

Cyfarfod Bwrdd Iechyd a Gofal Digidol Cymru - Cyhoeddus

Thu 25 November 2021, 10:00 - 13:30

Agenda

10:00 - 10:05
5 min

1. MATERION RHAGARWEINIOL

1.1 Croeso a Chyflwyniadau

I'w Nodi

Cadeirydd

1.2 Ymddiheuriadau absenoldeb

I'w Nodi

Cadeirydd

1.3 Datganiad o Fuddiannau

I'w Nodi

Cadeirydd

1.4 Materion sy'n Codi

I'w Trafod

Cadeirydd


10:05 - 10:10
5 min

2. AGENDA GYDSYNIO - I'W CYMERADWYO A'I NODI

2.1 Cofnodion heb eu cadarnhau Cyfarfod Bwrdd 30 Medi 2021

I'w Cymeradwyo

Cadeirydd

 2.1 DHCW Board Minutes 2021 09 30_WRO0001.doc-en-cy-C.pdf (23 pages)

2.2 Cofnodion heb eu cadarnhau Cyfarfod Bwrdd PREIFAT 30 Medi 2021

I'w Cymeradwyo

Cadeirydd

 2.2 15.11.2021-_ABRIDGEDdoc-en-cy-C.pdf (6 pages)

2.3 Cofnodion heb eu cadarnhau Cyfarfod Bwrdd Arbennig 14 Hydref 2021

I'w Cymeradwyo

Cadeirydd

 2.3 DHCW Extraordinary Board Minutes 14th October 2021-en-cy-C (2).pdf (5 pages)

2.4 Cofnodion Gweithredu

I'w Nodi

Cadeirydd

 2.4 Action Log.pdf (1 pages)

2.5 Blaengynllun Gwaith

I'w Nodi

Ysgrifennydd y Bwrdd

 2.5 DHCW Forward WorkPlan Report.pdf (4 pages)

 2.5i DHCW - Board Forward Work Programme 21_22 v8.pdf (3 pages)

10:10 - 10:40
30 min

3. PRIF AGENDA - I'W DRAFOD

3.1 Cyflwyniad Gwrando a Dysgu a Rennir

I'w drafod

Cyfarwyddwr Meddygol Gweithredol

- 📄 3.1 Shared Listening and Learning Cover Report - WNCR.pdf (4 pages)
- 📄 3.1i Appendix A WNCR Shared Listening and Learning.pdf (10 pages)

10:40 - 11:10
30 min

4. I'W ADOLYGU

4.1 Adroddiad y Cadeirydd

I'w Nodi

Cadeirydd

- 📄 4.1 Chair's Report Final.pdf (6 pages)
- 📄 4.1i Appendix A Chair Report 2021 11 02 Letter to Chairs on NHS Wales Independent members Digital Network.pdf (1 pages)

4.2 Adroddiad y Prif Swyddog Gweithredol

I'w Nodi

Prif Swyddog Gweithredol

- 📄 4.2 Chief Executive's Report.pdf (5 pages)

Egwyl

11:10 - 12:10
60 min

5. EITEMAU STRATEGOL

5.1 Datblygiad Strategol

I'w Nodi

Prif Swyddog Gweithredol

- 📄 5.1 Strategic Developments.pdf (4 pages)

5.1i Strategaeth Cwmwl

I'w Nodi - Diweddariad Llafar

Cyfarwyddwr Gweithredol Cyllid

5.1ii Diweddariad Strategaeth Pensaernïaeth

I'w drafod

Prif Bensaer a Cyfarwyddwr Cynorthwyol (Pensaernïaeth Ddigidol)

- 📄 5.1ii Open Architecture Strategy Update.pdf (8 pages)

5.1iii Diweddariad Strategaeth Data yr Adnodd Data Cenedlaethol

I'w drafod

Chyfarwyddwr Rhaglen NDR a Cyfarwyddwr Cynorthwyol (Pensaernïaeth Ddigidol)

- 📄 5.1iii National Data Resource Data Strategy Update.pdf (5 pages)

5.1iv Diweddariad Cynllun Tymor Canolig Integredig 2022/23 – 2024/25

I'w Nodi

Prif Swyddog Gweithredu

- 📄 5.1iv IMTP 2022 2025 Progress report.pdf (4 pages)
- 📄 5.1iv Strategic Planning progress.pdf (1 pages)

5.2 Adroddiad Caffael Strategol

I'w Cymeradwyo

Prif Swyddog Gweithredu

- 📄 5.2 Strategic Procurement Report.pdf (9 pages)
- 📄 5.2i Appendix A - End of Year Journals DHCW Board Approval Paper.pdf (8 pages)
- 📄 5.2ii Appendix B - Evidence Summaries DHCW Board Approval Paper.pdf (8 pages)
- 📄 5.2iii Appendix C - Citrix Renewal.pdf (8 pages)
- 📄 5.2iv Appendix D - WPAS Server Infrastructure.pdf (8 pages)
- 📄 5.2v Appendix E - Strategic Procurement Plan.pdf (2 pages)

Egwyl

12:10 - 13:25
75 min

6. LLYWODRAETHU, RISG, PERFFORMIAD A SICRWYDD

6.1 Adroddiad Perfformiad Sefydliadol Integredig

I'w drafod *Prif Swyddog Gweithredu*

- 📄 6.1 DHCW Integrated Performance Report Cover Sheet.pdf (7 pages)
- 📄 6.1i DHCW Integrated Performance Report 2110-Oct 2021.pdf (35 pages)

6.2 Perfformiad hanner ffordd drwy'r flwyddyn yn erbyn y cynllun

I'w Nodi *Prif Swyddog Gweithredu*

- 📄 6.2 DHCW Half year performance against the plan report.pdf (7 pages)
- 📄 6.2i Appendix A Operating Plan Minimum Dataset Final Ver F-01.pdf (42 pages)

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

Il'w Cymeradwyo *Ysgrifennydd y Bwrdd*

- 📄 6.3 Risk Management Report and Risk Appetite Statement.pdf (6 pages)
- 📄 6.3i Appendix A Risk Assessment Considerations.pdf (2 pages)
- 📄 6.3ii Appendix B DHCW Corporate Risk Register.pdf (12 pages)
- 📄 6.3iii Appendix C Risk Management & BAF Milestone Plan v4 26.08.21.pdf (2 pages)
- 📄 6.3iv Appendix D Risk Appetite - FINAL.pdf (2 pages)
- 📄 6.3v Appendix E Risk Appetite visual v1 Board Final 05.11.21.pdf (1 pages)

6.4 Adroddiad Cyllid

I'w Nodi *Cyfarwyddwr Gweithredol Cyllid*

- 📄 6.4 Finance Report.pdf (19 pages)

6.5 Diweddariad Polisi

Ar gyfer Sicrwydd *Ysgrifennydd y Bwrdd*

- 📄 6.5 Policy Update Report.pdf (6 pages)

6.6 Adroddiad Crynhoi Cynnydd y Pwyllgor Archwilio a Sicrwydd

I'w Nodi *Cadeirydd y Pwyllgor*

- 📄 6.6 Audit and Assurance Committee Highlight Report.pdf (6 pages)

6.7 Adroddiad Crynhoi Cynnydd Pwyllgor Llywodraethu a Diogelwch Digidol

I'd Nodi *Cadeirydd y Pwyllgor*

- 📄 6.7 Digital Governance & Safety Committee Highlight Report November.pdf (6 pages)

6.8 Adroddiad Crynhoi Cynnydd y Pwyllgor Taliadau a Thelerau Gwasanaeth

I'w Cymeradwyo *Cadeirydd*

6.9 Adroddiad Crynhoi Cynnydd y Fforwm Partneriaeth Lleol

I'w Nodi *Cadeirydd Grŵp Ymgynghorol*

13:25 - 13:30
5 min

7. MATERION I GLOI

7.1 Unrhyw Faterion Brys Eraill

I'w drafod *Cadeirydd*

7.2 Dyddiad y Cyfarfod Nesaf Dydd Iau 27 Ionawr

I'w Nodi *Cadeirydd*

Cyfarfod Bwrdd Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru – CYHOEDDUS – Cofnodion heb eu cadarnhau

Cofnodion cyfarfod Bwrdd Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru a gynhaliwyd ddydd Iau 30 Medi 2021 fel cyfarfod rhithwir a ddarllledwyd yn fyw drwy Microsoft Teams.

🕒 10:00 hyd 14:00

📅 30/09/2021

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

1Cofnodion heb eu Cadarnhau: Cyfarfod Bwrdd

Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru a gynhaliwyd ar 20210930

			Gofal Digidol Cymru
Marian Wyn Jones	MWJ	Aelod Annibynnol, Cadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru

Yn bresennol	Cychwynnol	Teitl	Sefydliad
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Grant Davies	GrD	Pennaeth Cynllunio a Pherfformiad (eitem 3.1 ar yr agenda)	Bwrdd Iechyd Prifysgol Aneurin Bevan
Gillian Davison	GD	Datblygu Meddalwedd (eitem 3.1 ar yr agenda)	Iechyd a Gofal Digidol Cymru
Sophie Fuller	SF	Rheolwr Llywodraethu Corfforaethol a Sicrwydd	Iechyd a Gofal Digidol Cymru
Carwyn Lloyd-Jones	CLJ	Cyfarwyddwr Technoleg Gwybodaeth a Chyfathrebu	Iechyd a Gofal Digidol Cymru
Julie Robinson	JR	Ysgrifenyddiaeth y Cyfarfod	Iechyd a Gofal Digidol Cymru
Michelle Sell	MS	Prif Swyddog Gweithredol	Iechyd a Gofal Digidol Cymru

Arsylwr		Teitl	Sefydliad
Simon Jones		Cadeirydd Dynodedig	

Ymddiheuriadau	Teitl	Sefydliad
Andrew Fletcher	Aelod Cyswllt o'r Bwrdd, Undeb Llafur	Iechyd a Gofal Digidol Cymru

Acronymau			
Iechyd a Gofal Digidol Cymru	Iechyd a Gofal Digidol Cymru	SHA	Awdurdod Iechyd Arbennig
CEO	Prif Swyddog Gweithredol	LIC	Llywodraeth Cymru
DCT	Trosglwyddo Canolfan Ddata	Gwasanaeth Gwybodeg GIG Cymru	Gwasanaeth Gwybodeg GIG Cymru (NWIS)
YR ADNODD DATA CENEDLAETHOL	Adnodd Data Cenedlaethol	MOU	Memorandwm Cyd-ddealltwriaeth
DPIF	Cronfa Buddsoddi Blaenoriaethau Digidol	TPP	Profi, Olrhain a Diogelu
DSPP	Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd	LINC	Rhwydwaith Gwybodaeth Labordy Cymru
CYNLLUN TYMOR CANOLIG INTEGREDIG (IMTP)	Cynllun Tymor Canolig Integredig (IMTP)	LPF	Fforwm Partneriaeth Lleol

Rhif yr Eitem	Manylion yr Eitem	Canlyniad	I'w gweithredu gan
MATERION RHAGARWEINIOL			
1.1	Croeso ac Ymddiheuriadau Estynnodd y Cadeirydd Dros Dro, Bob Hudson (BH) groeso cynnes i aelodau'r Bwrdd, y cyhoedd oedd yn gwylio ac yn arbennig i David Murphy o Archwilio Cymru a Simon Jones a benodwyd yn Gadeirydd newydd Iechyd a Gofal Digidol Cymru (DCHW) o 1 Hydref i gyfarfod cyhoeddus Bwrdd Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru. Ychwanegodd BH mai gyda rhywfaint o dristwch yr oedd yn croesawu mynychwyr a gwylwyr i'r cyfarfod olaf y byddai ef yn ei	Nodwyd	Dim i'w nodi

3Cofnodion heb eu Cadarnhau: Cyfarfod Bwrdd

Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru a gynhaliwyd ar 20210930

	<p>gadeirio i Iechyd a Gofal Digidol Cymru.</p> <p>Cafodd y cyfarfod ei ddarlledu'n fyw oherwydd y cyfyngiadau Covid-19 parhaus ynghylch digwyddiadau cyhoeddus a gweithio gartref lle bo hynny'n bosibl. Mae'r broses hon wedi'i monitro'n barhaus a chaiff ei hasesu yn unol ag unrhyw ddiweddariadau i ganllawiau Llywodraeth Cymru. Byddai'r recordiad ar gael drwy wefan Iechyd a Gofal Digidol Cymru ar gyfer unrhyw bersonau nad ydynt yn gallu cael mynediad i'r cyfarfod byw. Croesawodd BH gydweithwyr oedd yn rhanddeiliaid a allai fod wedi gwyllo trwy'r ffrwd fyw.</p> <p>Darparodd y Cadeirydd hysbysiadau cadw tŷ ynghylch agweddau technegol ffrydio byw'r cyfarfod, y seibiannau arfaethedig, a'r defnydd o'r agenda caniatâd ar gyfer eitemau 2.1 i 2.4.</p> <p>Yna, amlinellodd y Cadeirydd yr eitemau o fewn yr agenda caniatâd a dywedodd y byddai aelodau'r Bwrdd yn cael cyfle i ddod ag unrhyw un o'r eitemau hynny ar y brif agenda er mwyn cael trafodaeth fwy llawn yn eitem 1.4.</p>		
1.2	<p>Ymddiheuriadau absenoldeb</p> <p>Nodwyd ymddiheuriadau am absenoldeb gan:</p> <ul style="list-style-type: none"> Andrew Fletcher, Aelod Bwrdd Cysylltiol, Undeb Llafur 	Nodwyd	Dim i'w nodi
1.3	<p>Datganiadau o Fuddiannau</p> <p>Ni dderbyniwyd unrhyw rai mewn perthynas â'r agenda.</p>	Nodwyd	Dim i'w nodi
1.4	<p>Materion yn Codi</p> <p>Ni nodwyd unrhyw eitemau ar yr agenda caniatâd gan aelodau'r Bwrdd ar gyfer eu symud i'r brif agenda.</p>	Trafodwyd	Dim i'w nodi
AGENDA CYDSYNIO - I'W CHYMERADWYO			
2.1	<p>Cofnodion Cyfarfod y Bwrdd 29 Gorffennaf 2021 sydd eto i'w cadarnhau</p> <p>Cymeradwywyd cofnodion 29 Gorffennaf 2021 fel cofnod gwir a chywir.</p> <p>Penderfynodd y Bwrdd:</p> <p>GYMERADWYO Cofnodion y cyfarfod diwethaf.</p>	Cymeradwywyd	Dim i'w nodi
2.2	<p>Cofnodion Gweithredu</p> <p>Cwblhawyd yr holl gamau gweithredu a oedd yn weddill, gan gynnwys y rhai a godwyd yn y cyfarfod diwethaf, a nodwyd eu bod wedi eu cau.</p>	Nodwyd	Dim i'w nodi

	Penderfynodd y Bwrdd: NODI y log gweithredu.		
2.3	Blaengynllun Nododd y Bwrdd y Blaen Gynllun a oedd yn nodi'r amserlen waith a gyflwynir i gyfarfodydd y Bwrdd yn y dyfodol. Penderfynodd y Bwrdd: NODI cynnwys y Blaengynllun.	Nodwyd	Dim i'w nodi
2.4	Cynllun Adolygu Archwilio Clinigol a Chanlyniadau Cenedlaethol GIG Cymru Cadarnhaodd y Bwrdd y penderfyniad i Iechyd a Gofal Digidol Cymru weithredu fel cyd-reolwr data gyda'r Bartneriaeth Gofal Iechyd a Gwella Ansawdd, ar gyfer cyflwyno unrhyw brosiect a gomisiynwyd gan y Bartneriaeth fel rhan o'r Rhaglen Genedlaethol ar gyfer Archwiliadau Clinigol a Chanlyniadau i Gleifion. Adolygwyd y cynllun gan y Pwyllgor Diogelwch a Llywodraethu Digidol a oedd wedi cymeradwyo'r dull hwn. Penderfynodd y Bwrdd: CYMERADWYO Cynllun Adolygu Archwilio Clinigol a Chanlyniadau Cenedlaethol GIG Cymru	Cymeradwyd	Dim i'w nodi

PRIF AGENDA

RHAN 3 - I'W DRAFOD

3.1	Stori Claf neu Ddefnyddiwr		
	<p>Gwahoddodd y Cadeirydd Rhidian Hurle (RH) i gyflwyno ei gydweithwyr a fyddai'n arwain y cyflwyniad, fel rhan o'r dull dysgu sefydliadol. Nododd RH fod y Rhaglen waith hon ar gyfer System Imiwneiddio Cymru (WIS) fel dull Cymru gyfan o gyflenwi brechlynnau, wedi bod yn rhagorol ac wedi cwrdd â'r holl heriau a gododd, yn enwedig cyfyngiadau amser. Byddai'r cyflwyniad yn amlinellu'r cyflawniadau a'r heriau allweddol i'r tîm. Cyflwynodd RH Gill Davison (GD) (Arweinydd Meddalwedd) a'i chydweithwyr Grant Davies (GrD) o Fwrdd Iechyd Aneurin Bevan a ymunodd i roi ei syniadau ef ar y system o safbwynt y Bwrdd Iechyd a Josh Hunt (JH), rhan o dîm y prosiect.</p> <p>Holodd Siân Doyle (SD) beth oedd y prif bethau a ddysgwyd o'r 15 mis diwethaf a fyddai'n ddefnyddiol ar gyfer prosiectau yn y dyfodol. Ymatebodd GD trwy ddweud o safbwynt datblygu meddalwedd, mai dysgu ystwyth oedd y prif bwynt dysgu a alluogodd ddull ailadroddol o gyflawni ac a alluogodd</p>	Trafodwyd	Dim i'w nodi

5Cofnodion heb eu Cadarnhau: Cyfarfod Bwrdd

Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru a gynhaliwyd ar 20210930

	<p>randdeiliaid i arsylwi'r gwaith a wnaed yn gynnar. Roedd ffocws ar gwsmeriaid hefyd yn un o brif amcanion y tîm ynghyd â chydweithrediad timau oedd yn gweithio gyda'i gilydd ar draws y system.</p> <p>Nodwyd bod y gwaith hwn i gyd wedi digwydd yn ystod y newid o Wasanaeth Gwybodeg GIG Cymru i Iechyd a Gofal Digidol Cymru a'i fod yn atgof pwerus o sut y gallai'r agwedd ddigidol effeithio ar iechyd unigolyn.</p> <p>Diolchodd Rowan Gardner (RoG) am y gwaith a wnaed i gyflawni'r Rhaglen frechu hon mor effeithlon ac o fewn amser mor fyr a nododd y ffocws estynedig y mae'r pandemig wedi'i gael ar firoleg fel gwyddor glinigol a sylfaenol. Roedd corff cynyddol o dystiolaeth yn dangos bod haint firaol yn sbardun i glefyd cronig felly byddai effaith Cymru yn cael niferoedd uchel yn derbyn y brechlyn yn effeithio ar iechyd cenedlaethau'r dyfodol.</p> <p>Llongyfarchodd Marian Wyn Jones (MWJ) y tîm eto ar y gwaith i gyflwyno Rhaglen frechu i Gymru yn erbyn cymaint o bwysau o ran amser a holodd sut y gellid sicrhau bod yr egwyddorion newydd yn cael eu cymhwyso at bob prosiect yn y dyfodol. Ymatebodd cydweithwyr Iechyd a Gofal Digidol Cymru i ddweud bod arddangos cydweithredu trwy'r strwythurau llywodraethu ledled Cymru yn allweddol i newid y ffordd yr oedd gwasanaethau'n cael eu darparu. Byddai'r strwythurau llywodraethu gan gynnwys gwasanaethau digidol i'r cyhoedd a chleifion yn allweddol gydag ymrwymadau yn rhoi Iechyd a Gofal Digidol Cymru mewn sefyllfa i ddeall gofynion y defnyddwyr o ran dinasyddion Cymru a'u hanghenion iechyd. Byddai'r berthynas â'r Byrddau Iechyd yn cael ei rheoli wrth i'r Bwrdd roi'r cyfle i adeiladu cyfalaf cymdeithasol ar draws gwahanol lwybrau. Mae'r cyfleoedd a gododd o'r Rhaglen hon yn dangos yr hyn y llwyddwyd i'w wneud pan ddaeth Cymru gyfan ynghyd i Gymru gyflwyno Rhaglen Cymru gyfan lle roedd Iechyd a Gofal Digidol Cymru yn rhanddeiliad allweddol ymhlith llawer wrth ddarparu Rhaglenni llwyddiannus.</p> <p>Diolchodd BH i GD a GrD am y cyflwyniad a'r gwaith a wnaed gyda System Imiwneiddio Cymru.</p> <p>Penderfynodd y Bwrdd:</p> <p>DRAFOD y cyflwyniad gwrando a dysgu ar y cyd a ddarparwyd gan System Imiwneiddio Cymru.</p>		
RHAN 4 - I'W HADOLYGU			
4.1	<p>Adroddiad y Cadeirydd</p> <p>Amlinellodd y Cadeirydd yr uchafbwyntiau yn yr adroddiad.</p>	Cymeradw wyd (y Sêl	Dim i'w nodi

	<p>Sêl Gyffredin - Gofynnir i'r Bwrdd gadarnhau'r defnydd o'r sêl gyffredin a gymhwyswyd ers cyfarfod diwethaf y Bwrdd.</p> <p>Cadarnhaodd y Bwrdd y defnydd o'r Sêl Gyffredin a ddefnyddiwyd am y tro cyntaf ar 8 Medi ar gyfer 2 Weithred Amrywio a 2 Femoranda Adolygu Rhent.</p> <p>Penodi Cadeirydd Iechyd a Gofal Digidol Cymru</p> <p>Cadarnhaodd BH yn ffurfiol, yn dilyn ymgyrch recriwtio cyhoeddus, y penodwyd Simon Jones (SJ) yn Gadeirydd gwirioneddol newydd a llongyfarchodd SJ. Byddai'r penodiad yn para hyd at fis Medi 2025.</p> <p>Ychwanegodd BH ei bod wedi bod yn bleser goruchwylio swyddogaethau o Wasanaeth Gwybodeg GIG Cymru i Fwrdd yr Awdurdod Iechyd Arbennig sydd newydd ei sefydlu a byddai SJ yn dod ag ystod eang o brofiad o Fwrdd y GIG a'r 3ydd sector i'r sefydliad. Mynegodd BH ei ddymuniadau gorau i SJ ac Iechyd a Gofal Digidol Cymru ar gyfer y dyfodol.</p> <p>Cyfarfod Cadeiryddion Cymru gyda'r Gweinidog</p> <p>Cynhaliwyd cyfarfod Rhwydwaith Cadeiryddion Cymru gyda'r Gweinidog Iechyd, Eluned Morgan, ar 16 Medi. Mynychodd Ruth Glazzard, yr Is-gadeirydd, ar ran BH lle trafodwyd y pwysau ar y system gofal iechyd a chynlluniau ar gyfer yr adferiad.</p> <p>Cyfarfodydd Bwrdd Iechyd a Gofal Digidol Cymru i Fwrdd GIG Cymru</p> <p>Fel rhan o'r gwaith ymgysylltu ehangach ac i feithrin perthynas â rhanddeiliaid roedd Iechyd a Gofal Digidol Cymru yn cael cyfarfodydd Bwrdd i Fwrdd, gyda'r mwyaf diweddar wedi bod gydag Ymddiriedolaeth Gwasanaeth Ambiwlans Cymru (WAST).</p> <p>Sesiwn Datblygu'r Bwrdd ar 2 Medi 2021</p> <p>Cynhaliwyd Sesiwn Datblygu'r Bwrdd ar 2 Medi 2021 trwy fodel hybrid hy, cyfarfu rhai aelodau yn bersonol ac roedd rhai ar-lein. Canolbwyntiodd y sesiwn ar bwrpas craidd Iechyd a Gofal Digidol Cymru a chyfeiriad strategol yn y dyfodol. Ymunodd Addysg a Gwellu Iechyd Cymru â'r sesiwn i rannu eu profiadau o sefydlu sefydliad newydd.</p> <p>Cynhaliwyd sesiwn hefyd ynghylch awch am risg, a mynegwyd</p>	<p>Gyffredin) a Nodwyd</p>	
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	<p>barn gyffredinol am sut y byddai'r Bwrdd yn rheoli risgiau.</p> <p>Achos Busnes Rhwydwaith Gwybodaeth Labordai Cymru (LINC)</p> <p>Cyfarfu'r Bwrdd mewn sesiwn breifat cyn cyfarfod cyhoeddus y Bwrdd ar 30 Medi i gymeradwyo Achos Busnes Llawn LINC. Hysbysodd BH y cyfarfod fod y gymeradwyaeth i'r Achos Busnes yn cael ei reoli ar draws holl Fyrddau ac Ymddiriedolaethau Iechyd y GIG a'i fod yn cynrychioli cam nesaf datblygiad systemau gwybodaeth sy'n sail i systemau rheoli a phatholeg y labordai ledled GIG Cymru.</p> <p>Cymeradwyodd y Bwrdd yr Achos Busnes yn breifat oherwydd natur fasnachol sensitif y wybodaeth, ac roedd hyn yn wir ar draws y Bwrdd Iechyd ac Ymddiriedolaethau o ran y gymeradwyaeth. Gan dybio bod y Byrddau Iechyd eraill a Llywodraeth Cymru yn cymeradwyo'r achos busnes yn ffurfiol, byddai Iechyd a Gofal Digidol Cymru yn dyfarnu'r contract ar gyfer y system LINC newydd i'r cyflenwr llwyddiannus mewn cyfarfod Bwrdd Anarferol a gynlluniwyd ar gyfer 14 Hydref.</p> <p>Penderfynodd y Bwrdd:</p> <p>GYMERADWYO defnyddio'r Sêl Gyffredin a CHYMERADWYO Achos Busnes Llawn LINC a NODI cynnwys yr adroddiad.</p>		
4.2	<p>Adroddiad y Prif Swyddog Gweithredol</p> <p>Gwahoddodd y Cadeirydd Helen Thomas (HT) i gyflwyno Adroddiad y Prif Weithredwr.</p> <p>Amlinellodd HT y pwyntiau allweddol yn yr adroddiad.</p> <p>Cyfarfod â Phrif Weithredwr Digidol Dros Dro y GIG</p> <p>Cadarnhaodd HT fod cyfarfod rhagarweiniol wedi'i gynnal gyda Phrif Weithredwr Digidol Dros Dro y GIG, gyda rhai sgysiau pellach wedi'u cynllunio ynghylch cydweithio â NHS Digital ar sawl menter a Rhaglen genedlaethol.</p> <p>Cyfarfod â Lee Waters, AoS</p> <p>Cynhaliwyd cyfarfod gyda Lee Waters, y Dirprwy Weinidog dros Newid Hinsawdd Roedd y Gweinidog wedi bod yn rym y tu ôl i Ganolfan y Gwasanaethau Cyhoeddus Digidol. Mae sgysiau pellach ar y gweill.</p> <p>Ymgysylltu Strategol</p> <p>Roedd sesiynau Ymgysylltu Strategol rhwng Swyddogion Gweithredol ar y gweill. Mae'r diweddaraf wedi digwydd gyda Bwrdd Iechyd Bae Abertawe.</p>	Nodwyd	Dim i'w nodi

Y Cynllun Tymor Canolig Integredig

Byddai'r cynllun yn cael ei drafod yn nes ymlaen yn yr agenda gyda phapur yn nodi'r dull o ymdrin â Chynllun Tymor Canolig Integredig (IMTP) Gofal Digidol Cymru. Roedd gwaith ar y gweill i sicrhau y byddai'r cynllun yn barod i'w gyflwyno ddiwedd mis Ionawr.

Canser – Disodli System Gwybodaeth Rhwydweithiau Canser Cymru (Canisc)

Mae'r Rhaglen Ganser yn fenter sylweddol i Iechyd a Gofal Digidol Cymru, gan weithio mewn cydweithrediad â'r gymuned ganser ledled Cymru ac yn enwedig gyda Chanolfan Ganser Felindre. Roedd y Rhaglen Ganser Genedlaethol i fod i barhau tan fis Tachwedd 2022, mae gwaith wedi'i wneud i sicrhau amser gweithredu byrrach ar gyfer disodli Canisc. Cytunwyd nad oedd yn ymarferol i'r Cynnyrch Hyfyw Isafol fynd 'yn fyw' ym mis Medi 2021 gan fod angen mwy o brofi a hyfforddi ar y swyddogaeth ychwanegol. Cytunwyd mai Mai 2022 fydd y dyddiad y bydd Felindre yn mabwysiadu'r gwasanaeth newydd.

e-Ragnodi

Roedd y fenter hon i'w thrafod yn nes ymlaen yn yr agenda, ond nodwyd y gofynnwyd i Iechyd a Gofal Digidol Cymru sefydlu'r Rhaglen Trawsnewid e-Ragnodi. Mae Iechyd a Gofal Digidol Cymru yn ystyried sut i gyflymu'r cam dechreuol.

Pwysau Covid 19 a'r Ymateb iddo

Nodwyd bod y GIG dan bwysau eithafol ac wrth fynd i mewn i'r Hydref a'r Gaeaf bydd y rhain yn cynyddu gyda phwysau o ran gofal heb ei drefnu a'r rhestr aros wrth gefn am lawdriniaethau dewisol.

Iechyd a Gofal Digidol Cymru yn Ennill Gwobr GO genedlaethol y DU

Enillodd tîm Caffael Iechyd a Gofal Digidol Cymru Wobr Genedlaethol GO am Ragoriaeth mewn Caffael Cyhoeddus. Derbyniwyd y wobwr am yr ymateb eithriadol i ddiwallu gofynion Covid wrth gaffael y system olrhain cysylltiadau. Llongyfarchodd HT MS a'r tîm am ennill y wobwr bwysig hon.

Ffarwelio â Chadeirydd Dros Dro Iechyd a Gofal Digidol Cymru

Diolchodd HT i BH a ffarweliodd ag ef gan ddymuno'n dda iddo yn ei waith yn y dyfodol.

Ailadroddodd Ruth Glazzard (RG) fod y fenter e-Ragnodi yn brif flaenoriaeth i Rwydwaith yr Is-gadeirydd. Roedd e-Ragnodi yn

	<p>un o'r Rhaglenni yr oedd angen i Iechyd a Gofal Digidol Cymru eu symud yn eu blaen a byddai grŵp yr Is-gadeirydd yn cymryd diddordeb gweithredol yn hyn.</p> <p>Penderfynodd y Bwrdd:</p> <p>NODI cynnwys adroddiad y Prif Swyddog Gweithredol.</p>		
4.3	Egwyl		
RHAN 5 - EITEMAU STRATEGOL			
	<p>Adroddiad Trosglwyddo'r Ganolfan Ddata</p> <p>Gwahoddodd BH Carwyn Lloyd Jones (CLJ) i gyflwyno Adroddiad Trosglwyddo'r Ganolfan Ddata.</p> <p>Cyflwynodd CLJ y wybodaeth ddiweddaraf am waith a wnaed ar Drosglwyddo'r Ganolfan Ddata. Symudwyd y gweinyddwyr mewn 8 swp dros 8 penwythnos. Roedd gwaith pob un o'r 8 penwythnos a gynlluniwyd bellach wedi'u cwblhau. Roedd mwyafrif helaeth yr offer wedi cael ei symud ac roedd y system Profi a Datblygu yn cael ei symud i'r Cwmwl ynghyd â System Gwybodaeth Gofal Cymunedol Cymru.</p> <p>Amlinellodd CLJ y tair risg a materion a gafodd eu huwchgyfeirio ar gyfer ymwybyddiaeth.</p> <p>Daeth CLJ i'r casgliad fod y gwaith wedi mynd yn dda ar y cyfan ond nad oedd wedi bod heb ei heriau. Cyflawnwyd y prosiect heb fawr o aflonyddwch a chafwyd adborth cadarnhaol gan randdeiliaid allanol.</p> <p>Penderfynodd y Bwrdd:</p> <p>NODI Adroddiad Trosglwyddo'r Ganolfan Ddata</p>	Nodwyd	Dim i'w nodi
5.2	<p>Dull Strategaeth y Cwmwl</p> <p>Gwahoddodd BH Claire Osmundsen Little (COL) i gyflwyno Dull Strategaeth y Cwmwl.</p> <p>Cadarnhaodd COL fod y dull cwmwl yn gyntaf yn un o weledigaethau allweddol Iechyd a Gofal Digidol Cymru i ddarparu technoleg i alluogi gofal iechyd. Gan ei fod wedi'i nodi fel agwedd allweddol ar strategaeth y dyfodol, bydd yn ategu'r ymagwedd at bensaernïaeth ac yn cefnogi strategaethau'r cynnyrch wrth symud ymlaen. Yn ogystal, roedd Strategaeth y Cwmwl yn bwysig o safbwynt busnes cynaliadwy gan fod y canolfannau data yn gadael ôl troed carbon.</p> <p>Cydnabuwyd nad newid yn y Rhaglen Seilwaith yn unig oedd gweithredu Strategaeth y Cwmwl ond newid sefydliadol hefyd,</p>	Nodwyd	Cam Gweithredu : COL i roi diweddaria d pellach i'r Bwrdd ar 25 Tachwedd

	<p>felly er mwyn sicrhau bod gan y staff i gyd lefel gyffredin o ddealltwriaeth cynhaliwyd nifer o weithdai ym mis Medi gydag aelodau staff allweddol a fyddai'n cael eu heffeithio gan strategaeth y Cwmwl i drafod a rhannu'r egwyddorion.</p> <p>Roedd angen deall sut y byddai Iechyd a Gofal Digidol Cymru yn cyflawni'r strategaeth ac ar ba gyflymder y dylai ystyried trosglwyddo. Roedd y gofynion ariannol cyfalaf yn cael eu hadolygu'n fwy manwl ar gyfer y 3-5 mlynedd nesaf.</p> <p>Roedd y strategaeth fasnachol a'r map ffordd o amgylch cyflenwyr y Cwmwl wedi'u drafftio a byddent yn cael eu cwblhau dros yr ychydig fisoedd nesaf.</p> <p>Dywedodd David Selway (DS) mai un o'r risgiau mewn perthynas â chyflawni'r strategaeth oedd y sgiliau sy'n ofynnol fel rhan o'r trosglwyddo a gofynnodd, wrth inni symud ymlaen, a ellid nodi rolau newydd nad ydynt yn bodoli ar hyn o bryd, yn enwedig mewn perthynas â chefnogi'r platfform gan y gallai'r sgiliau hyn fod yn anodd eu recriwtio. Cefnogwyd y gwaith o hyfforddi staff yn fewnol ond mae gan hyn rai cyfyngiadau ac roedd o blaid dull hybrid lle mae mwyafrif y staff yn cael eu hyfforddi ond bod rhywfaint o wybodaeth arbenigol yn cael ei dwyn i mewn i sicrhau gwytnwch yn y maes hwn.</p> <p>Cynlluniwyd llif gwaith i edrych ar y gweithlu o safbwynt technegol ond hefyd o safbwynt cefnogi gan fod y goblygiadau yn llawer ehangach na rhai technegol yn unig, a byddai angen adnoddau pwrpasol ar yr agweddau cyllid a masnachol.</p> <p>Rhoddodd BH gadarnhad mai strategaeth Iechyd a Gofal Digidol Cymru oedd y Strategaeth hon ar gyfer y Cwmwl ac nid Strategaeth Cymru Gyfan.</p> <p>CAM GWEITHREDU: 20210930-A01 Bydd diweddariad pellach ar strategaeth y Cwmwl yn cael ei ddwyn yn ôl ym mis Tachwedd i gyd-fynd â'r Cynllun Tymor Canolig Integredig (IMTP).</p> <p>Penderfynodd y Bwrdd:</p> <p>NODI'r cynnydd yn yr adroddiad diweddar y nghylch Dull Strategaeth y Cwmwl.</p>		
5.3	<p>Diweddariad ynghylch e-Ragnodi</p> <p>Gwahoddodd BH HT i gyflwyno'r Diweddariad ynghylch e-Ragnodi.</p> <p>Adroddodd HT fod cyllid wedi'i gadarnhau a gofynnwyd i Iechyd a Gofal Digidol Cymru sefydlu Rhaglen e-Ragnodi. Roedd y papur yn nodi gofynion a chanlyniadau Adolygiad Llywodraeth Cymru yn 2020. Y prif argymhelliad oedd dull</p>	Nodwyd	

	<p>cyflwyno cyfochrog ar draws pedair prif elfen, a amlinellwyd yn yr adroddiad.</p> <p>Y dull a gymerir yw cyflwyno'r pedwar prosiect ochr yn ochr a sefydlu'r Rhaglen lywodraethu Genedlaethol gan ystyried y gwaith a wnaed eisoes yn y maes hwn gan Fwrdd Iechyd Bae Abertawe sydd wedi gweithredu e-Ragnodi yn llwyddiannus yn un o'u safleoedd ac a fydd yn ei gyflwyno ar draws gweddill eu safleoedd.</p> <p>Bydd Iechyd a Gofal Digidol Cymru yn gweithio ochr yn ochr ag Ifan Evans, Cyfarwyddwr Technoleg a Thrawsnewid ac Andrew Evans, Prif Swyddog Fferyllol, sef y noddwyr o fewn Llywodraeth Cymru. Roedd y Rhaglen hon yn flaenoriaeth allweddol i'r Gweinidog Iechyd.</p> <p>Cadarnhaodd HT y byddai Iechyd a Gofal Digidol Cymru, cyn cael Bwrdd llawn y Rhaglen yn ei le, yn ceisio cyflymu'r Rhaglen a ffurfio Grŵp Llywio er mwyn gallu symud y Rhaglen hon yn ei blaen.</p> <p>Cymeradwyodd Grŵp Arweinyddiaeth y GIG hyn ym mis Awst 2021 gyda diweddariad ar y trefniadau llywodraethu arfaethedig yn cael eu cynllunio'n fuan.</p> <p>Gofynnodd MWD am sicrwydd ynghylch sut y bydd y newid yn y system yn cynorthwyo mewn achosion lle mae cleifion yn dioddef adweithiau niweidiol i feddyginiaethau, hy, a fyddai'n tynnu sylw at berygl adweithiau niweidiol.</p> <p>Cadarnhaodd HT y byddai'r llywodraethu yn ystyried materion diogelwch, ond cam mawr ymlaen oedd cael Cofnodion Cleifion Cenedlaethol, y brif ystorfa ganolog a fyddai'n cadw holl gofnodion meddyginiaeth y cleifion.</p> <p>Atgoffodd RH y Bwrdd fod yr Athro Routledge a Ruth Hussey wedi cyflwyno Cynllun y Cerdyn Melyn. Byddai systemau digidol yn caniatáu i wybodaeth, fel adweithiau niweidiol, gael ei chofnodi mewn ffordd fwy strwythuredig i'w rhannu wrth ystyried rhyngweithiadau cysylltiedig â chynhyrchion a oedd yn rhan allweddol o ddiogelwch cleifion. Byddai hanes yr unigolyn yn cael ei gyflwyno i'r rhai fyddai'n gofalu amdany'n nhw.</p> <p>Hysbyswyd y Bwrdd fod yr hysbysebion ar gyfer Cyfarwyddwr y Rhaglen ac Arweinydd y Rhaglen bellach yn fyw gyda chyllid wedi'i dderbyn ymlaen llaw i gychwyn y Rhaglen gan Lywodraeth Cymru.</p> <p>Cydnabuwyd bod pwysau ar adnoddau Iechyd a Gofal Digidol Cymru.</p> <p>Rhoddwyd sicrwydd i'r Bwrdd ynghylch cyflawni ar fyrder trwy arweinyddiaeth dda a sicrhau bod sgiliau technegol ar gael</p>		
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	<p>hefyd. Cydnabu Iechyd a Gofal Digidol Cymru fod yn rhaid darparu'r adnoddau cywir er mwyn i'r prosiect hwn lwyddo ac i ddechrau byddai angen i Iechyd a Gofal Digidol Cymru adolygu sut y gallai flaenoriaethu hyn dros bethau eraill yn y cynllun.</p> <p>O safbwynt llywodraethu, roedd yn hanfodol sicrhau bod pawb yn cydweithredu ac roedd gwersi wedi'u dysgu o'r ffordd ystwyth o weithio fel y gwelwyd gyda System Imiwneiddio Cymru.</p> <p>Nododd RoG nifer y prosiectau holl bwysig yr oedd Iechyd a Gofal Digidol Cymru yn ymgymryd â nhw a'r pwysau ar adnoddau ac ar y gweithlu ac awgrymodd y gallai'r Bwrdd edrych ar y risg cysylltiedig.</p> <p>Bydd gan y Bwrdd oruchwyliaeth ar y gwaith hwn a bydd yn rhoi sicrwydd o ran risgiau trwy ddatblygu'r Cynllun Tymor Canolig Integredig.</p> <p>Penderfynodd y Bwrdd:</p> <p>NODI'R Diweddariad am e-Ragnodi.</p>		
5.4	<p>Adroddiad Caffael Strategol</p> <p>Gwahoddodd BH Michelle Sell (MS) i gyflwyno'r Adroddiad Caffael Strategol.</p> <p>Cadarnhaodd MS fod dau gontract gyda symiau wedi'u nodi yn y Rheolau Sefydlog yr oedd angen eu cyflwyno i'w cymeradwyo gan y Bwrdd.</p> <p>Gwasanaeth Argraffu a Reolir gan Feddygon Teulu</p> <p>Tynnodd MS sylw at y pwyntiau allweddol: -</p> <ul style="list-style-type: none"> Gwasanaeth argraffu a reolir gan feddygon teulu - yn 2016 gwnaed penderfyniad i allanoli'r gwaith o reoli argraffyddion ar gyfer meddygfeydd teulu. Mae argraffyddion yn gallu bod yn beiriannau sy'n gwneud defnydd dwys o adnoddau, felly roedd yn benderfyniad strategol symud i system gontract allanol. Byddai symud o argraffu i ddigidol yn lleihau'r ddibyniaeth ar argraffyddion ond roedd yn dal angen iddynt weithredu. Cynhaliwyd proses dendro gystadleuol ar gyfer cytundeb 5 mlynedd a daeth HP allan fel y ffit orau ar gyfer y gofynion am bris cystadleuol, ac a oedd yn is na'r cytundeb cyfredol. Cafodd yr arian ei neilltuo gan Lywodraeth Cymru a gobeithid y byddai'r defnydd o brint yn lleihau ymhellach ymhen amser. Rhagwelid felly y byddai'r ddau gontract yn 	Cymeradw wyd	Dim i'w nodi

	<p>gorgyffwrdd. Roedd gwall yn nyddiad cychwyn y contract (tudalen 5) a ddylai ddarllen fel 2021 ac nid 2022.</p> <p>Penderfynodd y Bwrdd:</p> <p>GYMERADWYO dyfarnu contract Gwasanaeth Argraffu a Reolir gan Feddygon Teulu (P686).</p> <p>Adnoddau Datblygu Angenrheidiol ar gyfer Profi, Olrhain, Diogelu</p> <p>Tynnodd MS sylw at y pwyntiau allweddol:</p> <ul style="list-style-type: none"> Roedd Microsoft wedi gweithio gydag Iechyd a Gofal Digidol Cymru i ddefnyddio ateb dros y tymor byr. Pan gynhaliwyd ymarfer caffael agored ac y gwahoddwyd cystadleuaeth gan gyflenwyr eraill, daeth Microsoft i'r brig fel yr opsiwn gorau, ond fel contract tymor byr am flwyddyn yn unig, gyda'r opsiwn i ymestyn am flwyddyn arall. Mae Iechyd a Gofal Digidol Cymru yn datblygu tîm mewnol i ddarparu ar gyfer sicrhau bod olrhain cysylltiadau yn dod yn fenter hirdymor. Argymhellwyd bod y dyfarniad yn cael ei roi i Microsoft o 1af Tachwedd 2021. <p>Penderfynodd y Bwrdd:</p> <p>GYMERADWYO'r Adnoddau Datblygu sy'n ofynnol ar gyfer Profi, Olrhain, Diogelu ("TTP") (P647)</p>		
5.5	<p>Strategaeth Ymgysylltu â Rhanddeiliaid</p> <p>Cyflwynodd BH y Strategaeth Ymgysylltu â Rhanddeiliaid ac atgoffodd y Bwrdd o'r gweithgaredd a oedd wedi bod yn digwydd ynglŷn â hyn yn ystod yr ychydig fisoedd diwethaf a gwahoddodd MS i gyflwyno'r papur.</p> <p>Tynnodd MS sylw at y pwyntiau allweddol o bapur fframwaith y strategaeth ddrafft:</p> <ul style="list-style-type: none"> Roedd cwmni ymgynghori (The Consultation Institute) wedi'i gomisiynu gan Iechyd a Gofal Digidol Cymru i gyflawni'r gwaith ymgysylltu â rhanddeiliaid a oedd wedi canolbwyntio ar rhanddeiliaid allanol. Y neges allweddol yn ystod yr ymgynghoriad oedd bod Iechyd a Gofal Digidol Cymru yn sefydliad newydd sbon ac nid ymarferiad ail-frandio yn unig. Roedd yn gyfle i symud ymlaen gyda thîm arweinyddiaeth newydd. Beth mae hyn yn ei olygu i'r rhanddeiliaid o ran pwrrpas, 	Cymeradw wyd	Cam Gweithredu : MS i ddarparu cerrig milltir a llinellau amser allweddol ar gyfer cyflawni fframwaith y strategaeth.

