Act.</b> The LPF received and discussed the progress made in preparation for DHCW formally being considered as a public body under the Act from 30 June 2024.</li> </ul>
ADVISE	<ul style="list-style-type: none"> <li>• <b>Trade Union Update.</b> The Local Partnership Forum received a verbal update from Trade Union representatives and were assured to note the ongoing discussions and collaboration between the Trade Unions and People and OD team.</li> <li>• <b>Strategic Workforce Planning.</b> The LPF were updated on how we have used the findings from the 2023-24 exercise and what has been taken forward in terms of new initiatives and new provision.</li> <li>• <b>Leadership Programme Update.</b> The LPF received an update on the various leadership programmes currently underway across the organisation.</li> </ul>

#### Delegated action taken by the Advisory Group:

The LPF APPROVED the Annual Cycle of Business 2024-25.  
The LPF APPROVED the Terms of Reference 2024/25.  
The LPF APPROVED the Advisory Group Annual Report 2023/24.

Date of next committee meeting:

6 June 2024



# DIGITAL HEALTH AND CARE WALES

## ANNUAL REPORT OF THE LOCAL PARTNERSHIP FORUM 2023-24

Agenda Item	5.7i
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

Public or Private	Private
IF PRIVATE: please indicate reason	Local Partnership Forum is a Private Meeting

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Head of Corporate Governance
Presented By	Chris Darling, Board Secretary

Purpose of the Report	To Receive/Discuss
Recommendation	Local Partnership Forum is being asked to
RECIEVE the Annual Report of the Local Partnership Forum 2023/24 for ASSURANCE.	



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	Provide a platform for enabling digital transformation
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CORPORATE RISK (ref if appropriate)	N/A
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Globally Responsible Wales
If more than one standard applies, please list below:	

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

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
Choose an item.	Outcome: N/A
Statement: N/A	

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





<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Forum / Group who have received or considered this paper prior to this meeting		
PERSON, FORUM OR GROUP	DATE	OUTCOME

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WASPI	Wales Accord on the Sharing of Personal Information	AUP	Acceptable Use Policy



### 3 SITUATION / BACKGROUND

- 3.1 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.
- 3.2 The DHCW Local Partnership Forum (LPF) is the formal mechanism where Digital Health and Care Wales (DHCW) as an employer, and the trade unions work together to improve health services for the people of Wales by representing the interests of the workforce of DHCW. 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 Trade Unions in the key discussions within the SHA at the Board, LPF and Directorate levels.



## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 All members of the LPF are full and equal members and share responsibility for the decisions of the LPF. The size and overall composition of the LPF is agreed in partnership and in line with the requirements of the DHCW Establishment Order. 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 comprises of:
- **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
  - **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
- 4.2 A minimum of 50% of Management Representatives and 50% of Staff-side Representatives must be in attendance for the meeting to be quorate.
- 4.3 The Committee met six times during the period 1 April 2023 to 31 March 2024. This is in line with its Terms of Reference. The Local Partnership Forum achieved an overall attendance rate of 50% for this period.



	04.04.23	06.06.23	05.09.23	05.12.23	05.03.24	Attendance
<b>Management Representatives</b>						
Helen Thomas / Claire Osmundsen-Little (Chair) *	✓	✓	✓	✓	X	80%
Andrew Fletcher (Chair)	✓	✓	✓	✓	✓	100%
Chris Darling	X	X	✓	✓	✓	60%
Sarah-Jane Taylor	✓	✓	✓	✓	✓	100%
Shikala Mansfield	✓	✓	X	X	✓	60%
<b>Staff Representatives</b>						
Paul Evans	✓	✓	✓	✓	✓	100%
Zachery Edwards (new member 01.09.23)	X	X	✓	✓	✓	60%
Sam Crane (resigned from 01.07.23)	✓	✓	X	X	X	40%
Pete Lowe (new member from 01.07.23)	X	X	X	X	X	0%
<b>Total</b>	<b>50%</b>	<b>50%</b>	<b>50%</b>	<b>50%</b>	<b>50%</b>	<b>50%</b>

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



4.3 During the financial year 2023/24 the Local Partnership Forum reviewed the following key items at its public meetings:

4.3.1 Standing items presented at each Forum throughout the year are as follows:-

#### **Terms of Reference**

The Terms of Reference were reviewed and approved by the Advisory Group during the meeting in February 2023.