	<p>gweledigaeth a gwerthoedd.</p> <p>Diolchodd MS i'r Bwrdd a rhanddeiliaid eraill am eu hamser a chytunodd i gynhyrchu fersiwn gryno fyrrach o'r papur yn dilyn adborth.</p> <p>Nododd y Bwrdd y byddai'n ddefnyddiol darparu cerrig milltir ac amseroedd allweddol ar gyfer cyflawni o ran canlyniadau ac allbwn fframwaith y strategaeth.</p> <p>Cadarnhaodd MS fod tîm bach o gydweithwyr mewnol wedi gweithio'n agos ar hyn a bod rhywfaint o waith manwl eisoes wedi'i gwblhau gan dîm Iechyd a Gofal Digidol Cymru. Cydnabuwyd ei bod yn ddefnyddiol cael persbectif allanol a byddai'n ddefnyddiol cael mewnbwn allanol gan drydydd parti ar adegau penodol wrth inni symud ymlaen.</p> <p>Cydnabu RoG ei fod yn ymarferiad parhaus ac yn un y mae angen i bawb dderbyn cyfrifoldeb am fod yn rhan ohono. Roedd dibyniaeth ar sefydliadau eraill i gefnogi rhai o'r sgysiau hynny fel Llywodraeth Cymru a'r Byrddau Iechyd. Gellid rhannu nifer o'r gweithgareddau ymgysylltu o fewn Iechyd a Gofal Digidol Cymru. O ran prosiectau allweddol a oedd yn cael eu cyflwyno, yn enwedig yr ap sy'n wynebu cleifion, roedd agweddau a allai fod y tu hwnt i ddisgwyliadau dechreuol pobl ac roedd angen cyfleu hyn i'r gymuned glinigol yn ogystal â'r cleifion</p> <p>Gorffennodd RoG trwy nodi ei bod yn teimlo'n ostyngedig o weld faint o bobl a ddaeth i weld cyfarfod y Bwrdd ac fe'u hanogodd i gysylltu a chynnig adborth gan mai pwrpas y cyfarfod oedd cael cyfathrebu dwy ffordd.</p> <p>CAM GWEITHREDU: 20210930-A02 Strategaeth Ymgysylltu â Rhanddeiliaid - Cerrig milltir a llinellau amser allweddol ar gyfer gweithredu'r strategaeth i'w darparu i'r Bwrdd.</p> <p>Penderfynodd y Bwrdd:</p> <p>CYMERADWYO'r Strategaeth Ymgysylltu â Rhanddeiliaid</p>		
5.6	<p>Cynnig Strwythur Gweithredol</p> <p>Gwahoddodd BH HT i gyflwyno'r Cynnig Strwythur Gweithredol.</p> <p>Nododd HT eto y cyflwynwyd y cynnig drafft i'r Bwrdd ym mis Gorffennaf ac yn syth ar ôl hynny cafodd ei rannu gyda'r sefydliad ehangach i ganiatáu iddynt roi adborth.</p> <p>Cadarnhaodd HT fod cefnogaeth eang i'r ddwy rôl weithredol arfaethedig newydd, un yn canolbwyntio ar gyflawni gweithredol ac un ar gyfeiriad strategol. Roedd mwyafrif yr adborth yn ymwneud â'r strwythurau islaw'r rolau gweithredol, a bydd hyn yn cael ei adolygu ymhellach ar ôl eu</p>	Cymeradw wyd	Dim i'w nodi

	<p>penodi.</p> <p>Nododd y Bwrdd fod dwy swydd yn cael eu heffeithio'n uniongyrchol gan y strwythur newydd. Cymhwyswyd Polisi Newid Sefydliadol Cymru ac arweiniodd y canlyniad at benodi'r Cyfarwyddwr TGCh presennol i swydd Cyfarwyddwr TGCh a Chyflenwi Digidol a'r Prif Swyddog Gweithredol cyfredol yn cael ei benodi i swydd Cyfarwyddwr Cynllunio a Pherfformiad. Bydd y ddwy rôl yn adrodd i Gyfarwyddwr Gweithredol. Bydd y ddau yn parhau yn eu rôl bresennol hyd nes y penodir i ddwy swydd y Cyfarwyddwyr Gweithredol.</p> <p>Penderfynodd y Bwrdd:</p> <p>GYMERADWYO'r Cynnig ynghylch y Strwythur Gweithredol gan nodi'r newidiadau o ganlyniad i adborth.</p>		
5.7	<p>Cynllun Tymor Canolig Integredig 2022–2025</p> <p>Amlinellodd BH y byddai'r dull o ymdrin â'r Cynllun Tymor Canolig Integredig yn yr adroddiad yn sail i waith Iechyd a Gofal Digidol Cymru wrth symud ymlaen. Roedd Cynllun Blyneddol blwyddyn ar gyfer 2021/22 wedi'i gymeradwyo gan Lywodraeth Cymru cyn i'r Bwrdd SHA fod ar waith, felly, hwn fyddai'r tro cyntaf i'r SHA fod ar waith, felly, hwn fyddai'r tro cyntaf i'r Bwrdd newydd gael cyfle i chwarae rhan lawn yn natblygiad y Cynllun Tymor canolig Integredig newydd. Gwahoddodd BH MS i gyflwyno dull Y Cynllun Tymor Canolig Integredig ar gyfer 2022-2025.</p> <p>Aeth MS â'r Bwrdd trwy'r dull a gynigiwyd ynghylch datblygu'r Cynllun Tymor Canolig Integredig a thynnodd sylw at y canlynol:</p> <ul style="list-style-type: none"> • Cynllun tair blynedd oedd y Cynllun Tymor Canolig Integredig; rhagnodwyd strwythur a chynnwys y cynllun i raddau helaeth gan Lywodraeth Cymru. Byddai LIC yn cyhoeddi Fframwaith Cynllunio i Iechyd a Gofal Digidol Cymru (erbyn diwedd mis Hydref). • Mae pob Corff GIG Statudol wedi bod yn gweithredu ar gynllun blwyddyn eleni oherwydd Covid. • Bydd ymgysylltu â rhanddeiliaid yn elfen allweddol o'r cynllun. Trefnwyd cyfarfodydd gyda'r holl Fyrddau ac Ymddiriedolaethau Iechyd, Addysg a Gwella Iechyd Cymru, Partneriaeth Cydwasanaethau GIG Cymru a'r Cydweithrediad i edrych ar hyn. • Canolbwyntir ar gyflawni cynllun realistig y gellir sicrhau adnoddau ar ei gyfer a'i gyflawni'n llawn. • Bydd y strategaeth hirdymor yn cael ei datblygu yn gyfochrog â'r gwaith ar y Cynllun Tymor Canolig 	Cymeradw wyd	<p>Cam Gweithredu : Ychwanegu'r Cynllun Tymor Canolig Integredig drafft at gynllun gwaith y Bwrdd.</p>

	<p>Integredig at ddibenion amseru ond roedd rhai cydrannau o hynny a fydd yn bwydo i'r Cynllun Tymor Canolig Integredig.</p> <ul style="list-style-type: none"> • Roedd 11 portffolio yn y cynllun, ac roeddent yn adlewyrchu'r gweithgareddau galluogi allweddol. Cefnogid y portffolios gan y mapiau ffordd ac roedd gwaith wedi dechrau ar y rhain. • Roedd yn ofynnol i Gynllun Tymor Canolig Integredig Iechyd a Gofal Digidol Cymru gyd-fynd â chynlluniau Byrddau ac Ymddiriedolaethau Iechyd eraill. <p>Byddai'r cydrannau hyn yn bwydo i mewn i'r cynllun tair blynedd ac i ategu hyn bydd Cynllun Busnes blwyddyn o hyd a oedd yn set fanwl o gerrig milltir ac amcanion a ddefnyddir i reoli'r sefydliad.</p> <p>Hysbyswyd y Bwrdd fod gwaith wedi dechrau, a'i nod oedd cyflawni drafft y gellid ei gyflwyno i'r Bwrdd ym mis Ionawr cyn ei gyflwyno i LIC ddiwedd mis Ionawr ac yna bydd cyfnod o adolygu a mireinio gyda'r bwriad o fod â chynllun clir erbyn diwedd Mawrth 2022.</p> <p>CAM GWEITHREDU: 20210930-A03 Y Cynllun Tymor Canolig Integredig drafft i'w ychwanegu at flaengynllun gwaith y Bwrdd.</p> <p>Penderfynodd y Bwrdd:</p> <p>GYMERADWYO'r agwedd at Gynllun Tymor Canolig Integredig 2022-2025.</p>		
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RHAN 6 – LLYWODRAETHU, RISG, PERFFORMIAD A SICRWYDD

6.1	<p>Adroddiad Perfformiad Sefydliadol Integredig</p> <p>Gwahoddodd BH MS i gyflwyno'r Adroddiad Perfformiad Integredig/Dangosfwrdd Perfformiad.</p> <p>Cyflwynodd MS yr adroddiad gan dynnu sylw at y pwyntiau allweddol:</p> <ul style="list-style-type: none"> • Adroddwyd bod y sefyllfa Werthuso yn goch. Byddai hyfforddiant ychwanegol yn cael ei ddarparu ar y maes gwaith hwn a byddai disgwyl gwelliannau ar gyfer y cyfarfod nesaf. Rhoddwyd sicrwydd i'r Bwrdd y bydd y maes hwn yn cael ei flaenoriaethu gan staff dros y misoedd nesaf. • Roedd hyfforddiant statudol a gorfodol yn gwella ond yn dal i fod yn is na'r targed o 85%. • Roedd nifer o'r Safonau bellach yn wyrdd. Gwnaed 	Trafodwyd	Dim i'w adrodd
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17Cofnodion heb eu Cadarnhau: Cyfarfod Bwrdd

Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru a gynhaliwyd ar 20210930

	<p>gwaith sylweddol yn enwedig gyda'r strwythurau newydd a ffocws ar gydymffurfiaeth ISO a BSI.</p> <ul style="list-style-type: none"> Bu gwelliant mewn gwasanaethau / rheoli contractau gyda chynnydd ym maint y tîm a strategaeth a dull newydd wedi'u cytuno. <p>Nododd y Bwrdd fod llawer o waith wedi ei gyflawni a llawr o gynnydd wedi ei wneud dros y 6 mis diwethaf er gwaethaf gofynion parhaus Covid.</p> <p>Tynnodd MS sylw at rai o elfennau allweddol y cynllun a oedd yn cynnwys y darnau pellach o waith sy'n cael ei wneud a'r cynnydd a wnaed arnynt ee system Fferylliaeth yr Ysbyty a gyflwynwyd ar draws y rhan fwyaf o'r Byrddau Iechyd a'r Ymddiriedolaethau, ac a fydd yn cynnig safoni ar draws Cymru.</p> <p>Nododd y Bwrdd y ddwy risg sy'n ymwneud â'r gweithlu a llwyth gwaith Covid 19. Roedd gwaith yn mynd rhagddo i liniaru'r risgiau ee, cynhelid ffair recriwtio yn fuan lle byddai aelodau allweddol o'r tîm yn mynychu i ddarparu gwybodaeth am y sefydliad a chynnal cyfweiliadau mewn amser real.</p> <p>Penderfynodd y Bwrdd:</p> <p>DRAFOD yr Adroddiad Perfformiad Sefydliadol Integredig</p>		
6.2	<p>Adroddiad Strategaeth Fframwaith Rheoli Risg a Sicrwydd Bwrdd yn cynnwys y Gofrestr Risg Corfforaethol</p> <p>Gwahoddodd BH Chris Darling (CD) i gyflwyno Adroddiad Strategaeth Fframwaith Rheoli Risg a Sicrwydd y Bwrdd a oedd yn cynnwys y Gofrestr Risg Gorfforaethol.</p> <p>Rhoddodd CD ddiweddariad am y Proffil Risg Corfforaethol yn seiliedig ar y Gofrestr Risg Gorfforaethol:</p> <ul style="list-style-type: none"> Ar hyn o bryd roedd 19 o risgiau ar y Gofrestr Risg Gorfforaethol, y manylwyd ar 15 ohonynt yn yr adroddiad fel eitem 6.iii a 4 a oedd yn seiber-risgiau ac a adolygwyd yn sesiynau preifat y Pwyllgor Llywodraeth a Diogelwch Digidol a'r Pwyllgor Archwilio a Sicrwydd. <p>Gofynnwyd i'r Bwrdd nodi'r newidiadau canlynol ar y Gofrestr Risg Gorfforaethol ers y cyfarfod diwethaf.</p> <ul style="list-style-type: none"> Roedd un risg hanfodol 0271 Fy iechyd Ar-lein wedi'i dileu yn dilyn deialog lwyddiannus gyda'r cyflenwr. Gostyngwyd risg arall 0270 sef Balansau Llwythi Etifeddol. Roedd yr holl wasanaethau bellach wedi symud i offer newydd a gefnogir. Trefnwyd profion i sicrhau nad oes unrhyw gysylltiadau anhysbys yn parhau a gostyngwyd y risg o 20 i 6. 	Trafodwyd	Dim i'w nodi

	<ul style="list-style-type: none"> Nid oedd unrhyw risgiau newydd o'r cyfnod diwethaf, ond mae'r map gwres risg yn dangos mai Canisc sydd â'r sgôr risg uchaf ar y gofrestr ar 20 o hyd. <p>Ymatebodd CD i gwestiwn cynharach y Cadeiryddion ynghylch risgiau yn ymwneud ag e-Ragnodi ac yn benodol adnoddau'r rhaglen. Roedd dwy risg ar y gofrestr Risg Gorfforaethol a oedd yn ymwneud â'r maes hwn:</p> <ol style="list-style-type: none"> 0237 effaith adnoddau Covid hy, symud adnoddau ar fyr rybudd i ymdrin â gofynion Covid a'r effaith y mae hyn yn ei chael ar feysydd blaenoriaeth eraill; a 0259 recriwtio staff / cadw staff a'r gallu i ddarparu adnoddau ar gyfer rhaglenni allweddol. <p>Atgoffwyd y Bwrdd fod Pwyllgorau ar waith bellach sydd â risgiau corfforaethol wedi'u neilltuo iddynt i ddarparu goruchwyliaeth a chraffu ychwanegol ac roedd hyn yn cynnwys y risgiau preifat.</p> <p>Derbyniodd y Bwrdd ddiweddariad ar y cynllun Cerrig Milltir Risg a ddatblygwyd pan ddaethpwyd â'r Strategaeth Rheoli Risg i'r Bwrdd a'i chymeradwyo ym mis Mai: -</p> <ul style="list-style-type: none"> Roedd tasgau 1-5 y cynllun wedi'u cwblhau. Roedd Mapio Sicrwydd a Rheolaethau Carreg Filtir 6 ar y gweill ar hyn o bryd. Roedd Carreg Filtir 9 yn cynnwys cael y Bwrdd a'r sefydliad i fynegi ei archwaeth am risg. Cynhaliwyd sesiwn ar 2 Medi lle roedd trafodaethau wedi dechrau am yr archwaeth am risg. Trefnwyd sesiwn arall ar gyfer 4 Tachwedd i drafod hyn ymhellach. <p>Dywedodd RG fod y cyfathrebu ynghylch archwaeth am risg yr un mor bwysig yn allanol ag yn fewnol a'i bod yn bwysig i bobl ddeall bod y Bwrdd wrthi'n trafod archwaeth am risg hyd yn oed os nad oedd wedi'i fynegi'n llawn ar hyn o bryd.</p> <p>Penderfynodd y Bwrdd:</p> <p>TRAFOD Adroddiad Strategaeth Fframwaith Rheoli Risg a Sicrwydd y Bwrdd yn cynnwys y Gofrestr Risg Corfforaethol</p>		
6.3	<p>Adroddiad Cyllid</p> <p>Gwahoddodd BH Claire Osmundsen-Little (CO-L) i gyflwyno'r Adroddiad Cyllid i'r Bwrdd.</p> <p>Tynnodd CO-L sylw at y prif bwyntiau o fewn yr adroddiad a amlinellodd y sefyllfa hyd at 31 Awst.</p> <p>Mae gan Iechyd a Gofal Digidol Cymru ddwy ddyletswydd</p>	Trafodwyd	Dim i'w adrodd

	<p>statudol y mae'r ddwy ohonynt yn ymwneud â chyfalaf a refeniw a rhaid iddo weithredu o fewn y terfynau adnoddau hyn.</p> <p>Adroddodd Iechyd a Gofal Digidol Cymru danwariant refeniw o £0.456m a thanwariant cyfalaf o £0.510m. Canran cynllun tâl y sector cyhoeddus oedd 85% ac mae'r cynllun cynilo wedi'i gyflawni ar gyfer y flwyddyn. Gwelwyd cynnydd bach yn y balansau arian parod ar £7.8m.</p> <p>Y rhagolwg i Lywodraeth Cymru oedd rhagfynegi sefyllfa o adennill costau ar ddiwedd y flwyddyn.</p> <p>O safbwynt perfformiad refeniw ac fel sefydliad newydd roedd amser yn cael ei dreulio yn recriwtio i swyddi gwag allweddol felly o ganlyniad roedd lefel uchel o swyddi gwag yn effeithio ar y sefyllfa refeniw. Roedd yna ardaloedd lle gwelid pwysau yn enwedig mewn TGCh o ran cyflog a materion heb fod yn ymwneud â chyflog ac adlewyrchid hyn yn y pwysau ar y Ganolfan Ddata a phwysau trwyddedu.</p> <p>Disgwylid y byddai'r swyddi gwag yn dechrau cael eu llenwi yn Ch3 a Ch4 o ganlyniad i'r ymgyrch recriwtio, ond roedd yn debygol y byddai'r pwysau TGCh yn aros.</p> <p>O safbwynt cyfalaf, fel y rhagwelwyd, cynyddodd hyn ym mis Awst a byddai disgwyl i hyn gynyddu wrth i'r flwyddyn fynd yn ei blaen.</p> <p>Roedd gwariant y Gronfa Buddsoddi ar Flaenoriaethau Digidol (DPIF) yn ôl y cynllun ond roedd yn dibynnu'n fawr ar dri maes allweddol; Gwasanaethau Digidol i gleifion a'r cyhoedd, yr Adnodd Data Cenedlaethol a'r Rhaglen Gofal Dwys Ddigidol.</p> <p>Roedd gwariant Covid yn unol â'r cynllun ond roedd yn adlewyrchu dyraniadau Llywodraeth Cymru a dderbyniwyd fel gwariant 'talwrth fynd'.</p> <p>Ym mis Awst, roedd gwariant Covid yn £1.5m ac o dan y pennawd hwnnw roedd gwariant y brechlyn a oedd yn cyfrif am £1m.</p> <p>Mae LIC wedi cael gwybod, os bydd y duedd yn parhau, y byddai modd ailddyrannu tua £6m o arian yn ôl i LIC tuag at ddiwedd y flwyddyn. Roedd cyfrifo ystwyth yn cael ei wneud yn y maes hwn i ystyried amrywiadau yn y Rhaglen Brechlynnau.</p> <p>Roedd y Gronfa Buddsoddi Blaenoriaethau Digidol (DPIF) yn cael ei monitro bob mis.</p> <p>Roedd y gwaith i drosglwyddo balans yr asedau i Iechyd a Gofal Digidol Cymru o Ymddiriedolaeth GIG Prifysgol Felindre yn mynd rhagddo'n dda.</p>		
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	<p>Daw contract Office 365 i ben ym mis Gorffennaf 2022 a bydd hyn yn ymagwedd genedlaethol ar y cyd y cytunwyd arni gan Gyfarwyddwyr Cyllid a Chyfarwyddwyr Digital Group i sicrhau'r gwerth gorau am arian i Gymru wrth ail-drafod y contract.</p> <p>Penderfynodd y Bwrdd:</p> <p>NODI'R Adroddiad Ariannol</p>		
6.4	<p>Adroddiad Crynhoi Cynnydd y Pwyllgor Llywodraethu a Diogelwch Digidol</p> <p>Gwahoddodd BH SD i gyflwyno Adroddiad y Cadeirydd o gyfarfod y Pwyllgor Llywodraethu a Diogelwch Digidol ar 11 Awst 2021.</p> <p>Diolchodd SD i'r tîm am gyfrannu adroddiadau i'r Pwyllgor cyn cyflwyno uchafbwyntiau'r adroddiad a oedd yn cynnwys: -</p> <ul style="list-style-type: none"> • Byddai'r cyfarfod nesaf yn dechrau edrych ar y Blaen-gynllun. • Mae'r swyddogion yn paratoi Dangosfwrdd fel y gallai'r Pwyllgor dderbyn sicrwydd parhaus am amserlen y gwaith a'r prosiectau a'r effaith ar yr agenda ddigidol. • Adolygodd a nododd y Pwyllgor gofnodion cyfarfod Pwyllgor Ansawdd, Diogelwch a Pherfformiad Ymddiriedolaeth GIG Prifysgol Felindre a ddarparwyd er mwyn sicrhau bod y dogfennau'n gyflawn. • Dywedwyd wrth y Pwyllgor fod gwaith wedi'i wneud i ennill achrediad gan Awdurdod Ystadegau'r DU o dan ofynion Deddf yr Economi Ddigidol. Mae'r achrediad hwn yn rhoi sicrwydd ychwanegol y gallai Iechyd a Gofal Digidol Cymru weithredu fel cyflenwr trydydd parti dibynadwy wrth ddarparu llif data i gronfa ddata Secure Anonymised Information Linkage (SAIL). • Trafododd y cyfarfod risg Rhestr y Cleifion sy'n Cysgodi a gynhwysir ar y Gofrestr Risg Gorfforaethol. • Nodwyd y Pecyn Cymorth ynghylch Llywodraethu Gwybodaeth. Cefnogodd y Pwyllgor y camau rheoli a nodwyd yn yr adroddiad a chytunwyd y bydd diweddariadau ar symud ymlaen â'r camau hyn yn dod yn ôl i gyfarfodydd Pwyllgor yn y dyfodol. • Cyflwynodd Ysgrifennydd y Bwrdd ddiweddariad ar Wneud Pethau'n lawn mewn perthynas ag Iechyd a Gofal Digidol Cymru a diweddariad y Rheoliadau Gwneud Pethau'n lawn i gynnwys SHAs a'r gwaith sy'n digwydd gyda swyddogion Llywodraeth Cymru i adolygu hyn. 	Derbyniwyd ar gyfer Sicrwydd	Dim i'w nodi

	<ul style="list-style-type: none"> Nododd y Pwyllgor Adroddiad Trosglwyddo'r Ganolfan Ddata ac roeddent yn falch o nodi prif fuddion y prosiect a oedd yn cynnwys mwy o wytnwch, gwell effaith amgylcheddol a bod yn fwy economaidd o safbwynt ariannol i'r sefydliad. Nodwyd a chymeradwywyd Cynllun Adolygu Archwiliad a Chanlyniadau Clinigol Cenedlaethol GIG Cymru. Amlinellodd y papur y broses ar gyfer rheoli data archwilio clinigol ar ran Llywodraeth Cymru. Adolygodd a thrafododd y Pwyllgor yr Adroddiad Rheoli Risg yn fanwl gan gynnwys Risgiau Corfforaethol a neilltuwyd i'r Pwyllgor i graffu arnynt a'u goruchwyllo. Bwriedir cael trafodaethau dwfn a manwl ar risgiau Llywodraethu Gwybodaeth a Gwasanaethau Gwybodaeth yng nghyfarfod nesaf y Pwyllgor ym mis Tachwedd. Canolbwyntiodd y sesiwn breifat ar y risgiau seiber i'r sefydliad. <p>Penderfynodd y Pwyllgor:</p> <p>Dderbyn Adroddiad Uchafbwyntiau'r Pwyllgor Llywodraethu a Diogelwch Digidol ar gyfer SICRWYDD.</p>		
6.5	<p>Adroddiad Crynhoi Cynnydd y Fforwm Partneriaeth Lleol</p> <p>Gwahoddodd BH Helen Thomas (HT), i gyflwyno Adroddiad y Cadeirydd o gyfarfod y Fforwm Partneriaeth Leol (LPF) ar 10 Awst 2021. Mae HT yn gyd-gadeirydd y Fforwm Partneriaeth Leol gydag Andrew Fletcher (AF), bydd AF yn rhoi'r diweddariad i'r Bwrdd nesaf.</p> <p>Tynnodd HT sylw at uchafbwyntiau'r cyfarfod o'r adroddiad: -</p> <ul style="list-style-type: none"> Cwblhawyd a chytunwyd ar y Blaengynllun Gwaith a'r Cylch Gorchwyl. Nodwyd bod Andrew Fletcher wedi'i benodi'n Aelod Cyswllt o'r Bwrdd. Derbyniodd y cyfarfod ddiweddariad ar lafar gan yr Undebau Llafur. Roedd Darren Dupree wedi camu o'r neilltu fel y cynrychiolydd rhanbarthol, a diolchodd y cyfarfod iddo am ei gefnogaeth. Roedd cyfarfod wedi'i gynnal i gwrdd â'r sawl fydd yn cymryd ei le. Trafodwyd y Newid Sefydliadol gyda'r strwythurau Gweithredol arfaethedig. <i>Darparwyd trosolwg o'r gwaith a wnaed ar gyfer yr adolygiad ynghylch y dull cynhyrchion yn y Gyfarwyddiaeth cymhwyso a datblygu cymorth. ???</i> 	Derbyniwyd ar gyfer Sicrwydd	Dim i'w nodi

	<ul style="list-style-type: none"> Trafodwyd yr Adroddiad Rheoli Risg. Adolygwyd a nodwyd Polisi Secondiad Cymru. Dywedwyd wrth y Fforwm Partneriaeth Lleol fod Iechyd a Gofal Digidol Cymru yn cefnogi Llywodraeth Cymru trwy archwilio sut y gellid cynnal Adolygiad Gweithlu Cymru Gyfan. Nododd y Fforwm Partneriaeth Lleol Adolygiad Gweithlu Cymru Gyfan. <p>Ychwanegodd BH ei ddiolch am y gwaith a wnaed gan Darren Dupree ar ran staff y GIG, gan ychwanegu ei fod wedi cwrdd ag ef gyntaf dros 30 mlynedd yn ôl.</p> <p>Penderfynodd y Pwyllgor:</p> <p>Dderbyn Adroddiad Uchafbwyntiau'r Pwyllgor Partneriaeth a Diogelwch Lleol am sicrwydd.</p>		
RHAN 7 - MATERION I GLOI			
7.1	<p>Unrhyw faterion brys eraill</p> <p>Diolchodd RG yn ffurfiol i BH ar ran Aelodau'r Bwrdd am eu llywio a'u cefnogi trwy'r chwe mis diwethaf.</p> <p>Diolchodd BH i bawb o aelodau'r Bwrdd ac am eu cefnogaeth yn ystod y cyfnod hwn ac i'r sefydliad ehangach. Diolchodd yn arbennig i Helen Thomas, y Prif Weithredwr, am ei chymorth a'i chyfeillgarwch dros yr un mis ar ddeg diwethaf.</p>	Trafodwyd	Dim i'w nodi
7.2	<p>Dyddiad ac amser y cyfarfod nesaf - 25 Tachwedd 2021</p> <p>Daeth y cyfarfod i ben am 14.40</p>	Nodwyd	Dim i'w nodi

Cyfarfod Bwrdd Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru – PREIFAT – Cofnodion heb eu cadarnhau

Cofnodion cyfarfod Bwrdd Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru a gynhaliwyd ddydd Iau 30 Medi 2021 fel cyfarfod rhithwir a ddarlledwyd yn fyw drwy Microsoft Teams.

🕒 09:30 hyd 10:00

📅 30/09/2021

Aelodau'n Bresennol	Llythrennau Cyntaf	Teitl	Sefydliad
Bob Hudson	BH	Cadeirydd Dros Dro'r Bwrdd	Iechyd a Gofal Digidol Cymru
Simon Jones	SJ	Cadeirydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Ruth Glazzard	RG	Is-gadeirydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Siân Doyle	SD	Aelod Annibynnol, Cadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	Iechyd a Gofal Digidol Cymru
Rowan Gardner	RoG	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	Iechyd a Gofal Digidol Cymru
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru
Claire Osmundsen-Little	COL	Cyfarwyddwr Gweithredol Cyllid	Iechyd a Gofal Digidol Cymru
Grace Quantock	GQ	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru
David Selway	DS	Aelod Annibynnol, Aelod o'r Pwyllgor Llywodraethu a	Iechyd a

1 Cofnodion heb eu Cadarnhau: Cyfarfod Bwrdd Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru PREIFAT a gynhaliwyd ar 20210930

		Diogelwch Digidol a'r Pwyllgor Archwilio a Sicrwydd	Gofal Digidol Cymru
Helen Thomas	HT	Prif Swyddog Gweithredol	Iechyd a Gofal Digidol Cymru
Marian Wyn Jones	MWJ	Aelod Annibynnol, Cadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru

Yn bresennol	Llythrennau Cyntaf	Teitl	Sefydliad
Judith Bates	JB	Cyfarwyddwr Rhaglen	GIG
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Sophie Fuller	SF	Rheolwr Llywodraethu Corfforaethol a Sicrwydd	Iechyd a Gofal Digidol Cymru
Carwyn Lloyd-Jones	CLJ	Cyfarwyddwr Technoleg Gwybodaeth a Chyfathrebu	Iechyd a Gofal Digidol Cymru
Rachael Powell	RP	Dirprwy Gyfarwyddwr Gwybodaeth	Iechyd a Gofal Digidol Cymru
Julie Robinson	JR	Ysgrifenyddiaeth y Cyfarfod	Iechyd a Gofal Digidol Cymru
Michelle Sell	MS	Prif Swyddog Gweithredol	Iechyd a Gofal Digidol Cymru

Arsylwr		Teitl	Sefydliad
Simon Jones		Cadeirydd Dynodedig	

Ymddiheuriadau	Teitl	Sefydliad
Andrew Fletcher	Aelod Cyswllt o'r Bwrdd, Undeb Llafur	Iechyd a Gofal Digidol Cymru

Acronymau			
Iechyd a Gofal Digidol Cymru	Iechyd a Gofal Digidol Cymru	SHA	Awdurdod Iechyd Arbennig
CEO	Prif Swyddog Gweithredol	LIC	Llywodraeth Cymru
DCT	Trosglwyddo Canolfan Ddata	NWIS	Gwasanaeth Gwybodeg GIG Cymru
NDR	Adnodd Data Cenedlaethol	MOU	Memorandwm Cyd-ddealltwriaeth
DPIF	Cronfa Buddsoddi Blaenoriaethau Digidol	TPP	Profi, Olrhain a Diogelu
DSPP	Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd	LINC	Rhaglen Rhwydwaith Gwybodaeth Labordai Cymru

Rhif yr Eitem	Manylion yr Eitem	Canlyniad	I'w gweithredu gan
MATERION RHAGARWEINIOL			
1.1	<p>Croeso ac Ymddiheuriadau</p> <p>Croesawodd y Cadeirydd Dros Dro, Bob Hudson (BH) aelodau'r Bwrdd, Simon Jones Cadeirydd newydd Iechyd a Gofal Digidol Cymru (yn weithredol o 1 Hydref 2021) a oedd yn arsylwi ar y cyfarfod, a Judith Bates (JB), Cyfarwyddwr Rhaglen LINC i sesiwn breifat gyntaf Bwrdd Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru.</p> <p>Cadarnhaodd BH, oherwydd natur fasnachol sensitif yr achos busnes i'w drafod, fod angen cynnal y cyfarfod hwn yn unol â Rheolau Sefydlog Iechyd a Gofal Digidol Cymru oedd yn nodi'r sail i gwrdd a thrafod eitemau perthnasol yn breifat ym mharagraff 7.5.2.</p> <p>Cadarnhaodd BH y cai canlyniad a phenderfyniad ffurfiol y cyfarfod hwn ei adrodd i'r cyfarfod bwrdd cyhoeddus a oedd i ddilyn.</p>	Nodwyd	Dim i'w nodi

1.2	Ymddiheuriadau absenoldeb Nodwyd ymddiheuriadau am absenoldeb gan: <ul style="list-style-type: none"> Andrew Fletcher, Aelod Cyswllt o'r Bwrdd, Undeb Llafur 	Nodwyd	Dim i'w nodi
1.3	Datganiadau o Fuddiannau Ni dderbyniwyd unrhyw ddatganiadau o fuddiannau mewn perthynas â'r agenda.	Nodwyd	Dim i'w nodi
1.4	Materion sy'n Codi Ni chafwyd sesiwn breifat ar 29 Gorffennaf, felly nid oedd unrhyw faterion yn codi.	Trafodwyd	Dim i'w nodi

RHAN 2 - PRIF AGENDA - I'W GYMERADWYO


2.1	Achos Busnes Llawn LINC <p>Gwahoddodd BH Michelle Sell (MS) i gyflwyno Achos Busnes Llawn LINC.</p> <p>Cadarnhaodd MS i'r Bwrdd drafod yr achos yn fanwl a rhoi ei adborth yn sesiwn ddiweddar y Bwrdd Datblygu ac i'r adborth gael ei adlewyrchu yn yr achos busnes a gyflwynwyd.</p> <p>Rhoddodd MS y cefndir i'r angen dros yr achos busnes, a gododd yn bennaf o'r angen i ddisodli'r system bresennol cyn i'r contract ddirwyn i ben ym mis Mehefin 2025. Ychwanegodd MS fod yr Achos Busnes Llawn yn cael ei gyflwyno i'r holl Fyrddau Iechyd ac Ymddiriedolaethau perthnasol yn eu cyfarfodydd Bwrdd heddiw gan mai nhw fyddai derbynwyr y gwasanaethau, tra y byddai Iechyd a Gofal Digidol Cymru yn rhedeg ac yn darparu'r cymorth i'r gwasanaeth.</p> <p>Tynnodd MS sylw at y pwyntiau allweddol canlynol: -</p> <ul style="list-style-type: none"> Iechyd a Gofal Digidol Cymru fydd yr awdurdod contractio a cheisir cymeradwyaeth i weithredu'r Cytundeb yn y Cyfarfod Bwrdd Arbennig ar 14 Hydref 2021 ar ôl i'r holl Fyrddau Iechyd ac Ymddiriedolaethau perthnasol gymeradwyo'r Achos Busnes Llawn. Bydd Iechyd a Gofal Digidol Cymru yn darparu'r adnoddau i gefnogi'r system fyw. <p>Pwysleisiodd MS ei bod yn bwysig bod y partneriaid allweddol yn y Byrddau Iechyd a'r Ymddiriedolaethau yn fodlon â'r cytundeb. Ceisiwyd a chafwyd cymeradwyaeth gan Lywodraeth Cymru, a oedd wedi cytuno i ymrwymo i'r cyllid y gwnaed cais amdano yn yr achos busnes. Darperir y cyllid</p>	Cymeradwyd	Dim i'w nodi
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	<p>refeniw gan y Byrddau Iechyd, Ymddiriedolaethau ac Iechyd a Gofal Digidol Cymru.</p> <p>Atgoffwyd y Bwrdd o'r materion penodol yn ymwneud â data gwaddol ac fe'i hysbyswyd y lluniwyd ffrwd waith i ymgymryd â gwaith pellach o ran trosglwyddo'r data a data gwaddol.</p> <p>Gofynnwyd am eglurhad o'r siart sefydliadol o ran y cydberthynas rhwng Bwrdd Rhaglen LINC ac Iechyd a Gofal Digidol Cymru. Cadarnhaodd MS y cynrychiolir Iechyd a Gofal Digidol Cymru ar Fwrdd y Rhaglen a fydd â rôl oruchwyllo ar y Byrddau Gweithredu Lleol yn ystod y broses o weithredu dan arweiniad Cydweithrediad y GIG.</p> <p>Trafododd y Bwrdd y dibyniaethau ar galedwedd nad oedd o fewn cwmpas y Rhaglen. Awgrymodd y Bwrdd y dylai'r Rhaglen weithio tuag at ddeall a ellid defnyddio unrhyw arian diwedd blwyddyn er mwyn sicrhau nad yw dibyniaeth caledwedd yn fater i'r defnyddwyr.</p> <p>Mae gwaith yn parhau o ran y strwythur llywodraethu er mwyn sicrhau y bydd yr holl Fyrdau Iechyd ac Ymddiriedolaethau yn cofrestru i ddefnyddio'r system. Gofynnodd Byrddau Gweithredu Lleol i'r Cyfarwyddwyr Cyllid ymrwymo i'r Rhaglen</p> <p>Nododd y Bwrdd y farn a fynegwyd gan y Panel Adolygiad Porth i'r lefel o ymrwymiad i safoni'r gwasanaethau i'r system LINC fod yn 'ysbrydoledig'. Roedd gan rai meysydd, megis biocemeg, dros 800 o feysydd i'w safoni.</p> <p>Gofynnwyd am eglurhad a fyddai gan Iechyd a Gofal Digidol Cymru risg o gostau ychwanegol pe bai oedi, a gofynnwyd a ellid ychwanegu hyn i gofrestr risg y Rhaglen. Cadarnhawyd y cai gorchmynion gweithredu ar wahân eu rhyddhau i leddfu'r risg ac y cânt eu holrhain trwy adroddiad MS i'r Bwrdd. Roedd gwireddu buddion yn dibynnu ar staff yn cael mynediad at y caledwedd gofynnol e.e. argraffwyr, a oedd yn gyfrifoldeb y sefydliad dosbarthu.</p> <p>Diolchodd y Bwrdd i JB ac MS am y gwaith a wnaed ganddynt ar yr achos busnes hwn.</p> <p>Cadarnhaodd BH y byddai'n rhoi adroddiad ffurfiol i gyfarfod cyhoeddus y Bwrdd a oedd i ddilyn.</p> <p>Penderfynodd y Bwrdd:</p> <p>GYMERADWYO Achos Busnes Llawn LINC ochr yn ochr â'r Byrddau Iechyd ac Ymddiriedolaethau eraill.</p>		
RHAN 3 - MATERION I GLOI			
7.1	Unrhyw faterion brys eraill	Trafodwyd	Dim i'w

	Dim eitemau i'w trafod		nodi
7.2	Dyddiad ac Amser y Cyfarfod Nesaf – 14 Hydref 2021 cymeradwyo Dyfarniad Contract LINC. Daeth y cyfarfod i ben am 10.00am	Nodwyd	Dim i'w nodi

Cyfarfod Bwrdd Awdurdod Iechyd Arbennig Iechyd a Gofal

Cofnodion cyfarfod Bwrdd Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru a gynhaliwyd ddydd Iau 14 Hydref 2021 fel cyfarfod rhithwir a ddarlledwyd yn fyw drwy Microsoft Teams.

 09:00 hyd 10:00

 14/10/2021

Aelodau'n Bresennol	Llythrennau Cyntaf	Teitl	Sefydliad
Simon Jones	SJ	Cadeirydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Ruth Glazzard	RG	Is-gadeirydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Siân Doyle	SD	Aelod Annibynnol, Cadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	Iechyd a Gofal Digidol Cymru
Rowan Gardner	RoG	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	Iechyd a Gofal Digidol Cymru
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru
Claire Osmundsen-Little	COL	Cyfarwyddwr Gweithredol Cyllid	Iechyd a Gofal Digidol Cymru
Grace Quantock	GQ	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru
David Selway	DS	Aelod Annibynnol, Aelod o'r Pwyllgor Llywodraethu a Diogelwch Digidol a'r Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru
Helen Thomas	HT	Prif Swyddog Gweithredol	Iechyd a

1Cyfarfod Bwrdd Awdurdod Iechyd Arbennig Iechyd a

Gofal Digidol Cymru 20211125

			Gofal Digidol Cymru
Marian Wyn Jones	MWJ	Aelod Annibynnol, Cadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru

Yn bresennol	Llythrennau Cyntaf	Teitl	Sefydliad
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Andrew Fletcher	AF	Aelod Cyswllt o'r Bwrdd, Undeb Llafur	Iechyd a Gofal Digidol Cymru
Sophie Fuller	SF	Rheolwr Llywodraethu Corfforaethol a Sicrwydd	Iechyd a Gofal Digidol Cymru
Carwyn Lloyd-Jones	CLJ	Cyfarwyddwr Technoleg Gwybodaeth a Chyfathrebu	Iechyd a Gofal Digidol Cymru
Rachael Powell	RP	Dirprwy Gyfarwyddwr Gwybodaeth	Iechyd a Gofal Digidol Cymru
Julie Robinson	JR	Ysgrifenyddiaeth y Cyfarfod	Iechyd a Gofal Digidol Cymru
Michelle Sell	MS	Prif Swyddog Gweithredol	Iechyd a Gofal Digidol Cymru

Ymddiheuriadau	Teitl	Sefydliad

Acronymau

Iechyd a Gofal Digidol Cymru	Iechyd a Gofal Digidol Cymru	SHA	Awdurdod Iechyd Arbennig
LINC	Rhwydwaith Gwybodaeth Labordai Cymru	NDR	Adnodd Data Cenedlaethol
IMTP	Cynllun Tymor Canolig Integredig		

Rhif yr Eitem	Manylion yr Eitem	Canlyniad	I'w gweithred u gan
MATERION RHAGARWEINIOL			
1.1	<p>Croeso ac Ymddiheuriadau</p> <p>Croesawodd Simon Jones (SJ), sydd newydd ei benodi'n Gadeirydd parhaol newydd, aelodau'r Bwrdd a'r cyhoedd sy'n gwylio at ei gyfarfod arbennig cyntaf o Fwrdd Cyhoeddus yr Awdurdod Iechyd Arbennig (SHA) Iechyd a Gofal Digidol Cymru (DHCW).</p> <p>Darlledwyd y cyfarfod yn fyw oherwydd cyfyngiadau parhaus Covid-19 ynghylch cynulliadau cyhoeddus a'r arweiniad i weithio gartref lle bynnag y bo modd. Mae'r broses hon wedi'i monitro'n barhaus a chaiff ei hasesu yn unol ag unrhyw ddiweddariadau i ganllawiau Llywodraeth Cymru. Bydd y cofnod ar gael drwy wefan Iechyd a Gofal Digidol Cymru ar gyfer unrhyw bersonau nad ydynt yn gallu cael mynediad i'r cyfarfod yn fyw.</p>	Nodwyd	Dim i'w nodi
1.2	<p>Ymddiheuriadau absenoldeb</p> <p>Ni chafwyd unrhyw ymddiheuriadau am absenoldeb.</p>	Nodwyd	Dim i'w nodi
1.3	<p>Datganiadau o Fuddiannau</p> <p>Ni dderbyniwyd unrhyw un mewn perthynas â'r agenda heddiw.</p>	Nodwyd	Dim i'w nodi
RHAN 2 - PRIF AGENDA - I'W GYMERADWYO			
2.1	<p>Adroddiad Caffael Strategol - Contract Rhwydwaith Gwybodaeth Labordai Cymru (LINC)</p>	Cymeradwywyd	Dim i'w nodi

	<p>Gwahoddodd y Cadeirydd Michelle Sell (MS) i gyflwyno'r Adroddiad Caffael Strategol - Dyfarnu Contract Rhwydwaith Gwybodaeth Labordai Cymru (LINC).</p> <p>Cadarnhaodd MS fod y Bwrdd wedi cyfarfod ar 30 Medi 2021 i ystyried a chymeradwyo Achos Busnes Llawn LINC a gofynnwyd iddynt heddiw ystyried a chymeradwyo'r Dyfarniad Contract i Citadel Health.</p> <p>Bu Byrddau ac Ymddiriedolaethau Iechyd hefyd yn ystyried ac yn cymeradwyo'r Achos Busnes yn eu cyfarfodydd Bwrdd eu hunain ac wrth wneud hynny gwnaethant gytuno ar eu cyfranogiad yn y Rhaglen, gan gynnwys eu bwriad i ymrwymo i'w contractau eu hunain.</p> <p>Amlinellodd MS lywodraethiant y Rhaglen LINC sy'n cynnwys Bwrdd Rhaglen gyda chynrychiolaeth o'r holl Fyrddau Iechyd ac Ymddiriedolaethau cymwys a thîm prosiect mawr a fydd yn ymgymryd â gwaith penodol o dan arweiniad y Bwrdd. Cymeradwyodd Bwrdd Rhaglen LINC yr argymhelliad i ddyfarnu'r contract i Citadel yn dilyn gwerthusiad cymhleth a manwl. Arweiniodd arbenigwyr o fewn y tîm Gwasanaethau Masnachol yn DHCW y caffael mewn proses o ddeialog gystadleuol.</p> <p>Bydd y contract gyda'r cyflenwr yn cael ei weithredu fel Cytundeb Gwasanaethau Meistr, i bob pwrpas, math o fframwaith gydag ymrwymiad clir i alw gwasanaethau yn ôl y gofyn, sy'n nodi'n fanwl y gofynion a holl agweddau allweddol y contract wrth symud ymlaen. Bydd pob Bwrdd Iechyd yn ymrwymo i'w gorchmynion lleoli eu hunain o dan y Cytundeb Gwasanaethau Meistr gan greu perthynas gontract uniongyrchol â Citadel.</p> <p>Sicrhawyd y Bwrdd bod y risgiau cytundebol ar gyfer DHCW yn isel oherwydd y gorchmynion lleoli unigol sy'n gysylltiedig â phob Bwrdd Iechyd ond mae gan DHCW rôl wrth gefnogi cydweithwyr y Bwrdd Iechyd i reoli eu contractau.</p> <p>Cadarnhaodd MS y gallu i echdynnu data o fewn dyluniad y gwasanaeth, a oedd yn un o'r gwelliannau o'r contract blaenorol, a byddai'r costau o ran symud data i'r NDR yn cael eu talu o'r Rhaglen NDR.</p> <p>Sicrhawyd y Bwrdd bod adnoddau ychwanegol wedi'u nodi a'u cynnwys yn yr Achos Busnes ar gyfer DHCW o ran cefnogi'r gwaith integreiddio a datblygu sy'n ofynnol ar gyfer eu defnyddio ac roedd cynllunio manwl ar waith i sicrhau bod y ddwy system yn rhedeg yn gyfochrog yn effeithiol am beth amser. Yn ogystal, byddai adnoddau'n cael eu hadolygu o fewn proses gynllunio'r Cynllun Tymor Canolig Integredig.</p> <p>Penderfynodd y Bwrdd:</p>		
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	GYMERADWYO Dyfarniad Contract Rhwydwaith Gwybodaeth Labordai Cymru (LINC) i Citadel Health.		
RHAN 3 - MATERION I GLOI			
3.1	Unrhyw faterion brys eraill Dim eitemau i'w trafod	Trafodwyd	Dim i'w nodi
3.2	Dyddiad ac Amser y Cyfarfod Nesaf – 25 Tachwedd 2021	Nodwyd	Dim i'w nodi

Agenda Item 2.3 Action Log			Agenda item 2.3 Action Log						
Title	Date of Meeting	Business Area	Action/Decision Narrative	Action Lead	Due Date	Status/Outcome Narrative	Revised due date	Status	Item Type
20210930-A01	30/09/2021	Performance Reporting	A further update of the Cloud Strategy Approach to be presented to the 25 November Board meeting	Claire Osmundsen-Little (DHCW - Director of Finance)	11/11/2021	Cloud Strategy verbal update on agenda for 25 November.		Complete	Item
20210930-A03	30/09/2021	Performance Reporting	IMTP 2022-2025						
			The draft IMTP to be added to the Board Workplan	Chris Darling (DHCW - Board Secretary)	01/10/2021	Draft IMTP added to Board Workplan		Complete	Item
			Stakeholder Engagement Strategy - Provision of the Key milestones and timelines for the						
20210930-A02	30/09/2021	Performance Reporting	implementation of the strategic framework.	Michelle Sell (DHCW - Chief Operating Officer)	25/11/2021	Work is underway with the Consultation Institute to finalise plan being brought to January Board.		Underway	Item

DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN REPORT

Agenda Item	2.5
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Name of Meeting	SHA Board
Date of Meeting	25 November 2021

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

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

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

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Acronyms			
DHCW	Digital Health and Care Wales	WIDI	Wales Institute for Digital Information
SHA	Special Health Authority	R&I	Research and Innovation
MOU	Memorandum of Understanding	POSA	Provision of Service Agreement
IMTP	Integrated Medium-Term Plan	Q2	Quarter 2

1 SITUATION/BACKGROUND

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

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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

The following are the additional items for the November meeting:

- Quarter 2 Performance Report

The following have been moved to the January meeting:

- DHCW and NHS Digital Memorandum of Understanding and Provision of Service
- DHCW and Social Care Wales Memorandum of Understanding
- DHCW and Wales Institute of Digital Information Memorandum of Understanding
- Audit Wales Structure Assessment Baseline Review Report
- Senior Information Risk Owner Report

The following have been moved to March:

- The Research and Innovation Strategy
- Covid-19 Inquiry Update

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 A number of activities are currently underway to address the requirement to horizon scan both internally and across the system to inform the forward workplan for the Board. The Committee development session was completed and has identified an additional report to provide greater assurance on behalf of the Board on those Programmes of greatest material risk to the delivery of the planned objectives.

3.2 The horizon scanning checklist to include new legislation, inquiry notifications, judicial reviews is underway.

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

4 RECOMMENDATION

The Board is being asked to:

NOTE the content of the report.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Development of the new Digital Organisation
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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:	

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

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

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Board	April 2021	Initial workplan approved
Board	May 2021	Approved

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Both the RIS Procurement and the Contract awards will have financial implications for the organisation.
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Item 2.5i - Digital Health and Care Wales Board Work Programme 21/22

Meeting Date	Standing items	Governance	Additional items
25 th November 2021	<ul style="list-style-type: none"> Welcome and Introductions Minutes Declarations of interest Action log Forward Work Programme Shared listening and learning – Patient/User Story Chairs Report Chief Executives Report Review of Corporate Risk Register Integrated Organisational Performance Report Committee Highlight Reports Local Partnership Forum (LPF) Highlight Report Financial Report Risk Management and Board Assurance Framework Update Report Strategic Procurement Report Policy Update 		<ul style="list-style-type: none"> RISP OBC – PRIVATE IMTP Update Cloud Strategy update to align with IMTP Q2 Performance Report Approval of contracts for: <ul style="list-style-type: none"> CITRIX licences WPAS Hardware Refresh E-library - Evidence Summaries E-library - End of Year e-Journals
27 th January 2022	<ul style="list-style-type: none"> Welcome and Introductions Minutes Declarations of interest Action log Forward Work Programme Shared listening and learning – Patient/User Story Chairs Report Chief Executives Report Review of Corporate Risk Register Integrated Organisational Performance Report Committee Highlight Reports Local Partnership Forum (LPF) Highlight Report Financial Report 	<ul style="list-style-type: none"> Governance Assurance Framework 	<ul style="list-style-type: none"> Audit Wales Structured Assessment Performance Framework IMTP Approval Audit Wales report NHS Staff Wellbeing report 'Taking Care of the Carers' DHCW and NHS Digital Memorandum of Understanding and Provision of Service Agreement DHCW and Social Care Wales Memorandum of Understanding

	<ul style="list-style-type: none"> • Risk Management and Board Assurance Framework Report • Strategic Procurement Report 		<ul style="list-style-type: none"> • DHCW and Wales Institute of Digital Information Memorandum of Understanding • Senior Information Risk Owners Annual Report
31 st March 2022	<ul style="list-style-type: none"> • Welcome and Introductions • Minutes • Declarations of interest • Action log • Forward Work Programme • Shared listening and learning – Patient/User Story • Chairs Report • Chief Executives Report • Review of Corporate Risk Register • Integrated Organisational Performance Report • Committee Highlight Reports • Local Partnership Forum (LPF) Highlight Report • Financial Report • Risk Management and Board Assurance Framework Report • Strategic Procurement Report • Organisational Learning Framework Review 		<ul style="list-style-type: none"> • Research and Development (now called Research and Innovation Strategy) for sign off • Covid-19 Inquiry Update
26 th May 2022	<ul style="list-style-type: none"> • Welcome and Introductions • Minutes • Declarations of interest • Action log • Forward Work Programme • Shared listening and learning – Patient/User Story • Chairs Report • Chief Executives Report • Review of Corporate Risk Register • Integrated Organisational Performance Report • Committee Highlight Reports • Financial Report • Risk Management and Board Assurance Framework Report 		<ul style="list-style-type: none"> •

	<ul style="list-style-type: none">• Strategic Procurement Report		
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DIGITAL HEALTH AND CARE WALES SHARED LISTENING AND LEARNING THE WELSH NURSING CARE RECORD

Agenda Item	3.1
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Name of Meeting	SHA Board
Date of Meeting	25 November 2021

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

Executive Sponsor	Rhidian Hurle, Medical Director
Prepared By	Fran Beadle, National Clinical Informatics Lead (Nursing) Judith Bowen, Clinical Nursing Informatics Officer Hywel Dda University Health Board
Presented By	Fran Beadle, National Clinical Informatics Lead (Nursing) Judith Bowen, Clinical Nursing Informatics Officer Hywel Dda University Health Board

Purpose of the Report	For Discussion/Review
Recommendation	The Board is being asked to: DISCUSS the Shared listening and learning presentation provided by the Welsh Nursing Care Record system.

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Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
NWIS	NHS Wales Informatics Service	WNCR	Welsh Nursing Care Record

1 SITUATION/BACKGROUND

- 1.1 Digital Health and Care Wales became a Special Health Authority on the 1 April 2021 governed by the DHCW Board made up of Executive and Independent Board members. The DHCW Board meets formally on a bi-monthly basis.
- 1.2 The DHCW Board approach to shared listening and learning was approved at the 27 May 2021 Board meeting which set out how the Board will start each meeting with a story from either a patient or member of the public or staff/ health and care professional. With the purpose of reminding and reinforcing DHCW Board members of the organisation's core purpose to take forward the digital transformation needed for better health and care in Wales, making services more accessible and sustainable while supporting personal health and well-being.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The story presented to the November Board meeting from a health and care professional perspective focuses on the Welsh Nursing Care Record (WNCR). This is the all Wales standardised digital nursing record within Adult In-Patient Care.
- 2.2 In 2018 The nursing and midwifery leadership in NHS Wales identified a requirement to standardise nursing documentation to reduce duplication and variation.
- 2.3 As a result the WNCR project has established a multi-disciplinary collaborative project team; influencing and informing information data standards which inform the technical design of the current WNCR application and future system developments.
- 2.4 In February and March 2020, seven Local Health Boards took part in piloting the WNCR application, which received positive feedback from the users. Enhancements to the system were made following pilot feedback and the national WNCR roll-out commenced March 2021.
- 2.5 As of November 2021, WNCR is live across 5 University Health Boards and Trusts, 13 hospital sites have successfully adopted WNCR with additional areas planned by the end of 2021.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

4 RECOMMENDATION

The Board is being asked to:

DISCUSS the Shared listening and learning presentation provided by the WNCR story.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objective apply

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

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

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

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

COMMITTEE OR GROUP	DATE	OUTCOME
Rhidian Hurle	1.11.21	Approved

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

documentation
going digital



dogfennaeth yn
mynd yn ddigidol



Welsh Nursing Care Record

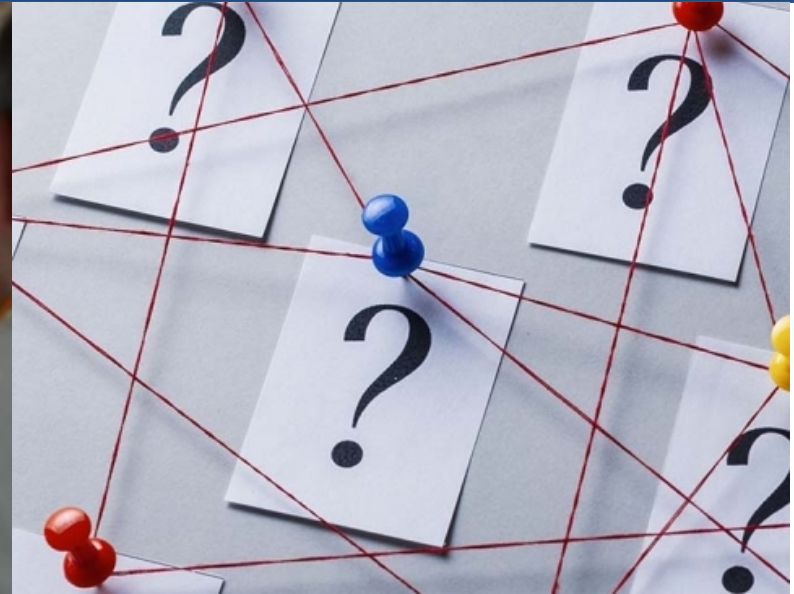
DHCW Board Presentation:

Date of Board: 25th November 2021

Name of presenter: Fran Beadle/Judith Bowen

National Clinical Informatics Lead Nursing/ Informatics Lead Nurse Hywel Dda

Welsh Nursing Care Record | Why Nursing Documentation ?



- Poor Nursing documentation
- Lack of standardisation
- Manual auditing
- Duplication of documentation
- Repetitive questioning

“Nurses, midwives and multi professional team members are confident and competent with using the WNCR.

They utilise the data from the WNCR to drive improvements and learning across organisations in Health and Care in Wales, improving patient outcomes and experiences. Patients receive seamless care and patients and staff can move across services in Wales using the single WNCR system.”

Welsh Nursing Care Record | What is the aim?

aglc
hiw

Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales



Admissions 776,800 x 10 seconds
= **2157 hours saved**



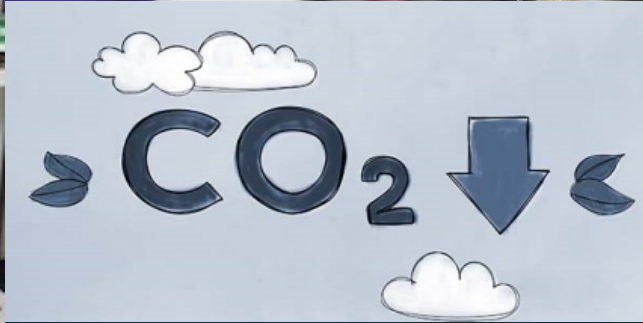
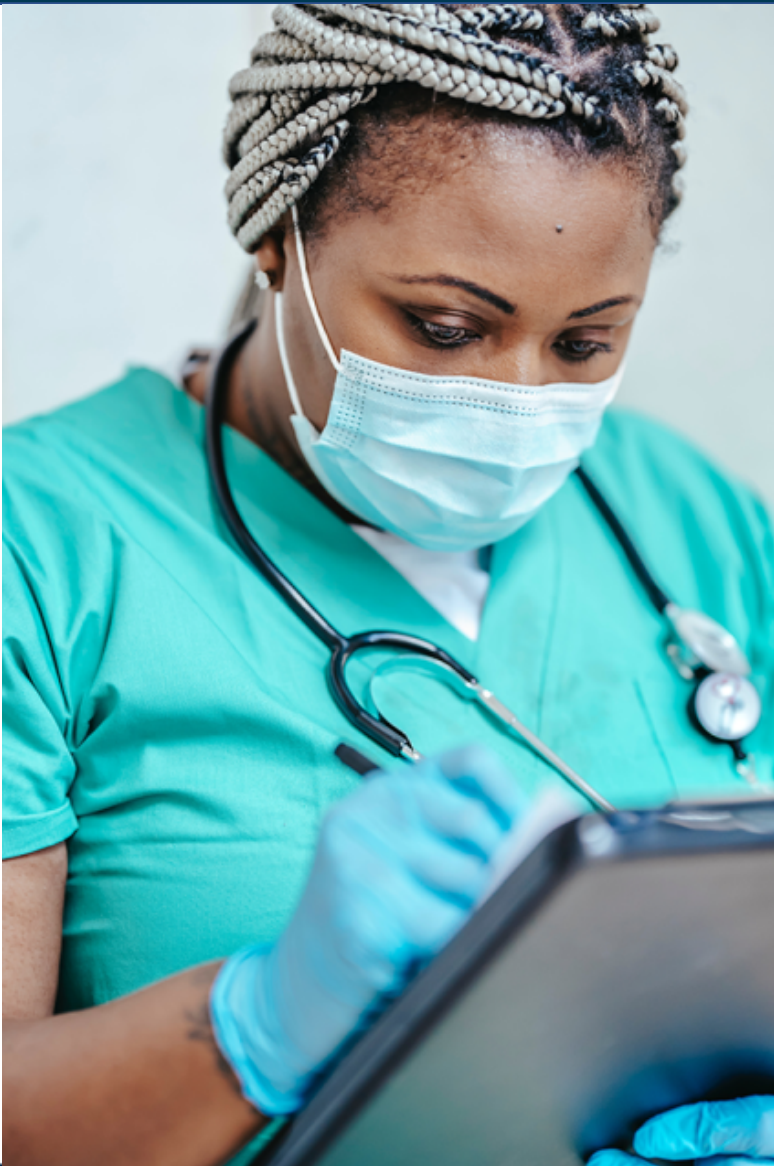
Welsh Nursing Care Record | Main constraints/risks/issues to success



health records information Governance
THERAPIES PROJECT **nurses** HIEW
medical MANAGERS SERVICE MANAGEMENT
directors FINANCE developers
ADI **Technical IT Leadership**
safe architect BUSINESS ANALYSIS
staffing informatics WCCIS TESTERS
patients Welsh Government



Welsh Nursing Care Record | Outcomes



Welsh Nursing Care Record | The User Experience



How did we do?

- Exceeded expectations achieving national standardisation,

What learning did we have?

- Effective National and Local Collaborative Clinical & Technical MDT Project Team working

How are we sharing that with others?

- WNCR evaluation – local HB, national * International communications and presentations
- Influencing additional local and national applications with lessons learned

What are we doing to make sure successes are copied?

- Sharing lessons learnt with other programmes, welsh government and health boards
- Formal evaluation and lessons learnt documents

documentation
going digital



dogfennaeth yn
mynd yn ddigidol



Diolch
Thank you



DIGITAL HEALTH AND CARE WALES

CHAIR'S REPORT

Agenda Item	4.1
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Name of Meeting	SHA Board
Date of Meeting	25 November 2021

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Chris Darling, Board Secretary
Presented By	Simon Jones, Chair

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

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

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

1 SITUATION/BACKGROUND

Simon Jones took over as Chair of DHCW on the 1 October 2021, replacing Bob Hudson whose tenure as interim Chair of DHCW came to an end on the 30 September 2021.

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

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Induction Meetings

I have had many induction meetings since coming into post. To date I have met with:

- DHCW Board Members and staff members of DHCW
- DHCW Programme Leads
- NHS Wales Chairs and wider NHS Wales stakeholders
- Health and Care partner organisations
- Digital Health Ecosystem partner organisations
- Voluntary Sector leaders
- Representatives of local government
- Regulator and Audit leads
- Members of the Senedd

These meetings are ongoing and it will take several months meet as many of DHCW's partners and stakeholders as possible. I am very grateful to those who have given their time to date. In addition to the induction meetings, I attended the DCHW Corporate Induction for new members of staff on the 11 October which was very informative.

2.2 DHCW Staff Briefing

I was pleased to join Helen Thomas on the 27 October to engage with DHCW staff as part of the DHCW all staff briefing, which we run virtually via Microsoft Teams. The briefing has had over 400 views which is fantastic. Though it was strange knowing so many people were watching but not able to see any of them, I was able to talk to staff about my background and

experience, as well as talk about my aspirations for DHCW, the culture I am keen we develop, and ensuring we are proud about what we do and promote the role we play within the health and care system to ensure citizens of Wales and health and care staff get the best possible health and care services. I would like to thank DHCW staff for engaging in the session and the dialogue. I look forward to more engagement with staff and DHCW teams in the future.

2.3 DHCW Board Meeting Arrangements

Since establishing as a Special Health Authority DHCW has held Board meetings virtually due to advice and guidance in relation to COVID-19. Based on the current advice from Welsh Government, and to ensure the safety of Board members, staff and members of the public virtual Board meetings look set to continue for the foreseeable future. As a result, several changes have been made for the Board meeting taking place today on the 25 November 2021, to include:

- The platform being used has changed from Microsoft Teams to Zoom; this allows all Board members to be visible throughout the entire Board meeting.
- Simultaneous translation arrangements are in place allowing Board members to engage in the meeting in either English or Welsh.

DHCW Board meetings will continue to be livestreamed and therefore open to members of the public with Internet access to view and watch either live or after the meeting by watching the recording available on the DHCW website.

2.4 Independent Member Digital Network

On the 5 October 2021 I attended my first All Wales Chair Network. I took a paper to this meeting requesting the support from Chairs of NHS Bodies for the establishment of an NHS Wales Independent Member Digital Network. In addition, I asked for support in assigning a DHCW Independent Member to partner with every Health Board, Trust, and Special Health Authority in Wales to allow DHCW Independent Members to form an engagement link with NHS Wales Independent Members at each organisation. I am pleased these arrangements were supported and I have subsequently written to Chairs confirming plans to establish this Independent Member Digital Network. Since this time a letter of support for this network (Appendix A) has been sent by the Minister for Health and Social Services to NHS Wales Chairs highlighting the great opportunity this brings to share practice and approaches, ensure strategic alignment, and provide assurance through designated Independent Members on key areas.

We are now in the process of establishing this Independent Member Digital Network, which will operate for a twelve-month period initially before being formally evaluated. In establishing this network, we have taken advice from the All-Wales Audit Committee Chairs Network and the All-Wales Quality and Safety Committee Chairs Network to ensure lessons learnt from other similar networks are considered.

2.5 Board Development Session on 4 November 2021

The Board had a Board Development Session held on the 4 November 2021. The session built on the previous Board Development day held on the 2 September and explored a number of critical areas including: the core purpose of DHCW in the health and care system, the emerging approach to develop DHCW's long term strategy and we broke into groups to consider key elements of our long-term strategy, we were also able to review the draft IMTP 2022/25 and finally we had a discussion to develop DHCW's risk appetite. I would like to thank Board members and the staff who attended for their engagement and input into a very productive Board Development day.

2.6 Board Briefing on the Strategic Programme for Primary Care and Accelerated Cluster Development on 3 November 2021

The Board had a Board Briefing session on the Strategic Programme for Primary Care and Accelerated Cluster Development, led by Sue Morgan, National Director & Strategic Programme Lead for Primary Care and Alan Lawrie, National Programme Advisor with input from DHCW staff involved in the Primary Care work. A rich discussion took place, and we look forward to welcoming back Sue and Alan in the new year to carry on the discussions.

2.7 Chair and Vice Chair Meeting with the Minister

A Joint Chair and Vice Chair meeting took place on the 11 November. The meeting discussed objectives and priorities for NHS bodies as well as governance and responsibilities.

2.8 Digital Health Awards

I am delighted to say that Helen Thomas won the CEO of the year award at the Digital Health Awards on the 8 October. This award is testament to the leadership Helen has shown as CEO, but, as she would be first to say, is a recognition of the work and success of every member of the DHCW team.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The establishment of the Independent Member Digital Network is subject to NHS Bodies in Wales engaging in this process and having an Independent Member lead for Digital or an interest in Digital and able to engage with the network.

4 RECOMMENDATION

The Board is asked to:

NOTE the content of the report.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives 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:	

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL	No, there are no specific financial implication related to the activity outlined in this report

IMPLICATION/IMPACT	
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report



Eich cyf/Your ref
Ein cyf/Our ref

NHS Chairs

8 November 2021

Dear Chair

As you are aware I am very keen that we make good progress quickly on the use of digital solutions. This will build on the impressive achievements in response to the pandemic, and is an important driver of the wider transformation work we all know is needed across health and care in Wales.

Key to this will be collaboration across the different bodies within the NHS, ensuring a co-ordinated all-Wales approach. I'm pleased to hear that a network is being set up to bring together ICT Independent Members in Health Boards along with those in the Trusts, SHAs, joint committees and DHCW.

This will be a great opportunity to share practice and approaches, ensure strategic alignment, and provide assurance through designated IMs on key areas like cyber resilience, the pace at which all-Wales systems are deployed, and benefits realisation.

Thank you for supporting this initiative, and I look forward to receiving further updates in due course through my officials or through our regular engagement.

Yours sincerely

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Eluned.Morgan@llyw.cymru
Correspondence.Eluned.Morgan@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

DIGITAL HEALTH AND CARE WALES

CHIEF EXECUTIVE'S REPORT

Agenda Item	4.2
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Name of Meeting	SHA Board
Date of Meeting	25 November 2021

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

Executive Sponsor	Helen Thomas, Chief Executive Officer
Prepared By	Sophie Fuller, Corporate Governance and Assurance Manager
Presented By	Helen Thomas, Chief Executive Officer

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

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

1 SITUATION/BACKGROUND

- 1.1 This CEO report prepared and presented for the Board has been informed by updates provided by members of the Executive Team and highlights a number of areas of focus for the Chief Executive over the past two months.
- 1.2 The purpose of this report is to keep the Board up to date with key issues affecting the organisation and the development of the new organisation, Digital Health and Care Wales (DHCW) since the last meeting.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Data Centre Transition

The Data Centre Transition Project's Transition Batch Plan commenced on Friday 30 July 2021 and formally closed on Sunday 03 October 2021. All eight transition batches were completed and all DHCW provided operational services were moved within agreed time tolerances. 97% of infrastructure originally hosted at DC1 now resides in DC3. There are two planned remaining elements, meaning DHCW have agreed with the providers of DC1 to extend the use of their facilities until 31 December 2021 in order to ensure the safe and resilient migration for the remaining services.

2.2 E-prescribing Update

In August 2021 Welsh Government agreed funding for the e-Prescribing Programme to be hosted by DHCW, planning then began to establish the Programme governance arrangements and map the required deliverables for inclusion in the DHCW IMTP. DHCW concurrently undertook recruitment of the Programme Director and Programme Manager which have successfully been completed, along with the recruitment of the lead architect. There are still a significant number of resources to recruit to deliver this large Programme of work, with priority recruitment underway. Early work is progressing across all areas of the programme, with particular focus on the secondary care ePrescribing (ePMA) framework with a Prior Information Notice issued to highlight this opportunity to suppliers to inform our understanding on potential solutions. Discussions have also commenced with colleagues in NHS Digital to explore the options for electronic transfer of prescriptions.

2.3 Meeting with Simon Bolton, Interim Chief Executive, NHS Digital

The recent meeting with Simon Bolton, also attended by Welsh Government's Director of Technology, Digital & Transformation, covered a number of areas where joint work is progressing, including the NHS App and the Electronic Prescription Service. Further meetings are planned along with a UK four nations Digital leads session later this month.

2.4 Executive Director Recruitment

The Executive Director of Digital Operations and Executive Director of Digital Strategy roles are being advertised by recruitment partner Global Resourcing, with a closing date of the 22 November. Significant interest has been shown in these roles to date, and the timetable is to shortlist to enable the interview process to take place in mid-December 2021.

2.5 Tech UK Industry Briefing

I attended the Tech UK Industry Briefing on the 5 November to present alongside Ifan Evans, Director of Technology, Digital and Transformation, Welsh Government. The presentation was well received, with lots of positive feedback following the event.

2.6 Value In Health Week 2021

Value in health week took place between 8 – 12 November. I was pleased to be involved as a panel member for the opening keynote discussion of the value in health week. The week provided the opportunity to drive forward the Value-Based Healthcare agenda in Wales. The importance of digital and data was a continuing theme across the week, with DHCW's Principal VBHC Analyst, Sally Cox presenting some of the great work on data visualisations. It is great to see the Value-Based Healthcare agenda, which is so aligned to the work of DHCW, go from strength to strength.

2.7 Respiratory Implementation Group

I have agreed with the NHS Collaborative to undertake the role of lead NHS Wales Chief Executive for the Respiratory Implementation Group. I look forward to supporting the work of this Group in the future.

2.8 GP System Impact

On the 11 November GP practices in Wales using the VisionHealth (Cegedim) computer system experienced IT issues during the morning of the 11 November, with intermittent or loss of service, affecting 124 GP practices.

The interruptions were caused by the failure of a localised power unit at one of the NHS Wales Datacentres causing the service to report a problem at around 08:00. Digital Health and Care Wales teams and third parties worked to resolve the issues, with VisionHealth resolved in full by 14:30 with intermittent access available from 11:30 and My Health Online was resolved in full by 15:30.

A full review is taking place to understand and learn from this incident, which will be reported through the DHCW Incident Review and Organisational Learning Group. We apologise for the inconvenience this issue will have caused affected services.

2.9 Welsh Nursing Care Record (WNCR)

On the 25 October I spent time at Neath Port Talbot Hospital talking to nurses about their experience with the Welsh Nursing Care Record (WNCR). It is always a pleasure to discuss the positive impact digital systems are having on clinical delivery, and to see first-hand the benefits of nursing and digital teams working together as one team.

The team’s work was also recognised at the prestigious British Computing Society UK IT Industry Awards on the 10 November, winning the ‘Best Healthcare Sector IT Project of the Year’. This is a tremendous achievement and recognition for the hard work of the team and the excellent collaboration across Wales, particularly with colleagues at Swansea Bay UHB in developing the digital solution.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 There are no items for escalation to the Board.

4 RECOMMENDATION

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

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives Apply
CORPORATE RISK (ref if appropriate)	
WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	
DHCW QUALITY STANDARDS	ISO 27001
If more than one standard applies, please list below: BS 10008:2014	
HEALTH CARE STANDARD	Governance, leadership and accountability

If more than one standard applies, please list below:

Safe Care

Effective Care

EQUALITY IMPACT ASSESSMENT STATEMENT

Date of submission: N/A

No, (detail included below as to reasoning)

Outcome: N/A

Statement:

Not Applicable

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT

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

DIGITAL HEALTH AND CARE WALES STRATEGIC DEVELOPMENTS

Agenda Item	5.1
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Name of Meeting	SHA Board
Date of Meeting	25 November 2021

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

Executive Sponsor	Helen Thomas, Chief Executive
Prepared By	Sophie Fuller, Corporate Governance and Assurance Manager
Presented By	Helen Thomas, Chief Executive

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IMTP	Integrated Medium-Term Plan		

1 SITUATION/BACKGROUND

- 1.1 Digital Health and Care Wales as a newly established Special Health Authority is undertaking a number of activities for the first time in addition to continuing activities established when a hosted organisation.
- 1.2 The creation and submission of Integrated Medium-Term Plan to Welsh Government is a requirement of all organisations within NHS Wales, this sets out the ambition of the organisation for the upcoming three years, in this case 2022 – 2025.
- 1.3 As well as the IMTP there is concurrent work that continued at the recent November Board Development session to outline the strategic long-term vision for the organisation. This ongoing work takes into account national policy, system requirements and the DHCW strategic objectives. The draft strategies detailed at paragraph 2.1 of this report are representative of the work being undertaken to consolidate these ideas into a clear vision and strategy.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The four strategies in draft are:
 - Cloud Strategy – The Board received an overview of the approach to the September Board Meeting for noting, a verbal update will be shared at the November meeting.
 - Open Architecture Strategy – An update is provided as a separate paper at item 5.2ii
 - National Data Resource Data Strategy – An update is provided as a separate paper at item 5.2iii
 - Stakeholder Engagement Strategy – The strategy was approved at the September Board, the next step is the formalisation of a plan, the milestones of which will be included in the first year of the IMTP.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The successful implementation of the strategies is dependent on successful financial support, available resources, and the requirement for senior contributors who may potentially be required to support the Covid-19 response and recovery.

4 RECOMMENDATION

The Board is being asked to:

NOTE the content of the strategic updates.

5 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (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: The new strategies will touch the ways of working across the organisation.	

<u>HEALTH CARE STANDARD</u>	Effective Care
If more than one standard applies, please list below: Staff and Resources.	

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

[Workforce EQIA page](#)

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Board Development Day	04/11/21	Discussion on the DHCW long term strategy and IMTP

IMPACT ASSESSMENT	
QUALITY AND SAFETY	Yes, please see detail below
IMPLICATIONS/IMPACT	Content rich digital health and care records provide a more full picture of a patients help and can contribute to a higher level of quality and safety.

LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	There will be financial implications of the cloud strategy.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	There is a skills requirement that accompanies the strategies.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

DIGITAL HEALTH AND CARE WALES OPEN ARCHITECTURE STRATEGY UPDATE

Agenda Item	5.1ii
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Name of Meeting	SHA Board
Date of Meeting	25 November 2021

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

Executive Sponsor	Helen Thomas, Chief Executive Officer
Prepared By	Ian Williams, Assistant Director (Digital Architecture), Rob Jones, Chief Architect
Presented By	Rob Jones, Chief Architect

Purpose of the Report	For Discussion/Review
Recommendation	The Board is being asked to: NOTE and DISCUSS the update

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

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

Acronyms			
DHCW	Digital Health and Care Wales	NDR	National Data Resource (Programme)
ABB	Architecture Building Block	API	Application Programming Interface
DSPP	Digital Services for Patient & Public (Programme)	IMTP	Integrated Medium Term Plan
APIM	Application Programming Interface Management	FHIR	Fast Healthcare Interoperability Resources
WGPR	Welsh General Practitioner Record		

1 SITUATION/BACKGROUND

- 1.1 In 2018, Channel 3 Consulting were engaged by Welsh Government and NHS Wales to undertake a review of the NHS Wales Digital Architecture (the *Digital Architecture Review*), with the aim of assessing “the extent to which the current Digital Architecture of NHS Wales is ready to meet the ambition set out in ‘A Healthier Wales’, and whether it is scalable to support digital transformation across Welsh health and social care”.
- 1.2 The [Digital Architecture Review](#) was undertaken in the first quarter of 2019, published at the end of March 2019 and shared with NHS Wales through the summer and autumn of 2019. The Review sets out several recommendations, with an overall theme of creating an Open Digital Architecture. This aligns to the call in *A Healthier Wales* to “develop an ‘open platform’ approach to digital innovation, through publishing national standards for how software and technologies work together, and how external partners can work with the national digital platform and national data resource.”

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The recommended actions arising from the Digital Architecture Review are provided in Appendix A. The main actions to establish an Open Digital Architecture commence with defining a set of *Architecture Building Blocks* to facilitate the open architecture. These Building Blocks are a logical construct and can be thought of as the foundational components of our architecture, on which current and future digital applications and services are built.
- 2.2 In defining our response to the Digital Architecture Review, the main Building Blocks that facilitate an Open Architecture have been scoped with a determination of whether these are new capabilities or an evolution of existing capabilities. A strategy for each Building Block has been defined, establishing the direction of travel to provide the capabilities needed to support an Open Architecture.

- 2.3 Initial progress on the response to the Digital Architecture Review was impacted in 2020 by the requirement to support the Covid-19 pandemic response, with key DHCW and NDR Architects being diverted to support our response to the pandemic.
- 2.4 In 2021, with a renewed focus on the response to the Digital Architecture Review, the architecture team defined the required Building Blocks, defining and documenting the strategy for the following:
- High Level Approach (overview)
 - Fast Healthcare Interoperability Resources (FHIR) Façade, FHIR Server & Cloud Platform
 - Standards & Profiling
 - Integration Hub
 - Reference Data & Terminology
 - Patient Identity and Demographics
 - Patient Encounters
 - Clinical Data Engine
 - Clinical Modelling
 - Diagnostics
 - Clinical Documents
 - Images and the Image Archive
 - Primary Care and the Welsh GP Record (WGPR)
- 2.5 In addition to those listed above, an additional Building Block has been identified for Application Programming Interface (*API*) *Management*. The required API Management (APIM) capability had already been comprehensively described and specified, culminating in a procurement this year for an APIM capability that, at the time of writing, is being awarded imminently.
- 2.6 While the Building Blocks above are focussed on the requirements of an Open Architecture (recognising the main theme of the Digital Architecture Review), there is also a need to define further logical components for our *Data & Analytics Architecture*. These additional building blocks will be defined through the ongoing Data Strategy work that will conclude in January 2022. A further board paper is being presented to provide an update on the Data Strategy.
- 2.7 The current Building Block documents represent our current strategy and thinking. However, we recognise that our strategy will evolve as we learn, as new requirements emerge and as the healthcare and technological landscape changes. For example, while we have considered our Cloud Strategy and the opportunities afforded by cloud in defining the building blocks, our thinking will evolve as our own maturity in leveraging the cloud increases and as available cloud products and technologies develop.

- 2.8 Our commitment to an evolving architecture is manifest in ongoing work to structure and right-size our Architecture Practice to meet current and future needs.
- 2.9 The above Building Blocks, with the exception of *Images and the Image Archive*¹, were presented to a range of NHS Wales and wider stakeholders during a virtual roadshow from 6th to 20th October, comprising twelve half-day sessions. Sessions were recorded and written up, including feedback, comments and Q&As made during the sessions or anonymously. The twelve sessions were well attended, with an average of over 100 attendees per session and with representation from the Local Health Boards, Welsh Ambulances Service Trust, Velindre NHS Trust, Public Health Wales, Digital Health and Care Wales and the DSPP, NDR and Value in Health programmes.
- 2.10 Additionally, a summary of the building block strategies was presented at the NDR Technical Steering Group (22/10/21), NDR Programme Board (04/11/21), Welsh Technical Standards Board (26/10/21) and Welsh Clinical Informatics Council (20/10/21), with enthusiastic support for the approaches expressed across all groups.
- 2.11 The next steps are to:
- Review and consolidate all the feedback and make any material updates to the Building Block documents resulting from the feedback (by end November 2021)
 - Complete and present the Building Block for *Images and Image Archive* (by end December 2021)
 - Workshop to prioritise the delivery of the evolved or new building blocks and determine delivery roadmap, with a view to factoring delivery into either (a) the NDR Programme, for items within the programme's scope, or (b) the DHCW IMTP, for items outside of the NDR Programme scope (by end December 2021)
 - Publish the final versions following updates (by end January 2022).
 - Present to the DHCW SHA Board for approval of the final strategy (27 January 2022)
 - Initiate the delivery of prioritised building blocks (throughout 2022), including scoping and initiation of programmes/projects. Milestones have been incorporated into the IMTP for 2022 for each building block, in readiness.

¹ Further work is required on the *Images and Image Archive* Building Block before this building block is ready to be presented.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 There is a risk that key resources required to move the work forward are diverted to support Covid-19 response and recovery pressures.
- 3.2 The Board are asked to note the update above and discuss the approach to establishing an Open Architecture and responding to the recommendations of the Digital Architecture Review.

4 RECOMMENDATION

The Board is being asked to: **NOTE** and **DISCUSS** the update

5 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (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>HEALTH CARE STANDARD</u>	N/A
If more than one standard applies, please list below:	

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

[Workforce EQIA page](#)

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

COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below There could be a positive financial impact on opening up the architecture by allowing products already purchased by local organisations to access and provide information to the digital health and care record.
WORKFORCE IMPLICATION/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please see detail below Enabling wider information flows contributes to value based health care which has a potential positive impact on health outcomes of citizens experiences socio economic disadvantage.

6 5.2ii APPENDIX A – DIGITAL ARCHITECTURE REVIEW ACTIONS

	Recommendation	Status
	Digital Architecture	
1	Commit to the development of an NHS Wales Open Digital Architecture.	There is commitment within Welsh Government, DHCW and NHS Wales to developing an Open Digital Architecture.
2	Adopt a core set of Digital Design Principles.	Design Principles were established and ratified by Welsh Technical Standards Board (WTSB) in 2019.
3	Adopt and publish TOGAF® (or similar) framework to locating Digital Architecture in a business context for the NHS in Wales.	Architecture “ways of working”, including framework selection and adoption, is included in the IMTP plan for 2022.
4	Define all Architectural Building Blocks (ABBs) for the NHS Wales Digital Architecture.	Building Blocks have been identified and defined – please see full update in this paper.
5	For the key ABBs required for an Open Digital Architecture (EMPI, Integration and Interaction, and CDR) develop, publish a consistent product set of core products that are agreed across Wales and published nationally.	Specific Building Blocks have been defined covering these areas, namely (1) <i>Patient Identity and Demographics</i> , (2) <i>Integration Hub</i> , (3) <i>FHIR Façade, FHIR Server & Cloud Platform</i> and (4) <i>Clinical Data Engine</i>
6	Start work to focus on some early wins in line with open architecture principles.	Planning workshops to follow to prioritise work and determine delivery plans.
	Open Digital Platform	
1	Enhance the NHS Wales EMPI along open principles to facilitate a more developed Patient/Citizen identification.	The strategy for the NHS Wales EMPI is addressed by a specific building block document: <i>Patient Identity and Demographics</i> .
2	Enhance the NHS Wales Integration and Interaction Engine (possibly including sourcing options) to provide a truly open platform for Wales.	The strategy for integration is addressed by a specific building block document, <i>Integration Hub</i> .
3	Focus the work of the National Data Resource (NDR) programme on the creation of a National Clinical Data Repository in line with open principles in a balanced way that ensures that the programme as a whole is progressed but the CDR is given priority.	The creation of a National Care Data Repository is addressed by the building block document <i>FHIR Façade, FHIR Server & Cloud Platform</i> and is scoped for delivery within the NDR programme.
	Stabilisation & resilience	
1	Make resolving the performance problems of the WCP and migrating to an open architecture that can take advantage of the architecture proposed in the Future	Performance improvements including additional server resources and code refactoring have been implemented. Future improvements include refactoring

	State the highest priority for the product in the next 12 months.	to use improved APIs and a substantial rewrite of WCP proposed to start in 2022, subject to IMTP planning approval process.
2	Build on the final recommendations of the Trustmarque review of networks to move towards a modern (possibly multi-sourced) software managed national network and storage infrastructure.	There has been significant investment in network resiliency over the past two years, including migrating one datacentre (datacentre 1) to a new facility, incorporating a fully software managed network. Datacentre 2 requires further investment to uplift resilience to the same levels. A cloud strategy is underway, which will include the requirement for resilient links to public cloud providers.

DIGITAL HEALTH AND CARE WALES

NATIONAL DATA RESOURCE DATA STRATEGY UPDATE

Agenda Item	5.1iii
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Name of Meeting	SHA Board
Date of Meeting	25 November 2021

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

Executive Sponsor	Helen Thomas, Chief Executive Officer
Prepared By	Rebecca Cook, NDR Programme Director
Presented By	Rebecca Cook, NDR Programme Director

Purpose of the Report	For Discussion/Review
Recommendation	The Board is being asked to: DISCUSS the NDR Data Strategy Update.

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

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

Acronyms			
DHCW	Digital Health and Care Wales	NDR	National Data Resource
SHA	Special Health Authority		

1 SITUATION/BACKGROUND

- 1.1 The National Data Resource Programme was formally established in 2019 to deliver the local and national data platforms that underpin the Digital Health and Care Record, and, to service analytical data stores through a federated approach across the health and care system in Wales. Phase 2 Business Case covering 2021/22 & 2022/23 was approved earlier this year.
- 1.2 In September 2021, the NDR Programme Board approved the procurement of a partner to support the development of a Data Strategy. The strategy will enable the delivery of the data and analytical capabilities for Wales aligned to the NDR's strategic aims.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The contract was awarded to Gartner to support the development of the Data Strategy with effect from the 1st November 2021, a Data Strategy Project team has been set up which comprises of DHCW and Gartner resources. The project will run for 12 weeks concluding at the end of January 2022.
- 2.2 A Data Strategy Steering Group has been established under the NDR Programme Board to monitor and oversee the delivery of the Strategy which has representation from senior leadership across Welsh Government, DHCW, Health Boards / Trusts and Social Care Wales.
- 2.3 The Data Strategy will be developed across seven steps allowing for review, feedback and consultation with partners on all aspects through a sprint-based approach. The seven steps are outlined below:
 - 2.3.1 **Kick off and Visioning** – The first step will kick off engagement and set expectations with stakeholders. Working with key stakeholders to develop a clear vision on how data and analytics contributes to the overall visions of the organisations.
 - 2.3.2 **Background 'As is' Assessment and Strategic Objectives Discovery** - During this step the Data Strategy Project Team will engage with all internal and external stakeholder across Health and Care to understand their objectives, and how data and analytics will help to achieve them. There will be an assessment of the current data and analytics capabilities, distilling them into themes and needs aligned to strategic objectives.

- 2.3.3 Data & Analytics Vision, Strategic Objectives and Target State Development** – Once the background is set, the project team will work to lay out a clear and agreed upon set of strategic objectives and finalise the data and analytics vision. These objectives will then be translated into a target state for data which also describes the capabilities, processes, and a portfolio of use cases to achieve the strategic objectives
- 2.3.4 Governance Model; Processes and Target Operating Model Design** – This step will work to develop the governance and operating model element in conjunction with DHCW, considering different options on how to organise the target state, in terms of roles, skills, structures and governance needed.
- 2.3.5 To-be Architecture Design and Technology Appraisal** - As part of this step the project team will define the conceptual and logical data and analytical architecture needed to deliver the strategic objectives including an appraisal of current technologies being used.
- 2.3.6 Recommendations, Strategic Roadmap and High-level implementation plan** – This step will provide a set of tailored recommendations outlined as a cohesive implementation plan to achieve the target state, clearly identifying quick wins.
- 2.3.7 Reviews, Amendment and Presentation** – As part of the collaborative approach to develop the data strategy deliverables, the project team will engage with stakeholders to review and provide inputs on the data strategy, make amendments, and build tailored presentations for audiences internal and external to communicate the Data Strategy.
- 2.4 The Data Strategy, developed as a result of the approach set out above will consist of multiple deliverables produced as iterations to address each section. The key deliverables will include:**
- 2.4.1 Background, As-Is State Assessment and Benchmark Report** — This report will provide an introduction and background of the data landscape across health and care in Wales. It will also include the review of themes, findings, needs, strategic objectives and an assessment of the current data and analytics technical capabilities.
- 2.4.2 Data vision, strategic objectives, and target state report** — This report will deliver a finalised data and analytics vision for the NDR, the strategic objectives and define a target state to achieve the objectives.
- 2.4.3 Governance, Processes and Target operating and delivery model report** — As part of this report we will address the operating and governance model required to deliver the target state. It will detail the roles, skills and required governance structures.
- 2.4.4 D&A architecture and technology appraisal report** — A core component of the data strategy for NDR, this report will deliver the conceptual and logical data architecture proposed. It will also provide a technology appraisal and recommendations.

- 2.4.5 **Recommendations, Strategic Roadmap and Implementation Plan** — The final piece of the data strategy, this report will provide the actionable recommendations, a strategic roadmap including a high-level implementation plan to achieve the target objectives.
- 2.4.6 **Executive presentations** — It is important to build a good data strategy and equally important to communicate it. The project team will build tailored presentations for different stakeholder groups to communicate the data strategy and findings.
- 2.5 The NDR Data Strategy will be presented to the SHA Board in January 2022.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 There are no risks / matters for escalation to the SHA Board.

4 RECOMMENDATION

- 4.1 The Board is being asked to:
DISCUSS the NDR Data Strategy Update.

5 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	Driving value from data for better outcomes	
CORPORATE RISK (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>HEALTH CARE STANDARD</u>	N/A	
If more than one standard applies, please list below:		
<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission:	
No, (detail included below as to reasoning)	Outcome:	

Statement:

[Workforce EQIA page](#)

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Helen Thomas	15/11/21	Approved

IMPACT ASSESSMENT

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

DIGITAL HEALTH AND CARE WALES

INTEGRATED MEDIUM-TERM PLAN 2022-2025

PROGRESS UPDATE

Agenda Item	5.1iv
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Name of Meeting	SHA Board
Date of Meeting	25 November 2021

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

Executive Sponsor	Michelle Sell, Chief Operating Officer
Prepared By	Ruth Chapman, Assistant Director of Planning
Presented By	Michelle Sell, Chief Operating Officer

Purpose of the Report	For Noting
Recommendation	
<p>The Board is being asked to:</p> <p>NOTE the progress in developing the DHCW three-year plan (IMTP) 2022-2025.</p>	

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Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WG	Welsh Government	IMTP	Integrated Medium-Term Plan

1 SITUATION/BACKGROUND

- 1.1 This document notes the progress in developing the DHCW Integrated Medium Term Plan (IMTP) 2022-2025.
- 1.2 Producing a 3-year IMTP is a statutory requirement from Welsh Government and requires approval by the Minister for Health and Social Services. The NHS Wales Planning Framework 2022-2025 guidance was published on 09 Nov. The key objectives of the IMTP are to describe the priorities which DHCW will be working on to support the needs of patients and the NHS service which can be met with available finance and resources.
- 1.3 Attached is a diagram showing the DHCW planning approach with key areas of activities over coming months. The current position is noted.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Key points of progress:
 - IMTP priorities were discussed and confirmed at the Sept 2021 SHA Board Development Session. These were reviewed against Ministerial priorities.
 - DHCW Delivery Statements have been drafted for our key Portfolios showing our areas of priority activity. These were confirmed subject to revisions at the Nov 2021 SHA Board Development Session.
 - Ongoing stakeholder engagements have taken place, e.g., our Cloud and Open Architecture Strategies, primary care cluster development and regular Health Board Executive catch ups.
 - DHCW objectives owners have defined delivery milestones and defined what resource is needed.
 - DHCW resource owners are now reviewing capacity against demand so that any necessary plan adjustments, funding assessments and reprioritisations can take place.
 - We are on track to complete our IMTP for the Jan 2022 SHA Board and will be reviewing in detail in our next Board Development Session on 06 Jan 2022.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 N/A

4 RECOMMENDATION

The Board is being asked to:

NOTE the progress in developing the DHCW three-year plan (IMTP) 2022-2025.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives 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	ISO 9001
If more than one standard applies, please list below:	

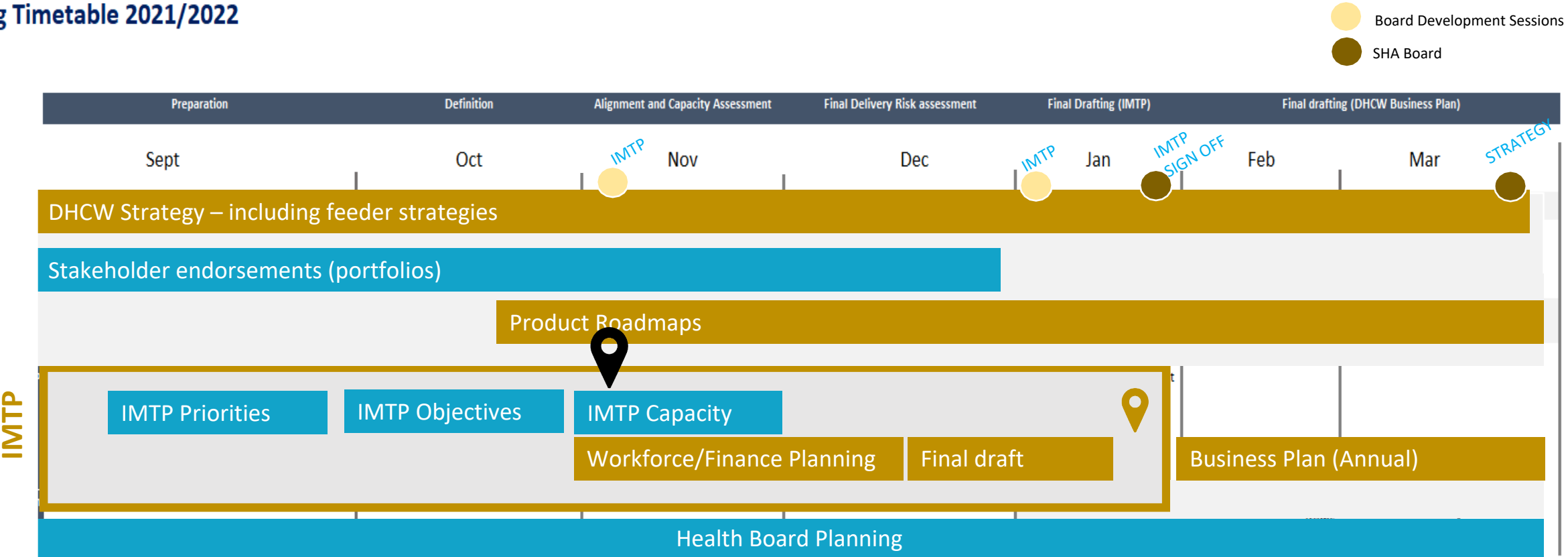
HEALTH CARE STANDARD	Effective Care
If more than one standard applies, please list below: Governance, leadership and accountability	

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

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
PERSON/GROUP	DATE	OUTCOME
DHCW Management Board	12 Nov 2021	Approved

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

Planning Timetable 2021/2022



IMTP Progress:

- IMTP priorities discussed at Sept SHA Board Development Session
- Ongoing stakeholder engagements, eg Cloud, Architecture strategy and Clusters, Health Boards
- Delivery Statements reviewed at Nov SHA Board Development Session
- Objectives owners defined milestones and team resource requests

Next

- Resource owners reviewing their capacity to deliver
- Workforce and finance planning

DIGITAL HEALTH AND CARE WALES STRATEGIC PROCUREMENT REPORT

Agenda Item	5.2
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Name of Meeting	SHA Board
Date of Meeting	25 November 2021

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

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

Purpose of the Report	For Approval
Recommendation The Board is being asked to: APPROVE the Contract Awards as detailed in the Appendices.	