#### **Annual Cycle of Business**

As a formal advisory group to the SHA Board, an annual cycle of business was developed for 2024-25 and approved in March 2024. In addition, the LPF review the Advisory Group forward workplan at each meeting.

#### **Corporate Risk Register**

The risk register was a standard agenda item and is considered at each meeting. One specific workforce risk, Staff Vacancies was assigned to the LPF group to enable discussion. Updates were received at each meeting to discuss this along with the actions being taken to address and mitigate the risk.

#### **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, in addition the LPF received a detailed update on the end of year financial performance.

#### **Union Update**

The Trade Unions provided updates at each meeting. Matters under consideration during 2023-24 included the Cost-of-Living crisis, the pay review and the consultations on Industrial Action.

#### **Policies**

A number of policies and procedures were reviewed and noted by LPF during the 2023-24 period as part of the formal consultation process.

4.3.2 In addition, the following items were presented to the Forum for oversight:

- Digital Workforce Review
- Organisational Change
- Health and Wellbeing Group
- Cyber Security
- Strategic Resourcing Group
- People and Professional Organisational Development Strategy
- Audits
- Estates Plan



## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The Local Partnership Forum is of the opinion that the draft Local Partnership Forum Annual Report 2023/24 is consistent with its role as set out within the Terms of Reference and that there are no matters the Forum is aware of at this time that have not been disclosed appropriately.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
RECIEVE the Annual Report of the Local Partnership Forum 2023/24 for ASSURANCE.	



## DIGITAL HEALTH AND CARE WALES REMUNERATION AND TERMS OF SERVICE COMMITTEE HIGHLIGHT

Agenda Item	5.8
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Date of Board Meeting	28 March 2024
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Public or Private	Public
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IF PRIVATE: please indicate reason	N/A
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Name of Committee	Programmes Delivery Committee
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Chair of Committee	David Selway, Independent Member
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Lead Executive Director	Helen Thomas, Chief Executive
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Date of Last Meeting	11 December 2023 and 22 February 2024
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Prepared By	Chris Darling, Board Secretary
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Presented By	Simon Jones, Committee Chair
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Purpose of the Report	For Assurance
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Recommendation	
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NOTE the content of the report for ASSURANCE.	
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STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	N/A
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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:	

DUTY OF QUALITY ENABLER	Information
DOMAIN OF QUALITY	Effective
If more than one enabler / domain 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
Committee Chair	March 2024	Approved



IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
	Should the appropriate assurance not take place, there could be unforeseen quality and safety implications to the DHCW services provided.
<b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL</b> IMPLICATION/IMPACT	Yes, please see detail below
	Programmes deliverance might be impacted due to uncertainty of funding.
<b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>SOCIO ECONOMIC</b> 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	SHA	Special Health Authority
CAV	Cardiff and Vale University Health Board	NDR	National Data Resource
PDC	Programmes Delivery Committee	WCCIS	Welsh Community Care Information System
DSPP	Digital Services for Patients and the Public	WPAS	Welsh Patient Administration
AB	Aneurin Bevan University Health Board		

Definitions	
<b>ALERT</b>	Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently
<b>ASSURE</b>	Detail any areas of assurance that the Committee has received
<b>ADVISE</b>	Detail any areas of ongoing monitoring where an update has been provided to the Committee