Acronyms	
BMA	British Medical Association
BMJ	British Medical Journal
CKS	Clinical Knowledge Service
CVAD	Citrix Virtual Applications Desktop
DHCW	Digital Health & Care Wales
DPIF	Digital Investment Priorities Fund
e-Journals	Electronic Journals
EBSCO	EBSCO Information Services
ICT	Information & Communication Technology
MEAT	Most Economically Advantageous Tender
NICE	National Institute of Health and Care Excellence
NPS	National Procurement Service
OEM	Original Equipment Manufacturer
VAT	Value Added Tax
WPAS	Welsh Patient Administrations System

1. SITUATION/BACKGROUND

- 1.1 The Commercial Services Team, within the Engagement and Digital Transformation Services Directorate, in Digital Health and Care Wales (“DHCW”) manage a range of contracts supporting both National services and the internal requirements of the organisation itself. The procurement of these contracts is also led by the Team, which includes several, specialist, procurement staff from the NHS Wales Shared Services Procurement Service.
- 1.2 In accordance with the scheme of delegation in DHCW’s Standing Financial Instructions Contracts to be awarded with a total contract value which exceeds £750,000.00 (excl. VAT) will be presented for the Board’s approval.
- 1.3 In accordance with DHCW’s Standing Financial Instructions notification of each Contract (over £500,000 ex VAT) to be awarded has been made to the Welsh Government

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

- 2.1 Set out in the appendices are four (4) Contract Award Approvals for the consideration of the Board:
 - (i) P21.47 – End of Year Journals
 - (ii) P550.10 - Evidence Summaries
 - (iii) P733 – Citrix Renewal 2021
 - (iv) P762 – WPAS Server Infrastructure

- 2.2 An overview of future strategic procurement activity has been provided to ensure that the Board has advanced warning of the organisations high value contracts. (see item 5.3v Appendix E).

End of Year Journals (P21.47)

- 2.3 The NHS Wales e-Library was set up several years ago to procure access to electronic knowledge resources including electronic journals. The service has responsibility for existing knowledge resources such as evidence-based resources and guidelines and bibliographic databases.
- 2.4 The electronic journals that have been procured will provide access to information that is up to date, evidence-based, medical, scientific, and academic study literature. They will support health and care professionals to deliver high quality care. The e-Journals will be accessible to all staff within NHS Wales. Access will be provided via a link or links placed on the NHS Wales e-Library website and NHS Wales Library.
- 2.5 This procurement was undertaken as a further competition under the National Institute of Health and Care Excellence (“NICE”) Electronic and Print Content Framework agreement Lot four (4) for access to e-Journals. Digital Health and Care Wales will not host the resources but will access them, securely, via integration with a Cloud hosting platform.
- 2.6 The Contract period is for twelve (12) months, commencing 1st January 2022 to the 31st December 2022.
- 2.7 The Contract is proposed to be awarded to five (5) suppliers: EBSCO, Mark Allen Healthcare, Springer Nature, Wiley and Wolters Kluwer as no one publisher has access to all the resources that were being sought and due to publishers having exclusive access to resources.

The contract value for the full twelve (12) month term for:

- EBSCO is £509,907.43 (ex VAT);
- Mark Allen Healthcare is £72,570.00 (ex VAT);
- Springer Nature is £366,361.00 (ex VAT);
- Wiley is £129,779.14 (ex VAT);
- and Wolters Kluwer is £70,811.00 (ex VAT).

The value of the expenditure on these Agreements for a term of twelve (12) months is **£1,149,428.57** (ex VAT). Budget for this has been allocated from existing revenue budgets and has been approved by the Executive Director of Finance.

The contract has been structured to minimize Authority risk in the following ways:

- Standard NICE Framework terms and conditions:
 - Remedies for service failure
 - Data and Intellectual Property protection

- Limitless access and usage under a single fixed cost
- Usage of titles will be reviewed annually, via a usage to cost ratio, to ensure that value for money is achieved and only those resources being used are reprocured.

Evidence Summaries (P550.10)

- 2.8 The proposed contract will secure the provision of Evidence Summaries to the NHS Wales e-Library Service. The objective being to provide and promote access to current digital resources to a range of individuals including students on placement, health and care professionals, experts and field specialists to support best practice, innovation and continuous professional development across NHS Wales.
- 2.9 The Evidence Summaries will be accessible to all staff within NHS Wales. Access will be provided via a link or links placed on the NHS Wales e-Library website via and Open Athens authentication or via NHS Wales clinical systems such as the Welsh Clinical Portal. Digital Health and Care Wales will not host the resources, but only access to them, securely, via integration with a Cloud hosting platform.
- 2.10 This procurement was undertaken as a further competition process under the National Institute of Health and Care Excellence (“NICE”) Electronic and Print Content Framework agreement Lot five (5) for access to Evidence Summaries.
- 2.11 The Contract period is for two (2) years, commencing on 1st January 2022 to the 31st December 2023 with the option to extend the contract for a further twelve (12) months from 1st January 2024 to 31st December 2024.
- 2.12 The Contract is proposed to be awarded to two (2) suppliers, British Medical Journal (“BMJ”) a peer-reviewed journal produced by the British Medical Association (“BMA”) and Elsevier. The dual contract award has been made on the basis that BMJ can provide access to BMJ Best Practice and Co Morbidities and Elsevier can provide access to Clinical-Key and Clinical-Key Nursing.
- The contract value for the term for BMJ is: £244,618.16 (ex VAT)
 - Elsevier is £2,068,269.00 (ex VAT)

This equates to a total expenditure of **£2,545,887.16** (ex VAT) over the terms of both agreements. Budget for this has been allocated from existing revenue budgets and has been approved by the Executive Director of Finance.

- 2.13 The contract has been structured to minimize Authority risk in the following ways:
- Standard NICE Framework terms and conditions:
 - Remedies for service failure
 - Data and Intellectual Property protection
 - Limitless access and usage under a single fixed cost

Citrix Renewal 2021 (P733)

- 2.14 The third contract for which approval is sought is for the provision of Citrix software and associated support. The procured software will enable a transition from on-premise, perpetual licensing to a Citrix Cloud enabled, subscription-based licensing model. Under this agreement the current licences held by DHCW will be migrated to cloud licences. This approach is consistent with Digital Health and Care Wales' strategic direction.
- 2.15 This procurement was undertaken as a further competition under the National Procurement Services ("NPS") Framework for IT Products and Services, Lot three (3), Licensing and Subscriptions. (NPS-ICT-0094-19/L3).
- 2.16 The Contract term is for a period of three (3) years commencing 1st January 2022 – 31st December 2024 with the option to extend the contract for a further twelve (12) months from 1st January 2025 to 31st December 2025.
- 2.17 The maximum contract value is **£1,524,427.06** (ex VAT) for the term of the agreement. This includes licence costs and support resources as called off. Budget for this has been allocated from existing revenue budgets and has been approved by the Executive Director of Finance.
- 2.18 The Authority will only be charged for actual support resources as and when they are deployed based on an agreed rate card. These will be called off on a Work Package basis which will set the deliverables and objectives for the resources. Payment will be made only when the objectives and deliverables are accepted by the Authority
- 2.19 The contract has been structured to minimize Authority risk in the following ways:
- The Terms and Conditions of Contract applicable to this are standard National Procurement Services ("NPS") Framework for IT Products and Services,
 - Time and Delivery Conditions
 - Rejection criteria for products
 - Protection of Data
 - Customer remedies for Default
 - The payment structure under this agreement is as follows: Licences are only activated when required and do not need to be paid for in advance in accordance with a term-based licensing model. This will ensure that all expenditure is for live use, confirming value for money

WPAS Server Infrastructure (P762)

- 2.20 The fourth, and final, contract for which approval is sought is for Welsh Patient Administration System ("WPAS") Development Server Infrastructure. WPAS holds patient identification details, and records details of patients' hospital visits, including waiting list management, medical records, inpatient treatment, outpatient appointments and emergency visits. There are many software and hardware components used in delivering the system. This contract is for the purchase of Database Servers to replace the current infrastructure which can no longer be supported, given its age.

- 2.21 This procurement was undertaken as a further competition under the National Procurement Services (“NPS”) Framework for IT Products and Services, Lot two (2), Hardware. (NPS-ICT-0094-19/L2) with the contract award proposed to Dell EMC.
- 2.22 The contract is for a period of five (5) years commencing on 1st December 2021 to 30th November 2026. It is intended that an initial purchase of equipment will be made in December 2021 to the sum of **£835,383.42** (ex VAT) with additional expenditure over the term of £144,715.40 (ex VAT) for expansion and upgrade of component items. The maximum contract value is **£980,098.82** (ex VAT) for the term of the agreement.
- 2.23 Please note that funding for this expenditure is subject to approval by Welsh Government. At the time of writing this document confirmation of funding has not been received. Until funding has been confirmed, in writing by Welsh Government to the Chief Executive Officer of DHCW, the contract will not be executed, and Purchase Orders will not be raised. The Board are asked to approve the Contract Award basis on this express condition.
- 2.24 To minimise risk the contract has been structured in the following way:
- The Terms and Conditions of Contract applicable to this are standard National Procurement Services (“NPS”) Framework for IT Products and Services, which include provisions for:
 - Time and Delivery Conditions;
 - Rejection criteria for products;
 - Protection of Data;
 - Customer remedies for Default.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD

- 3.1 This report proposes four Contract Award recommendations for the Board’s approval relating to:
- 3.2 End of year Journals (P21.47) at item 5.3i Appendix A in respect of which:
- (i) The procurement has been undertaken in accordance with the requirements of DHCW’s Standing Financial Instructions, including Public Contract Regulations 2015, as assured by the Chief Operating Officer; and
 - (ii) DHCW’s procurement project team comprised of key subject matter experts and members of the NHS Wales e-Library Service (appointed by the NHS e-Library Service Board) who have approved the procurement strategy and approach, including the selection and evaluation processes and the award outcome, as assured by the DHCW Executive Medical Director; and
 - (iii) Funding of the Agreement is provisioned from existing funding, as assured by the Executive Director of Finance.
- 3.3 The resources required to deliver these Services from a DHCW perspective are included within the Annual Plan.
- 3.4 Evidence Summaries (P550.10) at item 5.3ii Appendix B in respect of which:

- (i) The procurement has been undertaken in accordance with the requirements of the Standing Financial Instructions, including Public Contract Regulations 2015, as assured by the Chief Operating Officer; and
 - (ii) DHCW's procurement project team comprised of key subject matter experts and members of the NHS Wales e-Library Service (appointed by the NHS e-Library Service Board) who have approved the procurement strategy and approach, including the selection and evaluation processes and the award outcome, as assured by the DHCW Executive Medical Director; and
 - (iii) Funding of the Agreement is provisioned from existing funding, as assured by the Executive Director of Finance.
- 3.5 The resources required to deliver these Services from a DHCW perspective are included within the Annual Plan.
- 3.6 Citrix Renewal (P733) at item 5.3iii Appendix C in respect of which:
- (i) The procurement has been undertaken in accordance with the requirements of the Standing Financial Instructions, including Public Contract Regulations 2015, as assured by the Chief Operating Officer; and
 - (ii) DHCW's evaluation team comprising key subject matter experts have approved the procurement strategy and approach, including the selection and evaluation processes and the award outcome, as assured by the DHCW Director of ICT; and
 - (iii) Funding of the Agreement is provisioned from existing budgets, as assured by the Executive Director of Finance.
- 3.7 The resources required to deliver these Services from a DHCW perspective are included within the Annual Plan.
- 3.8 WPAS Server Infrastructure (P762) at item 5.3iv Appendix D in respect of which:
- (i) The procurement has been undertaken in accordance with the requirements of the Standing Financial Instructions, including Public Contract Regulations 2015, as assured by the Chief Operating Officer; and
 - (ii) DHCW's evaluation team comprising key subject matter experts have approved the procurement strategy and approach, including the selection and evaluation processes and the award outcome, as assured by the DHCW Director of ICT; and
 - (iii) Funding of the Agreement, at the time of writing) has not yet been confirmed but has been sought from Welsh Government. Approval of the Contract by the Board is to be provided expressly on the condition that a Contract may only be signed, and Purchase Orders raised following formal written confirmation of funding for the full core purchase amount is received by the Chief Executive Officer of DHCW and has been assured by the Executive Director of Finance.
- 3.9 The resources required to deliver these Services from a DHCW perspective are included within the Annual Plan.

4. RECOMMENDATION

The Board is being asked to **APPROVE** the Contract Awards as detailed in the appendices.

5. IMPACT ASSESSMENT

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

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: Not applicable
Choose an item.	Outcome: Not applicable
Statement: Not applicable	

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
PERSON/COMMITTEE/GROUP	DATE	OUTCOME
Julie Francis – Head of Commercial Services	03/11/2021	Approved
Michelle Sell – Chief Operating Officer	03/11/2021	Approved
Claire Osmundsen-Little – Executive Director of Finance		
Helen Thomas – Chief executive Officer		

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

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



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

Scheme Title	P21.47 END OF YEAR JOURNALS
Suppliers	EBSCO, Mark Allen Healthcare, Springer Nature, Wiley, Wolters Kluwer
Contract Awarded for Use by	All Wales NHS
Date Prepared	27/10/2021
Prepared By	Nathan Beynon
Scheme Sponsor	Rhidian Hurle, Executive Medical Director- Digital Health and Care Wales

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

1. DESCRIPTION OF GOODS / SERVICES / WORKS

Digital Health and Care Wales ("**DHCW**"), formally NHS Wales Informatics Service ("**NWIS**"), are responsible for the purchasing of e-library resources for NHS Wales. On 1st January 2021 contracts were awarded to EBSCO and Mark Allen Healthcare to provide e-journal resources to be used by health care professionals on the basis as set out in the benefits section below.

The contract is due to expire on 31st December 2021 and so a new procurement has been undertaken to provide the service going forwards. A contract has been awarded for a contract term of 1 year.

The Contract period is for 1st January 2022 to the 31st December 2022. The Authority proposes that the contract is only awarded for twelve (12) months so that the usage of titles is reviewed annually via a usage to cost ratio to ensure that value for money is achieved.

The route to market was via the National Institute of Health and Care Excellence ("**NICE**") Electric and Print Framework and was conducted via a mini competition process and evaluated by a multidisciplinary team-based approach using Subject Matter Experts from across NHS Wales Library Services. The award decision has already been ratified by the e-library board.

The Contract was awarded to 5 suppliers, EBSCO, Mark Allen Healthcare, Springer Nature, Wiley and Wolters Kluwer on the basis of a Most Economically Advantageous Tender ("**MEAT**") with a quality/price ratio of 80%/20% applied respectively.

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1.1 Nature of contract: Please indicate with a (x) in the relevant box	First time	<input type="checkbox"/>	Contract Extension	<input type="checkbox"/>	Contract Renewal	<input checked="" type="checkbox"/>
1.2 Period of contract including extension options:						
Expected Start Date of Contract		01/01/2022				
Expected End Date of Contract		31/12/2022				
Contract Extension Options (E.g. maximum term in months)		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.	
Goal 1: Mobilise digital transformation by building on our foundations of data protection, infrastructure and information availability and flow - opening up our architecture to enable faster, consistent sharing of data with partners and suppliers	<input type="checkbox"/>
Goal 2: Support the modernisation of clinical specialties and healthcare processes through delivering dedicated high-quality digital services	<input checked="" type="checkbox"/>
Goal 3: Empower staff and patients by combining data from many systems to form a comprehensive digital health and care record accessible anywhere, when needed, via easy to navigate digital entry points	<input checked="" type="checkbox"/>
Goal 4: 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?	Yes	No
	<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
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This scheme should relate to at least one of the SHA's wellbeing objectives. Please mark with a (x) in the box the relevant objectives for this scheme.

Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways.	<input type="checkbox"/>
Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.	<input 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 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 type="checkbox"/>	Long Term	<input 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.

Competition Three (3) Quotes <input type="checkbox"/> Formal Tender Exercise <input type="checkbox"/> Mini Competition <input checked="" type="checkbox"/> Find a Tender <input type="checkbox"/> <small>(replaces OJEU, Public Contract Regulations 2015 still apply)</small>	Single source 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"/>
--	--

3.2 Please outline the procurement procedure.

This procurement was undertaken via a mini competition under the NICE Framework for Electronic Print Content – Lot 3 (NICEAHEE/2125).

3.3 What has been the approximate timeline for procurement?

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Activity	Date
Publication of the 'Invitation to Tender'	22 nd September 2021
Clarification period starts	22 nd September 2021
Clarification period ends	29 th September 2021
The Authority's deadline for the publication of responses to Tender Clarification questions	1 st October 2021
Deadline for submission of a Tender to the Authority	6 th October 2021, 12:00
Evaluation Period	6 th October – 30 th November 2021
Contract Award and Notification to Suppliers	1 st December 2021

4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option

National e-Journal subscriptions are vital resources to ensure that clinicians and healthcare professionals have access to appropriate academic literature and training materials to support their education and training requirements. Since 2017 DHCW (formerly NWIS) has provided medical e-resources to trainee doctors, dentists, and healthcare professionals across NHS Wales.

There is a recognised need for a standardised approach to be provided to clinicians and health care professionals to access up to date academic journals to support their continuous professional development. The strategic intent is that, in providing e-journals to support the educational needs for health care professionals will result in the following key objectives:

- provides trainee healthcare professionals with access to up-to-date academic journals to support their training;
- improve consistency of educational resources;
- increase the distribution speed of new academic research and effective practises;
- provide more up to date information to health care professionals; and
- supporting continuous professional development.

5. RISKS & MITIGATION

5.1 Please state risks of not proceeding with the scheme	5.2 Please state any mitigation to reduce the risk if the scheme is not approved
If the scheme is not approved the NHS Wales will lose access to the majority of its e-Journals and resources to support their education, learning and continuous professional development. These journals and resources are used extensively by training doctors, dentists and other healthcare professionals will no longer have resources to support their training.	Not applicable for the reasons outlined in 5.1

6. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract		Excluding VAT (£k) See table below	Including VAT (£k)	
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 checked="" type="checkbox"/>		
Additional Welsh Government funding		<input type="checkbox"/>		
Other		<input type="checkbox"/>		
Not Applicable				
EXPENDITURE CATEGORY	Year 1 (exc. VAT)	Year 2 (exc. VAT)	Total (exc. VAT)	Total (inc. VAT)
EBSCO	£509,907.43	Not applicable	£509,907.43	£611,888.92
Mark Allen Healthcare	£72,570.00	Not applicable	£72,570.00	£ 87,084.00
Springer Nature	£366,361.00	Not applicable	£366,361.00	£439,633.20
Wiley	£129,779.14	Not applicable	£129,779.14	£155,734.96
Wolters Kluwer	£70,811.00	Not applicable	£70,811.00	£ 84,973.20
Overall Total	£1,149,428.57	Not applicable	£1,149,428.57	£1,379,314.28



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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
Signature:	<div>09/11/2021</div> <div>X Julie Francis</div> <div>Julie Francis Head of Commercial Services Signed by: Julie Francis (JU000244)</div>
Date:	

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:	Rhidian Hurle, Executive Medical Director
Signature:	
Directorate:	Clinical Informatics
Date:	08/11/2021

Executive Director of Finance Approval

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

Lead Director Name:	Claire Osmundsen-Little, Executive Director of Finance
Signature:	<div>09/11/2021</div> <div>X Claire Osmundsen-Little</div> <div>Claire Osmundson-Little Executive Director of Finance Signed by: Claire Osmundsen-Little (cl187422)</div>
Directorate:	Finance and Business Assurance

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CF11 9AD

Date:

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 25th November 2021.

Chair of DHCW Board:	Simon Jones
Signature:	<div>X</div> <div>Simon Jones Chair of DHCW Board</div>
Date:	
Independent Member:	

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Signature:	<div>X</div> <div>Independent Member</div>
Date:	

Chief Executive Officer:	Helen Thomas
Signature:	<div>X</div> <div>Helen Thomas Chief Executive Officer</div>
Date:	



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

Scheme Title	P550.10 EVIDENCE SUMMARIES
Supplier	BMJ Elsevier
Contract Awarded for Use by	All Wales
Date Prepared	18/10/2021
Prepared By	Nathan Beynon
Scheme Sponsor	Rhidian Hurle, Executive Medical Director- Digital Health and Care Wales

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

1. DESCRIPTION OF GOODS / SERVICES / WORKS

Digital Health and Care Wales ("**DHCW**"), formally NHS Wales Informatics Service ("**NWIS**"), are responsible for the purchasing of e-library resources for NHS Wales. On 1st September 2018 a contract was awarded to BMJ Publishing and Elsevier to provide evidence summaries a range of tools and resources to be used by health care professionals on the basis as set out in the benefits section below.

It is proposed that the new contract period will commence from for 1st January 2022 to the 31st December 2023 with the option to extend the contract from 1st January 2024 to 31st December 2024.

The route to market was via the National Institute of Health and Care Excellence ("**NICE**") Electronic and Print Framework and was conducted via a mini competition process. The e-Library Service Board provided instruction and approved membership of a multidisciplinary team led by DHCW. The procurement team comprised of Subject Matter Experts from DHCW and the NHS Wales Library Services.

The Contract is proposed to be awarded to two (2) suppliers, BMJ and Elsevier. The dual contract award has been made on the basis that BMJ can provide access to BMJ Best Practice and Co Morbidities and Elsevier can provide access to Clinical-Key and Clinical-Key Nursing. Scores were attributed on the basis of a Most Economically Advantageous Tender ("**MEAT**") with a quality/price ratio of 70%/30% applied respectively.

1.1 Nature of contract: Please indicate with a (x) in the relevant box	First time	<input type="checkbox"/>	Contract Extension	<input type="checkbox"/>	Contract Renewal	<input checked="" type="checkbox"/>
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1.2 Period of contract including extension options:						
Expected Start Date of Contract		01/01/2022				
Expected End Date of Contract		31/12/2023				
Contract Extension Options (E.g. maximum term in months)		Twelve (12) months				

2. STRATEGIC FIT

2.1 VISION AND OUR STRATEGIC PILLARS

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

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

Goal 1: Mobilise digital transformation by building on our foundations of data protection, infrastructure and information availability and flow - opening up our architecture to enable faster, consistent sharing of data with partners and suppliers	<input type="checkbox"/>
Goal 2: Support the modernisation of clinical specialties and healthcare processes through delivering dedicated high-quality digital services	<input checked="" type="checkbox"/>
Goal 3: Empower staff and patients by combining data from many systems to form a comprehensive digital health and care record accessible anywhere, when needed, via easy to navigate digital entry points	<input checked="" type="checkbox"/>
Goal 4: 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?	Yes	No
	<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

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

Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways.	<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 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 type="checkbox"/>
Demonstrate respect for the diverse cultural heritage of modern Wales.	<input 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 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.

Competition

Three (3) Quotes	<input type="checkbox"/>
Formal Tender Exercise	<input type="checkbox"/>
Mini Competition	<input checked="" type="checkbox"/>
Find a Tender	<input type="checkbox"/>

(replaces OJEU, Public Contract Regulations 2015 still apply)

Single source

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"/>

3.2 Please outline the procurement procedure.

This procurement was undertaken via a mini competition under the NICE Framework for Electronic Print Content – Lot 5 (NICEAHEE/2125).

3.3 What has been the approximate timeline for procurement?

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Activity	Date
Publication of the 'Invitation to Tender'	22 nd September 2021
Clarification period starts	22 nd September 2021
Clarification period ends	29 th September 2021
The Authority's deadline for the publication of responses to Tender Clarification questions	1 st October 2021
Deadline for submission of a Tender to the Authority	6 th October 2021, 12:00
Evaluation Period	6 th October – 30 th November 2021
Contract Award and Notification to Suppliers	1 st December 2021

4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option

Evidence summaries are vital resources to ensure that clinicians and healthcare professionals continue to provide the most appropriate services to citizens across NHS Wales.

There is a recognised need for a standardised approach to be provided to clinicians and health care professionals to access up to date information and searching tools to enable them to provide the best evidence-based care to patients. The strategic intent is that, in providing evidence summaries to apply knowledge at the point of need will meet the following key objectives:

- improved clinical care and practice I.e. supporting clinical decisions in diagnosis, prognosis, treatment and prevention, to deliver the most appropriate care to the patient;
- improve consistency within practice;
- increase the distribution speed of new and effective practices;
- provide more up to date information to health care professionals; and
- supporting continuous professional development.



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5. RISKS & MITIGATION

5.1 Please state risks of not proceeding with the scheme	5.2 Please state any mitigation to reduce the risk if the scheme is not approved
If the scheme is not approved there will be no continuation of evidence summaries to clinicians across NHS Wales. Without these tools clinicians will no longer have access to resources to support clinical decisions making.	Not applicable for the reasons outlined in 5.1

6. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract			Excluding VAT (£)		Including VAT (£)
The nature of spend			£2,545,887.16		£3,055,064.59
			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 checked="" type="checkbox"/>			
		Additional Welsh Government funding <input 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)	Optional Extension (12 month)	Total (exc. VAT)	Total (inc. VAT)
Revenue- BMJ	£146,659.68	£162,234.55	£118,970.33	£477,618.16	£573,141.79
Revenue- Elsevier	£802,083.00	£622,889.00	£643,297.00	£2,068,269.00	£2,481,922.80
Overall Total	£948,742.68	£785,123.55	£762,267.33	£2,545,887.16	£3,055,064.59



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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
Signature:	<div>09/11/2021</div> <div>X Julie Francis</div> <div>Julie Francis Head of Commercial Services Signed by: Julie Francis (JU000244)</div>
Date:	

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:	Rhidian Hurle, Executive Medical Director
Signature:	
Directorate:	Clinical Informatics
Date:	08/11/2021

Executive Director of Finance Approval

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

Lead Director Name:	Claire Osmundsen-Little, Executive Director of Finance
Signature:	<div>09/11/2021</div> <div>X Claire Osmundsen-Little</div> <div>Claire Osmundsen-Little Executive Director of Finance Signed by: Claire Osmundsen-Little (cl187422)</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

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 25th November 2021.

Chair of DHCW Board:	Simon Jones
Signature:	<div>X</div> <div>Simon Jones Chair of DHCW Board</div>
Date:	



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Independent Member:

X

Independent Board Member

Signature:

Date:

Chief Executive Officer:

X

Helen Thomas
Chief Executive Officer

Signature:

Date:



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

Scheme Title	CITRIX RENEWAL (2021)
Supplier	Computacenter (UK) Limited
Contract Awarded for Use by	All Wales
Date Prepared	25 th October 2021
Prepared By	Katharine Fletcher
Scheme Sponsor	Dr Carwyn Lloyd Jones, Director of ICT

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

1. DESCRIPTION OF GOODS / SERVICES / WORKS

Digital Health and Care Wales ("DHCW") has been using Citrix Virtual Apps and Desktops ("CVAD") to deliver clinical applications to NHS Wales users for over ten (10) years. Citrix Virtual Apps are used by DHCW to,

- deliver national '*fat client*' apps that would otherwise need to be installed on PCs across Wales – and the coordination of this would be very challenging given the range of devices and management methodologies.
- deliver applications to third parties (e.g., Welsh Government, Community Pharmacies) where there are security challenges/risks with providing direct access to the applications.

LICENCE REQUIREMENTS [CORE] - SCOPE

This contract is for the provision of Citrix software and associated support for a period of three (3) years from 01st January 2022 – 31st December 2024. There is a twelve (12) month extension provision also included, (maximum contract term is until 31st December 2025). The objectives of the procurement were to cover the transition from on-premises perpetual licensing via the current Citrix Priority support and maintenance contract to Citrix Cloud enabled subscription-based licensing model. This will convert the current licences held by DHCW to cloud licences. This approach is consistent with Digital Health and Care Wales' strategic direction.



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The Authority has made provision in its requirements for core and optional requirements. This licensing is currently under a Citrix Priority support and maintenance agreement. The scope of the core requirements are set out in the table below

Item	Item Requirement	License	Licence Type	Qty
A1	Transition of R1 to subscription licensing	Citrix Virtual Apps Advanced	Subscription (Cloud/On-Prem)	4740
A2	Transition of R2, R3, R4, R5 and R7 to subscription licensing	Citrix Virtual Apps Premium	Subscription (Cloud/On-Prem)	3163
A3	Transition of R6 to subscription licensing	Citrix Virtual Apps and Desktops Premium	Subscription (Cloud/On-Prem)	100

In addition to the software requirements there are also the requirements for the continuation of the Citrix Priority Support and Maintenance and for 15 days Consultancy to help with the following services:

- transition of services to the Citrix Cloud. The support will include design and migration of specific DHCW Citrix Virtual Apps.

The optional requirements are for:

- the provision of Citrix Accredited Technical Training for up to 20 training vouchers which will be called off on an ad-hoc basis.

The procurement process was conducted via a mini competition under a government framework executed by the National Procurement Services (see further details below).

1.1 Nature of contract: Please indicate with a (x) in the relevant box	First time	<input type="checkbox"/>	Contract Extension	<input type="checkbox"/>	Contract Renewal	<input checked="" type="checkbox"/>
1.2 Period of contract including extension options:						
Expected Start Date of Contract		1 st January 2022				
Expected End Date of Contract		31 st December 2024				
Contract Extension Options (E.g. maximum term in months)		Twelve (12) months				



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2. STRATEGIC FIT

2.1 VISION AND OUR STRATEGIC PILLARS

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

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

Goal 1: Mobilise digital transformation by building on our foundations of data protection, infrastructure and information availability and flow - opening up our architecture to enable faster, consistent sharing of data with partners and suppliers	<input checked="" type="checkbox"/>
Goal 2: Support the modernisation of clinical specialties and healthcare processes through delivering dedicated high-quality digital services	<input checked="" type="checkbox"/>
Goal 3: Empower staff and patients by combining data from many systems to form a comprehensive digital health and care record accessible anywhere, when needed, via easy to navigate digital entry points	<input type="checkbox"/>
Goal 4: Enable users to derive value from data collected from national and local systems through Big Data Analysis	<input type="checkbox"/>

2.2 INTEGRATED MEDIUM-TERM PLAN

Is this scheme included in the SHA's Integrated Medium Term Plan?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If not, please explain the reason for this in the space provided. N/A

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 type="checkbox"/>
Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.	<input 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 checked="" type="checkbox"/>
Bring communities and generations together through involvement in the planning and delivery of our services.	<input type="checkbox"/>

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Demonstrate respect for the diverse cultural heritage of modern Wales.	<input 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 type="checkbox"/>
Long Term	<input checked="" type="checkbox"/>
Integration	<input type="checkbox"/>
Collaboration	<input type="checkbox"/>
Involvement	<input type="checkbox"/>

3. PROCUREMENT ROUTE

3.1 How is the contract being procured? Please mark with a (x) as relevant.																					
Competition Three (3) Quotes <input type="checkbox"/> Formal Tender Exercise <input type="checkbox"/> Mini Competition <input checked="" type="checkbox"/> Find a Tender <input type="checkbox"/> <small>(replaces OJEU, Public Contract Regulations 2015 still apply)</small>	Single source 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"/>																				
3.2 Please outline the procurement procedure.																					
The procurement was undertaken via a mini competition via the National Procurement Services ('NPS') Framework for IT Products and Services, Lot 3, Licensing and Subscriptions. (NPS-ICT-0094-19/L3).																					
3.3 What has been the approximate timeline for procurement?																					
<table border="1"> <thead> <tr> <th>Date</th> <th>Activity</th> </tr> </thead> <tbody> <tr> <td>5th October 2021</td> <td>Publication of the 'Invitation to Tender'</td> </tr> <tr> <td>5th October 2021</td> <td>Clarification period starts</td> </tr> <tr> <td>15th October 2021</td> <td>Clarification period closes</td> </tr> <tr> <td>12 Noon 18th October 2021</td> <td>The Authority's deadline for the publication of responses to Tender Clarification questions</td> </tr> <tr> <td>12 Noon 19th October 2021</td> <td>Deadline for submission of a Tender to the Authority</td> </tr> <tr> <td>20th – 22nd October 2021</td> <td>Evaluation Period</td> </tr> <tr> <td>25th October – 25th November 2021</td> <td>Contract Approval Process</td> </tr> <tr> <td>1st December 2021</td> <td>Contract Award and Notification to Suppliers</td> </tr> <tr> <td>1st January 2022</td> <td>Contract Commencement Date</td> </tr> </tbody> </table>	Date	Activity	5 th October 2021	Publication of the 'Invitation to Tender'	5 th October 2021	Clarification period starts	15 th October 2021	Clarification period closes	12 Noon 18 th October 2021	The Authority's deadline for the publication of responses to Tender Clarification questions	12 Noon 19 th October 2021	Deadline for submission of a Tender to the Authority	20 th – 22nd October 2021	Evaluation Period	25 th October – 25 th November 2021	Contract Approval Process	1 st December 2021	Contract Award and Notification to Suppliers	1 st January 2022	Contract Commencement Date	
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4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option

The continuation of the Citrix Virtual Apps and Desktops (CVAD / Citrix XenApp) is critical in delivering key operational services across NHS Wales in a safe, scalable and consistent manner. A summary of those services is set out below:

- WLIMS (TrakCareLab 2016)
- WHPSMS (Welsh Hospital Pharmacy Stock Management System)
- CANISC
- PCAG - (Primary Care Access Gateway) – used to access Choose Pharmacy and other services from Community Pharmacies)
- WGAG - (Welsh Gov Access Gateway) – used by Welsh Gov to access NHS Wales dashboards and services. This shares infrastructure and licensing with PCAG
- WPAS - Welsh Patient Administration System

The new contract will move DHCW away from the traditional on-premise licensing to Citrix Cloud. This will convert the current licences held by DHCW to cloud licences.

5. RISKS & MITIGATION

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

6. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract		Excluding VAT (£k) £1,524,427.06	Including VAT (£k) £1,829,312.47
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 checked="" type="checkbox"/>	
Additional Welsh Government funding		<input type="checkbox"/>	

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Other <input type="checkbox"/>					
[If you have selected 'Other' – please provide further details]					
EXPENDITURE CATEGORY	Year 1 (exc. VAT)	Year 2 (exc. VAT)	Year 3 (exc. VAT)	Total (exc. VAT)	Total (inc. VAT)
	£k	£k	£k	£k	£k
Revenue - Core	£495,860.66	£495,860.66	£495,860.66	£1,487,582.00	£1,785,098.40
Revenue - Optional	£36,845.06	£0	£0	£36,845.06	£44,214.07
Overall Total	£532,705.72	£495,860.66	£495,860.66	£1,524,427.06	£1,829,312.47

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, Head of Commercial Services
Signature:	<div>16/11/2021</div> <div>X Julie Francis</div> <div>Julie Francis Head of Commercial Services Signed by: Julie Francis (JU000244)</div>
Date:	08.11.2021

7.1 Director Approval

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

Lead Director Name:	Dr Carwyn Lloyd-Jones, Director of ICT
Signature:	<div>12/11/2021</div> <div>X Carwyn Lloyd-Jones</div> <div>Carwyn Lloyd-Jones Director of ICT and Digital Business Signed by: Carwyn Lloyd-Jones (Ca000262)</div>

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Directorate:	Information and Communications Technology (ICT)
Executive Director of Finance Approval The Director of Finance, by providing email confirmation, to seek Board approval is making a declaration that all budgetary and financial matters in respect of this decision have been considered and complied with.	
Lead Director Name:	Claire Osmundsen-Little, Executive Director of Finance
Signature:	<div>18/11/2021</div> <div>  </div> <hr/> Claire Osmundsen-Little Executive Director of Finance Signed by: Amanda Murray (Am208426)
Directorate:	Finance and Business Assurance

8. APPROVALS AND ASSURANCE RECEIVED

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

	Date of Meeting	Outcome
Welsh Government Approval	25 th October 2021	Noted
DHCW Board	25 th November 2021	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 25 th November 2021.	
Chair of DHCW Board:	



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Signature:

X

Chair, DHCW

Independent Member:

Signature:

X

Independent Member, DHCW

Chief Executive Officer:

Signature:

X

CEO, DHCW



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

Scheme Title	WPAS SERVER INFRASTRUCTURE
Supplier	Dell EMC
Contract Awarded for Use by	DHCW - Infrastructure
Date Prepared	27 th October 2021
Prepared By	Katharine Fletcher
Scheme Sponsor	Dr Carwyn Lloyd Jones, Director of ICT

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

1. DESCRIPTION OF GOODS / SERVICES / WORKS

The Patient Administration System for Wales ("**WelshPAS**" or "**WPAS**") holds patient identification details, and records details of patients' hospital visits, including waiting list management, medical records, inpatient treatment, outpatient appointments and emergency visits.

The underlying technical architecture provides resiliency and availability to the clinical critical delivery of WPAS. There are many components that make up the delivery of WPAS services. The scope of this contract covers the provision of Database Servers.

The current equipment is now at a higher risk of failure due to its age and needs to be replaced to ensure DHCW mitigates the operational risks of the current WPAS Platform in delivery of care across NHS Wales.

The decision to procure an on-premise solution has been made due to the age of the WPAS application. The technology was not designed to be hosted on a cloud-based platform. This is in accordance with Digital HealthCare Wales Strategy which recommends a "mixed economy" i.e. there is "no one size fits all" approach which is determined by numerous operational and commercial considerations.

The contract was undertaken via a mini competition via the National Procurement Services ("**NPS**") Framework for IT Products and Services, Lot two (2), Hardware. (NPS-ICT-0094-19/L2) and is proposed to be awarded to Dell EMC. The awarding strategy for this procurement is Most Economically Advantageous Tender ("**MEAT**") with a quality/price ratio of 40%/60% applied respectively.

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The contract is for a period of five (5) years commencing on 1st December 2021 to 30th November 2026.

1.1 Nature of contract:

Please indicate with a (x) in the relevant box

First time



Contract Extension



Contract Renewal



1.2 Period of contract including extension options:

Expected Start Date of Contract

1st December 2021

Expected End Date of Contract

30th November 2026

Contract Extension Options
(E.g. maximum term in months)

None

2. STRATEGIC FIT

2.1 VISION AND OUR STRATEGIC PILLARS

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

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

Goal 1: Mobilise digital transformation by building on our foundations of data protection, infrastructure and information availability and flow - opening up our architecture to enable faster, consistent sharing of data with partners and suppliers



Goal 2: Support the modernisation of clinical specialties and healthcare processes through delivering dedicated high-quality digital services



Goal 3: Empower staff and patients by combining data from many systems to form a comprehensive digital health and care record accessible anywhere, when needed, via easy to navigate digital entry points



Goal 4: Enable users to derive value from data collected from national and local systems through Big Data Analysis



2.2 INTEGRATED MEDIUM-TERM PLAN

Is this scheme included in the SHA's Integrated Medium Term Plan?

Yes

No



If not, please explain the reason for this in the space provided. N/A

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2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES

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

Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways.	<input type="checkbox"/>
Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.	<input 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 checked="" type="checkbox"/>
Bring communities and generations together through involvement in the planning and delivery of our services.	<input type="checkbox"/>
Demonstrate respect for the diverse cultural heritage of modern Wales.	<input 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 type="checkbox"/>	Long Term	<input checked="" type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	<input type="checkbox"/>	Involvement	<input type="checkbox"/>
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3. PROCUREMENT ROUTE

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

Competition

Three (3) Quotes	<input type="checkbox"/>
Formal Tender Exercise	<input type="checkbox"/>
Mini Competition	<input checked="" type="checkbox"/>
Find a Tender	<input type="checkbox"/>

(replaces OJEU, Public Contract Regulations 2015 still apply)

Single source

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"/>

3.2 Please outline the procurement procedure.

The procurement was undertaken via a mini competition via the National Procurement Services ('NPS') Framework for IT Products and Services, Lot 2, Hardware.(NPS-ICT-0094-19/L2)

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3.3 What has been the approximate timeline for procurement?

Date	Activity
5 th October 2021	Publication of the 'Invitation to Tender'
5 th October 2021	Clarification period starts
15 th October 2021	Clarification period closes
12 Noon 18 th October 2021	The Authority's deadline for the publication of responses to Tender Clarification questions
12 Noon 19 th October 2021	Deadline for submission of a Tender to the Authority
20 th – 22nd October 2021	Evaluation Period
25 th October – 25 th November 2021	Contract Approval Process
1 st December 2021	Contract Award and Notification to Suppliers
1 st January 2022	Contract Commencement Date

4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option

The benefits of the preferred option are that it:

- mitigates the risk of failure of the current equipment;
- provides more flexibility for resiliency;
- immediate funding will help keep inflationary costs to a minimum; and
- it allows for WPAS to be redesigned to move to the cloud in the medium term, if this happens in the short term then the proposed equipment could be redeployed and reused within the Datacentres.

5. RISKS & MITIGATION

5.1 Please state risks of not proceeding with the scheme	5.2 Please state any mitigation to reduce the risk if the scheme is not approved
If the scheme is not approved there will be performance issues with the current WPAS as it is operating on old hardware, and this could have a detrimental impact on patient services.	Not applicable for the reasons outlined in 5.1



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6. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract		Excluding VAT (£k) £980,098.82		Including VAT (£k) £1,176,118.58	
The nature of spend		Capital <input checked="" type="checkbox"/>		Revenue <input 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) £k	Year 2 - 5 (exc. VAT) £k	Total (exc. VAT) £k	Total (inc. VAT) £k	
Capital - Core	£835,383.42	£0.00	£835,383.42	£1,002,460.10	
Capital -Optional	£144,715.40	£0.00	£144,715.40	£173,658.48	
Overall Total	£980,098.82	£0.00	£980,098.82	£1,176,118.58	



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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

16/11/2021

Signature:

X Julie Francis

Julie Francis
Head of Commercial Services
Signed by: Julie Francis (JU000244)

Date: 08/11/2021

7.1 Director Approval

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

Lead Director Name: Dr Carwyn Lloyd-Jones, Director of ICT

12/11/2021

Signature:

X Carwyn Lloyd-Jones

Carwyn Lloyd-Jones
Director of ICT and Digital Business
Signed by: Carwyn Lloyd-Jones (Ca000262)

Directorate: Information and Communications Technology (ICT)

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

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Signature:	18/11/2021
	 X _____ Claire Osmundsen-Little Executive Director of Finance Signed by: Amanda Murray (Am208426)
Directorate:	Finance and Business Assurance

8. APPROVALS AND ASSURANCE RECEIVED

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

	Date of Meeting	Outcome
Welsh Government Approval	2nd November 2021	Noted
DHCW Board	25 th November 2021	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 25th November 2021.

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Chair of DHCW Board:

X

Chair, DHCW

Signature:

Independent Member:

X

Independent Member, DHCW

Signature:

Chief Executive Officer:

X

CEO, DHCW

Signature:

Item 5.2v Strategic Procurement Plan

TITLE	ALL WALES / DHCW INTERNAL	OVERVIEW OF THE SCOPE	INDICATIVE CONTRACT VALUE	INDICATIVE TERM (YEARS)	CONTRACT START DATE	SHA BOARD DATE	CURRENT STATUS
GP Managed Print Services	All Wales	The managed print service provides reliable, supported printers for GP practices, who rely on printers for producing prescriptions to support patient care. The service also recognises when new printer cartridges are required and automatically issues new cartridges to the GP practice.	£8.2m	5+1+1	01/10/2021	30/09/2021	Approved at SHA Board
Development Resources for Test, Trace and Protect	All Wales	The development resources will support the evolution of the TTP system, these will be called off on a work package basis as when specific development requirements emerge.	£2.6m	1+1	01/11/2021	30/09/2021	Approved at SHA Board
Laboratory Information Management Service	All Wales	Procurement of a national Laboratory Information System - an enterprise resource planning tool that manages multiple aspects of laboratory informatics, to support laboratories' key business operations, workflow and data tracking support, flexible architecture, and data exchange interfaces, which fully support its use in regulated environments.	£22.5m	9	29/10/2021	14/10/2021	Approved at SHA Board
Citrix Licencing	DHCW Internal	Renewal of Citrix Licences with option to move to cloud-based licences instead of on premise.	£1.4M	3	01/01/2022	25/11/2021	Issued to Board for Approval
Evidence Summaries	All Wales	Purchasing three (3) Evidence Summaries – BMJ Best Practice, Clinical Key and Clinical Key Nursing with the option to purchase BMJ Co Morbidities. (e-library)	£2.6M	2+1	01/12/2021	25/11/2021	Issued to Board for Approval
End of Year e-Journals	All Wales	E Journals for NHS Wales. (e-library)	£1.7m	1	01/01/2022	25/11/2021	Issued to Board for Approval
WPAS Hardware Refresh	DHCW Internal	Refresh of WPAS Hardware and ongoing support.	£875K	5	01/12/2021	25/11/2021	Issued to Board for Approval
O365 Phase 3 Resources	All Wales	Provision of consultancy to support the continued roll out of the O365 suite of products across Wales.	£3.8M	3	01/02/2022	27/01/2022	Progressing to plan

Telephony Solution for Test Trace Protect	All Wales	Telephony solution which underpins the Test, Trace & Protect System to effectively manage the Covid Pandemic.	£1m	1+1+1	01/04/2022	31/03/2022	Procurement planning stage. The current planned award date of April 2022 is based on procurement activity commencing in November 2021. At present there is a risk that delays in developing the specification will result in a delayed contract award date. Commercial Services are working with the Project Team to explore mitigating actions.
Microsoft Enterprise Agreement	All Wales	Enterprise Agreement to give over 100,000 NHS Wales staff access to Office 365 to enable organisations to have robust, modern tools and capabilities needed to enable new ways of working and better collaboration and secure sharing of information more easily within the NHS and the wider public sector in Wales using Office 365.	£80m	3+1	01/07/2022	31/03/2022	Progressing to plan
Welsh Hospital e-Prescribing and Medicines Administration	All Wales	Provision of a framework for Electronic Prescribing systems for Health Boards in NHS Wales.	£35m	4	01/04/2022	31/03/2022	Procurement planning stage
VMWare Enterprise License Agreement	DHCW Internal	Enterprise Licensing Arrangement to enable the organisation to run more applications using fewer physical servers on virtualised machines.	£1.3m	1+1	01/04/2022	31/03/2022	In plan
Dental Referral System	All Wales	Digital solution to facilitate and track dental referrals on a health board by health board basis across Wales.	£2.25m	3+1+1	01/06/2023	26/05/2022	Programme Board have approved Contractual model and Procurement Route. Detailed plan and evaluation approaches to be agreed in November to publish January 2022
Data Quality System (DQS)	All Wales	Provision of a Data Quality System (DQS) to GP practices for data quality and reporting requirements for national and local initiatives. The software extracts, analyses and presents patient information that is derived from the data held in the practice clinical information system.	£3m	5	01/06/2022	26/05/2022	In plan
Data Centre	All Wales	Provision of a Data Centre service to host NHS Wales Services and Infrastructure	£4m	5	01/07/2023	28/07/2022	In plan
Radiology Imaging System	All Wales	Digital solution to store, access, review and report radiology images	£40m	10	15/04/2023	30/03/2023	In plan

DIGITAL HEALTH AND CARE WALES INTEGRATED ORGANISATIONAL PERFORMANCE REPORT FOR SHA BOARD

Agenda Item	6.1
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Name of Meeting	SHA Board
Date of Meeting	25 November 2021

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

Executive Sponsor	Helen Thomas, Chief Executive
Prepared By	Angela Hagget, Organisational Performance Lead
Presented By	Michelle Sell, Chief Operating Officer

Purpose of the Report	For Discussion/Review
Recommendation The Board is being asked to: DISCUSS/REVIEW the report as representative of the performance of the organisation for the period September /October 2021.	

Acronyms			
DHCW	Digital Health and Care Wales	NIS	Network and Information Systems
ESR	Electronic Staff Record	API	Application Programming Interface: a software intermediary that allows two applications to talk to each other.

1 SITUATION/BACKGROUND

- 1.1 This document provides a summary of the Digital Health and Care Wales (DHCW) Integrated Organisational Performance Report. A similar report is presented to DHCW Management Board monthly where board members present and discuss performance and resulting actions or risks. The content in the Workforce and Finance sections provide details of performance against statutory requirements.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Annual Business Plan

During September and October, DHCW has made several achievements in key delivery areas across all of the portfolio domains within our Plan, for example:

- GP e-Advice is now available in the Welsh Patient Referral Service, enabling for the first time for conversations of advice and guidance to be had between Secondary Care clinicians and GPs. This will help to reduce the number of unnecessary referrals to secondary care as the GP can be guided by specialist clinicians prior to making a referral.
- The Laboratory Information Network Cymru Business Case has been approved and DHCW has awarded the Master Services Agreement to Citadel Health. The new Laboratory Information Management System will support every Health Board, hospital and GP practice in Wales and will integrate with NHS Wales core Health IT systems. Key benefits include faster turnaround of tests, a reduction in the number of repeat prescriptions, improved clinical safety and ensuring the service can cope with increased demand.
- The electronic Nursing Care Record is live in Hywel Dda, Swansea Bay, Powys and Cwm Taf Morgannwg Health Boards, and Velindre Trust. Its roll out has continued in Singleton Hospital and Llandrindod Wells Memorial Hospital. This is the start of the journey to remove nurses' reliance on paper, which will enable them to spend more time caring for patients.
- The roll-out of the new Welsh Hospital Pharmacy System has continued at pace, with successful implementations in Swansea Bay and Velindre Cancer Centre. The new pharmacy system, a single system for Wales, improves computerised dispensing and medicines stock management. The modern pharmacy system which replaces a 35-year-old, "green screen" system is more efficient to use and offers a more joined up and

consistent way of working across hospitals in Wales, linking medication dispensing and usage data by using nationally recognised standards, which ensures that data and information can be better used to improve services in the future. Since April 2021 DHCW has rolled out the Welsh Hospital Pharmacy System to four Health Boards, meaning that it is now available in six Health Boards and one Trust.

- To open up the architecture and enable greater access to and sharing of data a detailed set of building blocks have been designed and documented during Q2 in partnership between DHCW and the National Data Resource team. A thorough review has taken place of the Building Blocks work involving key stakeholders totalling over 1,000 total attendees. The response was very positive. The next steps are to publish a revised version considering the feedback, develop the delivery plan and a Data Strategy.

However, DHCW is reporting an AMBER status on corporate planning and several change controls to planned objectives have been submitted as delivery challenges increase. Some challenges are due to ongoing Covid-19 workload, as well as considering the local interdependencies with partner organisations within NHS Wales.

- Defining our Architectural Vision was planned to be completed in Quarter 1; however, the architecture design staff were in demand working on Covid-19 priorities during that period. The return of reassigned staff and new appointments has seen significant progress on the open architecture objectives; the API procurement that was initially delayed has made progress and a preferred supplier has been identified. It is expected that the delay will now be recovered in-year.
- DHCW has been working for some time with colleagues from Welsh Government and NHS Wales to modernise cancer informatics to support service delivery and quality improvement in cancer services. The legacy national cancer system is at end of life and is being replaced with the cancer informatics solution which is being expedited by DHCW to reduce further risk. New infrastructure has contributed to reduction of risk and the next step is to deliver a solution to Velindre Cancer Centre in a way that they are able to accommodate. In August 2021, Chief Executives from Velindre and DHCW, along with the Senior Responsible Officer for the Cancer Informatics Programme, agreed that despite intense work from Velindre and DHCW project teams, the gaps in required functionality and the extent of testing and business change activities required to implement safely in September of this year were too great. DHCW and Velindre have produced a re-profiled implementation plan which was approved by the Velindre Cancer Centre internal Project Board in August and by the Cancer Informatics Programme Board in September. The revised date of end of May 2022 has now been agreed.
- The cloud strategy has been refined and enriched throughout the period to ensure that it meets the needs of the wider business context, and this has required additional time to complete; in addition, there has been some impact due to resources being deployed to Covid-19 priorities. The strategy is now expected to be completed prior to the end of the year in parallel with supporting documents and plans. Contingency arrangements are in place to support the Data Centre Transition. The long term strategic approach will be reflected in the 2022-2025 Integrated Medium Term Plan.

- The Mental Health Core Data Set has been subject to a new approach and scope by Welsh Government. The previous milestones have been replaced in order to meet the requirements of the newly established National Mental Health Measures and Outcomes Board.
- Senior Health Board managers from Swansea Bay University Health Board and Cwm Taf Morgannwg University Health Board (CTM) have agreed an implementation order change where SBU will replace CTM as the first Health Board to implement the Welsh Emergency Department System (WEDS). SBU plans to implement at the first site in November. The WEDS system will help to support a more efficient and safer integrated patient pathway through the emergency department, with live patient tracking and triage status.
- The Business Case for the Radiology Information System Procurement has been re-forecast to Quarter 3 due to delays in decisions and governance caused by external factors. The new dates have been approved at the RISP Programme Board. Key implications for DHCW relate to the potential extended use of the current in-house radiology system (WRIS) and the expiration of the Picture Archiving Service (PACS) contract. These dependencies can be managed within the current plan and additional contingency arrangements are being pursued.

There are two corporate risks relating to the plan:

1. potential recruitment delays - our Recruitment Task Force is working across the organisation and with external support to accelerate recruitment, however progress is challenging as noted in the Recruitment section below.
2. additional Covid-19 workload – this continues to impact on our planned activities and the current uncertainty in the management of the pandemic makes this a challenging area to fully address. We will continue to seek to minimise wider disruption depending on requirements and capacity.

2.2 Scorecard

The Scorecard provides an 'at a glance' indicator of performance in key areas. As DHCW is a new organisation there are areas under development which will be populated over time. The details below highlight any areas where the level of performance is falling below the required level as well as those areas where we have recovered the position since the August Board. The full report provides further details on these areas.

- Operational Service Performance - AMBER
 - KPIs were achieved across all domains except one in October. There were two Significant Service Incidents in September, both of which were resolved within their target fix times. There were four Significant Service Incidents in October, two of which did not meet their target fix times. Both incidents related to linkages with NHS Digital's Health and Social Care Network (HSCN) and were caused by a third party supplier issue.
- Appraisal compliance – AMBER

- Compliance is recovering and is now at 80.88% - below the national target of 85% but a significant improvement on the last reported position of 58.9%. Specific plans and targeted training continue with those areas of the organisation that need support to achieve compliance.
- Statutory and Mandatory Training – GREEN
 - Compliance is at 89.08%, which is above the national target.
- ISO and BSI standards – AMBER
 - Four of the six standards are GREEN, with two AMBER. The following standards, are GREEN:
 - ISO14001 Environmental Management
 - ISO20000 Service Management
 - BS76000/76005 Valuing People
 - Service Desk Institute (newly included following agreement from Quality and Regulatory Compliance Group)

The following indicators are AMBER

- ISO 27001 Information Security Management – plans and resources are in place for the audit in November.
- ISO9001 Quality Management – further work is underway to improve the internal audit structure.

2.3 Workforce

The Recruitment Task Force continues to make a positive impact on recruitment, although the volume of work required continues to pose a challenge. In the period, the number of people recruited was 22 people below DHCW's target of 909 people. 197 posts have been filled to date. Taking into account turnover, this has resulted in a nett increase to DHCW's establishment of 95.

DHCW continues to work with three recruitment agencies to support recruitment of the volume of staff needed. A recruitment fair took place in October and a 12-month Recruitment Action Plan has been drafted. DHCW's network of Community Groups has been extended and our partnership working with Universities strengthened.

We are actively reviewing our Annual Business Plan to understand the impact of our vacancy position and any objectives that we anticipate may not be met will be escalated to the Management Board.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 There are no matters for escalation to the Board in this report.

4 RECOMMENDATION

The Board is being asked to **DISCUSS/REVIEW** the contents of the report.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives 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	ISO 9001

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: n/a
No, (detail included below as to reasoning)	Outcome: n/a
Statement: Organisational Performance reporting equally effects all. An EQIA is not applicable.	

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
DHCW Management Board	12 th November 2021	Approved

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Additional scrutiny and development of transparent organisational performance reporting has a positive impact on quality.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	There is a duty to monitor, report on and improve performance.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Should effective performance management not take place there could be financial implications.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	Key organisational decision makers and leaders should be aware of and act upon the elements of performance for which they hold responsibility or accountability.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report



SPECIAL HEALTH AUTHORITY BOARD REPORT OCTOBER 2021



Integrated Organisational Performance Report

DIGITAL HEALTH AND CARE WALES

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Introduction

This Integrated Organisational Performance Report provides evidence of performance against key indicators across Digital Health and Care Wales (DHCW) and is linked to the Strategic Objectives within the Annual Plan; data is produced and verified at various levels throughout the DHCW governance structure, with final approval taking place at Management Board. This report supports the requirements of Management Review as defined in ISO 9001 and other related standards.

The approach and process for Integrated Organisational Performance is evolving within the new digital organisation, therefore this report is developing over time as requirements are further refined.

Scorecard

The scorecard presents a high-level view of the business areas which are monitored and presented in greater detail throughout this report.

- **Operational Services – AMBER:** two of the four significant incidents did not meet their restoration target. One of these however was beyond our control.
- **Appraisal compliance – AMBER:** has reached 80.88% in October following targeted activity across the organisation.
- **Statutory and Mandatory Training – GREEN:** compliance has risen to 89.09%.
- **Audit – AMBER** as one overdue audit action now has a revised target date.
- **ISO and BSI standards – AMBER:** 4 of 6 indicators are Green as work needs to take place in advance of up-coming audits for ISO 9001: Quality Management and ISO 27001: Information Security Management. Service Desk Institute has been introduced as a new measure and this is Green.

	FINANCE & WORKFORCE			GOVERNANCE & QUALITY		
FINANCE	Forecast Revenue Break Even to ensure the organisation's expenditure does not exceed aggregated income	Forecast to Remained within Capital Expenditure Limit to ensure net Capital spend does not exceed Capital Expenditure Limit	Maintain within Public Sector Payment Policy to pay non NHS creditors within 30 days of receipt of valid invoice: Target = 95% (Actual = 97%)	One overdue audit action now has a revised target date	ISO and BS Standards compliant with requirement	GOVERNANCE & QUALITY
WORKFORCE	Sickness absence below threshold 6% (actual 2.94%)	Appraisals compliance target below 85% (achieved 80.88%)	Statutory and Mandatory Training compliance target above 85% (achieved 89.09%)	Clinical Risk Management	Corporate Risk Management	
OPERATIONAL SERVICE DELIVERY	Commercial Services contract management compliant with KPI	Operational Service Support is stable with KPIs being achieved across all domains but one	Contribution to keeping NHS Wales working through Covid-19 pandemic	Service Level Agreement performance meetings with stakeholders conducted to schedule	Strategic engagement meetings with NHS partners conducted to schedule	ENGAGEMENT & FEEDBACK
	Clinical Assurance and Information Governance requests and incidents resolved within KPI	Two out of six significant IT Service Incidents were not managed within SLA target to restore service	Other metric under development	Customer feedback Satisfaction to Local Service Desk target above 90% (actual 94%)	Other metric under development	
	OPERATIONAL SERVICE DELIVERY			ENGAGEMENT & FEEDBACK		



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Corporate Planning Annual Business Plan

The Annual Business Plan sets out the strategy for Digital Health and Care Wales and responds to the key priorities of both Welsh Government and NHS Wales' digital transformation trajectory in the form of strategic objectives and enabling deliverables. A set of milestones is then developed to recognise the work that will be undertaken to deliver upon the strategic objectives.

This section provides a reflection on the progress of milestones, including completion of the plan, achievements, changes to the plan and 'hotspots' which need further work to resolve. The plan is overseen by the Planning & Performance Management Group (PPMG) which reports to Management Board.

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Digital Health and Care Wales | PLAN ON A PAGE

REF	PORTFOLIOS		QTR 1 APR-JUN 2021	QTR 2 JUL-SEP 2021	QTR 3 OCT-DEC 2021	QTR 4 JAN-MAR 2022
1	Information Availability and Flow	Develop an 'open platform' approach to digital innovation, by responding to national standards for how data, software and technologies work together, and how external partners can work with the national digital platform and national data resource	Defining our Architectural Vision RAG REASON: Architecture Design staff still working on COVID priorities Plan developed but engagement planned for October 2021	Procuring an Application Programming Interface Management System RAG REASON: Delayed due to conflicting priorities Building national data stores and standards as part of the National Data Resource Programme	Oct 21 Nov 21	Building national data stores and standards as part of the National Data Resource Programme
2	Protecting Patient Data	Develop an IG and Cyber Security framework, standards and mechanisms resulting in data remaining secure and NHS Wales being trusted to host patient and service user personal information	Launch the Cyber Resilience Unit	Support Welsh Government with development of Information Governance Framework		
3	Sustainable Infrastructure	Develop and maintain a high-quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility		Develop the Cloud Strategy RAG REASON: Re-working of initial draft post in-house review.	New Data Centre move	
4	Digital Health Professional Empowerment	Accessing a content rich care environment, agnostic of health board and geographical boundaries by expanding the content, availability and functionality of the Digital Health and Care Record to be the front-door for real-time access to person-specific health and care data	Go live with the Nursing Care Record	Cancer Minimum Viable Product		
			Populating the Digital Health Record		Populating the Digital Health Record	
5	Digital Patient Empowerment	Provide Digital services for patients and the public to enable seamless interaction with health and care services supporting patients to fully participate in their own health and well being			Proof of Concept of new Digital Service for Patients and Public	
6	Public Health	Develop, operate and maintain a set of high-quality national digital services to support Public Health prevention and early intervention Programmes	Respond to confirmed requirements for Test Trace and Protect		Respond to confirmed requirements for Test Trace and Protect	
7	Primary and Community Care	Building digital infrastructure across primary and community care by developing, operating and maintaining a set of high-quality national digital services reflecting new models of local care, closer to home	New GP supplier chosen	Mental Health Core Data Set	Community data sharing across primary and secondary care	
8	Planned and Unscheduled Care	Develop, operate and maintain a set of high-quality national digital services to enable new models of planned and unscheduled patient care and management	Respond to Covid-19 recovery initiatives		Respond to Covid-19 recovery initiatives	
				Emergency dept system available for roll out		Intensive Care System available for roll out
				Business Case for new radiology system	All Wales Image Sharing Pilot	
9	Diagnostics	Develop, operate and maintain a set of high-quality national digital services to enable the modernisation of diagnostics	Electronic radiology requesting available for further roll out		Electronic radiology requesting available for further roll out	
10	Medicines management	Develop, operate and maintain a set of high-quality national digital services to enable modernisation of medicines management	Hospital Pharmacy available for roll out	Respond to Medicines Management Review	Respond to Medicines Management Review	
11	Value from Data	Driving value from data for better patient outcomes and service planning	Responding to analytical requirements from Covid-19, Essential Services and Value Based Healthcare		Responding to analytical requirements from Covid-19, Essential Services and Value Based Healthcare	

YEAR TO DATE SUMMARY:

Our strategic objectives describe how we will deliver information and technology for better patient care. We have **3 enablers** which provide the foundations of what we do around information flow, protecting data and a sustainable infrastructure. Our **8 portfolios** cover a wider range of delivery areas supporting the digital needs of patients and NHS professionals – and ensuring the availability of data across Wales when and where is it needed.

 Year to date we have seen some significant achievements in key areas but we are starting to see change controls to the plan due to the ongoing impact of Covid-19 and external influences.

PORTFOLIO REF	PORTFOLIO OBJECTIVE	ACHIEVING OUR STRATEGIC OBJECTIVES
01	Information Availability and Flow: Develop an 'open platform' approach to digital innovation, by responding to national standards for how data, software and technologies work together, and how external partners can work with the national digital platform and national data resource	<p>In response to the Digital Architecture Review (2019) a detailed set of building blocks have been documented during Q2 in partnership between the DHCW and National Data Resource (NDR) architect team. This vision for our Architectural Building Blocks (ABB) was presented through October with a series of planned engagement activities which will result in a plan-defining specification in Q3.</p> <p>DHCW and NDR are in partnership, procuring a consultancy service to develop a Data Strategy which will take into account national requirements. Work has progressed on SNOMED-CT (terminology service) and the Clinical Data Repository.</p> <p>Impact: The Architectural Building Blocks create the foundations for data acquisition, sharing and analysis. The Data Strategy item will create a data strategy to drive work forward, to effectively utilise data and ensure that the wide-ranging work being done in the NDR Programme is aligned to a clear direction of travel.</p>
02	Protecting Patient Data: Develop an Information Governance and Cyber Security framework, standards and mechanisms that prioritise patient and service user safety and confidentiality, and protect data from external and internal threats, resulting in data remaining secure and NHS Wales being trusted to host patient and service user personal information	<p>The launch of the new Cyber Resilience Unit has been completed. The Unit continues to plan and coordinate Network and Information Systems (NIS) Regulations compliance baselining activity for NHS Wales. The unit will also act as an incident reporting function to Welsh Government for any NIS breaches. The various readiness activities such as developing an Information Asset Register, identifying and training Information Asset Owners continue to progress.</p> <p>Impact: This work enables the next phases of protecting patient data through Information Governance and Cyber Security to proceed, therefore enabling standards and mechanisms which protect data and NHS services.</p>
03	Sustainable Infrastructure: Develop and maintain a high-quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility	<p>The availability of the network in our new Data Centre has completed. The transition of systems to new infrastructure is 97% complete.</p> <p>Impact: A successful and timely transition of systems and services to new infrastructure ensures we have a sustainable technical platform where systems are up to date and supported – fundamental for the availability of patient information for clinical care.</p>

PORTFOLIO REF	PORTFOLIO OBJECTIVE	ACHIEVING OUR STRATEGIC OBJECTIVES
04	Digital Healthcare Empowerment: Accessing a content rich care environment, agnostic of health board and geographical boundaries by expanding the content, availability and functionality of the Digital Health and Care Record to be the front-door for real-time access to person-specific health and care data	<p>We have gone live with our electronic Welsh Nursing Care Record in 5 Health Boards/Trusts - Hywel Dda, Velindre, Swansea Bay, Powys and Cwm Taf Morgannwg, with over 2,500 monthly users and an additional 700 monthly temporary users. This is a key national milestone – for the first time nurses are using nationally agreed standard assessment forms completed by them electronically. Over 600k digital assessments and nursing notes have been created since the first go-live in April 2021.</p> <p>Impact: This is the start of a journey to remove the reliance on paper – and to free up nurses to spend more time with patients. Less duplicated data entry, fewer transcribing errors, better data.</p> <p>We continue to populate our national repositories with electronic reports and test results and now nursing assessments. This month has seen increased sharing of data across Health Board boundaries. Views of data have increased significantly compared with last year. In particular we are seeing growth in cross boundary views of pathology tests and patient documents.</p> <p>Impact: This directly improves patient care as the clinician is better informed and it releases more time for direct care as there is no need to request document copies. It also removes the need for repeat investigations for patients.</p>
05	Digital Patient Empowerment: Provide Digital services for patients and the public to enable seamless interaction with health and care services supporting patients to fully participate in their own health and well being	<p>Contracts awarded for the new Digital Services for Patients and the Public (DSPP) platform, to be developed on an iterative basis.</p> <p>Impact: This enables work to begin on the NHS Wales App and underpinning technology/services to help patients participate electronically with health and care services and ultimately benefit from the convenience and speed of digital services to improve self-care and wellbeing.</p>
06	Public Health: Develop, operate and maintain a set of high-quality national digital services to support Public Health prevention and early intervention Programmes	<p>The pandemic solutions provided by DHCW are seeing continued growth in users and activity and the focus has been on the 'Welsh Pandemic Record' development – with integration work and dashboard go-lives. Wales Immunisation System (WIS) - we have implemented new eligibility groups, for immunosuppressed and 3rd dose vaccines, and a flu consultation form into Covid-19 consultation process. The Covid-19 Vaccine Pass (Wales Solution) and the Digital Solution with Vaccine Data (interface with England), enables citizens of Wales to generate a digital Covid pass, contributing to the ongoing management of the pandemic. Covid pass enabled for <18 years old.</p> <p>Impact: Streamlining the process and allowing more citizens to be Covid-19 tested per day and provide a real time status of the patient journey during their Covid-19 testing. WIS allows recording and booking of Covid vaccinations, the Covid-19 Pass offers a 'Vaccine passport' to the public enabling overseas travel and entry into domestic events.</p>
07	Primary and Community Care: Building digital infrastructure across primary and community care by developing, operating and maintaining a set of high-quality national digital services reflecting new models of local care, closer to home	<p>Contract awards have taken place for the new GP Suppliers (EMIS imminent), engagement has commenced to look at cluster working within GPs and the existing interoperability standards available through the GP IT Futures (Framework) for GP Systems. Significant collaborative work across health and social care has taken place this period, nationally and locally to do a major upgrade of our Welsh Community Care Information System.</p> <p>Impact: These initiatives will support integrated working across primary and community care settings to progress, promoting to care close to home.</p>

PORTFOLIO REF	PORTFOLIO OBJECTIVE	ACHIEVING OUR STRATEGIC OBJECTIVES
08	Planned and Unscheduled Care: Develop, operate and maintain a set of high-quality national digital services to enable new models of planned and unscheduled patient care and management	<p>Our Welsh Patient Referral Service now features electronic advice functionality so doctors in primary and secondary care can request and receive guidance about patients electronically and in some cases this means that patients do not need to come into hospital for an appointment. Also readiness activity for the first Welsh Emergency Department System implementation in Swansea Bay is well underway following the hardware renewal and data centre move.</p> <p>Impact: Our functionality supports clinicians and other NHS Wales staff being able to work remotely and reduce the need for face to face appointments. The e-Advice functionality saw an estimated 349 first-appointment savings in its first week across the first two Health Boards. The emergency department system, when live, will allow sharing across organisations improving efficiency and safety.</p>
09	Diagnostics: Develop, operate and maintain a set of high-quality national digital services to enable the modernisation of diagnostics	<p>The new Laboratory systems (LINC) Full Business Case was approved by Welsh Government and the contract now signed. DHCW will support the design phase. The Digital Imaging Project Board has endorsed a case to procure more comprehensive digital processing. Our role is to be confirmed.</p> <p>The Primary Care Point of Care business case is under development.</p> <p>Impact: These early stages in both programmes ensure that the next steps can progress and the move towards modernised diagnostic systems will continue.</p>
10	Medicines Management: Develop, operate and maintain a set of high-quality national digital services to enable modernisation of medicines management.	<p>We have rolled out the Hospital Pharmacy system with successful go-lives in Cardiff and Vale, Aneurin Bevan, Cwm Taf Morgannwg, Powys, Hywel Dda, Swansea Bay Health Boards and Velindre Trust. This included supporting an early opening of the Grange Hospital in Aneurin Bevan and the first implementation to a prison. Betsi Cadwaladr is partially implemented and will complete in November.</p> <p>Impact: Users have confirmed that we are supporting modernisation by allowing like for like comparisons of activity such as dispensing data 'for the first time'. This is an essential factor in driving up efficiency in this area – rationalisation of drug files will standardise workflow in pharmacy departments, reduce variation in finance processes and enable all Wales reporting.</p>
11	Value from Data: Driving value from data for better patient outcomes and service planning	<p>We have scoped-out the requirements and service options for the development of a Research and Innovation function. We have already created a number of National Data dashboards that combine and visualise a wide range of information relating to clinical outcomes, secondary care activity, case mix variables, mortality, and socio-economic factors for specific clinical areas. These innovative dashboards are being utilised by clinical teams, special interest groups, clinical networks, support functions and other stakeholders to inform better decision making.</p> <p>Impact: This provides key data and information, informing better patient outcomes and service planning, and also improves service planning for innovation.</p>

SUMMARY RISK:

The key risks to delivering our plan and therefore our strategic objectives relate to new requirements which may mean moving staff to new Covid and essential services priorities and not filling vacancies in a timely manner.

PORTFOLIO REF	STRATEGIC OBJECTIVE	RISKS TO DELIVERING OUR STRATEGIC OBJECTIVES
ALL	ALL	<p>NWIS 0259</p> <p>IF DHCW are unable to recruit to vacancies due to skills shortages and unavailability of suitable staff THEN this will impact on service deliverables and timescales resulting in delays to system support and new functionality for NHS Wales users.</p> <p>Mitigation</p> <p>A recruitment Task and Finish Group has been established to focus on all outstanding vacancies and put into action a plan to get staff into position. Extra help has been identified to help speed up the administration of the recruitment process.</p>
ALL	ALL	<p>NWIS 0237</p> <p>IF new requirements for digital solutions to deal with Covid-19 and recovery of services continue to come in, THEN staff may need to be moved away from other deliverables in the plan resulting in non delivery of our objectives and ultimately a delay in benefits being realised by the service.</p> <p>Mitigation</p> <p>The 2021/22 DHCW Plan was approved by the DHCW Board in May subject to detailed feedback from Welsh Government. Ongoing assessment of impact of new requirements being managed by the Planning and Performance Management Group and Planning team.</p>



Financial Management

The following section provides insights to organisational performance against key financial revenue & capital indicators inclusive of COVID 19 Response and Digital Priority Investment Fund initiatives. Financial risks and opportunities are also articulated.

DHCW is reporting achievement of all of the key financial indicators for the period

Achieved

DHCW is Reporting the following against its key Financial Performance Indicators:

- Revenue – Operational underspend as per forecast of £0.595m after applying savings target profile.
- Capital – Current Spend of £3.760m against plan
- PSPP – Whilst meeting the target for non NHS invoices delays with the NWSSP scanner processing is impacting upon results (non NHS in particular).

INDICATOR	RESULT	SUMMARY
Revenue Breakeven (To secure that the organisations expenditure does not exceed aggregated income)		Small operational surplus of £0.595m – The current forecast is for an end of year underspend of £0.350m.
Remain within Capital Expenditure Limit (To ensure net Capital Spend does not exceed the Capital Expenditure Limit)		£3.7.60m spend for period
Public Sector Payment Policy (PSPP) (To pay a minimum of all non NHS creditors within 30 days of receipt of a valid invoice)		PSPP target achieved. Target – 97%
Bank Sufficient bank balances		Balance as at 31/10 £3.1m

SUMMARY:

- The organisation continues to recruit to key SHA and Covid related posts, particularly in the Engagement and Finance Directorate.
- Pressures of both pay and non-pay relating to ICT remain
- Revised DPIF Spend Plans have now been amended. £1.5m Capital agreed with Welsh Government and £2.4m Revenue to be agreed with Welsh Government.
- A risk related to PSPP compliance has been logged.



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Task Force Update

Workforce

Workforce data is held in the Electronic Staff Record (ESR) and is overseen by the Workforce & Organisational Development Team (WFOD).

The following data provides insights to key performance indicators which are closely managed in all NHS Wales organisations. Our data compares each Digital Health and Care Wales directorate against these key areas:

- Sickness Absence
- Appraisals
- Statutory & Mandatory Training

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SUMMARY INDICATORS	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21	APR-21	MAY-21	JUN-21	JUL-21	AUG-21	SEP-21	OCT-21
Sickness Absence	3.09%	3.30%	3.23%	2.69%	1.98%	2.44%	1.93%	1.71%	1.53%	1.46%	2.16%	2.94%
Appraisals*	68.76%	65.03%	56.91%	59.05%	65.15%	^	^	^	52.70%	58.90%	72.90%	80.88%
Statutory and Mandatory Training*	90.03%	89.12%	88.57%	87.70%	89.10%	84.50%	82.90%	81.40%	79.00%	81.80%	89.00%	89.09%

* Welsh Government target = 85%
^ not available

SUMMARY:

- The overall **sickness** rate (**GREEN**) is below the NHS Wales threshold of 6%.
 - The overall recorded sickness absence has increased slightly from 2.16% last month to 2.94% this month.
 - Long term sickness has increased slightly by 0.33% from 1.12% to 1.45% whilst short term sickness has increased slightly by 0.46% from 1.04% to 1.50%
 - There are and have been 18 known Covid-19 related cases which has increased significantly from 7 last month.
 - Recorded sickness in relation to Anxiety/Stress/Depression has increased slightly 8 cases in October from 7 cases in September.
- Appraisal** completion rate (**AMBER**) is 80.88% this is an increase from last month, however, it remains below the Welsh Government target of 85% for NHS Wales. There has been a good improvement from September.
- Statutory and Mandatory Training (GREEN)** has improved from last month to 89.09% which is above the Welsh Government target for NHS Wales of 85% for NHS Wales with 4 out of 7 Directorates achieving the 85% target.
- Turnover** is 7.91% (6.65% last month), a slight increase of 1.26% from September.
- The **DHCW Recruitment Task Force** continues to focus on advertising current vacancies. Recruitment of staff numbers in the period fell below the target by 24 WTE.
- DHCW has successfully retained BS 76000 Valuing People Standard and BS 76005 Diversity & Inclusion re-certification following audit in October 2021.

Recruitment Task Force meetings are held weekly and an update is provided at the Weekly Directors meeting.

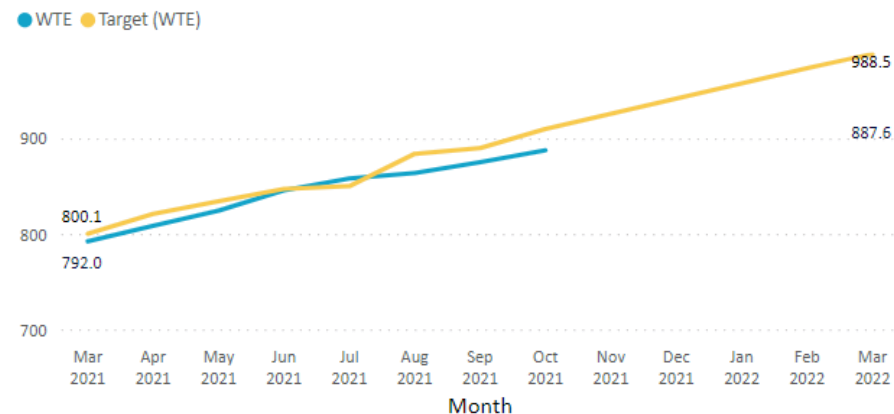
FOCUS DURING SEPTEMBER/OCTOBER

- Two new Recruitment Officers started
- Two Workforce Business Partners have been trained to deliver Job Matching training and will be in a position to run DHCW courses in 2022
- A 12 month Recruitment Action Plan has been drafted
- DHCW's network of Community Groups has been extended and have strengthened our partnership working with Universities, establishing five accounts for advertising roles
- October's recruitment fair attracted 176 registrations, with 90 attendees and 37 follow-up appointments

PROGRESS TO DATE – WTE (OCT TARGET 909.8 / ACTUAL 887.6)

- 197 posts filled since 1st April 21 (78 internal and 119 external)
- 22 vacancies are currently live on Trac
- 30.5 vacancies are at the shortlisting stage
- 45 vacancies are at the interview stage
- 27 vacancies are at the offer/PEC stage
- 30.5 vacancies have a confirmed start date

WTE and Target (WTE)



FOCUS NEXT MONTH

- Exhibitor stands booked for the UK Careers Events on 24th / 25th November in Cardiff and Swansea
- Job Matching Training for 10 employees from across the Directorates
- Set up a 2022 Calendar of Events (including Careers Fairs internal/External, University & Community Events etc)
- Continue preparing for e-Prescribing recruitment campaign, priority roles having been identified



Commercial Services

Procurement and Contract Management are the domain of our Commercial Services department.

The team supports all internal procurements and contracts, as well as working with other NHS Wales organisations on major all-Wales initiatives relating to health informatics.

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
GP Managed Print Services	All Wales	The managed print service provides reliable, supported printers for GP practices, who rely on printers for producing prescriptions to support patient care. The service also recognises when new printer cartridges are required and automatically issues new cartridges to the GP practice.	£8.2m	5+1+1	01/10/2021	30/09/2021	Approved at SHA Board
Development Resources for Test Trace Protect (TTP)	All Wales	The development resources will support the evolution of the TTP system, these will be called off on a work package basis as when specific development requirements emerge.	£2.6m	1+1	01/11/2021	30/09/2021	Approved at SHA Board
Laboratory Information Management Service	All Wales	Procurement of a national Laboratory Information System - an enterprise resource planning tool that manages multiple aspects of laboratory informatics, to support laboratory's key business operations, workflow and data tracking support, flexible architecture, and data exchange interfaces, which fully support its use in regulated environments.	£22.5m	9	29/10/2021	14/10/2021	Approved at SHA Board
Citrix Licencing	DHCW Internal	Renewal of Citrix Licences with option to move to cloud-based licences instead of on premise.	£1.4M	3	01/01/2021	25/11/2021	Issued to Board for Approval
Evidence Summaries	All Wales	Purchasing three (3) Evidence Summaries – BMJ Best Practice, Clinical Key and Clinical Key Nursing with the option to purchase BMJ Co Morbidities.	£2.6M	2+1	01/12/2021	25/11/2021	Issued to Board for Approval
End of Year e-Journals	All Wales	E Journals for NHS Wales. (e-library)	£1.7m	1	01/01/2022	25/11/2021	Issued to Board for Approval
WPAS Hardware Refresh	DHCW Internal	Refresh of WPAS Hardware and ongoing support.	£875K	5	01/12/2021	25/11/2021	Issued to Board for Approval

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
O365 Phase 3 Resources	All Wales	Provision of consultancy to support the continued roll out of the O365 suite of products across Wales.	£3.8M	3	01/02/2022	27/01/2022	Progressing to plan
Telephony Solution for Test Trace Protect	All Wales	Telephony solution which underpins the Test Trace Protect System to effectively manage the Covid Pandemic.	£1m	1+1+1	01/04/2022	31/03/2022	Procurement planning stage. The current planned award date of April 2022 is based on procurement activity commencing in November 2021. At present there is a risk that delays in developing the specification will result in a delayed contract award date. Commercial Services are working with the Project Team to explore mitigating actions.
Microsoft Enterprise Agreement	All Wales	Enterprise Agreement to give over 100,000 NHS Wales staff access to Office 365 to enable organisations to have robust, modern tools and capabilities needed to enable new ways of working and better collaboration and secure sharing of information more easily within the NHS and the wider public sector in Wales using Office 365.	£80m	3+1	01/07/2022	31/03/2022	Progressing to plan
Welsh Hospital e-Prescribing and Medicines Administration	All Wales	Provision of a framework for Electronic Prescribing systems for Health Boards in NHS Wales.	£35m	4	01/04/2022	31/03/2022	Procurement planning stage
VMWare Enterprise License Agreement	DHCW Internal	Enterprise Licensing Arrangement to enable the organisation to run more applications using fewer physical servers on virtualised machines.	£1.3m	1+1	01/04/2022	31/03/2022	In plan
Dental Referral System	All Wales	Digital solution to facilitate and track dental referrals on a health board by health board basis across Wales.	£2.25m	3+1+1	01/06/2023	26/05/2022	Programme Board have approved Contractual model and Procurement Route. Detailed plan and evaluation approaches to be agreed in November to publish January 2022

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
Data Quality System (DQS)	All Wales	Provision of a Data Quality System (DQS) to GP practices for data quality and reporting requirements for national and local initiatives. The software extracts, analyses and presents patient information that is derived from the data held in the practice clinical information system.	£3m	5	01/06/2022	26/05/2022	In plan
Data Centre	All Wales	Provision of a Data Centre service to host NHS Wales Services and Infrastructure	£4m	5	01/07/2023	28/07/2022	In plan
Radiology Imaging System	All Wales	Digital solution to store, access, review and report radiology images	£40m	10	15/04/2023	30/03/2023	In plan



CONTENTS

Summary
Incidents and Service Requests
Significant IT Incidents
Service Desk

Operational Service Management

Operational services encapsulates the software and hardware that enable patient information to be captured, stored and made available to NHS Wales staff (when and where required, regardless of geographic boundaries), in the diagnosis and treatment of patients. Certain information is also available to patients and other users.

The majority of our resource is deployed to designing, building and making available the systems and services used to make this happen.

NB: In some cases the details of Significant IT Service Incidents in this section will be abridged or re-worded to make them more readable or to protect sensitive information, however the master records remain intact.

DIGITAL HEALTH AND CARE **WALES**



REPORT

BOARD

SUMMARY:

- A new approach for monitoring KPIs for Incident and Service Request has been developed and is presented in this period.
- Operational Service Support is stable with KPIs being achieved across all domains but one.
- There were two Significant IT Service Incidents in September and four in October, two Incidents in October were not resolved within target Service Level Agreement resolution times.
- The Service Desk abandoned call rate is below 2%. The service desk team are working extended hours to support the services related to the COVID-19 pandemic.



OPERATIONAL PERFORMANCE

Incident & Service Request Management

PERFORMANCE AREA	METRIC	SEP-20*	OCT-20*	NOV-20*	DEC-20*	JAN-21*	FEB-21*	MAR-21*	APR-21*	MAY-21*	JUN-21*	JUL-21*	AUG-21*	SEPT-21**	OCT-21**
National Services - Critical (excluding GP Systems)	Total Calls Resolved as Incidents (% resolved within timescale)	2142 (97%)	1904 (95%)	2267 (95%)	1901 (87%)	1457 (91%)	1442 (93%)	1703 (95%)	1791 (92%)	1476 (94%)	1632 (95%)	1606 (96%)	1600 (95%)	2085 (95%)	1901 (90.3%)
	Total Calls Resolved as Service Requests (% resolved within timescale)	6662 (98%)	7241 (97%)	6495 (100%)	5847 (94%)	6437 (95%)	5813 (96%)	5746 (97%)	5547 (97%)	5054 (96%)	5322 (97%)	5048 (97%)	5188 (97%)	6254 (97%)	6117 (96%)
National Services - Standard (excluding GP Systems)	Total Calls Resolved as Incidents (% resolved within timescale)	522 (99%)	460 (98%)	332 (99%)	300 (98%)	282 (98%)	288 (98%)	374 (98%)	474 (98%)	430 (97%)	441 (99%)	403 (99%)	455 (100%)	419 (97%)	419 (96%)
	Total Calls Resolved as Service Requests (% resolved within timescale)	961 (97%)	1128 (98%)	1089 (100%)	897 (97%)	1017 (96%)	1152 (98%)	2046 (99%)	1170 (98%)	1061 (96%)	1799 (96%)	1177 (97%)	1294 (98%)	1288 (96%)	1278 (96%)
Desktop Support Service - Critical	Total Incidents Resolved (% resolved within timescale - Target > 90%)	1636 (98%)	1645 (98%)	1,475 (98%)	1,195 (98%)	1537 (97%)	1365 (97%)	1537 (97%)	1332 (98%)	1430 (97%)	1,431 (97%)	1,408 (98%)	1,227 (97%)	1661 (97%)	1448 (96%)
	Total Service Requests Resolved (% resolved within timescale - Target > 90%)	1190 (98%)	1169 (99%)	1,050 (98%)	834 (98%)	1141 (99%)	987 (97%)	1267 (99%)	1115 (99%)	1042 (97%)	1,060 (98%)	1,083 (98%)	1,061 (99%)	1316 (96%)	1100 (96%)
PERFORMANCE AREA		SEPT-20	OCT-20	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21	APR-21	MAY-21	JUN-21	JUL-21	AUG-21	SEPT-21	OCT-21
National GP Services - Critical - Vision	Calls Logged as Incidents (% resolved within timescale)	778 (99%)	797 (98%)	788 (99%)	482 (99%)	509 (99%)	482 (100%)	551 (100%)	649 (100%)	554 (99%)	540 (99%)	578 (99%)	455 (98%)	562 (99%)	N/A
	Calls Logged as Service Requests (% resolved within timescale)	276 (100%)	258 (99%)	236 (99%)	166 (99%)	245 (100%)	231 (100%)	242 (100%)	249 (100%)	222 (100%)	180 (100%)	257 (99%)	178 (100%)	194 (99%)	N/A
National GP Services - Critical - EMIS	Calls Logged as Incidents (% resolved within timescale)	212 (97%)	245 (95%)	202 (85%)	194 (93%)	133 (91%)	248 (92%)	219 (91%)	377 (94%)	238 (84%)	260 (99%)	311 (98%)	217 (96%)^	203 (98%)	N/A
	Calls Logged as Service Requests (% resolved within timescale)	93 (99%)	84 (99%)	67 (99%)	40 (95%)	36 (100%)	30 (100%)	30 (100%)	28 (100%)	37 (100%)	61 (98%)	43 (98%)	41 (98%)	114 (98%)	N/A

SUMMARY:

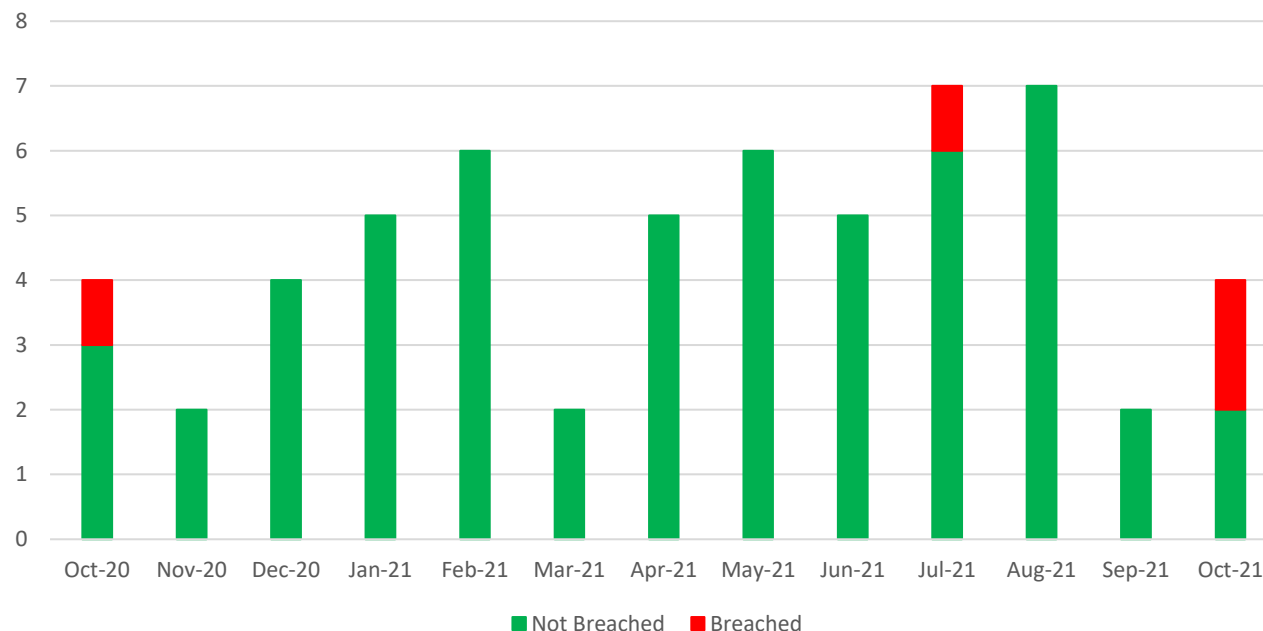
The top table relates to national services and desktop support. Primary Care services in the lower table have an alternative reporting method, factoring in calls logged directly with suppliers that are not reportable via ServicePoint.

*Incidents & Service Requests resolved in the period from calls only logged in the same month.

**Incidents & Service Requests resolved in the period regardless of when they were first logged.

PERFORMANCE AREA		DEC-20	JAN-21	FEB-21	MAR-21	APR-21	MAY-21	JUN-21	JUL-21	AUG-21	SEP-21	OCT-21
Major Incident	Number of major Incidents	4	5	6	2	2	6	5	7	7	2	4
Major Incident	Number of major Incidents that breached	0	0	0	0	0	1	0	1	0	0	2

Significant Incidents



SEPTEMBER SUMMARY:

- One incident relates to an issue with an admin function in Welsh Clinical Portal (isolated to Cardiff & Vale Health Board). A fix has now been identified and a date is to be agreed for implementation.
- One incident relates to an issue with the set-up of new domain controllers in the DHCW's new data centre for Welsh Laboratory Information Management System (WLIMS). This has since been investigated and resolved by correcting the configuration issue which caused the outage.

OCTOBER SUMMARY:

- Two unrelated issues were experienced with the HSCN Network. One issue was caused by BT in England and the 2nd by a DHCW scheduled change due to a change in suppliers). The HSCN issues caused widespread disruption to GP sites and breached their target fix times.
- The remaining two incidents were resolved within the hour and relate to issues with the 3rd party Hospital Pharmacy service (WHPSMS) & Welsh Radiology Information Service. The latter of these was caused by a failure in a server hosted at the local Health Board.

SERVICE NAME	WELSH CLINICAL PORTAL	SERVICE LEVEL: CRITICAL	PRIORITY: 2/CRITICAL PROBLEM	1 ST P2: <u>6998286</u> PROBLEM NO: <u>23302</u>
START DATE/TIME	20/09/2021 09:16	Time to resolution was 1 hour 13 minutes : Incident did not breach 8-hour SLA target		
DESCRIPTION	Call received from the Cardiff & Vale University Health Board Welsh Clinical Portal (WCP) Project team reporting that multiple users cannot log in to the WCP and those that could, were experiencing significant slowdown. This has been attributed to a local issue with a function used in Cardiff & Vale University Health Board. Work is now underway to secure an upgrade date to ensure Cardiff & Vale are aligned with all other Health Boards and Trusts in terms of WCP functionality.			

SERVICE NAME	WELSH LABORATORY INFORMATION MANAGEMENT SYSTEM	SERVICE LEVEL: CRITICAL	PRIORITY: 2/HIGH PROBLEM	1 ST P2: <u>7026312</u> PROBLEM NO: <u>25800</u>
START DATE/TIME	27/09/2021 10:43	Time to resolution was: 23 minutes Incident did not breach 8-hour SLA target		
DESCRIPTION	Some users across all Health Boards reported inability to log in to Welsh Laboratory Information Management System (WLIMS). The issue was related to the promotion of new domain controllers at DHCW’s new Data Centre, caused by planned activity related to the Data Centre transition work.			

SERVICE(S) AFFECTED	HSCN ISSUE (ASKMYGP, DOCMAN, INR STAR, IMG, WBNS)	SERVICE LEVEL: CRITICAL	MULTIPLE P2S/ 2 HIGH PRIORITY PROBLEMS	PROBLEM NO1. <u>25878</u> PROBLEM NO2: <u>25882</u>
START DATE/TIME	07/10/2021 09:10	Time to resolution was 3 days 2 hours : Incident did breach 8-hour SLA target		
DESCRIPTION	Some GP sites in South and North Wales experienced issues accessing the clinical applications listed above. This was caused by a change implemented by BT in England which meant English and Welsh network IP addresses clashed. BT have updated their configuration to remove incorrect IP addresses, which has resolved the issue. The DHCW team implemented a number of changes to quickly resolve the issues for most users. Also, worked with NHS Digital and BT to correct the change. There was a second occurrence of the supplier issue which reintroduced the error a few days later - hence the long resolution time described above. The Incident was quickly resolved the second time.			

SERVICE(S) AFFECTED	HSCN ISSUE (ASKMYGP, DOCMAN, INR STAR, IMG, WBNS)	SERVICE LEVEL: CRITICAL	PRIORITY: 2/HIGH PRIORITY PROBLEM	CAUSAL CHANGE. <u>100802</u> PROBLEM NO: <u>26005/6</u>
START DATE/TIME	28/10/2021 08:42	Time to resolution was: 1 days 5 hours Incident did breach 8-hour SLA target		
DESCRIPTION	This Incident was related to a planned change to our network provider for our HSCN network (connection to NHS England). The change was completed overnight, however some users had issues with access to some services the following day. A number of minor changes were implemented to resolve the incident. The resolution time reflects the time from the first issue being raised to the final issue being addressed.			

SERVICE(S) AFFECTED	NEW 3 RD PARTY HOSPITAL PHARMACY SERVICE (WHPSMS)	SERVICE LEVEL: CRITICAL	PRIORITY: 2/HIGH PRIORITY PROBLEM	1 ST INCIDENT. <u>7125635</u> PROBLEM NO: <u>26016</u>
START DATE/TIME	31/10/2021 08:52	Time to resolution was: 48 minutes Incident did not breach 8-hour SLA target		
DESCRIPTION	Start-up scripts did not run as scheduled resulting in some users across NHS Wales being unable to access the Welsh Hospital Pharmacy Stock Management Service (WHPSMS). Service was restored within the hour.			