## PRIVATE SESSION

ALERT	<ul style="list-style-type: none"><li>Alert the Board to the Committee's frustration about the Agenda for Change terms and conditions not recognising the unique role of digital staff and the need to ensure senior staff overtime arrangements are in place.</li></ul>
ASSURE	<ul style="list-style-type: none"><li>The Committee approved for assurance: The Committee Annual Report, Terms of Reference, Annual Cycle of Committee Business.</li><li>Noted for assurance the Annual Effectiveness Self Assessment Report findings.</li></ul>
ADVISE	<ul style="list-style-type: none"><li>The Committee approved the continuation of the current arrangements for senior employee overtime payments.</li><li>The Committee reviewed, discussed and commented on the proposed senior organisational structures and executive portfolio changes.</li><li>The Committee received a verbal update on Executive team six month review against objectives.</li></ul>

### Delegated action taken by the committee:

The Committee APPROVED the Committee Annual Cycle of Business 2024-25.  
The Committee APPROVED the Terms of Reference 2024/25.  
The Committee APPROVED the Committee Annual Report 2023/24.  
The Committee APPROVED the arrangements for senior staff overtime payments for 2024/25.

### Date of next committee meeting:

June 2024



# DIGITAL HEALTH AND CARE WALES

## ANNUAL REPORT OF THE REMUNERATION & TERMS OF SERVICE COMMITTEE

Agenda Item	5.8i
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Name of Meeting	SHA Board
Date of Meeting	28 March 2024

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Head of Corporate Governance
Presented By	Simon Jones, Chair

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to
RECIEVE the Annual Report of the Remuneration and Terms of Service Committee 2023/24 for ASSURANCE.	

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	N/A
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QUALITY IMPACT ASSESSMENT (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Globally Responsible Wales
If more than one standard applies, please list below:	

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

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

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

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

<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Board Secretary	February 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority



### 3 SITUATION / BACKGROUND

3.1 In accordance with best practice and good governance, the 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.

3.2 The Remuneration and Terms of Service Committee is held in private, due to the sensitive nature of discussions, however, a Committee Highlight Report is presented at the SHA Public Board meeting for noting,

3.3 Remuneration and Terms of Service Committee Membership

3.3.1 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:** SHA Chair or Vice Chair

**Members:** Independent Members x 2

**Other usual expected attendees:**  
Board Secretary

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





## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The Committee met three times during the period 1 April 2023 and 31 March 2024. This is in line with its Terms of Reference.

4.2 The Audit and Assurance Committee achieved an attendance rate of 90.5% from Committee members (80% is considered to be an acceptable attendance rate) during the period 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024 as set out below:-

	22.06.2023	14.12.2023	22.02.2024	Attendance
Simon Jones (Chair)	✓	✓	✓	100%
Ruth Glazzard (Vice Chair)	✓	✓	✓	100%
David Selway	✓	✓	✓	100%
Marilyn Bryan- Jones	✓	✓	✓	100%
Rowan Gardner	✓	✓	☒	67%
Alistair Klaas Neill	✓	✓	✓	100%
Marian Wyn Jones	✓	☒	✓	67%
Total	100%	85.7%	85.7%	90.5%

4.3 During the financial year 2023/24 the Remuneration and Terms of Service Committee reviewed the following key items at its meetings:

### Terms of Reference

The Terms of Reference were reviewed and approved by the Committee during the meeting in February 2024.

### Annual Cycle of Business

As a formal Committee of the SHA Board, an annual cycle of business was developed for 2024-25 and approved in February 2024.

### 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 February 2024 meeting and outlined an overall positive response.

### Executive team PADR and Objectives

Members discussed and reviewed the Executive team PADR and Objectives.

### Directorate Senior Structures

Members discussed and reviewed the proposed Directorate Senior Structures.

### Senior Staff Overtime Payments

Members discussed and approved the process for senior staff overtime payments.

## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The Remuneration and Terms of Service Committee is of the opinion that the draft Committee Annual Report 2023/24 is consistent with its role as set out within the Terms of Reference and that there are no key risks / matters for escalation to the Board / Committee.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
RECEIVE the Annual Report of the Remuneration and Terms of Service Committee 2023/24 for ASSURANCE.	