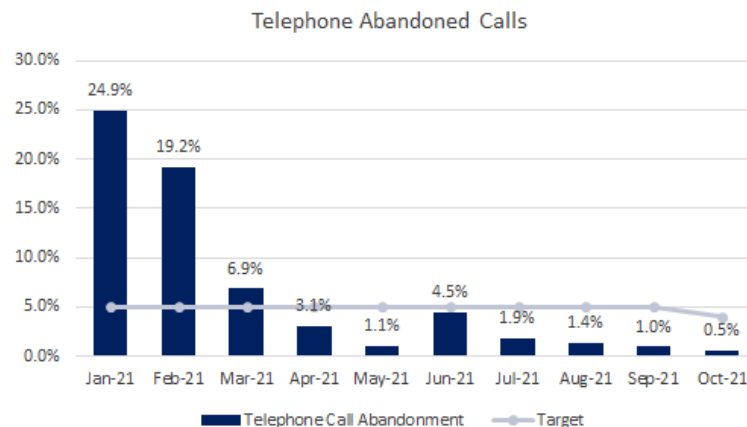
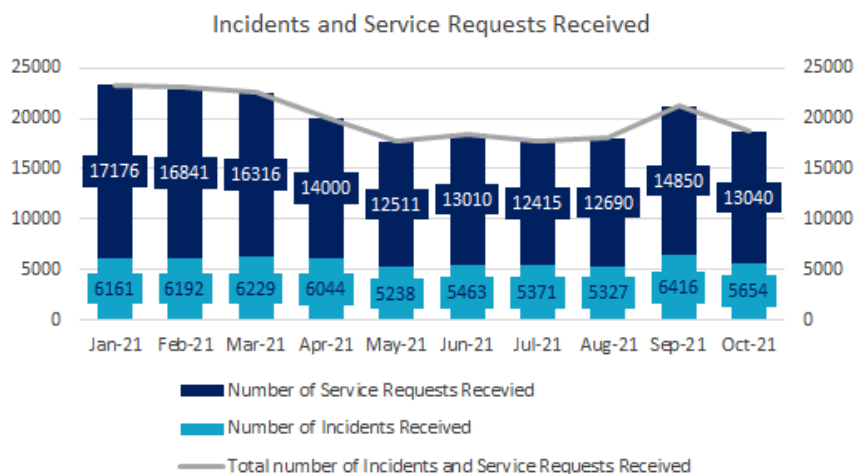
SERVICE(S) AFFECTED	WELSH RADIOLOGY INFORMATION SERVICE (WRIS)	SERVICE LEVEL: CRITICAL	PRIORITY: 2/HIGH PRIORITY PROBLEM	1 ST INCIDENT: <u>7125256</u>
START DATE/TIME	30/10/2021 7:00	Time to resolution was: 1 hour 10 minutes Incident did not breach 8-hour SLA target		
DESCRIPTION	The Welsh Radiology Information Service (WRIS) was unavailable in the Princess Of Wales hospital in Bridgend. A scheduled task which restarts the service regularly failed. The task was disabled and the WRIS service restarted, this resolved the issue.			

	OCT-20	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21	APR-21	MAY-21	JUN-21	JUL-21	AUG-21	SEP-21	OCT-21
Total Number of calls logged	21142	20238	17461	23337*	23033*	22545*	20044*	17749*	18473*	17786*	18017*	21266*	18694*
% All Abandoned Calls (Threshold 4% from October 2021)	5.9%	5.2%	4.0%	24.9%	19.2%	6.9%	3.1%	1.1%	4.5%	1.9%	1.4%	1.0%	0.5%

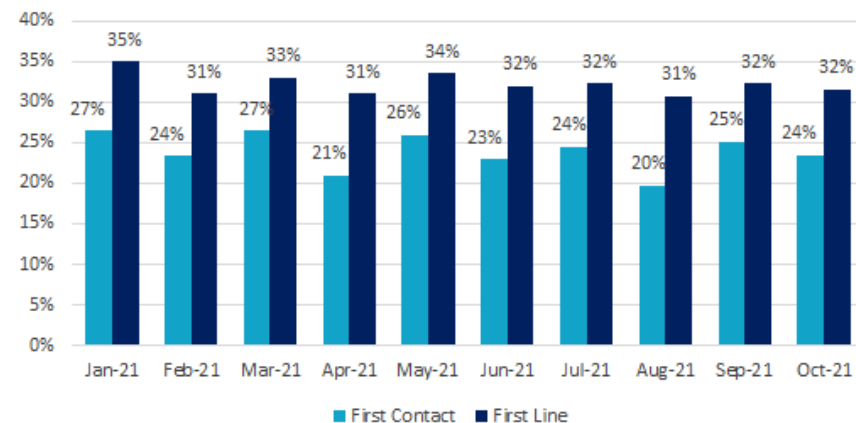
SUMMARY:

Telephone abandoned calls rates have reached our lowest ever level for the 2nd month in a row, the new target of 4% was implemented in this month's figures. The service desk team continues to work seven days a week to support the services related to the COVID-19 pandemic. New quality monitoring and reward and recognition programmes are now operational, and work has commenced in preparation for the SDI audit in December.

**Figures updated to include all new direct calls to all teams, October '21 figures onwards retrieved from Power BI reports*



First Contact and First Line Fix Rate



Abandoned Calls	Target Definition
<=5%	KPI target achieved.
6% - 7%	KPI target breached, but within tolerance.
>=8%	KPI target breached.



CONTENTS

Clinical Incidents and
Information Governance
Summary

Clinical Assurance & Information Governance

Clinical Assurance and information Governance are overseen by the Clinical Informatics directorate, led by the Executive Medical Director.

The Clinical Assurance team is responsible for ensuring that services deployed into the live environment have been through a process of readiness across many domains, and to ensure that services have been assessed against patient safety criteria. The team also deals with clinical incidents and no surprise reporting, leading on root cause analysis, with the aim of putting in place practices to avoid re-occurrence of clinical incidents.

The Information Governance team is responsible for ensuring that all services meet Information Governance standards, and to manage and respond to Information Governance incidents, ensuring that reviews are carried out to identify root cause and avoid re-occurrence. The team also deals with Freedom of Information and Subject Access requests from outside of the organisation.

DIGITAL HEALTH AND CARE WALES



REPORT

BOARD

CLINICAL ASSURANCE

Clinical Incidents/No Surprises

DIGITAL HEALTH AND CARE WALES
BOARD REPORT: OCTOBER 2021

SUMMARY INDICATORS	OCT-20	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21	APR-21	MAY-21	JUN-21	JUL-21	AUG-21	SEPT-21	OCT-21
Clinical Scorecard													
Clinical Assurance													
Clinical Incident /No Surprise Management													
Clinical Risk Management													
Serious Incident Investigation Timescales													

CLINICAL INCIDENTS SUMMARY:

- One new clinical incident was logged in September.
- One new clinical incident was logged in October and is currently undergoing internal quality assurance.
- Three clinical incidents were closed.

INFORMATION GOVERNANCE SUMMARY:

- In September, DHCW received 7 Freedom of Information Act requests and one Data Protection Act 2018 'Schedule 2' exemption request.
- 4 requests were responded to in September; responses were provided within the statutory timescales.
- In October 2021, DHCW received 13 Freedom of Information Act requests.
- 11 requests were responded to in October. All responses were provided within the statutory timescales.

Response

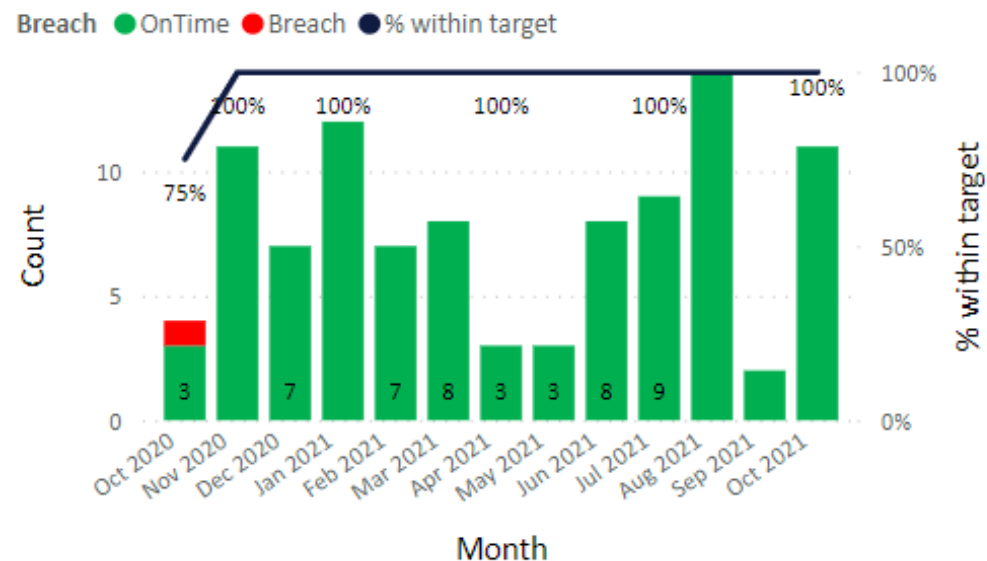


Diagram is for Freedom of Information Act requests only.



CONTENTS

Audit

Corporate Risk Management

Quality Standards

Governance and Quality

This highlight report provides an overview of matters relating to audit, quality, governance, risk (including corporate risk) incidents logged in Datix, and service recipient feedback.

Governance and Quality are overseen by the following groups who meet monthly and feed into the Audit & Assurance Committee:

- Risk Management Group
- Quality & Regulatory Compliance Group
- Safety, Health and Environmental Group

DIGITAL HEALTH AND CARE WALES



REPORT

BOARD

NUMBER	RAG	STATUS
11		Complete
11		The action is on target for completion by the agreed date
0		The action is not on target for completion by the agreed date
1		The implementation date has passed, and management action is not complete
23	Open Actions	

Following advice from Internal Audit, two actions dependent on third parties are now managed via a separate log where they will be tracked. There has been progress on one and it is anticipated that this will be closed within a few months.

At the end of September 2021, 4 audit actions remained open. One of these has been completed and was approved to be closed at the October 2021 Audit & Assurance Committee. Two remain on track and the remaining overdue action now has a revised target date which has been agreed with Audit Wales. Following review by the Committee, three actions were carried forward, 19 new actions were added, and one action was re-introduced, resulting in 23 actions remaining open on the DHCW Audit Action Log.

The new actions were identified from the following audits:

- *Nationally Hosted IT Systems (Audit Wales) – 12 recommendations*
- *Transition Audit (NWSSP Internal Audit) – 2 recommendations*
- *Data Analytics (NWSSP Internal Audit) – 5 recommendations*

The re-introduced item (as part of the Audit Wales work) related to replacement of the legacy Windows Server and SQL Server 2008 operating system, used on national NHS ICT infrastructure environments.

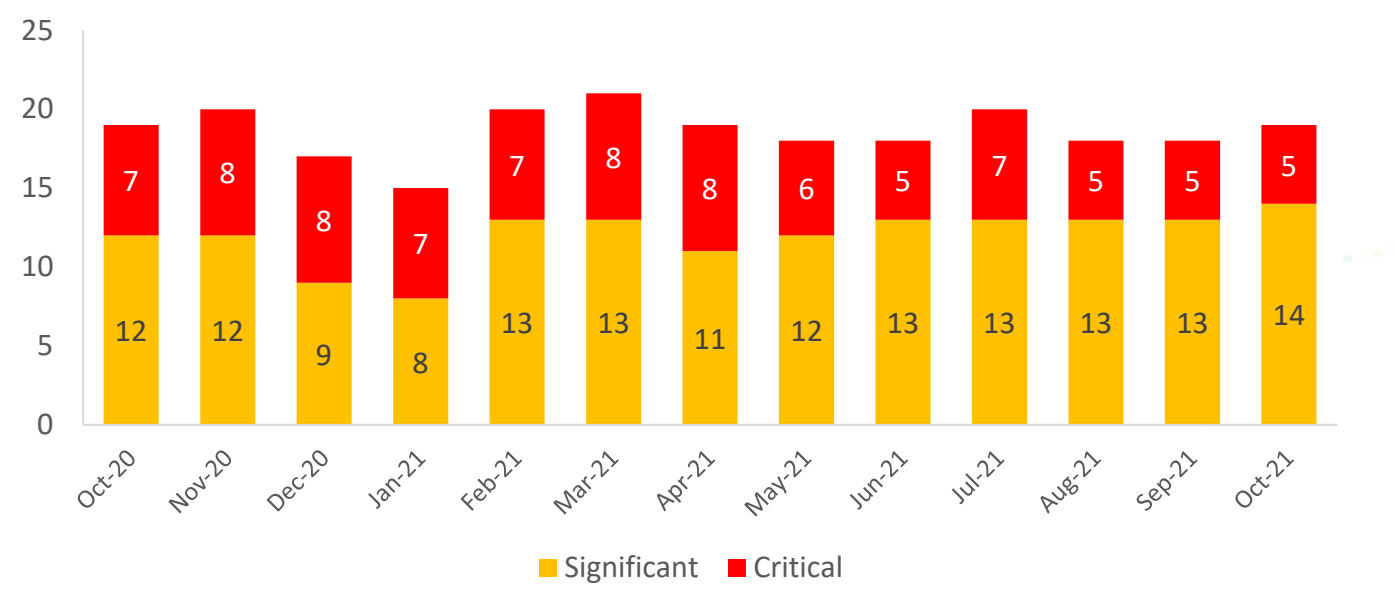
KEY MATTERS FOR CONSIDERATION OF THIS MEETING

The action with a revised target date (March 2022) relates to re-platforming the functionality currently used to provide the LASPAR (Losses and Special Payments Administrative Register) System, a legacy system used by Welsh Government to allocate transaction codes for claims, losses and special payments which has been developed and supported by the Applications Directorate.

The overdue item relates to the Audit Wales action to exit one of DHCW's Data Centres by the end of October 2021. Whilst excellent progress has been made, the target date has slipped slightly with some remaining issues to be dealt with. It is anticipated that the exit will be fully completed by the end of November 2021.

Good progress has been made since the last audits were completed with a total of 11 actions being marked as complete.

Corporate Risk Profile



CORPORATE RISKS

In October 2021, there were 19 corporate risks identified.

One significant risk has reduced in score but is still categorised as significant:

DHCW 0260 Shielded Patient List risk score has been reduced from 12 to 8 following reduction in the utilisation of the list as a resource.

One significant risk was escalated to the corporate risk register:

DHCW 0272 Public Sector Pay Policy (PSPP)
 If the NWSSP invoice scanning process does not meet established processing KPIs, then invoice payment could be significantly delayed, resulting in invoices remaining unpaid within 30 days and DHCW non compliant with The National Health Service (NHS) Wales Act 2006.

NB: DHCW is currently still within the Key Performance Indicators (KPI) for the PSPP, however since the issue is not resolved and there is a growing backlog, there is a risk we will not continue to meet the KPI.

The Risk Management Group met on the 1st November to validate the corporate risks and any changes.

SUMMARY INDICATORS	MAY-21	JUN-21	JUL -21	AUG -21	SEP- 21	OCT -21
ISO 9001 Quality Management						
ISO 14001 Environmental Management						
ISO 20000 Service Management						
ISO 27000 Information Security Management						
BS76000/760005 Valuing People						
Service Desk Institute						

Quality Management standards are overseen by the Quality and Regulatory Compliance Group which reports to the Audit & Assurance committee. The Group meets monthly.

An internal audit plan is in place to monitor progress against each standard.

Corrective actions from all audits are held on the Quality Improvements Action List (QIAL) which is also used to manage improvement actions as a result of reviews outside of the formal audit programme, such as Significant IT Service Incident reviews.

SUMMARY:

- **Quality Improvements Action List (QIAL)** there has been a continued downward trend in outstanding overdue items (previous overdue items = 147, now down to 29). There are currently 111 open actions, the increased number raised due to internal audit findings and logging of ISO20000 non-conformances from external audit. The **Integrated Management System (IMS)** documents reviewed to target within the IMS is consistent at 92%; 41 documents are overdue. The new system target is 95%.
- **Health and Social Care (Quality and Engagement) (Wales) Act 2020.** DHCW is represented at Welsh Government workshops for this Act and a review is underway as to how the Act best fits the organisation.
- **Summary Indicators key points:**
 - **ISO 9001: Quality Management (AMBER):** work ahead of schedule for the external audit in January 2022.
 - **ISO 14001 Environmental Management: (GREEN):** Audit ready.
 - **ISO 20000: Service Management (GREEN):** A successful audit and certificate renewal took place in September 2021. There are four minor non-conformances outstanding.
 - **ISO 27001: Information Security Management (AMBER):** A healthier position prior to the audit in November; plans and resources are in place.
 - **BS 76000 Valuing People/76005: Diversity & Inclusion (GREEN):** The status has changed due to the success of the recent audit. There are four minor non-conformances to be addressed.
 - **Service Desk Institute: (GREEN):** This standard has been included in reporting following agreement from DHCW's Quality and Regulatory Compliance Group. Audit ready for 6th – 8th December.



CONTENTS

Strategic Engagement
Service Recipient Feedback

Engagement

This section provides details of strategic engagement and user feedback gained via the Service Desk and other routes.

STRATEGIC ENGAGEMENT MEETINGS:

DATE	ORGANISATION
6 th October 2021	Hywel Dda University Health Board
8 th December 2021	Betsi Cadwaladr University Health Board
13 th January 2022	Velindre University NHS Trust
Being scheduled	Health Education and Improvement Wales
Being scheduled	Cardiff & Vale University Health Board
Being scheduled	Public Health Wales
Being scheduled	Welsh Ambulance Service Trust
Being scheduled	Powys Teaching Health Board
Being scheduled	Cwm Taf Morgannwg University Health Board
Being scheduled	Aneurin Bevan University Health Board

SERVICE LEVEL AGREEMENT MEETINGS:

DATE	ORGANISATION
15 th October 2021	Community Health Councils
18 th October 2021	NHS Wales Health Collaborative
19 th October 2021	Cwm Taf Morgannwg University Health Board
20 th October 2021	GP Systems and Services Review
22 nd October 2021	NHS Wales Shared Services Partnership
28 th October 2021	Cardiff & Vale University Health Board
8 th November 2021	Welsh Ambulance Trust Service
17 th November 2021	Swansea Bay University Health Board
22 nd November 2021	Powys Teaching Health Board
29 th November 2021	Velindre University NHS Trust
30 th November 2021	GP Systems and Services Review
1 st December 2021	GP Systems and Services Review
2 nd December 2021	Aneurin Bevan University Health Board
10 th December 2021	Hywel Dda University Health Board
14 th December 2021	Betsi Cadwaladr University Health Board
17 th December 2021	Public Health Wales
24 th January 2022	Community Health Councils
25 th January 2022	NHS Wales Health Collaborative
3 rd February 2022	Powys Teaching Health Board

OBJECTIVES:

- **Joint strategic planning** and review of national digital initiatives and implementations
- **Open and proactive dialogue** on prioritisation of projects and their implementation time lines across all frameworks of delivery set by Welsh Government and NHS Wales
- **Agreement of key activities** involving strategic use of digital health technologies to support system and service improvement
- **Understanding of local drivers** for change and opportunities to work together
- **Understand dependencies** on fundamental digital services, e.g. cyber security, client devices and infrastructure
- **Coordinated progress** via national governance structures
- Ensure that structures and processes are in place to **support a collaborative approach** to national system delivery and implementation

SUMMARY:

Customer satisfaction remains above our 90% target at 94%

"The member of staff was very helpful and made sure everything worked for me to be able to work from home. He went above and beyond to make sure I understood what to do."

– GP Practice

"I was very impressed with the service today. I made the request and within 48 hours the issue had been resolved."

– GP Practice

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

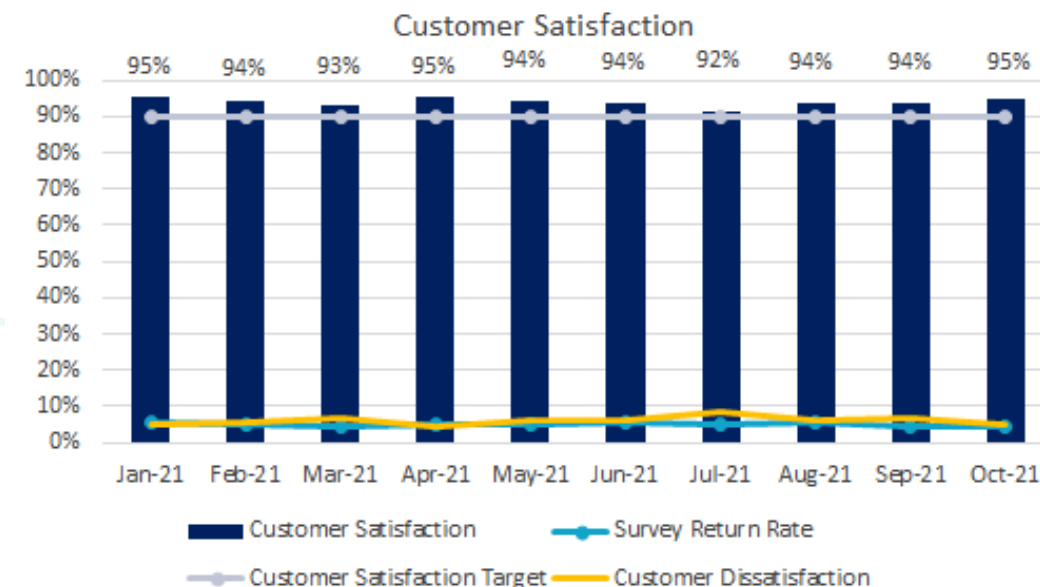
– GP Practice

"Quick response and resolution. Knowledgeable person attending to call."

– Betsi Cadwaladr University LHB

"Phone was answered within a few rings. He was exceptionally clear and helpful issuing his instructions."

– Powys Teaching LHB





GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

**Delivering Information and
Technology for Better Care**

THANK YOU

• DIOLCH

DIGITAL HEALTH AND CARE WALES

HALF YEAR PERFORMANCE AGAINST THE PLAN REPORT

Agenda Item	6.2
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Name of Meeting	SHA Board
Date of Meeting	25 November 2021

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

Executive Sponsor	Helen Thomas, Chief Executive
Prepared By	Ruth Chapman, Assistant Director of Planning
Presented By	Michelle Sell, Chief Operating Officer

Purpose of the Report	For Noting
Recommendation The Board is being asked to: NOTE the update report as representative of the performance of the organisation for the period April – September 2021.	

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

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

Acronyms


DHCW	Digital Health and Care Wales	NIS	Network and Information Systems
SHA	Special Health Authority	IMTP	Integrated Medium-Term Plan

1 SITUATION/BACKGROUND

- 1.1 This document provides a performance report of DHCW's activity for the half year period April to September 2021.
- 1.2 Included at item 6.2i Appendix A is the minimum data set that is part of our submission to Welsh Government to support our Integrated Medium-Term Plan (IMTP) and has been updated in respect of workforce whole time equivalent data and sickness.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Annual Business Plan



lechyd a Gofal
 Digidol Cymru
 Digital Health
 and Care Wales

Digital Health and Care Wales | PLAN ON A PAGE

REF	PORTFOLIOS		QTR 1 APR-JUN 2021	QTR 2 JUL-SEP 2021	QTR 3 OCT-DEC 2021	QTR 4 JAN-MAR 2022
1	Information Availability and Flow	Develop an 'open platform' approach to digital innovation, by responding to national standards for how data, software and technologies work together, and how external partners can work with the national digital platform and national data resource	Defining our Architectural Vision RAG REASON: Architecture Design staff still working on COVID priorities Plan developed but engagement planned for October 2021	Procuring an Application Programming Interface Management System RAG REASON: Delayed due to conflicting priorities Building national data stores and standards as part of the National Data Resource Programme	Building national data stores and standards as part of the National Data Resource Programme	Building national data stores and standards as part of the National Data Resource Programme
2	Protecting Patient Data	Develop an IG and Cyber Security framework, standards and mechanisms resulting in data remaining secure and NHS Wales being trusted to host patient and service user personal information	Launch the Cyber Resilience Unit	Support Welsh Government with development of Information Governance Framework		
3	Sustainable Infrastructure	Develop and maintain a high-quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility		Develop the Cloud Strategy RAG REASON: Re-working of initial draft post in-house review.	New Data Centre move	
4	Digital Health Professional Empowerment	Accessing a content rich care environment, agnostic of health board and geographical boundaries by expanding the content, availability and functionality of the Digital Health and Care Record to be the front-door for real-time access to person-specific health and care data	Go live with the Nursing Care Record	Cancer Minimum Viable Product	Populating the Digital Health Record	
5	Digital Patient Empowerment	Provide Digital services for patients and the public to enable seamless interaction with health and care services supporting patients to fully participate in their own health and well being	Populating the Digital Health Record			Proof of Concept of new Digital Service for Patients and Public
6	Public Health	Develop, operate and maintain a set of high-quality national digital services to support Public Health prevention and early intervention Programmes	Respond to confirmed requirements for Test Trace and Protect			Respond to confirmed requirements for Test Trace and Protect
7	Primary and Community Care	Building digital infrastructure across primary and community care by developing, operating and maintaining a set of high-quality national digital services reflecting new models of local care, closer to home	New GP supplier chosen	Mental Health Core Data Set	Community data sharing across primary and secondary care	
8	Planned and Unscheduled Care	Develop, operate and maintain a set of high-quality national digital services to enable new models of planned and unscheduled patient care and management	Respond to Covid-19 recovery initiatives	Respond to Covid-19 recovery initiatives		
9	Diagnostics	Develop, operate and maintain a set of high-quality national digital services to enable the modernisation of diagnostics	Electronic radiology requesting available for further roll out			Electronic radiology requesting available for further roll out
10	Medicines management	Develop, operate and maintain a set of high-quality national digital services to enable modernisation of medicines management	Hospital Pharmacy available for roll out	Respond to Medicines Management Review	Respond to Medicines Management Review	
11	Value from Data	Driving value from data for better patient outcomes and service planning	Responding to analytical requirements from Covid-19, Essential Services and Value Based Healthcare			Responding to analytical requirements from Covid-19, Essential Services and Value Based Healthcare

Key

Change Control

The following table shows our Plan on a Page published in the 21/22 DHCW Annual Plan. It highlights the priority areas we planned to work on during the year. The Green RAG is 'to plan', the Red RAG is 'delayed' and the blue indicates a 're-baseline' following a change control. (The original date is shown here.) The green arrows show subsequent completion. DHCW is reporting an AMBER overall status on corporate planning.

2.1.1 Achievements

The first six months have seen significant achievements which we are particularly proud of such as the continued developments and analytics supporting the Test Trace and Protect programme, the roll outs of the Hospital Pharmacy stock control system and the Welsh Nursing Care Record Service, our Data Centre move, choosing new GP system suppliers, the availability of radiology requesting, the launch of the Cyber Resilience Unit and contracts awarded for our Digital Service for Patients and the Public.

2.1.2 Variation to Plan

The overall achievements to plan have been positive but some dates have slipped in areas of new, complex work but these need to be considered in the light of significant progress in areas such as our open architecture and cloud initiatives and the new Cancer system development.

2.1.3 Lessons Learnt

Management of delays has increasingly been worked through with external Boards via a formal change control process. Some challenges are due to ongoing Covid-19 new requirements, dependencies on third parties and external Governance, scope extensions, and unavailability of stakeholders. There is also a realisation that DHCW set itself a forward focussed and demanding plan and although some dates were over-optimistic, the main drive is still forward. Getting the teams and agile processes into the right shape takes time and we are conscious of big new requirements on the horizon which will also take time to resource and embed.

2.1.4 Remainder of the year

It is anticipated that the volume of new requirements in supporting Covid and recovery, together with new complex programmes of work such as E-Prescribing will put pressure on the remainder of the plan. There is a high dependency on filling vacancies in a challenging recruitment market quickly. The mitigation is to manage the entry of new work onto the plan with our Planning and Performance change control process, looking at re-prioritising if necessary, pragmatic planning and supplementing with third parties where feasible.

2.2 Information Availability and Flow

- **Achievements:** As part of defining our Architecture Vision, a detailed set of building blocks have been designed and documented during Q2 in partnership between DHCW and the National Data Resource architecture team. A thorough review has taken place involving key stakeholders totalling over 1,000 total attendees. The response very positive. The next steps

are to publish a revised version considering the feedback, develop the delivery plan and a Data Strategy

- We have made the Operational Terminology Service available which enables consistent recording of the core components of the patient record using SNOMED-CT.
- **Variation to Plan:** Defining our Architecture Vision was on our plan for Quarter 1 but, the architecture design staff were still in demand working on Covid-19 priorities. Staff unavailability also saw delays to the planned Application Programming Interface (API) Procurement.
- **Mitigations:** The return of reassigned staff and new appointments has seen significant progress on the open architecture objectives The API Procurement has progressed, and a preferred supplier has been identified.

2.3 Protecting Patient Data

- **Achievements:** The Cyber Resilience Unit was launched and it continues to plan and co-ordinate the NIS regulations compliance, baselining activity for NHS Wales.

2.4 Sustainable Infrastructure

- **Achievements:** We moved infrastructure to a new Data Centre – 97% of services have been transitioned – a sustainable technical platform is fundamental to the availability of patient data.
- **Variation to Plan:** The completion of a Cloud strategy has been delayed – an example of a complex and far reaching initiative, where we were ambitious with our dates.
- **Mitigations:** Nevertheless, significant work has been undertaken and a business focused, peer reviewed strategy is in the final stages of being signed off.

2.5 Digital Health Professional Empowerment

- **Achievements:** The electronic Nursing Care Record is live in Hywel Dda, Velindre, Swansea Bay, Powys and Cwm Taf Morgannwg Health Boards. – this is the start of the journey to remove reliance on paper, which will enable nurses to spend more time caring for patients.
- Electronic test requesting which removes paper and risk from the testing process is now available in every Health Board.
- **Variation to Plan:** Cancer: Chief Executives from Velindre and DHCW, along with the Senior Responsible Officer for the Cancer Informatics Programme, agreed that despite intense work from Velindre and DHCW project teams, the gaps in required functionality and the extent of testing and business change activities required to implement safely on 21st September 2021 were too great.
- **Mitigations:** DHCW and Velindre have produced a re-profiled implementation plan which was approved by the Velindre Cancer Centre internal Project Board on the 25th August 2021 and by the Cancer Informatics Programme Board on the 17th September 2021. The revised date of end of May 2022, has also been shared with Health Board Chief Executives.

2.6 Digital Patient Empowerment

- **Achievements:** During Q1-Q2 the Digital Services for Patients and the Public Programme has undertaken a procurement and selected the preferred delivery partners. Patients will benefit from the convenience and speed of digital services to improve self-care and wellbeing.

2.7 Public Health

- **Achievements:** The pandemic solutions provided by DHCW are seeing continued growth in users and activity and respond to ongoing requirements to meet policy decisions. Work includes linking and reporting of key pandemic data, supporting new vaccination requirements around booster and flu jabs, the digital Covid pass development and interfacing, and contributing to the ongoing management of the pandemic.

2.8 Primary and Community Care

- **Achievements:** Contract awards have taken place for new GP system suppliers ensuring primary care have effective technology and data access.
- A major upgrade has taken place of the national community system for health, social and mental health care workers. This required significant collaborative work across health and social care both nationally and locally.
- **Variation to Plan:** The Mental Health Core Data Set was paused due to staff unavailability during Covid and a review of the approach and scope by the Welsh Government.
- **Mitigation:** Resources are available and a direction of travel has been agreed with Welsh Government - to implement the dataset in the first instance and then outcome measures at a later date.

2.9 Planned and Unscheduled Care

- **Achievements:** We made data available to consultants to remotely manage their lists and undertake remote consultations.
- **Variation to Plan:** The Welsh Emergency Department System dates have slipped.
- **Mitigations:** Senior Health Board managers from Swansea Bay University Health Board and Cwm Taf Morgannwg University Health Board (CTM) have agreed to an implementation order change where Swansea Bay will replace Cwm Taf Morgannwg as the first Health Board to implement the Welsh Emergency Department System.

2.10 Diagnostics

- **Achievements:** The Laboratory Information Network Cymru Business Case has been written and contract award is expected in October. Key benefits include faster turnaround of tests, improved clinical safety and ensuring the service can cope with increased demand.
- **Variation to Plan:** The Business Case for a Radiology Information System Procurement has been re-forecast due to delays approving the case.

- **Mitigations:** New dates have been approved at the RISP Programme Board and additional contingency arrangements are being pursued in relation to the existing contractual position.

2.11 Medicines Management

- **Achievements:** We have rolled out the Hospital Pharmacy system with successful go-lives in Cardiff and Vale, Aneurin Bevan, Cwm Taf Morgannwg, Hywel Dda, Powys, and Velindre Trust with Swansea Bay due in early October. This included supporting an early opening of the Grange Hospital in Aneurin Bevan and the first implementation to a prison. Betsi Cadwaladr is partially implemented. The new system is more efficient to use and offers a more joined up and consistent way of working across hospitals in Wales. It links medication dispensing and usage data by using nationally recognised standards.

2.12 Value from Data

- **Achievements:** We have already created a number of 'National Data Dashboards' that combine and visualise a wide range of information relating to clinical outcomes, secondary care activity, case mix variables, mortality, and socio-economic factors for specific clinical areas. These innovative dashboards are being utilised by clinical teams, special interest groups, clinical networks, support functions and other stakeholders to inform better decision making.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 There are no matters for escalation to the Board in this report.

4 RECOMMENDATION

The Board is being asked to:

NOTE the update report as representative of the performance of the organisation for the period April – September 2021.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply
CORPORATE RISK (ref if appropriate)	
WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

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

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard 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	

[Workforce EQIA page](#)

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
DHCW Management Board	12 November 2021	Approved as slides

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 There is a requirements for key organisational decision makers and leaders to act upon the elements of performance for which they hold responsibility or accountability.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

2021/22 PLANNING MINIMUM DATASET

SUMMARY OF CONTENTS

Organisation

DHCW

For further guidance on completion please contact:

HSS-PlanningTeam@gov.wales

Checklist (click section name to jump to relevant sheet)

Sections Complete (dropdown available)

BEDPLAN

WORKFORCE WTE

Yes

TEST TRACE PROTECT

Yes

COVID-19 VACCINATION

Yes

CORE ACTIVITY

SCREENING PROGRAMMES

REVENUE PLAN

Yes

INCOME ASSUMPTIONS

Yes

IN YEAR COST BASE

Yes

NET EXPENDITURE

Yes

SAVINGS TRACKER

Yes

COVID-19 ADDITIONAL SPEND

Yes

RISK & OPPORTUNITIES

Yes

NHS WALES INCOME

Yes

CAPITAL

Yes

ASSET INVESTMENT

Yes

Comments

An accompanying brief will be forward to the Financial Delivery Unit for information, key comments as

General Notes

Please only fill in the lightly yellow shaded cells.

Tab	Completion order	Instructions
BEDPLAN	ANY	Populate as normal as this tab is not linked to other tabs.
WORKFORCE WTE	ANY	Populate all workforce sections as dictated by their section titles Including COVID-19 staff in the staff type sections. Then break the WTE down by project for triangulation with COVID-19 additional spend.
TEST TRACE PROTECT	ANY	Populate as normal as this tab is not linked to other tabs. Line 74 should reconcile back to total TTP spend included in tab 6.) COVID-19 Additional Spend.
COVID-19 VACCINATION	ANY	Populate vaccination activity & populate capital costs on line 60. Vaccination WTE is picked up from the WORKFORCE tab. Vaccination costs are mainly picked up from tab 6.) COVID-19 Additional Spend.
CORE ACTIVITY	ANY	Populate as normal this tab is not linked to other tabs.
SCREENING PROGRAMMES	ANY	Populate as normal this tab is not linked to other tabs.
1.) REVENUE PLAN	6	Populate all cells coloured yellow. All gold coloured tabs are linked with subsequent tabs.
2.) INCOME ASSUMPTIONS	5	Populate as normal this tab is not linked to other tabs.
3.) IN YEAR COST BASE	1	Enter values as negative. Populate each general and local investment (yellow shaded cells are free text lines to include investments not already listed.) breaking down the individual investment by expenditure category splitting by in year and FYE in columns C-P. These figures feed lines 40-48 in 1.) Revenue Plan tab. Secondly profile out each investment in columns T-AE.
4.) NET EXPENDITURE	4	Lines 11-34 are a summarized version of the tables in lines 40-158. Cells coloured in gold are automatically populated from lines in COVID-19 Additional Spend and Savings Tracker Tabs. Populate cells coloured in yellow manually.
5.) SAVINGS TRACKER	2	This tab is mirrored from the savings tracker utilised in the MMR returns. Please fill in lines 26 and below relevant to how many savings schemes in the organisation. If the scheme is an income generation scheme leave the cell in column P (MMR Category) blank. Check for error messages in columns AD - AH which highlights areas of the tracker filled incorrectly. Gold cells in lines 9 -22 are automatically populated from the tracker.
6.) COVID-19 ADDITIONAL SPEND	3	This tab reflects the information collected in table B3 in the MMR returns. Please fill out yellow coloured cells. This tab feeds Vaccination, Revenue Plan and Net Expenditure Tabs.
7.) RISK & OPPORTUNITIES	7	Populate as normal as this tab is not linked to other tabs.
8.) NHS WALES INCOME	8	Populate as normal as this tab is not linked to other tabs.
9.) CAPITAL	9	Populate as normal as this tab is not linked to other tabs.
10.) ASSET INVESTMENT	10	Populate as normal as this tab is not linked to other tabs.

For further guidance on completion please contact:

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DHCW														
Please fill in the lightly yellow shaded cells with bed numbers (for all sites).														
BEDPLAN - ALL SITES	PLANNED AVAILABLE BEDS		BED PROFILE											
	Baseline as @ 31/3/2020	Baseline as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
METRIC	NUMBER OF BEDS													
Invasive ventilated beds in critical care environment														
Invasive ventilated beds in hospital but outside of a critical care environment														
Designated COVID-19 hospital beds - Health Board sites (inc surge beds)														
Non designated COVID-19 hospital beds - Health Board sites (inc Surge beds)														
Designated COVID-19 hospital beds Field Hospital Sites														
Non designated COVID-19 hospital beds Field Hospital Sites														
TOTAL BED CAPACITY	-	-	-	-	-	-	-	-	-	-	-	-	-	-

DHCW

Please fill in the lightly yellow shaded cells with WTEs.

Section 1 is intended to capture the organisations total workforce plan in whole time equivalent (WTE's) as at the end of each month.

Section 2 is intended to capture organisations key workforce information in relation to BAME assessments and anticipated absences.

Section 3 is a memorandum (subset) table of the total WTE's included in Section 1, specifically intended to capture workforce plans relating to the key major projects in the COVID-19 response.

Please ensure your narrative plan captures details in respect of the organisations ability to flex the available workforce to address the varying COVID-19 scenarios in the coming twelve months.

More specifically within the narrative plan, organisations are asked to indicate 1) Any areas/staff groups anticipating high levels of retirements, 2) Any areas/staff groups experiencing high levels of long term vacancies

3) Any areas/staff groups experiencing increase flexible working and reduction of the participation rate 4) Any areas/staff groups where you are planning to develop alternative clinical practitioners or the multi-disciplinary team

5) Any areas/staff groups where you are planning to develop the support worker workforce.

WORKFORCE PLANS - WTE	ACTUAL WTE		WORKFORCE PROFILE @ END OF MONTH											
	ACTUAL as @ 31/3/2020	ACTUAL as @ 31/03/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Section 1	WTE													
ESTABLISHMENT & BANK ADDITIONAL HOURS														
Administrative, Clerical & Board Members	708.0	800.1	795.1	816.7	839.5	857.9	862.7	870.7	888.9	936.7	962.7	1,008.9	1,025.9	1,030.9
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	708.0	800.1	795.1	816.7	839.5	857.9	862.7	870.7	888.9	936.7	962.7	1,008.9	1,025.9	1,030.9
AGENCY														
Administrative, Clerical & Board Members	7.0	4.0	3.6	6.5	4.2	5.7	2.9	1.7	3.0	3.0	3.0	3.0	3.0	3.0
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL AGENCY	7.0	4.0	3.6	6.5	4.2	5.7	2.9	1.7	3.0	3.0	3.0	3.0	3.0	3.0
RETURNERS (Former Employees)														
Administrative, Clerical & Board Members	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL RETURNERS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
STUDENTS														
Administrative, Clerical & Board Members	-	-	-	-	-	-	-	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL STUDENTS	-	-	-	-	-	-	-	2.0	2.0	2.0	2.0	2.0	2.0	2.0
OTHER TEMP STAFF														
Administrative, Clerical & Board Members	23.8	22.8	37.0	39.0	42.0	46.0	48.0	45.0	52.0	52.0	52.0	52.0	52.0	52.0
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL OTHER TEMP STAFF	23.8	22.8	37.0	39.0	42.0	46.0	48.0	45.0	52.0	52.0	52.0	52.0	52.0	52.0
Section 2	WTE													
COVID-19 ANTICIPATED ABSENCE DATA (Profiled BY MONTH for remaining year)														

Anticipated sickness rate (%)		0%	0%	0%	0%	0%	0%	2%	3%	5%	3%	3%	3%	3%
Anticipated COVID 19 sickness (headcount)		0.6	-	-	-	-	-	1.0	2.0	3.0	2.0	2.0	2.0	2.0
Anticipated Self Isolation (headcount)		-	-	-	-	-	-	-	-	-	-	-	-	-
Anticipated Shielding (headcount)		-	-	-	-	-	-	-	-	-	-	-	-	-
Section 3	WTE													
COVID-19 WTE BREAKDOWN PER PROJECT (Please detail out WTE used in relevant major project that is included in the total workforce above)														
TEST, TRACE & PROTECT														
Administrative, Clerical & Board Members	-	19.8	13.8	13.8	15.1	14.9	14.9	17.7	19.4	22.3	25.3	25.3	26.3	26.3
Medical & Dental														
Nursing & Midwifery Registered														
Prof Scientific & Technical														
Additional Clinical Services														
Allied Health Professionals														
Healthcare Scientists														
Estates & Ancillary														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	-	19.8	13.8	13.8	15.1	14.9	14.9	17.7	19.4	22.3	25.3	25.3	26.3	26.3
MASS VACCINATIONS														
Administrative, Clerical & Board Members	-	9.5	8.0	11.0	21.0	19.6	22.0	27.6	33.1	35.6	46.6	46.6	46.6	46.6
Medical & Dental														
Nursing & Midwifery Registered														
Prof Scientific & Technical														
Additional Clinical Services														
Allied Health Professionals														
Healthcare Scientists														
Estates & Ancillary														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	-	9.5	8.0	11.0	21.0	19.6	22.0	27.6	33.1	35.6	46.6	46.6	46.6	46.6
SURGE CAPACITY/FIELD HOSPITALS														
Administrative, Clerical & Board Members														
Medical & Dental														
Nursing & Midwifery Registered														
Prof Scientific & Technical														
Additional Clinical Services														
Allied Health Professionals														
Healthcare Scientists														
Estates & Ancillary														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CLEANING STANDARDS														
Administrative, Clerical & Board Members														
Medical & Dental														
Nursing & Midwifery Registered														
Prof Scientific & Technical														
Additional Clinical Services														
Allied Health Professionals														
Healthcare Scientists														
Estates & Ancillary														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OTHER COVID RELATED WTE														
Administrative, Clerical & Board Members														
Medical & Dental														
Nursing & Midwifery Registered														
Prof Scientific & Technical														
Additional Clinical Services														
Allied Health Professionals														
Healthcare Scientists														
Estates & Ancillary														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL COVID RELATED WTE														
Administrative, Clerical & Board Members	-	29.3	21.8	24.8	36.0	34.5	36.9	45.3	52.5	57.9	71.9	71.9	72.9	72.9
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	-	29.3	21.8	24.8	36.0	34.5	36.9	45.3	52.5	57.9	71.9	71.9	72.9	72.9

DHCW

Please fill in the lightly yellow shaded cells

This section captures a summarised position of Test, Trace and Protect (TTP) monitoring. The data is collected monthly through policy leads via the monthly monitoring return process.

TEST, TRACE, PROTECT

MONTHLY PROFILE (ACTUAL / PLANNED)

METRIC

M12
2020/21

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

JAN

FEB

MAR

ANTIGEN

DEMAND

POPULATION DEMAND - No's

Hospital Staff														
Hospital Patients														
Care Homes - Staff and Patients														
Symptomatic Population														
Community - Closed settings (incl. outbreaks)														
Other - please specify below:														

SUB TOTAL ANTIGEN DEMAND

- - - - - - - - - - - - - - - -

SAMPLING

SAMPLING SITES (NUMBER OF SITES)

Community Testing Units (CTU's)														
Mobile Testing Units (MTU's)														
Population Sampling Centres (PSCs)														

SUB TOTAL ANTIGEN SAMPLING SITES

- - - - - - - - - - - - - - - -

SAMPLING

SAMPLING SITE CAPACITY

Community Testing Units (CTUs)														
Mobile Testing Units (MTUs)														
Population Sampling Centres (PSCs)														
Home Testing														
Other - please specify below:														

SUB TOTAL ANTIGEN SAMPLING CAPACITY

- - - - - - - - - - - - - - - -

TESTING

TESTING CAPACITY

Laboratory Tests (Planned Monthly Laboratory Tests)														
Point of Care Tests (Planned Monthly POCT)														
SUB TOTAL ANTIGEN TESTING CAPACITY	-	-	-	-	-	-	-	-	-	-	-	-	-	-
% Positive Test Rates														
Monthly Index Cases														

ANTIBODY

DEMAND

POPULATION DEMAND

Education Staff														
Health Care Workers														
Other - please specify below:														

SUB TOTAL ANTIBODY DEMAND

- - - - - - - - - - - - - - - -

SAMPLING

SAMPLING CAPACITY

Serology Antibody Testing - Phlebotomy Service														
Antibody - Point of Care Testing														
Other - please specify below:														

SUB TOTAL ANTIBODY SAMPLING CAPACITY

- - - - - - - - - - - - - - - -

TESTING

TESTING CAPACITY

Laboratory Tests (Planned Monthly Laboratory Tests)														
Point of Care Tests (Planned Monthly POCT)														
SUB TOTAL ANTIBODY TESTING CAPACITY	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TTP PROGRAMME COSTS

OPERATIONAL EXPENDITURE - £'000

M12 2020/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
----------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Planned year-end position

Testing (including Sampling) - Antigen															-
Contact Tracing - Health Board Costs															-
Contact Tracing - Local Authority Costs															-
Testing (including Sampling) - Antibody															-
Protect															-
All Wales Team	3,434	738	738	738	738	738	738	738	738	738	738	738	738	745	8,863
TOTAL TTP PROGRAMME COSTS	3,434	738	738	738	738	738	738	738	738	738	738	738	738	745	8,863

DHCW

This section is intended to collate information on population, activity, workforce.

The finance section is automatically populated from the COVID-19 Additional Expenditure sheet other than intended capital expenditure which should be entered here.

The workforce numbers are also populated from the workforce sheet.

VACCINATION PROGRAMME	Actual as @ 31/03/2021	FORECAST PROFILE												
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
METRIC														
Mass Vaccination Centre's														
Total number of COVID-19 vaccinations supplied and administered														-
Total number of population fully vaccinated														-
Total number of COVID-19 vaccinations planned														-
COVID-19 vaccinations of populations 2021-22 Actual and End of Year Target														
Care Homes - Staff and Patients														-
Ages 80+ and Health and Social Care Staff														-
Ages 75+														-
Ages 70+														-
Ages 65+														-
High Risk Adults under 65														-
Moderate Risk Adults Under 65														-
Remaining 60+														-
Ages 55+														-
Ages 50+														-
Remaining Population														-
Mass Vaccination Workforce WTE														
Administrative, Clerical & Board Members	10	8	11	21	20	22	28	33	36	47	47	47	47	364
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Programme Workforce WTE	10	8	11	21	20	22	28	33	36	47	47	47	47	364
Primary Care Setting														
Total number of COVID-19 vaccinations supplied and administered														-
Total number of population fully vaccinated														-
Total number of COVID-19 vaccinations planned														-
COVID-19 vaccinations of populations 2021-22 Actual and End of Year Target														
Care Homes - Staff and Patients														-
Ages 80+ and Health and Social Care Staff														-

Ages 75+														-
Ages 70+														-
Ages 65+														-
High Risk Adults under 65														-
Moderate Risk Adults Under 65														-
Remaining 60+														-
Ages 55+														-
Ages 50+														-
Remaining Population														-
Vaccination programme Expenditure														
£'000														
Pay Expenditure	155	62	82	102	123	143	161	161	161	161	161	161	161	1,639
Non Pay Expenditure	1,116	308	308	308	308	308	308	308	308	308	308	308	312	3,700
Capital Expenditure	185													-
Primary Care Expenditure	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenditure	1,456	370	390	410	431	451	469	469	469	469	469	469	473	5,339

DHCW															
Please fill in the lightly yellow shaded cells. This section collects information in respect of the core activity that organisations' aim to deliver over the coming twelve months including Primary & Community Care, Mental Health, Cancer, Acute Care, Diagnostics and Ambulance Services against key priorities areas. This is not intended to be an exhaustive list as organisations narrative plans will provide context and detail on wider organisational deliverables.															
DELIVERY OF ESSENTIAL SERVICES IN PRIMARY & COMMUNITY CARE	FY %		Forecast Profile												
	31/03/2020	31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
METRIC	%														
1. Essential prevention of adverse outcomes against tier 1 targets															
% of Babies six week check complete															
% of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 27 months															
% of patients with any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 15 months															
% of current smokers with any of the following conditions: CHD, PAD, stroke/TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who have an offer of support and treatment within the preceding 15 months															
METRIC	FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
No's															
2. Responsive urgent care															
Dental: Number of Aerosol Generating Procedures															-
Dental: Number of courses of treatment															-
Optometry: Acute eye care presentations (EHEW band 1)															-
Optometry: Low vision service (Care home residents) - number of patients accessing the service - new patients (as per EHEW Band 1).															-
Optometry: Low vision service (Care home residents) - number of patients accessing the service - follow up patients (as per EHEW Band 1).															-
Optometry: number of patients seen															-
GP: In hours GP demand vs capacity: No. of GP practices at escalation levels 3 and 4															-
GPS demand vs capacity: No. of community pharmacy services at escalation levels 3 and 4															-
GP: Ambulatory sensitive conditions referral numbers (interface with secondary care)															-
GP: Urgent Cancer OPD referral numbers															-
GP: Urgent non-Cancer OPD referral numbers															-
GP: Total number of referrals for termination of pregnancy															-
Community: Total number of tests relating to sexual health conditions (Syphilis and Chlamydia)															-
METRIC	FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
No's															
3. Essential management of chronic conditions															
Number of admissions where the primary diagnostic reason for admission is exacerbation of COPD or asthma															-
Number of COPD/asthma patients managed by the community team/pulmonary rehab team															-
METRIC	FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
No's															
4. Timely diagnosis of new problems															
Optometry: number of practices open at least 75% of normal pre Covid-19 hours															-
METRIC	FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
No's															
5. Proactive management															
DES for Care Homes – compliance rate (%)															
No. of advanced care plans in place for palliative care															
Number of whole system clinical pathways available for Primary Care clinicians to use															-
Number of patients who die in the community (planned deaths – e.g. having used rapid discharge/ palliative care teams / community resources etc.)															-
MENTAL HEALTH	FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
	No's		Forecast Profile												
METRIC	No's														
Mental Health															
Number of Part 1a and 1b referrals															-
Number of Mental Health Crisis referrals (Crisis Resolution Home Treatment)															-
Number of Child and Adolescent Mental Health (CAMHS) Crisis referrals and assessments															-
Number of Memory assessment service (MAS) referrals and assessments															-
Part 2 duty - % of total caseloads with a valid care and treatment plan (%)															
ACUTE CARE - UNSCHEDULED CARE	FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
	No's		Forecast Profile												
METRIC	No's														
1. Unscheduled Care Activity															
A&E Attendances															-
Emergency admissions															-

ELECTIVE CARE		Ave. Volumes per Month 2019/20	Ave. Volumes per Month 2020/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
METRIC		No's														
		2. Elective Care Activity														
OPA First appointment - face to face																-
OPA First appointment - virtual (non face to face)																-
OPA Follow up - face to face																-
OPA Follow up - virtual (non face to face)																-
Compliance with eye care measure for new and follow up patients (%)																-
Number of inpatient procedures																-
Number of day case procedures																-
OUTSOURCED ACTIVITY		Ave. Volumes per Month 2019/20	Ave. Volumes per Month 2020/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
METRIC		No's														
		3. Outsourced Activity														
Number of inpatient procedures																-
Number of day case procedures																-
CANCER CARE		FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
METRIC		No's														
		Cancer														
Anticipated new referrals																-
Number of cancer patients starting treatment																-
Single cancer pathway performance (62 day) (% compliance with)																<div></div>
DIAGNOSTICS		Backlog @ 31/03/2020	Backlog @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
METRIC		No. px waiting > 8 weeks		Activity no's												
		Diagnostics Anticipated Activity														
Cardiology:																
Blood Pressures Monitoring																-
Cardiac CT																-
Cardiac MR																-
Diagnostic Angiography																-
Diagnostic Electrophysiology																-
Dobutamine Stress Echocardiogram																-
Echo																-
Heart Rhythm Recording																-
Myocardial Perfusion Scanning																-
Stress Test																-
Trans Oesophageal Echocardiogram																-
Endoscopy:																
Bronchoscopy																-
Colonoscopy																-
Cystoscopy																-
Flexi sigmoidoscopy																-
Gastroscopy																-
Imaging:																
Fluoroscopy																-
Neurophysiology:																
Electromyography																-
Nerve Conduction Studies																-
Radiology:																
Barium Enema																-
Non-cardiac CT																-
Non-cardiac MR																-
NOUS																-
Nuclear Medicine																-
Physiological Measure:																
Urodynamic Tests																-
Vascular Technology																-
AMBULANCE		FY 31/03/2020	FY 31/03/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
METRIC		No's														
		Ambulance														
Goal 2 (signposting, information & assistance) Forecasting 111 online & symptom checker impacts or web hits																-
Goal 2 (signposting, information & assistance) Predicted levels of 111 resolution without referral to ED (%)																<div></div>
Goal 3 (preventing unnecessary attendance & admission) What are the predicted levels of hear & treat to prevent conveyance/attendance/admission																-
		Incident volume														
Total incident volume																-
No. of which relates to fallers																-
No. of which relates to Breathing difficulties																-
No. of which originate from Care and Nursing homes																-
No. of which relates to Mental health (Psychiatric Call only)																-

% Incident Volume															
% of which relates to Fallers															
% of which relates to Breathing difficulties															
% of which originate from Care and Nursing homes															
% of which relates to Mental health (Psychiatric Call only)															
% conveyance, by condition, of patients to Emergency Departments (verified incident demand)															
% of falls incidents resulting in conveyance to an Emergency Department															
% of Breathing difficulties incidents resulting in conveyance to an Emergency Department															
% of Care and Nursing Home residents conveyance to an Emergency Department															
% of Mental health (Psychiatric Call only) conveyance to an Emergency Department															

DHCW														
Please fill in the lightly yellow shaded cells														
This section is intended to cover anticipated % delivery of each metric, at the period end stated for areas identified as Essential Services.														
SCREENING PROGRAMMES	%		PROFILE @ END OF MONTH											
	ACTUAL as @ 31/03/2020	ACTUAL as @ 31/03/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
METRIC	%													
SCREENING PROGRAMME														
% Uptake of bowel cancer screening programmes														
% Uptake of AAA screening programmes														
% - Breast Test Results sent within 2 weeks of scan (Target 95%)														
% - Breast Test Assessment Invitations within 3 weeks of Screening Date (Target 70%)														
% - Diabetic Eye Screening Letters within 3 wks of screen date (target 50%)														
% - Waiting Time within 4 Weeks for a Colposcopy Appointment (CSW direct ref with abnormal cytology) (Target 95%)														
% - Waiting Time within 4 Weeks from Sample to Cervical Screening Test Result (Target 98%)														
% - Babies who complete New-born Hearing Screening programme within 4 weeks (Target 98%)														
% - Babies who complete New-born Hearing Assessment Procedure by 3 months (Target 85%)														

DHCW

Please fill in the lightly yellow shaded cells.

MOVEMENT OF OPENING FINANCIAL PLAN TO FORECAST OUTTURN			In Year Effect	FYE of
			£'000	
B/F ULD from Previous Year (Negative Value for Deficits):				
Primary Care				
Mental Health				
Continuing HealthCare				
Commissioned Services				
Scheduled Care				
Unscheduled Care				
Children & Women's				
Community Services				
Specialised Services				
Executive / Corporate Areas			(3,350)	(3,350)
Support Services (inc. Estates & Facilities)				
Total: B/F ULD from Previous Year			(3,350)	(3,350)
Revenue (Enter as positive values):				
<i>Core Cost and Demand Uplift (Allocation Paper Table A3)</i>			1,123	1,123
<i>Pharmacy Additional Contract Funding (Allocation Paper Table E)</i>				
<i>Mental Health Pay Core Cost and Demand Uplift (Allocation Paper Table 2)</i>				
<i>Other Confirmed Funding in allocation paper, offsetting cost pressures (list below)</i>				
DHCW Board & Corporate Governance Operations			2,000	2,000
Net 21/22 Core Uplift			3,068	3,068
Datacentre Migration/Transition to Cloud			2,200	

VPN Bandwidth Increase	120	
WG Revenue/Funding - Anticipated on Income Assumptions	8,511	6,191
<i>Trust Income</i>		
<i>LTA/SLA Inflation</i>	190	190
<i>New Services / Changes to Existing Services</i>	126	126
Total: Provider Income	316	316
Total: Revenue	8,827	6,507
In Year Net Cost Base (Non-COVID-19): (Populated from sheet 3.) In Year Cost Base (please complete)		
Pay	(3,444)	(3,694)
Non Pay	(3,121)	(1,474)
Primary Care Drugs	0	0
Secondary Care Drugs	0	0
CHC/FNC	0	0
Primary Care Contractor	0	0
Commissioned Services	(766)	(766)
Total: In-Year Net Cost Base (Non-COVID-19)	(7,331)	(5,934)
Opening Cost Pressures	(1,854)	(2,777)
Identified Savings Plans: (Populated from sheet 5.) Savings Tracker (please complete)		
Pay	0	0
Non Pay	1,854	826
Primary Care Drugs	0	0
Secondary Care Drugs	0	0
CHC/FNC	0	0
Primary Care Contractor	0	0

Commissioned Services	0	0
Total: Identified Savings Plans	1,854	826
Red Rated Pipeline Schemes (Populated from sheet 5.) Savings Tracker (please complete)	0	0
Planning Assumptions still to be finalised (positive value)		1,951
Net Income Generation (Profit Element Only) (Populated from sheet 5.) Savings Tracker (please complete)	0	0
Forecast Outturn before COVID-19	0	0
Net Additionality - COVID-19 Impact: (Populated from sheet 6.) COVID-19 Additionality (please complete)		
Additional Expenditure Increases	(14,202)	
Non-Delivery of Planned Savings	0	
Operational Expenditure Reductions	0	
Slippage on Investments	0	
Total: COVID-19 Impact	(14,202)	
Net Financial Challenge after COVID-19	(14,202)	

DHCW

Please fill in the lightly yellow shaded cells

The anticipated items should only be allocations that have been confirmed by WG. Details should be provided and substantiated within the narrative plan where organisations are anticipating income.

The items should be analysed between the two columns depending on whether the cost pressures they are offsetting are included in Revenue Plan (Gross).

REVENUE RESOURCE LIMIT ASSUMPTIONS (LHB / SHA) / INCOME (TRUST) ASSUMPTIONS METRIC	Cost Pressures Gross in Rev £'000	Cost Pressures Not in Rev Plan £'000
AGREED REVENUE RESOURCE LIMIT / INCOME REPORTED as per allocation paper / letter	66,136	
FUTURE FUNDING ASSUMPTION		
RECURRING		
PLEASE ENTER BELOW		
Betsi Cadwaladr University Local Health Board	4,262	
HEIW Ed & Training Income	3,495	
Aneurin Bevan Local Health Board	3,198	
Cardiff And Vale University Local Health Board	3,025	
Cwm Taf Morgannwg LHB	2,914	
Swansea Bay University LHB	2,912	
Hywel Dda Local Health Board	2,460	
Velindre NHS Trust Income	2,360	
Public Health Wales NHS Trust Income	1,580	
Powys Teaching LHB	833	
Other Income	753	
Welsh Ambulance NHS Trust Income	493	
WHSSC	128	
N. Ireland Health Board's	104	
SUB TOTAL	28,517	0
NON RECURRING		
PLEASE ENTER BELOW		
Office 365 National Rollout	389	

Nursing Digitisation	2,009	
Datacentre Migration/Transition to Cloud	2,200	
VPN/Bandwidth Increase	120	
Community Care Information System (WCCIS)	4,620	
Cancer Informatics Solution	273	
Digital Services for Patients & Public	2,600	
National Data Resource	6,200	
COVID 19 - Vaccines	5,539	
COVID 19 - Test & Trace	8,863	
SUB TOTAL	32,813	0
AME		
Donated Depreciation		
Impairments		
PLEASE ENTER BELOW		
SUB TOTAL	0	0
Total RRL/INCOME used in SCNE/I profiled analysis	127,466	0

DHCW																				2021/22 PLAN PROFILE																				
NET COST BASE/PRESSURES & INVESTMENTS										Pay		Non Pay		Primary Care Drugs		Secondary Care Drugs		CHC/FNC		Primary Care Contractor		Commissioned Services		Total		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR			
										In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring															
General Cost Pressures & Investments										£'000																		£'000												
Pay Award										(685)	(685)															(685)	(685)	(57)	(57)	(57)	(57)	(57)	(57)	(57)	(57)	(57)	(57)	(57)	(58)	
Pensions																									0	0														
RTU/Performance																									0	0														
Safer Staffing Act																										0	0													
Increments										(290)	(540)														(290)	(540)	(5)	(8)	(11)	(14)	(16)	(23)	(25)	(29)	(33)	(38)	(43)	(45)		
Utility Increases																										0	0													
Product Inflation												(102)	(102)														(102)	(102)	(8)	(8)	(8)	(8)	(8)	(8)	(9)	(9)	(9)	(9)	(9)	(9)
NICE & New High Cost Drugs																									0	0														
Volume of CHC Packages																									0	0														
Acuity of CHC Packages																									0	0														
Welsh Risk Pool																									0	0														
Specialist Services - Direct																									0	0														
Specialist Services - via WHASC																									0	0														
English Contracts																										0	0													
LASC																									0	0														
Prescribing																									0	0														
GMS																									0	0														
Other (please specify):																									0	0														
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NET EXPENDITURE PROFILE ANALYSIS	£	£	FORECAST PROFILE												
	ACTUAL 2019/20	ACTUAL 2020/21	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FORECAST YEAR-END POSITION
METRIC	£'000														
MONTHLY SUMMARISED STATEMENT OF COMPREHENSIVE NET EXPENDITURE/INCOME															
Revenue Resource Limit			7,377	7,483	9,430	8,262	7,655	7,996	7,878	8,141	8,668	8,218	8,136	9,705	98,949
Miscellaneous Income - Capital Donation\Government Grant Income															0
Miscellaneous Income - Other (including non resource limited income)	448	678	71	71	71	71	71	71	71	72	72	72	72	72	857
Welsh NHS Local Health Boards & Trusts Income	23,838	26,097	2,262	2,262	2,262	2,317	2,317	2,317	2,317	2,317	2,317	2,317	2,317	2,210	27,532
WHSSC Income	167	188	10	10	10	10	11	11	11	11	11	11	11	11	128
Welsh Government Income	67,106	75,947													0
SUB TOTAL INCOME	91,559	102,910	9,720	9,826	11,773	10,660	10,054	10,395	10,277	10,541	11,068	10,618	10,536	11,998	127,466
Primary Care Contractor (excluding drugs, including non resource limited expenditure) (populated from below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Primary Care - Drugs & Appliances (populated from below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Provided Services - Pay (populated from below)	32,727	35,187	3,194	3,247	3,397	3,414	3,496	3,618	3,607	3,671	3,832	3,800	3,865	4,166	43,307
Provider Services - Non Pay (excluding drugs & depreciation) (populated from below)	49,555	58,424	5,732	5,785	7,581	6,451	5,763	5,982	5,875	6,075	6,441	6,023	5,876	6,536	74,120
Secondary Care - Drugs (populated from below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Healthcare Services Provided by Other NHS Bodies															0
Non Healthcare Services Provided by Other NHS Bodies	834	842	63	63	64	64	64	64	64	64	64	64	64	64	766
Continuing Care and Funded Nursing Care (populated from below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Private & Voluntary Sector															0
Joint Financing and Other															0
DEL Depreciation\Accelerated Depreciation\Impairments	8,386	8,457	731	731	731	731	731	731	731	731	731	731	731	732	8,773
AME Donated Depreciation\Impairments														500	500
Non Allocated Contingency															0
Profit\Loss Disposal of Assets															0
SUB TOTAL EXPENDITURE	91,502	102,910	9,720	9,826	11,773	10,660	10,054	10,395	10,277	10,541	11,068	10,618	10,536	11,998	127,466
TOTAL DEFICIT/SURPLUS	57	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EXPENDITURE CATEGORY	£	£	FORECAST PROFILE												
	ACTUAL 2019/20	ACTUAL 2020/21	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FORECAST YEAR-END POSITION
METRIC	£'000														
PROVIDER PAY EXPENDITURE ANALYSIS £'000															
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)	32,727	34,475	2,751	2,781	2,908	2,900	2,960	3,057	3,044	3,104	3,261	3,224	3,284	3,582	36,856
New cost pressures/funded spend not related to COVID-19 (positive value)			267	270	273	277	279	286	288	292	296	301	306	309	3,444
Identified savings (negative value)			0	0	0	0	0	0	0	0	0	0	0	0	0
Planning Assumptions still to be finalised (negative value)															0
OPERATIONAL COST BASE	32,727	34,475	3,018	3,051	3,181	3,177	3,239	3,343	3,332	3,396	3,557	3,525	3,590	3,891	40,300
SPEND INCREASES DUE TO COVID-19 (populated from 6.) COVID-19 Additional Spend)															
Administrative, Clerical & Board Members		712	176	196	216	237	257	275	275	275	275	275	275	275	3,007
Medical & Dental		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing & Midwifery Registered		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prof Scientific & Technical		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Clinical Services		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Allied Health Professionals		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Healthcare Scientists		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Estates & Ancillary		0	0	0	0	0	0	0	0	0	0	0	0	0	0
PAY EXPENDITURE IMPACT DUE TO COVID-19		712	176	196	216	237	257	275	275	275	275	275	275	275	3,007
Spend Decreases due to COVID-19 (negative value)															0
Non Delivery of Savings due to COVID-19 (positive value)															0
Slippage on Investments (negative value)															0
CURRENT NET PAY FORECAST	32,727	35,187	3,194	3,247	3,397	3,414	3,496	3,618	3,607	3,671	3,832	3,800	3,865	4,166	43,307
NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYSIS £'000															

IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)	49,555	50,646	4,704	4,676	6,474	5,357	4,657	4,800	4,831	5,031	5,433	5,114	4,967	5,614	61,658
New cost pressures/funded spend not related to COVID-19 (positive value)			205	286	286	348	361	532	257	257	221	122	122	124	3,121
Identified savings (negative value)			(109)	(109)	(111)	(186)	(187)	(282)	(145)	(145)	(145)	(145)	(145)	(145)	(1,854)
Planning Assumptions still to be finalised (negative value)															0
OPERATIONAL COST BASE	49,555	50,646	4,800	4,853	6,649	5,519	4,831	5,050	4,943	5,143	5,509	5,091	4,944	5,593	62,925
SPEND INCREASES DUE TO COVID-19 (populated from 6.) COVID-19 Additional Spend)															
Clinical Service & Supplies		0	0	0	0	0	0	0	0	0	0	0	0	0	0
General Supplies & Services		4,654	932	932	932	932	932	932	932	932	932	932	932	943	11,195
Establishment Expenses		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Premises & Fixed Plant		0	0	0	0	0	0	0	0	0	0	0	0	0	0
External Contract Staffing & Consultancy		0	0	0	0	0	0	0	0	0	0	0	0	0	0
PPE		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other (total)		3,124	0	0	0	0	0	0	0	0	0	0	0	0	0
NON PAY EXPENDITURE IMPACT DUE TO COVID-19		7,778	932	932	932	932	932	932	932	932	932	932	932	943	11,195
Spend Decreases due to COVID-19 (negative value)															0
Non Delivery of Savings due to COVID-19 (positive value)															0
Slippage on Investments (negative value)															0
CURRENT NET NON PAY PLAN	49,555	58,424	5,732	5,785	7,581	6,451	5,763	5,982	5,875	6,075	6,441	6,023	5,876	6,536	74,120
PRIMARY CARE DRUGS EXPENDITURE ANALYSIS £'000															
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)															0
New cost pressures/funded spend not related to COVID-19 (positive value)															0
Identified savings (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Planning Assumptions still to be finalised (negative value)															0
OPERATIONAL COST BASE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PRIMARY CARE DRUG SPEND INCREASES DUE TO COVID-19 (populated from 6.) COVID-19 Additional Spend)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Spend Decreases due to COVID-19 (negative value)															0
Non Delivery of Savings due to COVID-19 (positive value)															0
Slippage on Investments (negative value)															0
CURRENT NET PRIMARY CARE DRUGS PLAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECONDARY CARE DRUGS EXPENDITURE ANALYSIS £'000															
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)															0
New cost pressures/funded spend not related to COVID-19 (positive value)															0
Identified savings (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Planning Assumptions still to be finalised (negative value)															0
OPERATIONAL COST BASE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECONDARY CARE INCREASES DUE TO COVID-19 (populated from 6.) COVID-19 Additional Spend)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Spend Decreases due to COVID-19 (negative value)															0
Non Delivery of Savings due to COVID-19 (positive value)															0
Slippage on Investments (negative value)															0
CURRENT NET SECONDARY CARE DRUGS PLAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PRIMARY CARE CONTRACTOR (EXCL DRUGS, INCL NON RESOURCE LIMITED) EXPENDITURE ANALYSIS £'000															
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)															0
New cost pressures/funded spend not related to COVID-19 (positive value)															0
Identified savings (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Planning Assumptions still to be finalised (negative value)															0
OPERATIONAL COST BASE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SPEND INCREASES DUE TO COVID-19 (populated from 6.) COVID-19 Additional Spend)															
Primary Care Contractor		0	0	0	0	0	0	0	0	0	0	0	0	0	0
COVID-19 Vaccination Programme		0	0	0	0	0	0	0	0	0	0	0	0	0	0
PRIMARY CARE CONTRACTOR EXPENDITURE IMPACT DUE TO COVID-19		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Spend Decreases due to COVID-19 (negative value)															0
Non Delivery of Savings due to COVID-19 (positive value)															0
Slippage on Investments (negative value)															0

CURRENT NET PRIMARY CARE CONTRACTOR PLAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CONTINUING HEALTHCARE / FUNDED NURSING CARE EXPENDITURE ANALYSIS £'000																
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)																0
New cost pressures/funded spend not related to COVID-19 (positive value)																0
Identified savings (negative value)			0	0	0	0	0	0	0	0	0	0	0	0	0	0
Planning Assumptions still to be finalised (negative value)																0
OPERATIONAL COST BASE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHC/FNC EXPENDITURE IMPACT DUE TO COVID-19 (populated from 6.) COVID-19 Additional Spend)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Spend Decreases due to COVID-19 (negative value)																0
Non Delivery of Savings due to COVID-19 (positive value)																0
Slippage on Investments (negative value)																0
CURRENT NET CHC/FNC PLAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COMMISSIONED SERVICES (HEALTH CARE & NON HEALTH CARE) EXPENDITURE ANALYSIS - (INCLUDES JOINT FINANCING, VOLUNTARY SECTOR & OTHER PRIVATE PROVIDERS) £'000																
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value's):																0
HealthCare Services Provided by Other NHS Bodies																0
Non HealthCare Services Provided by Other NHS Bodies	834	843	63	63	64	64	64	64	64	64	64	64	64	64	64	766
Other Private & Voluntary																0
Joint Financing & Other																0
New cost pressures/funded spend not related to COVID-19 (positive value)																0
Identified savings (negative value)			0	0	0	0	0	0	0	0	0	0	0	0	0	0
Planning Assumptions still to be finalised (negative value)																0
OPERATIONAL COST BASE	834	843	63	63	64	64	64	64	64	64	64	64	64	64	64	766
SPEND INCREASES DUE TO COVID-19 positive value's)																
Purchase Of Health Care Services From Other non NHS bodies		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Local Authority (Joint Financing and Other)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Services From Other Nhs Bodies		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COMMISSIONED SERVICES EXPENDITURE IMPACT DUE TO COVID-19		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Spend Decreases due to COVID-19 (negative value)																0
Non Delivery of Finalised Savings due to COVID-19 (positive value)																0
Slippage on Investments (negative value)																0
CURRENT NET COMMISSIONED SERVICES PLAN	834	843	63	63	64	64	64	64	64	64	64	64	64	64	64	766
INCOME ANALYSIS £'000																
IMTP Annual total income including RRL (before COVID-19)	91,559	97,544	8,612	8,698	10,625	9,491	8,865	9,188	9,070	9,334	9,861	9,411	9,329	10,780		113,264
WG Allocations / Income Anticipated	0	5,366	1,108	1,128	1,148	1,169	1,189	1,207	1,207	1,207	1,207	1,207	1,207	1,218		14,202
Loss of Planned Income (excluding Dental Patient Charges as part of Primary Care net spend) due to COVID-19																0
Non Delivery of Finalised Income Generation due to COVID-19																0
TOTAL INCOME SUB TOTAL AFTER IMPACT OF COVID-19	91,559	102,910	9,720	9,826	11,773	10,660	10,054	10,395	10,277	10,541	11,068	10,618	10,536	11,998		127,466
Planned Income Generation																0
Additional In Year WG Allocations / Income Received NOT related to COVID-19																0
Additional WG Allocations / Income Anticipated NOT related to COVID-19																0
CURRENT INCOME PLAN	91,559	102,910	9,720	9,826	11,773	10,660	10,054	10,395	10,277	10,541	11,068	10,618	10,536	11,998		127,466

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PROJECT	£	FORECAST PROFILE												
	2020/21 ACTUAL	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FORECAST YEAR- END POSITION
METRIC	£'000													
TEST, TRACE & PROTECT														
PAY (positive values)	£'000													
Administrative, Clerical & Board Members	361	114	114	114	114	114	114	114	114	114	114	114	114	1,368
Medical & Dental														0
Nursing & Midwifery Registered														0
Prof Scientific & Technical														0
Additional Clinical Services														0
Allied Health Professionals														0
Healthcare Scientists														0
Estates & Ancillary														0
SUB TOTAL PAY EXPENDITURE	361	114	114	114	114	114	114	114	114	114	114	114	114	1,368
NON PAY (positive values)	£'000													
Primary Care drugs														0
Secondary Care Drugs														0
Primary Care Costs														0
CHC/FNC														0
Clinical Service & Supplies														0
General Supplies & Services	3,073	624	624	624	624	624	624	624	624	624	624	624	631	7,495
Establishment Expenses														0
Premises & Fixed Plant														0
Purchase Of Health Care Services From Other non NHS bodies														0
External Contract Staffing & Consultancy														0
Local Authority (Joint Financing and Other)														0
Services From Other Nhs Bodies														0
Other Non Pay Expenditure outside the above categories:														0
														0
														0
SUB TOTAL NON PAY EXPENDITURE	3,073	624	624	624	624	624	624	624	624	624	624	624	631	7,495
TOTAL TTP EXPENDITURE	3,434	738	738	738	738	738	738	738	738	738	738	738	745	8,863
COVID-19 VACCINATION PROGRAMME														
PAY (positive values)	£'000													
Administrative, Clerical & Board Members	155	62	82	102	123	143	161	161	161	161	161	161	161	1,639
Medical & Dental														0
Nursing & Midwifery Registered														0
Prof Scientific & Technical														0
Additional Clinical Services														0
Allied Health Professionals														0
Healthcare Scientists														0
Estates & Ancillary														0
SUB TOTAL PAY EXPENDITURE	155	62	82	102	123	143	161	161	161	161	161	161	161	1,639
NON PAY (positive values)	£'000													
Primary Care drugs														0
Secondary Care Drugs														0
Primary Care Costs														0
CHC/FNC														0
Clinical Service & Supplies														0
General Supplies & Services	1,116	308	308	308	308	308	308	308	308	308	308	308	312	3,700
Establishment Expenses														0
Premises & Fixed Plant														0
Purchase Of Health Care Services From Other non NHS bodies														0
External Contract Staffing & Consultancy														0
Local Authority (Joint Financing and Other)														0
Services From Other Nhs Bodies														0
Other Non Pay Expenditure outside the above categories:														0
														0
														0

SUB TOTAL NON PAY EXPENDITURE	1,116	308	308	308	308	308	308	308	308	308	308	308	312	3,700
TOTAL MASS VACCINATIONS EXPENDITURE	1,271	370	390	410	431	451	469	469	469	469	469	469	473	5,339
SURGE CAPACITY/FIELD HOSPITALS														
PAY (positive values)	£'000													
Administrative, Clerical & Board Members														0
Medical & Dental														0
Nursing & Midwifery Registered														0
Prof Scientific & Technical														0
Additional Clinical Services														0
Allied Health Professionals														0
Healthcare Scientists														0
Estates & Ancillary														0
SUB TOTAL PAY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NON PAY (positive values)	£'000													
Primary Care drugs														0
Secondary Care Drugs														0
Primary Care Costs														0
CHC/FNC														0
Clinical Service & Supplies														0
General Supplies & Services														0
Establishment Expenses														0
Premises & Fixed Plant														0
Purchase Of Health Care Services From Other non NHS bodies														0
External Contract Staffing & Consultancy														0
Local Authority (Joint Financing and Other)														0
Services From Other Nhs Bodies														0
Other Non Pay Expenditure outside the above categories:														0
														0
														0
SUB TOTAL NON PAY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SURGE CAPACITY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CLEANING STANDARDS														
PAY (positive values)	£'000													
Administrative, Clerical & Board Members														0
Medical & Dental														0
Nursing & Midwifery Registered														0
Prof Scientific & Technical														0
Additional Clinical Services														0
Allied Health Professionals														0
Healthcare Scientists														0
Estates & Ancillary														0
SUB TOTAL PAY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NON PAY (positive values)	£'000													
Primary Care drugs														0
Secondary Care Drugs														0
Primary Care Costs														0
CHC/FNC														0
Clinical Service & Supplies														0
General Supplies & Services														0
Establishment Expenses														0
Premises & Fixed Plant														0
Purchase Of Health Care Services From Other non NHS bodies														0
External Contract Staffing & Consultancy														0
Local Authority (Joint Financing and Other)														0
Services From Other Nhs Bodies														0
Other Non Pay Expenditure outside the above categories:														0
														0
														0
SUB TOTAL NON PAY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL CLEANING STANDARDS EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER COVID RELATED SPEND														
PAY (positive values)	£'000													

Administrative, Clerical & Board Members	196															0
Medical & Dental																0
Nursing & Midwifery Registered																0
Prof Scientific & Technical																0
Additional Clinical Services																0
Allied Health Professionals																0
Healthcare Scientists																0
Estates & Ancillary																0
SUB TOTAL PAY EXPENDITURE	196	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NON PAY (positive values)	£'000															
Primary Care drugs																0
Secondary Care Drugs																0
Primary Care Costs																0
CHC/FNC																0
Clinical Service & Supplies																0
General Supplies & Services	465															0
Establishment Expenses																0
Premises & Fixed Plant																0
Purchase Of Health Care Services From Other non NHS bodies																0
External Contract Staffing & Consultancy																0
Local Authority (Joint Financing and Other)																0
Services From Other Nhs Bodies																0
PPE																0
Other Non Pay Expenditure outside the above categories:																
Office 365	3,124															0
																0
																0
SUB TOTAL NON PAY EXPENDITURE	3,589	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OTHER COVID-19 RELATED EXPENDITURE	3,785	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL COVID-19 RELATED PAY SPEND	712	176	196	216	237	257	275	275	275	275	275	275	275	275	275	3,007
TOTAL COVID-19 RELATED NON PAY SPEND	7,778	932	932	932	932	932	932	932	932	932	932	932	932	932	943	11,195
TOTAL COVID-19 ADDITIONAL SPEND	8,490	1,108	1,128	1,148	1,169	1,189	1,207	1,207	1,207	1,207	1,207	1,207	1,207	1,218	1,218	14,202
NON DELIVERY OF PLANNED SAVINGS DUE TO COVID-19																
Non Delivery of Planned Savings (Due to COVID-19) (positive values)	£'000															
Non Delivery of Finalised Savings	648															0
Non Delivery of Savings Not Finalised																0
TOTAL NON DELIVERY OF SAVINGS DUE TO COVID-19	648	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PLANNED OPERATIONAL EXPENDITURE REDUCTIONS DUE TO COVID-19																
Expenditure Reductions (due to COVID-19) (negative values)	£'000 Negative Values															
Reduction of non pay costs due to reduced elective activity																0
Reduction of outsourcing costs due to reduced planned activity																0
Reduction of travel and expenses	(443)															0
Other (please specify):																0
																0
																0
																0
TOTAL EXPENDITURE REDUCTION	(443)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SLIPPAGE ON PLANNED INVESTMENTS/REPURPOSING OF DEVELOPMENT INITIATIVES DUE TO COVID-19																
Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to COVID-19) Please List Below (negative values) :	£'000 Negative Values															
																0
																0
																0
																0
																0
																0
																0
																0
TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL COVID-19 ADDITIONAL SPEND	8,490	1,108	1,128	1,148	1,169	1,189	1,207	1,207	1,207	1,207	1,207	1,207	1,207	1,218	1,218	14,202
TOTAL NON DELIVERY OF SAVINGS DUE TO COVID-19	648	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL EXPENDITURE REDUCTION	(443)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

TOTAL COVID-19 FINANCIAL POSITION	8,695	1,108	1,128	1,148	1,169	1,189	1,207	1,207	1,207	1,207	1,207	1,207	1,218	14,202
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DHCW

Please fill in the lightly yellow shaded cells. Please detail the organisations financial risk and opportunities for 2021/22.

OVERVIEW OF RISK AND OPPORTUNITIES

RISKS		OPPORTUNITIES	
Risks (negative values): ENTER BELOW		Opportunities (positive values): ENTER BELOW	
Delayed Implementation of Hospital Pharmacy System	(55)	Staff Efficiencies (Generated vacancies not supporting offsetting Agency spend)	1,500
Delayed Implementation of Welsh Emergency Department System	(48)		
WBS WTAIL System Implementation Funding Confirmation	(126)		
Cyfrwr Annual leave capacity management/ mitigation (Additional Agency Staff)	(350)		
COVID 19: Test, Trace & Protect Informatics Requirement Changes	(1,166)		
COVID 19: WIS vaccination scheduling system & informatics requirement Changes (inc Cloud Transition)	(1,609)		
TOTAL RISKS	(3,354)	TOTAL OPPORTUNITIES	1,500

DHCW

Please fill in the lightly yellow shaded cells

	Contracted Income	Non Contracted Income	Total Income	Contracted Expenditure	Non Contracted Expenditure	Total Expenditure
LHBs / Trusts	£'000	£'000	£'000	£'000	£'000	£'000
Swansea Bay	2,912		2,912			0
Aneurin Bevan	3,198		3,198			0
Betsi Cadwaladr	4,262		4,262			0
Cardiff & Vale	3,025		3,025	139		139
Cwm Taf Morgannwg	2,914		2,914			0
Hywel Dda	2,460		2,460			0
Powys	833		833			0
Public Health Wales	1,580		1,580			0
Velindre	2,360		2,360	449		449
Welsh Ambulance	493		493			0
WHSSC	128		128			0
EASC			0			0
HEIW	3,495		3,495			0
NHS Wales Executive			0			0
Total	27,660	0	27,660	588	0	588

DHCW		
Please fill in the lightly yellow shaded cells		
PROPERTY & ASSET INVESTMENT		2021-22
METRIC		£m
EXPENDITURE (Negative Values)		£m
Gross Capital Expenditure		(16)
less: Receipts		
Disposals (ENTER BELOW):		
NET CAPITAL EXPENDITURE		(16)
FUNDING (Positive Values)		£m
Welsh Government Funding		
Discretionary (Group 1 - CRL / CEL)		3
Approved Schemes (Group 2 - CRL / CEL)		2
WG Funding Required (approved) (Negative Values)		
Funding for identified schemes not approved by Welsh Government (ENTER BELOW)		
Digital Prescribing		(0)
COVID-19 Test, Trace & Protect (Development)		(1)
Critical Care Information System (WICIS)		(2)
Community Care Information System (WCCIS)		(0)
Cancer Informatics Solution		(3)
Digital Services for Patients & Public		(3)
National Data Resource		(1)
Welsh Immunisation Scheduling System		(2)
Infrastructure, Cyber Security & Cloud Transition		(2)
NET CAPITAL FUNDING		(10)
KEY PERFORMANCE INDICATORS		2018-19 as per EFPMS
		2021-22 Forecast
		£m
High Risk Backlog Maintenance		
		%
Physical Condition: % in Category B or above		
Statutory, Safety & Compliance: % in Category B or above		
Fire Safety Compliance : % in Category B or above		
Functional Suitability: % in Category B or above		
Space Utilisation: % in Category F or above		

Energy Performance: % with Energy B or better

DHCW																				
Please fill in the lightly yellow shaded cells																				
PROPERTY & ASSET INVESTMENT -										2021-22										
METRIC										£m										
CAPITAL EXPENDITURE																				
DISCRETIONARY										£m										
IT										3										
Equipment																				
Statutory Compliance																				
Estates										0										
Other																				
SUB TOTAL DISCRETIONARY										3										
DISCRETIONARY NON CASH										£m										
Discretionary Other Revenue Costs																				
Discretionary Revenue Savings																				
SUB TOTAL NON CASH										0										
APPROVED SCHEMES										NON CASH -	NON CASH -	OTHER	REVENUE	NET						
PLEASE DELETE & INSERT SCHEME BELOW										DEL	AME	REVENUE	SAVINGS	REVENUE						
										£m										
Digital Prescribing										0			0		Digital Prescribing (additional)	0			0	
Cancer Informatics Solution										0			0		COVID-19 Test, Trace & Protect (Development)	0			0	
SCHEME TITLE 3															Critical Care Information System (WICIS)	0			0	
SCHEME TITLE 4															Community Care Information System (WCCIS)	0			5	
SCHEME TITLE 5															Cancer Informatics Solution (Additional)	0			0	
SCHEME TITLE 6															Digital Services for Patients & Public	0			3	
SCHEME TITLE 7															National Data Resource	0			6	
SCHEME TITLE 8															Infrastructure, Cyber Security & Cloud Transition	0			4	
SCHEME TITLE 9															PRIORITY SCHEME TITLE 9					
SCHEME TITLE 10															PRIORITY SCHEME TITLE 10					
SCHEME TITLE 11															PRIORITY SCHEME TITLE 11					
SCHEME TITLE 12															PRIORITY SCHEME TITLE 12					
SCHEME TITLE 13															PRIORITY SCHEME TITLE 13					
SCHEME TITLE 14															PRIORITY SCHEME TITLE 14					
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SCHEME TITLE 38															PRIORITY SCHEME TITLE 38					
SCHEME TITLE 39															PRIORITY SCHEME TITLE 39					

SCHEME TITLE 40						PRIORITY SCHEME TITLE 40					
SUB TOTAL APPROVED SCHEMES	0	0	0	0	0	SUB TOTAL UNAPPROVED SCHEMES	1	0	18	0	0

DIGITAL HEALTH AND CARE WALES

RISK MANAGEMENT REPORT AND RISK APPETITE STATEMENT FRAMEWORK UPDATE

Agenda Item	6.3
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Name of Meeting	SHA Board
Date of Meeting	25 November 2021

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

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

Purpose of the Report	For Approval
Recommendation	
<p>The Board is being asked to:</p> <p>NOTE the status of the Corporate Risk Register.</p> <p>APPROVE the risk appetite statement.</p>	

Acronyms			
DHCW	Digital Health and Care Wales	ISD	Information Services Directorate
BAF	Board Assurance Framework	GRPS	Global Risks Perception Survey

1 SITUATION/BACKGROUND

- 1.1 The DHCW Risk Management and Board Assurance Framework (BAF) Strategy was endorsed by the Audit and Assurance Committee, and approved formally at the SHA Board on the 27th May. This outlined the approach the organisation will take to managing risk and Board assurance.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Board members are asked to consider, in the context of delivering the DHCW strategic objectives ‘what could impact on the Organisation being successful in the short term (1 – 12 months) and in the longer term (12 – 36 months)’.
- 2.2 The wider considerations regarding organisational factors have been previously stated but remain relevant. They include, sector, stakeholder, and system factors, as well as National and International environmental factors.
- 2.3 In considering environmental factors members should note the UPDATED the World Economic Forum Long Term Global Risks Landscape (2021). The HM Government National Risk Register is still the 2020 edition, more information can be found at item 6.2i Appendix A.
- 2.4 The below are extracts/summaries from the World Economic Forum Term Global Risks Landscape (2021) for international context and consideration by the Board:

Underlying disparities

The damage from COVID-19 has been worsened by long-standing gender, race, age and income inequalities. Disadvantaged groups went into the crisis with lower resilience as a result of disparities in well-being; financial stability and security; and access to healthcare, education and technology. Previous editions of the Global Risks Report have highlighted that income inequality, despite declining on a global scale, had reached historical highs in many countries

Societal fragmentation

As public health gaps, digital inequality, educational disparities and unemployment—risks that result from a complex combination of existing inequalities and the impact of the pandemic— affect vulnerable groups the most, they may further fray social cohesion. Unsurprisingly, “social cohesion erosion” and “livelihood crises” are among the highest-likelihood and highest-impact long-term risks in the Global Risks Perception Survey (GRPS).

Narrowing pathways

Across developed and developing economies alike, the number of people without access to quality and affordable healthcare, education or digital tools is at risk of increasing. Billions of people face narrowing pathways to future well-being..... The growing gap between the technological “haves” and “have-nots”—amid pressures on public and private finances that could limit critical investments in digital education—will impede individual economic mobility.

- 2.5 In terms of DHCW’s Corporate Risk Register, there are currently 19 risks on the Corporate Risk Register detailed at item 6.2ii Appendix B. There are 5 critical and 14 significant risks. 4 risks are marked as private due to their sensitive nature, these will be received in the private session of the Board for review and discussion.
- 2.6 Board members are asked to note the following changes to the Corporate Risk Register (new risks, risks removed and changes in risk scores) for the period ending 31st October:

One significant risk was **escalated** and **accepted** to the corporate risk register:

DHCW 0272 Public Sector Pay Policy (PSPP) IF - the NHSWSSP invoice scanning process does not meet established processing Key Performance Indicators, THEN Invoice payment could be significantly delayed, RESULTING IN - invoices remaining unpaid within 30 days and DHCW noncompliance with The National Health Service (NHS) Wales Act 2006.

One significant risk was **reduced** on the risk register:

DHCW 0260 Shielded Patient List has been reduced from 12 to 8 following reduction in the utilisation of the list as a resource.

There were no other major changes to the Corporate Risk Register in October.

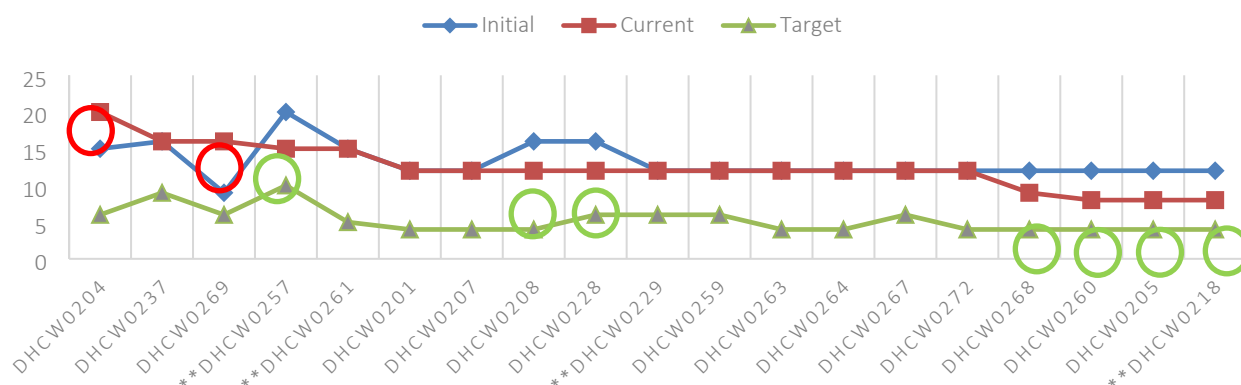
- 2.7 The Board are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile. The key indicates movement since the last risk report.

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)			**DHCW0257 ↔ **DHCW0261 ↔	DHCW0204: Canisc System ↔	
	MAJOR (4)		DHCW0205: DMZ/Internet Failures at Data Centre ↔ **DHCW0218 ↔	DHCW0207: Document Management Strategy ↔ DHCW0259: Staff Vacancies ↔ DHCW0208: Welsh Language Compliance ↔ DHCW0272: Public Sector Pay Policy ★ DHCW0263: DHCW Functions ↔ DHCW0264: Data Promise ↔ DHCW0228: Fault Domains ↔ DHCW0201: Infrastructure Investment ↔	DHCW0269: Switching Service ↔ DHCW0237: Covid-19 Resource Impact ↔	
	MODERATE (3)			DHCW0268: Data Centre Transition ↔	DHCW0267: Host Failures ↔ **DHCW0229 ↔	
	MINOR (2)				DHCW0260: Shielded Patient List ↓	
	NEGLECTIBLE (1)					

★ New Risk ↔ Non-Mover ↓ Reduced ↑ Increased **Private Risks

- 2.8 The risks on the Corporate Risk Register assigned to the Audit and Assurance Committee were reviewed and discussed on 5th October, and the risks assigned to the Digital Governance and Safety Committee were reviewed and discussed on the 15th November, including deep dive reviews into the Information Services and Information Governance risks.
- 2.9 The Board are also asked to consider the DHCW position of initial risk score versus current versus target and risks that may be identified for further investigation and action. Those highlighted with a red circle represent those risks with a score increased from their initial scoring, those in green have reduced their current score below initial scoring, the remainder are the same as their initial score.

INITIAL VS CURRENT VS TARGET SCORE



3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The Board is asked to note the changes in the risk profile during the reporting period as a result of the escalation of one significant risk and the reduction in score of a significant risk.
- 3.2 The Risk and Regulation Officer post has been appointed to, this person will be responsible for embedding the Risk Management and Board Assurance Framework Strategy across the organisation.
- 3.3 The Risk Management and Board Assurance Framework plan is included at item 6.3iii Appendix C which details the progress to date for the Risk Management and Board Assurance Framework Strategy implementation. The risk appetite is on target to be presented to the November Board for approval.
- 3.4 Recent activity at the November Board Development Session has resulted in the development of the risk appetite, tolerances and articulated statements as attached at item 6.2iv and the vision/commitment as outlined in item 6.2v. It is presented to the Board for approval. Should it be approved the Risk Management and Board Assurance Framework Strategy will be updated and published in readiness for sharing both internally and with our wider stakeholders. The risk appetite, tolerances and articulated statements will be subject to regular review, particularly as the organisation grows, matures, and develops.

4 RECOMMENDATION

The Board is being asked to:

NOTE the status of the Corporate Risk Register.

APPROVE the risk appetite.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
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CORPORATE RISK (ref if appropriate)	All are relevant to the report
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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	ISO 9001
If more than one standard applies, please list below:	

ISO 14001
ISO 20000
ISO 27001
BS 10008

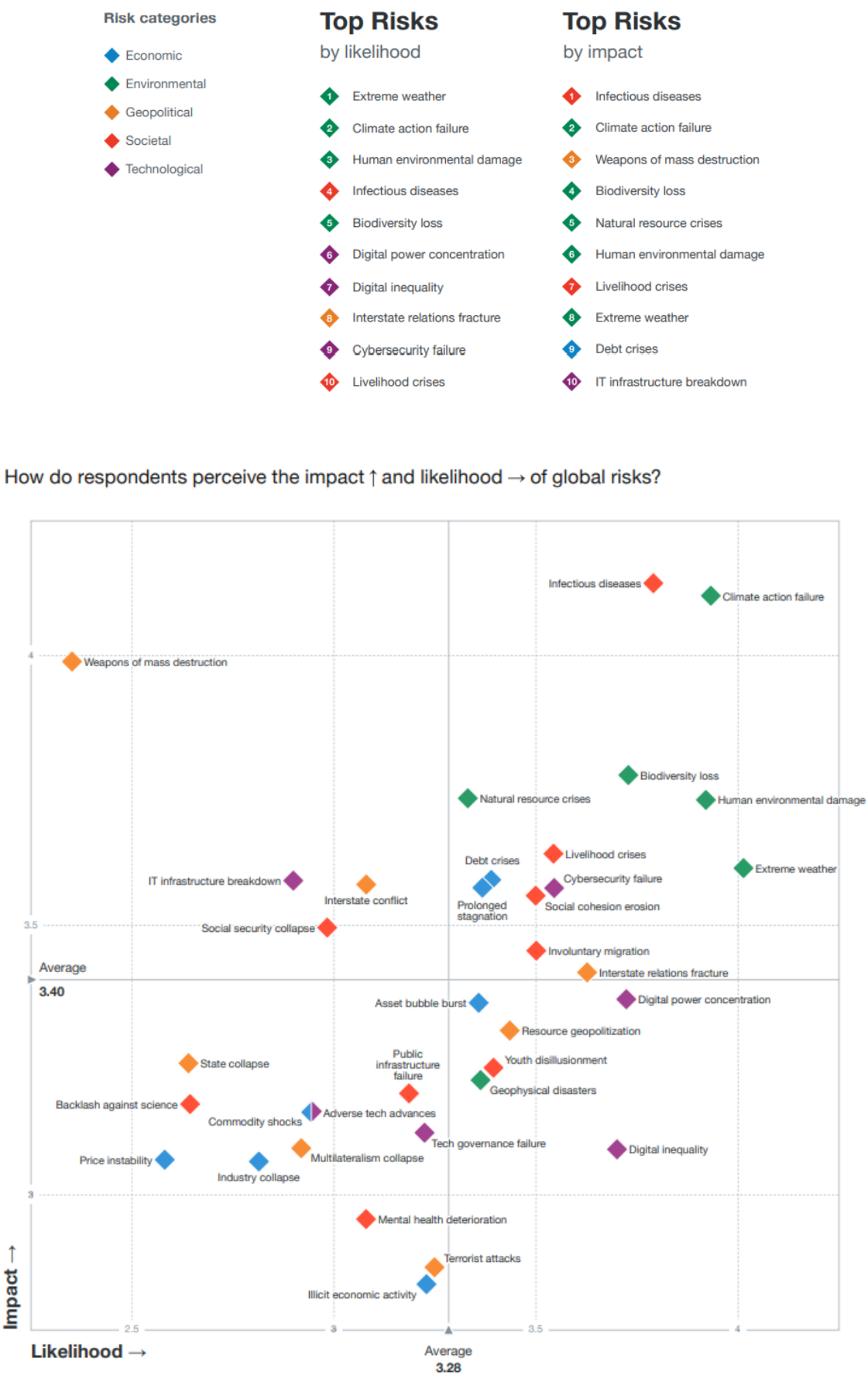
HEALTH CARE STANDARD	Governance, leadership and accountability
If more than one standard applies, please list below: Safe Care Effective Care	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Risk Management and Assurance activities, equally affect all. An EQIA is not applicable.	

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	1 st November 2021	Discussed and Verified
Management Board	12 th November 2021	Discussed
Directors Meeting	29 th Sept and 20 th Oct 2021	Discussed
Board Development	2 nd September 2021	Discussed
Board Development	4 th November 2021	Supported (Risk Appetite)

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Additional scrutiny and clear guidance as to how the organisation manages risk has a positive impact on quality and safety.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be legal implications
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be financial implications
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report. The members of the Board will be clear on the expectations of managing risks assigned to them.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Appendix A: [World Economic Forum Long Term Global Risks Landscape \(2021\)](#)



The HM Government National Risk Register (2020 edition) – 2021 not yet published

Impact (of the reasonable worst case scenario using the impact indicators below)	Level E			7 25†		Malicious Attacks 1. Attacks on publicly accessible locations 2. Attacks on infrastructure 3. Attacks on transport 4. Cyber attacks 5. Smaller scale CBRN attacks 6. Medium scale CBRN attacks 7. Larger scale CBRN attacks 8. Undermining the democratic process* Serious and Organised Crime 9. Serious and organised crime – vulnerabilities* 10. Serious and organised crime – prosperity* 11. Serious and organised crime – commodities* Environmental Hazards 12. Coastal flooding 13. River flooding 14. Surface water flooding 15. Storms 16. Low temperatures 17. Heatwaves 18. Droughts 19. Severe space weather 20. Volcanic eruptions 21. Poor air quality 22. Earthquakes 23. Environmental disasters overseas 24. Wildfires Human and Animal Health 25. Pandemics† 26. High consequence infectious disease outbreaks† 27. Antimicrobial resistance* 28. Animal diseases Major Accidents 29. Widespread electricity failures 30. Major transport accidents 31. System failures 32. Commercial failures* 33. Systematic financial crisis* 34. Industrial accidents – nuclear* 35. Industrial accidents - non nuclear* 36. Major fires* Societal Risks 37. Industrial action 38. Widespread public disorder
	Level D	34*		12 13 29		
	Level C		18 28 33* 36*	14 19 21 26† 27* 38	2 3 6* 15 16 17 20	
	Level B	30	24	35*	4 5 9* 10* 11* 23 32* 37	
	Level A			8* 22	31	
		< 1 in 500	1 to 5 in 500	5 to 25 in 500	25 to 125 in 500	
Likelihood (of the reasonable worst case scenario of the risk occurring)						

*Risk not plotted in the 2017 NRR | †COVID-19 is not included in the risk matrix and is th

6.3ii Appendix B DHCW Corporate Risk Register

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)	5	10	15	20	25
	MAJOR (4)	4	8	12	16	20
	MODERATE (3)	3	6	9	12	15
	MINOR (2)	2	4	6	8	10
	NEGLIGIBLE (1)	1	2	3	4	5

Key – Risk Type:

Critical

Significant

Moderate

Low

Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment
DHCW0204	Security	Canisc System IF there is a problem with the unsupported software used within the Canisc system THEN the application will fail RESULTING IN disruption to operational service requiring workarounds.	08/02/2018	1/11/2021	15	5	3	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: Collaborative working with Programme Partners to deliver further development including the palliative care and Screening (colposcopy) work planned for Q4 21/22. Cancer Informatic Programme progressing. Velindre targeting end of FY to migrate to WPAS and WCP. ACTIONS TO DATE: The Canisc replacement MVP is in development in readiness for testing in September for Cancer services.	20	5	4	6	3	2	Medical Director	Non-Mover	Digital Governance and Safety

6.3ii Appendix B DHCW Corporate Risk Register

Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment
DHCW0269	Business & Organisational	Switching Service IF the current switching service fails THEN no data new will be acquired into the ISD Data Warehouse RESULTING IN the inability to provide updates to multiple reporting systems.	07/12/2020	1/11/2021	9	3	3	FORWARD ACTION: Continue to monitor - NDR confirmed that a plan to replace switching service functionality will be considered as part of the data strategy work. In the meantime a paper is being drafted within ISD to propose some immediate solutions in order to consider reducing the risk score. ACTION TO DATE: 13/10/2021 - ISBMG: Whilst the data centre moves have taken place the fragility of the switching service remains due to the rigid nature of it and the inability to add to or amend it easily. Keep the score as is at this time. 02/08/2021 - TAH: ISD working with NDR to ensure appropriate priority given to this work. 01/06/2021 RMG: Escalated to Corporate Risk Register 27/04/2021 TAH: Further engagement with NDR Team to consider acceleration of the switching service replacement as part of the wider requirement for the acquisition of data into NDR. Continue to review options and escalate to Corporate register	16	4	4	6	3	2	Deputy Director of Information	Non-Mover	Digital Governance and Safety

6.3ii Appendix B DHCW Corporate Risk Register

Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment
DHCW0237	Project	<p>Covid-19 and Recovery Resource Impact</p> <p>IF new requirements for digital solutions to deal with Covid 19 and recovery of services continue to come in, THEN staff may need to be moved away from other deliverables in the plan RESULTING in non delivery of our objectives and ultimately a delay in benefits being realised by the service.</p>	30/03/2020	1/11/2021	16	4	4	<p>AIM: REDUCE Impact and REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue to monitor new requirements for TTP and recovery from Covid. Use formal change control methods to ensure impact is mapped and impacted work is re-baselined.</p> <p>ACTIONS TO DATE: Lessons Learnt for Q1 was presented to Management Board for review and comment. Action plan being led by the PPMG. Improved formality with external boards around change control of dates, eg due to extra requirements. Significant increase in numbers of Requests for Change (RFCs) coming to Oct 2021 PPMG.</p>	16	4	4	9	3	3	Chief Operating Officer	Non-Mover	Digital Governance and Safety
DHCW0208	Business & Organisational	<p>Welsh Language Compliance</p> <p>IF DHCW are unable to comply with Welsh Language Standards outlined in the Welsh Language Scheme under development THEN they would not be compliant with national legislation applicable to other public bodies RESULTING in the potential for reputational damage</p>	21/05/2018	04/11/2021	16	4	4	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Complete action plan for delivery of Welsh Language Scheme</p> <p>ACTIONS TO DATE: Welsh Language Services Manager has been appointed and will start approx end of Jan. Welsh Language Commissioners office have provided comments on the draft scheme, DHCW are now preparing a second draft for submission by mid-November, with the aim of going out for consultation by the</p>	12	4	3	4	4	1	Board Secretary	Non-Mover	Audit and Assurance

6.3ii Appendix B DHCW Corporate Risk Register

Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment
								beginning of December. All Wales Welsh Language Preference System first release is ready, system to be shared with the Welsh Language Group in November for feedback.									
DHCW0207	Business & Organisational	<p>Document Management Strategy</p> <p>IF DHCW do not update their Document Management Strategy in light of the adoption and roll-out of Microsoft 0365 THEN their processes may not be the most effective they can be RESULTING in sub-optimal use of resources.</p>	05/06/2018	01/11/2021	12	4	3	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Final workshops to review the draft policy in preparation for review by Directors will be completed by the end of September. The next step will be to define the operational parameters for each technology in conjunction with the new policy for sharing with the wider organisation for sense checking.</p> <p>ACTIONS TO DATE: A number of workshops have been undertaken to date with Trustmarque to create a draft document management policy in conjunction with department leads across the organisation</p>	12	4	3	4	4	1	Director of Finance & Business Assurance	Non-Mover	Audit and Assurance

6.3ii Appendix B DHCW Corporate Risk Register

Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment
DHCW0259	Business & Organisational	<p>Staff Vacancies</p> <p>IF DHCW are unable to recruit to vacancies due to skills shortages and unavailability of suitable staff THEN this will impact on service deliverables and timescales RESULTING in delays to system support and new functionality for NHS Wales users.</p>	11/12/2020	1/11/2021	12	3	4	<p>AIM: REDUCE Impact</p> <p>FORWARD ACTIONS: Continue to monitor the situation via the recruitment task force and support managers with the additional resources to increase the speed of the recruitment process.</p> <p>ACTIONS TO DATE: A recruitment task force was established including all areas of the organisation to focus on recruitment with support from a co-ordinated communications approach. Additionally, agency support was procured to aid with the volume of recruitment required and support managers with vacancies to ensure speed of appointment.</p>	12	4	3	6	2	3	Chief Operating Officer	Non-Mover	Audit and Assurance Local Partnership Forum

6.3ii Appendix B DHCW Corporate Risk Register

Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment
DHCW0263	Information Governance	<p>DHCW Functions</p> <p>IF directions from Welsh Government do not provide a sound legal basis for the collection, processing and dissemination of Welsh resident data</p> <p>THEN (i) partners, such as NHS Digital, may stop sharing data, (ii) DHCW may be acting unlawfully if it continues to process data</p> <p>RESULTING IN (i) DHCW being unable to fulfil its intended functions regarding the processing of data, or, in the case of continued processing, (ii) legal challenge, or (iii) the need to submit a further application to the Confidentiality Advisory Group (which may not be successful) to assess the public interest in processing confidential data without a legal basis or consent.</p>	26/01/2021	1/11/2021	12	4	3	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the parameters of the functions.</p> <p>ACTIONS TO DATE: Actions set against Welsh Government to define a set of Directions that will enable DHCW to move forwards on BAU and to provide cover for important functions such as NDR</p>	12	4	3	4	4	1	Medical Director	Non-Mover	Digital Governance and Safety

6.3ii Appendix B DHCW Corporate Risk Register

Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment
DHCW0264	Information Governance	<p>Data Promise</p> <p>IF the national conversation regarding the use of patient data (Data Promise) is delayed</p> <p>THEN stakeholders and patients will not be assured that the proposed uses of Welsh resident data include sufficient controls to ensure data is treated responsibly, handled securely and used ethically. RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding ‘data and collaboration’ (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government’s Digital Strategy.</p>	26/01/2021	1/11/2021	12	4	3	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the Data Promise.</p> <p>ACTIONS TO DATE: The specific responsibilities for implementation of the Data Promise have been given to the Head of Digital Strategy/Technology, Digital & Transformation, WG</p>	12	4	3	4	4	1	Medical Director	Non-Mover	Digital Governance and Safety

6.3ii Appendix B DHCW Corporate Risk Register

Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment
DHCW0228	Service Interruption	Fault Domains IF fault domains are not adopted across the infrastructure estate THEN a single infrastructure failure could occur RESULTING IN multiple service failures.	05/06/2019	1/11/2021	16	4	4	<p>AIM: REDUCE Likelihood and REDUCE Impact</p> <p>FORWARD ACTIONS: A Cloud Strategy Business Case is being drafted by December 21 which will means fault domains will be provided by the host for those services. Additional new equipment deployment will continue to increase the number of fault domains planned for the remainder of the year</p> <p>ACTIONS TO DATE: Fault domains installed in all new equipment installations. Additional new equipment installed to increase availability of hosted services. Fault domains were incorporated into new areas of infrastructure as part of the Data Centre Exit Project where cloud provisions is being utilised to provide some of the fault domains required.</p>	12	4	3	6	3	2	Director of ICT	Non-Mover	Digital Governance and Safety
DHCW0267	Service Interruption	Host Failures IF a host fails on one of the virtual server environments THEN some guests may fail to migrate seamlessly to other hosts RESULTING IN some servers failing to recover automatically and therefore service interruption to the end users.	23/03/2021	1/11/2021	12	3	4	<p>AIM: REDUCE Impact and REDUCE Likelihood</p> <p>FORWARD ACTIONS: Install new hardware and review system performance</p> <p>ACTIONS TO DATE: The periodic crashing issue continues. Previous recommendations from the manufacturer have not fixed the problem. Latest recommendation is to install some new</p>	12	3	4	6	3	2	Director of ICT	Non-Mover	Digital Governance and Safety

6.3ii Appendix B DHCW Corporate Risk Register

Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment
								hardware in the servers. This is on order and will be installed in a controlled way when they are delivered.									
DHCW0201	Service Interruption	Infrastructure Investment IF recurrent funding is not available to support the replacement of obsolete infrastructure THEN the risk of failure and under performance will increase RESULTING in service disruption.	10/08/2017	1/11/2021	12	4	3	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: A revised infrastructure Business Case and Funding Requirement needs to be developed and submitted to secure additional funding for the longer term. ACTIONS TO DATE: A number of different funding streams have been identified to date to support the requirements for upgrading legacy infrastructure for 21/22. These include the Digital Priorities Investment fund with high priority risks being addressed first.	12	4	3	4	4	1	Director of ICT	Non-Mover	Digital Governance and Safety

6.3ii Appendix B DHCW Corporate Risk Register

Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment
DHCW0272	Finance	<p>Public Sector Pay Policy</p> <p>IF - the NHSWSSP invoice scanning process does not meet established processing KPI's, THEN Invoice payment could be significantly delayed, RESULTING IN - invoices remaining unpaid within 30 days and DHCW non compliance with The National Health Service (NHS) Wales Act 2006.</p>	13/10/2021	1/11/2021	12	4	3	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue to monitor situation and work with NHS Wales Shared Services Partnership on any required mitigating action.</p> <p>ACTIONS TO DATE: HS 131021: This is an all Wales issue that has been raised with NHS Wales Shared Services Partnership.</p>	12	4	3	4	4	1	Director of Finance & Business Assurance	NEW	Audit and Assurance
DHCW0268	Business & Organisational	<p>Data Centre Transition</p> <p>IF the dates for the data centre physical transition need to moved from Quarter 2 into Quarter 3, THEN there may be a resource constraint in various teams RESULTING IN a risk of failing to deliver some items in the annual plan and the risk of increased costs.</p>	06/05/2021	1/11/2021	12	3	4	<p>AIM: REDUCE Impact</p> <p>FORWARD ACTIONS: Reissue guidance on PPE by 20/08/21 Continue to have dedicated go/no-go meetings ahead of planned weekend transition activity to review and minimise risk to planned work.</p> <p>ACTIONS TO DATE: 19/08/21 Three batch transitions have been completed successfully, there are 5 of material risk to the organisation remaining to undertake. The key risks to the project remain Covid-19 infection within the technical workforce and service disruption due to unforeseen technical issues.</p>	9	3	3	4	1	4	Director of ICT	Non-Mover	Digital Governance and Safety

6.3ii Appendix B DHCW Corporate Risk Register

Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment
DHCW0260	Clinical Risk	<p>Shielded Patient List</p> <p>IF ISD are required to maintain the Shielded Patient List using current processes with significant manual intervention THEN the inherent risk of human error will persist RESULTING IN the possible incorrect identification of patients on the list.</p>	08/01/2021	1/11/2021	12	4	3	<p>FORWARD ACTION: Continue to monitor and respond as necessary, our mitigation remains that we manage the manual list.</p> <p>ACTION TO DATE: 13/10/2021 - ISBMG/RP: The SPL is not being utilised as it was and the the likelihood of something catastrophic happening in significantly reduced. Reduce risk score but leave on RR.</p> <p>22/07/2021 - TAH: Infrastructure design in place and agreed with DCS. Latest date provided by NDR team for completion is mid-late August.</p> <p>21/04/2021 - TAH: ISD and NDR team are working with a third party supplier on development of an automation process. This should remove the requirement for manual intervention and hence human error. Continue to monitor risk until work is complete.</p>	8	4	2	4	4	1	Deputy Director of Information	Reduced	Digital Governance and Safety

6.3ii Appendix B DHCW Corporate Risk Register

Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment
DHCW0205	Service Interruption	<p>DMZ/Internet Failure at Data Centre</p> <p>IF a failure of the DMZ network or Internet Circuit in Datacentre 1 occurred THEN DHCW patient facing digital services would be unavailable for users RESULTING in service downtime and reputational damage.</p>	12/03/2018	1/11/2021	12	4	3	<p>AIM: REDUCE Impact</p> <p>FORWARD ACTIONS: Continue to identify the 'owners' of services in the DMZ in the new datacentre to raise the risk with a target date of end of December 2021 for that to be completed.</p> <p>ACTIONS TO DATE: All migrations of the planned services from Data centre 1 DMZ to Azure have now completed. Improvements have been made to resilience, so likelihood reduced to 'unlikely'.</p>	8	4	2	4	2	2	Director of ICT	Non-Mover	Digital Governance and Safety

6.3III APPENDIX C RISK MANAGEMENT & BAF MILESTONE PLAN

	TASK	TIMELINE	STATUS UPDATE
DHCW Approach to Risk Management and Board Assurance Framework	1. Develop Risk Management and Board Assurance Framework Strategy, to be considered via the Risk Management Group, Audit and Assurance Committee, Management Board, DHCW Board.	May 2021	Approved at Special Health Authority Board on 27 th May 2021.
	2. Write and ask that new risks are articulated with; IF (this happens - cause) THEN (event) RESULTING IN (impact will be – effect). Ask that high risks and those on the corporate risk register are re-worded to use: IF, THEN, RESULTING IN.	May – July 2021	This approach has been discussed at the risk management group on the 1 st June. The Corporate Risk Register will now be re-written using this approach.
	3. Arrange time on the Risk Group agenda to: <ul style="list-style-type: none"> Review the draft Risk Management and BAF Strategy Discuss/confirm proposed process to include triggers and hierarchy, how risks get into the corporate risk register and Principal risks onto the BAF (informed by the Annual Plan/IMTP) The role of Management Board in owning the corporate risk register and initial identification of principle risks. The role of the DHCW Board in overseeing the Principal risks and BAR Review risk scores on risk registers Consider how DHCW risks with potential impact on the wider health and care system are best communicated to partners 	May – July 2021	The detail of the Risk and Board Assurance Framework Strategy was discussed at the risk management group on the 1 st June. The risk narrative and scores were reviewed, and suggestions made at the risk management group on the 1 st June for the owners of the risk to review and update where necessary.
	4. Board Risk Management and Board Assurance Training Provided. Amberwing to provide the training. <i>NB: DHCW Annual Plan to include Strategic Objectives to be reviewed/discussed at the Board Development Session on 01.07.2021</i>	1 July 2021	Session took place on 1 st July 9am – 11am to include all Board member.
	5. The identification of principle risks to the organisation are considered at the Management Board (and the DHCW Risk Group) in June 2021. Facilitated by Amberwing.	22 July 2021 & 9 August	Facilitated sessions took place on 22 nd July and 9 th August, to include Management Board staff and Independent Board members. The output from the session was a draft principle risk analysis for each DHCW Strategic aim.
	6. Assurance and controls mapping exercise undertaken by Directorates based on the principle risks identified and agreed.	22 July – end of November 2021	Further work on the principle risks will be considered and taken forward over the coming months.
	7. Risk Management training to be provided to relevant DHCW staff / Directorates to cover (building on training provided to Board members): <ul style="list-style-type: none"> The basics of risk management The process for escalating risk The triggers for escalating risk How risk will be discussed and reviewed at the Management Board 	September 2021 – January 2022	Training dates being scheduled for all Directorates for once the work on the DHCW risk appetite has been commenced.
	8. The DHCW risk appetite and what this means for the organisation.		
	9. Board Development session to consider and agree the DHCW Board risk appetite. Facilitated by Amberwing.	2 September 2021 – end of November	Session on the 2 nd September as part of the Board Development day has taken place, Directors have undertaken further work on the Risk Appetite in October, this was presented at the Board Development Session on the 4 th November to the full Board for sign off ahead of the Board meeting on the 25 th November
	10. Principle risks presented to DHCW Board at the January Board meeting, and first draft Board Assurance Report/update on Board Assurance Report.	27 January	
	11. DHCW risk appetite statement to be presented to Board if ready to go to the	25 November 2021	Presented within the papers of November Board.

6.3III APPENDIX C RISK MANAGEMENT & BAF MILESTONE PLAN

	November Board.		
	12. Board Assurance Report to Board to be updated to include DHCW risk appetite statement, and statement to be added to Risk Management and BAF Strategy.	27 January 2022	
	13. DHCW objectives agreed via the IMTP process for 2022/23 – 2024/25.	March 2022	
	14. Principle risks considered and agreed against the DHCW plan for 2022/23	March – May 2022	Included in the Annual Cycle of Business for the SHA Board.

RISK APPETITE STATEMENT

- DHCW must take risks to achieve its strategic aims and deliver beneficial outcomes to stakeholders
- Risks will be taken in a considered and controlled manner
- Exposure to risks will be kept to a level of impact deemed acceptable by the Board
- The acceptable level may vary from time to time and will therefore be subject to at least annual review and revision
- Any risk outside our agreed appetite may be accepted and will be subject to a governance process to ensure visibility and management
- Some particular risks above the agreed risk appetite may be accepted because:
 - the likelihood of them occurring is deemed to be sufficiently low
 - they have the potential to enable realisation of considerable reward/benefit
 - they are considered too costly to control given other priorities
 - the cost of controlling them would be greater than the cost of the impact should they materialise
 - there is only a short period of exposure to them
 - mitigating action is required by an external party

PORTFOLIO TOLERANCES

Approach	Tolerance	Relevant Domains		
Adverse	Risks with rating 9 or above are reported to the Board	Compliance	Information – Storing and maintaining	Citizen Safety
Cautious	Risks with rating 12 or above are reported to the Board	Financial	Safety and Wellbeing	Service Delivery
		Reputational	Information – Access and Sharing	
Moderate	Risks with rating 15 or above are reported to the Board	Corporate Social Responsibility		
Open	Risks with rating 20 or above are reported to the Board	Development of Services		
Hungry	Risk with rating 25 or above are reported to the Board	None		

RISK APPETITE DOMAINS

Domain	Definition	Appetite	Articulated Statement
Financial	Impacts upon the financial position and sustainability of the organisation	CAUTIOUS	DHCW will accept little risk accepted but in certain circumstances there may be a higher tolerance level to achieve specific goals that will help deliver substantial benefits to stakeholders and/or realise significant longer-term efficiencies for DHCW or the system.
Compliance	Impacts upon the organisation’s conformance with legal obligations and statutory duties and its compliance with regulatory requirements	ADVERSE	DHCW must be averse to risks that could impact upon its compliance with law and regulation. It will ensure robust processes and systems are in place to ensure obligations are appropriately managed and risk reduced to the lowest practical level.
Patient/Citizen Safety	Impacts upon the safety and wellbeing of patients/citizens	ADVERSE	DHCW must be averse to risks that threaten the safety of service users, citizens and the public. As a consequence, it will endeavour to eliminate such risks or reduce them to the lowest practical level.
Safety and Wellbeing	Impacts upon the safety and well-being of those who work for or with DHCW	CAUTIOUS	DHCW will endeavour to ensure the safety and wellbeing of those who work for or with DHCW.
Service Delivery	Impacts upon the intended/expected/contracted delivery of the organisation’s services.	CAUTIOUS	Delivery of DHCW’s core operational services must be protected from adverse impact from risks, while recognising that pursuing certain activities may result in some minor or short-term disruption to those services.
Development of Services	Impacts upon our ability to deliver innovative solutions for emerging service requirements	OPEN	DHCW will accept risks that appear the most likely to result in successful delivery, even if they have elevated levels of residual (mitigated) risk.
Reputational	Impacts upon the organisation’s reputation amongst all or some of its stakeholders including the general public.	CAUTIOUS	Damage to the DHCW’s reputation can undermine stakeholder confidence and be costly to remedy, so only risks with a low reputational impact will be acceptable.
Information – Storing and maintaining	Impacts upon the organisation’s ability to safely store, maintain and transform data.	ADVERSE	DHCW recognise the importance of an adverse approach to the safety of data stored and managed by the organisation and will accept little to no risk impact in this area.

Information – Access and Sharing	Impacts upon the organisation’s ability to transform, access, share, and use data.	CAUTIOUS	Access and sharing of data will enable further benefit and value from data. DHCW will accept a small amount of risk to allow access and sharing of data for potential wide reaching and transformational benefits.
Corporate Social Responsibility	Impacts on the organisation’s ability to deliver an inclusive, sustainable, and socially responsible contribution to Wales including in the economic and social recovery	MODERATE	DHCW will endeavour to be a leader in terms of their Corporate Social Responsibility, this means DHCW will accept a moderate impact on their Corporate Social Responsibility should longer term benefits be realised from short term impact.

APPENDIX A – DEFINITION OF APPROACHES

Approach	Approach to achieving aims and objectives
Adverse	Preference for ultra-safe options that have a low degree of inherent (unmitigated) risk.
Cautious	Preference for safe options that have a low degree of residual (mitigated) risk.
Moderate	Preference for mostly proven options, while prepared to accept a medium level of residual (mitigated) risk.
Open	Willing to choose options that appear the most likely to result in successful delivery, even if they have elevated levels of residual (mitigated) risk.
Hungry	Willing to choose options that appear the most likely to result in successful delivery, even if they have very high levels of residual (mitigated) risk.

Item 6.3v Appendix E - Risk Appetite – What does it mean?

Risk Domain	Definition	Articulated Risk Statement	What does it mean? Our Commitment/Vision
Financial CAUTIOUS	Impacts upon the financial position and sustainability of the organisation	DHCW will accept little risk accepted but in certain circumstances there may be a higher tolerance level to achieve specific goals that will help deliver substantial benefits to stakeholders and/or realise significant longer-term efficiencies for DHCW or the system.	Working within the budget allocation available to DHCW, or if not, work collectively on mitigation action and escalation where necessary. Demonstrate value for money and sound financial management to release savings and drive benefits realisation
Compliance ADVERSE	Impacts upon the organisation's conformance with legal obligations and statutory duties and its compliance with regulatory requirements	DHCW must be averse to risks that could impact upon its compliance with law and regulation. It will ensure robust processes and systems are in place to ensure obligations are appropriately managed and risk reduced to the lowest practical level.	Absolute compliance with statutory requirements. Efficient management structure for processes. Forward looking horizon scanning of the wider landscape.
Patient/Citizen Safety ADVERSE	Impacts upon the safety and wellbeing of patients/citizens	DHCW must be averse to risks that threaten the safety of service users, citizens and the public. As a consequence, it will endeavour to eliminate such risks or reduce them to the lowest practical level.	Patient Safety at the heart of the organisations activities. Focus on quality. Patient centred design, citizen focused. Patient centred design, citizen focused. Citizen/Patient feedback will drive improvement and quality.
Safety & Wellbeing CAUTIOUS	Impacts upon the safety and well-being of those who work for or with DHCW	DHCW will endeavour to ensure the safety and wellbeing of those who work for or with DHCW.	Conscientious trusted partners. Supportive employers. Living the values for the benefit of everyone. Empowering managers to make decisions and develop a culture of empowerment.
Service Delivery CAUTIOUS	Impacts upon the intended/expected/contracted delivery of the organisation's services.	Delivery of DHCW's core operational services must be protected from adverse impact from risks, while recognising that pursuing certain activities may result in some minor or short-term disruption to those services.	Resilient, safe and available live services. Trusted service delivery partner. Focus on the best interest of the users and patients.
Development of Services OPEN	Impacts upon our ability to deliver innovative solutions for emerging service requirements	DHCW will accept risks that appear the most likely to result in successful delivery, even if they have elevated levels of residual (mitigated) risk.	Building and maintaining relationships to develop innovative, sustainable, whole system solutions for emerging requirements. Proving staff with the freedom and latitude to innovate with little controls in place. Co-designing to develop innovative, sustainable whole system solutions for emerging requirements.
Reputational CAUTIOUS	Impacts upon the organisation's reputation amongst all or some of its stakeholders including the general public.	Damage to the DHCW's reputation can undermine stakeholder confidence and be costly to remedy, so only risks with a low reputational impact will be acceptable.	Commitment to open and ongoing communication and collaboration with our stakeholders and the public. DHCW will focus on building trust and confidence with stakeholders as a new organisation.
Information – Storage & Management ADVERSE	Impacts upon the organisation's ability to safely store, maintain and transform data.	DHCW recognise the importance of an adverse approach to the safety of data stored and managed by the organisation and will accept little to no risk impact in this area.	The highest levels of safety and governance for the storing and management of data. System leader for advice and support.
Information – Access & Sharing CAUTIOUS	Impacts upon the organisation's ability to transform, access, share, and use data.	Access and sharing of data will enable further benefit and value from data. DHCW will accept a small amount of risk to allow access and sharing of data for potential wide reaching and transformational benefits.	Safe wide-reaching collaborative access. Strong citizen engagement. Clear central governance and standards. Delivery of added value and better outcomes through data for the citizens of Wales.
Corporate Social Responsibility MODERATE	Impacts on the organisation's ability to deliver an inclusive, sustainable, and socially responsible contribution to Wales including in the economic, social and environmental recovery	DHCW will endeavour to be a leader in terms of their Corporate Social Responsibility, this means DHCW will accept a moderate impact on their Corporate Social Responsibility should longer term benefits be realised from short term impact.	Exploring radical solutions for the corporate social responsibilities as outlined by the Welsh Government's policy agenda and the positive impact on communities.

DIGITAL HEALTH AND CARE WALES

FINANCE REPORT FOR THE PERIOD ENDED OCTOBER 31ST 2021

Agenda Item	6.4
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Name of Meeting	SHA Board
Date of Meeting	25 November 2021

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

Executive Sponsor	Claire Osmundsen Little Executive Director of Finance & Business Assurance
Prepared By	Mark Cox, Deputy Director of Finance
Presented By	Claire Osmundsen Little Executive Director of Finance & Business Assurance

Purpose of the Report	For Noting
Recommendation	
<p>The Board is being asked to:</p> <p>DISCUSS the contents of this finance report for 31st October 2021 and NOTE the forecast year end achievement of key financial targets.</p>	

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

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

Acronyms			
DHCW	Digital Health and Care Wales	DPIF	Digital Priority Investment Fund
SLA	Service Level Agreement	PSPP	Public Sector Payment Policy
S1	Statement of Non Current Assets to transfer (e.g. buildings, Infrastructure etc)	S2	Statement of Current Assets (e.g. Debtors, Creditors etc)
MMR	Welsh Government Financial Monthly Monitoring Returns	BDC	Datacentre 1
DSPP	Digital Services for Patients & Public	ICU	Digital Intensive Care Unit
WCCIS	Welsh Community Information Solution	WPAS	Welsh Patient Administration System

1 SITUATION/BACKGROUND

1.1 Executive summary

The purpose of this report is to present DHCWs financial position to date and assess the key financial projections, risks and opportunities for the financial year. The report advises the Board of Financial Performance and issues for the period to October 31st 2021.

The report sets out the financial position as at the end of October 2021, reported against updated budgets. The delegated directorate budgets have been derived from the 2021/22 Resource Plan which was drawn from the 2021/22 Annual Financial Plan and further updated allocation adjustments from Welsh Government (DPIF & COVID-19 response) and commissioners (SLA changes). DHCW is required by statutory provision not to breach its financial duty (to secure that its expenditure does not exceed the aggregate of its resource allocations and income received). This duty applies to both capital and revenue resource allocations. In terms of key Organisational financial performance indicators they can be brigaded as follows:

The two key statutory financial duties are:

- To remain within its Revenue Resource Limit
- To remain within its Capital Resource Limit

Additional financial targets for 21/22:

- **Public Sector Payment Policy (PSPP):** The objective for the organisation All NHS Wales bodies are required to pay their non NHS creditors in accordance with HM Treasury's public sector payment compliance target. This target is to pay 95% of non-NHS creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.
- **Cash:** Whilst there is no prescribed limit for cash held at the end of the month, WG encourages this to be minimised and a rule of thumb of 5% of monthly expenditure is used however given

the significant all Wales contracts the organisation carries, a more significant threshold may be appropriate DHCW. The finance department will continue to work with Welsh Government representatives to determine the performance KPI.

1.2 General Performance

April – October position: Digital Health Care Wales is reporting achievement of all financial targets for the first seven months of the financial year with a presented revenue underspend of £0.595m and a capital underspend of £0.51m. The organisation has met the PSPP target (recording 97% of all invoices paid within the stipulated 30 day deadline) whilst of the £5.4m debt registered at October 31st none are required to be escalated for arbitration.

Savings: The current savings target is expected to be met, with no risk reported.

Forecast End of Year position: The organisation is forecasting a £0.350m year end underspend position for revenue and breakeven for capital with no identified unmitigated material 21/22 financial risks at the time of writing. The forecast is predicated upon any staff related underspends being used to procure 3rd party resource or other investment requirements. Should any gains accrue then these will be reflected within future forecast figures once identified.

Cash Management - Cash balances stood at £3.1m at the end of October. As reported within September board report presenting the intention to reduce carrying cash balances this figure is some £4.7m less than at recorded at August 31st.

SHA Transition Update - The exercise to decouple assets and liabilities from the Velindre NHS Trust balance sheet has been completed with statements presenting the value of current and non current assets and liabilities transferring from Velindre to DHCW signed by the organisation on October 1st 2021. The schedules have been forwarded to Welsh Government for formal processing and review by Audit Wales. Once the exercise has been completed the final cash transfers between organisations will be actioned.

Financial Risk - Whilst at present there are no unmitigated financial risks identified to the achievement of meeting the key targets of remaining within 21/22 revenue and capital resource limits the organisation has raised a risk to manage prompt payment performance and continue to meet its 95% target. DHCW will continue to liaise with NHSWSSP to ensure the necessary actions are enacted or escalated as required.

Opportunities - COVID-19 Related savings/efficiencies will continue to be made available to the Digital Pathway Task Group (a multi organisational COVID Digital management group with Welsh Government representation) who will assess emerging requirement, reprioritisation or repatriation to Welsh Government. An exercise at mid year has already identified the availability

of £7.2m as a consequence of efficiencies, volume requirement reductions and recruitment timing.

1.3 Developments Since Last Reports

As part of a mid year review with stakeholders DHCW reviewed future activity and spend plans. The net result presented a decrease in revenue requirement of £7.590m whilst the capital resource requirement has increased by £0.075m

The following high level financial movement in revenue and capital funding.

	Capital Movement £000's	Revenue Movement £000's
Income		
Core Organisational	0	801
COVID-19 Response	-385	-1,185
Digital Priority Investments	-310	-7,206
Total	75	-7,590

1.4 Future Developments

The organisation has a number of digital pipeline investment schemes current in varying stages of development, review and approval to be funded via the Digital Priority Investment Scheme. At present the indicative three funding requirement totals £7.8m (revenue & capital over three years). Further details on an individual scheme basis can be found in section 9.









In terms of additional core services a review is underway evaluating options to replace and refresh the existing on-premise Welsh Patient Administration Service (WPAS) infrastructure (at an indicative cost of £1.1m). WPAS is a service that supports (with 1 exception) all Health boards and one Trust in NHS Wales. It is a high dependency system operating 24/7 with approximately 16,500 unique users and so high reliability and performance is key.

1.5 High level performance against key targets

The following table presents a summary indicator of performance against key financial targets. Movement indicators articulate a positive movement (upwards arrow), negative movement (downwards arrow) or no movement (sideways arrow). As this is the first reporting period no movement has been logged.

Key	RAG
Good Performance /On Target	Green
Management intervention required	Yellow
Target materially missed or at risk – Director intervention required	Red

Table 1: Performance against KPI's

INDICATOR	CUMULATIVE PERFORMANCE	FORECAST OUTLOOK	COMMENT
Revenue Breakeven (To secure that the organisations expenditure does not exceed aggregated income)	£0.595m Underspend  Movement	£0.350m Underspend  Movement	Small period operational surplus of £595m an increase of £0.139m from the August position – it is forecast for this to increase during November before spend plans within the organisation reducing the balance to £0.350m (some 0.3% of turnover) by the end of the year.
Remain within Capital Expenditure Limit (To ensure net Capital Spend does not exceed the Capital Expenditure Limit)	Breakeven  Movement	Breakeven  Movement	£3.7m spend (£1.3m since last board) which is £0.052m under the plan for the period. The current capital funding envelope of £13.4m. Capital spend is expected to accelerate during final quarters the remainder of the financial year as material capital schemes complete their procurement exercises.
Public Sector Payment Policy (To pay a minimum of all non NHS creditors within 30 days of receipt of a valid invoice)	97%  Movement	95%  Movement	PSPP target achieved. Target – 95%, Actual 95%. Whilst DHCW will instigate actions to ensure the efficient turnaround of payment we will also liaise with NHS Wales Shared Services to improve invoice scanning turnaround performance.
Cash Balances Appropriate balances to meet creditor requirements	£3.1m  Movement	Positive Cash Balance  Movement	Cash balance has decreased from £7.8m to £3.1m. This position was presented within September board papers as the contingency acquired to support timely settlement of All Wales procurements (such as Microsoft) unwinds.

1.6 Recommendation

The board are requested to note the contents of the financial report for October 31st and the forecast year end achievement of key financial targets.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 SUMMARY OF PERFORMANCE AGAINST KEY FINANCIAL TARGETS

2.1.1 April to October Revenue Performance

DHCW is reporting a revenue surplus of £0.595m net of cost improvement targets for the period to October 31st. The underspend is still expected to increase during November and then reduce during quarter 4 as mid year spend plans are actioned to support pressures within ICT and further recruitment takes place and fixed term/3rd party appointments are used to address vacancy capacity gaps to ensure delivery of stated objectives the reported underspend is expected to decrease. Income for both COVID-19 Response and Digital Priority Investment continues to be received on an expenditure only basis meaning that any expenditure variances against plan will have balancing income variance resulting in a neutral effect on DHCW reported bottom line position.

Table 2: Summary of Revenue Performance by Area

	Period Budget £000's	Period Actual £000's	Underspend/- Overspend £000's
Income			
Core Organisational	55,429	55,952	523
COVID-19 Response	6,449	6,244	-205
Digital Priority Investments	7,476	7,474	-2
Total	69,354	69,670	316
Expenditure			
Core Organisational	55,429	55,357	72
COVID-19 Response	6,449	6,244	205
Digital Priority Investments	7,476	7,474	2
Total	69,354	69,075	279
Period Surplus/(Deficit)	0	595	595

2.1.2 Revenue Forecast

The forecast revenue position of £0.350m is dependent upon recruitment and agreed spend plans taking place as planned.

2.2 Capital

For the financial year 2021/22, the organisation receives capital via 3 main funding routes:

1. Discretionary – Available for delegation by the organisation in line with priorities and infrastructure lifecycles.
2. Digital Priority Investment Fund (DPIF) – Ring fenced investment granted by Welsh Government for specific project activity.
3. COVID-19 – Investment applied to specific COVID-19 response initiatives.

Capital funding allocations will continue to flex in line with disbursements to other NHS Wales organisations as part of DPIF project arrangements.

2.2.1 April to October Capital Performance

DHCW has recorded £3.760m capital spend against an allocated allowance of £13.423m leaving a residual balance of £9.663m to be dispensed before the end of the financial year.

Table 3: Capital Plan Performance

Scheme	Annual Forecast £000's	Period Plan £000's	Period Actual £000's	Under/- Overspend £000's	Residual Spend £000's
Discretionary					
Total Discretionary	2,969	1,863	1,863	0	1,106
Digital Priority Investment					
Digital Services for Patients & Public Programme	2,790	257	257	0	2,533
Digital ICU	2,183	316	316	0	1,867
Cancer Informatics Solution	1,818	836	836	0	982
Hospital Pharmacy System	875	146	146	0	729
National Data Resource	850	62	62	0	788
Welsh Community Care Information Solution	183	0	0	0	183
Total Digital Priority Investment	8,699	1,617	1,617	0	7,082
COVID-19					
Test, Trace & Protect	1,370	280	280	0	1,090
Vaccines	385	0	0	0	385
Total COVID-19	1,755	280	280	0	1,475
Total Capital Plan	13,423	3,760	3,760	0	9,663

2.2.2 Movement in Capital Resource Limit

The movement in the organisations capital funding envelope (capital resource limit or CRL) since the last board report is presented below. As reported within August reports, additional capital funding of £0.385m to support the Mass Immunisation vaccines scheduling COVID-19 response has now been issued by Welsh Government and incorporated within the revised financial plan whilst movement in Digital Priority investment Fund schemes reflects disbursements to other NHS organisations upon achievement of agreed milestones or activity (e.g. system implementation).

Scheme	August Allocation £000's	October Allocation £000's	Movement £000's
Discretionary			
Total Discretionary	2,969	2,969	0
Digital Priority Investment			
Digital Services for Patients & Public Programme	2,790	2,790	0
Digital ICU	2,183	2,183	0
Cancer Informatics Solution	1,818	1,818	0
National Data Resource	1,100	850	-250
Hospital Pharmacy System	935	875	-60
Welsh Community Care Information Solution	183	183	0
Total Digital Priority Investment	9,009	8,699	-310
COVID-19			
Test, Trace & Protect	1,370	1370	0
Vaccines	0	385	385
Total COVID-19	1,370	1,755	385
Total Capital Plan	13,348	13,423	75

2.2.3 Capital Forecast

The current forecast is for the organisation to remain within its resource limit. As part of the Digital Priority Investment Fund scheme review, leads have completed an exercise with Welsh Government and stakeholders to reprofile spend and agree the terms of any project change control notices – once approved the funding limit and plan will be revised. At present there remains no material supply chain or price risk identified but this will be continually monitored and reported as appropriate. An additional requirement for infrastructure supporting the Welsh Patient Administration System is currently being reviewed.

3 DETAILED PERFORMANCE

The following section presents the detailed financial performance for the organisation brigaded Directorate (encompassing recurrent activity) and non-recurrent areas such as Digital Investment Priority Fund Schemes and COVID-19 Response. Any variances against initial plan within non recurrent schemes will have a neutral effect on the organisational bottom line as cash is only drawn down to match expenditure.

3.1 Movement in Revenue Resource Limit

The material items contributing to the movement in the organisations revenue funding envelope (revenue resource limit or RRL) since the last board report is presented below. The figures exclude movement for simple recharges between organisations.

Area	Movement £000's	Note
Core		
Pay Award	801	Funding to the agreed 3% Pay Award
Total Core	801	
Digital Priority Investment		
Office 365 Completion	1,168	Newly Approved DPIF Funded Project
Maternity	142	Newly Approved DPIF Funded Project
National Data Resource	-1,387	Reprofiling as per review Change Control Note
Welsh Community Care Information Solution	-892	Reprofiling as per review Change Control Note
Cancer Informatics Solution	-15	Reprofiling as per review Change Control Note
Digitalisation of Nursing Documentation	-201	Reprofiling as per review Change Control Note
E-Prescribing	87	Reprofiling as per review Change Control Note
Total Digital Priority Investment	-1,185	
COVID-19		
COVID-19: Test, Tace & Protect	-3,331	Revised Requirement
COVID-19: Vaccines	-3,875	Revised Requirement
Total COVID-19	-7,206	
Total (Net) Movement	-7,590	

3.2 DHCW Directorate Financial Performance

DHCW is currently organised into seven directorates are currently reporting a net underspend of £0.595m against plan for the first seven months. The underspend is predominately due to recruitment slippage and is after recovery of the cost improvement target for this financial year.

The underspends recorded within Board & Governance, Executive Team, Engagement & Transformation Services and Finance & Business Assurance Directorates are predominately as a result of recruitment lag in new SHA functional roles. Application Development & Support and the Information Services Directorate continue record general operational underspends.

The Information Communications Technology Directorate is reporting an overspend of £0.853m for the first seven months as a result of requirement to support increased activity, support and the impact of cloud service provision. A mitigation plan has been actioned to manage the any overspend this financial year and provide for a recurrent sustainable position.

3.3 COVID-19 Response Financial Performance

As part of the COVID-19 response DHCW provides digital solutions to support both the Test, Trace & Protect Programme and Mass Immunisation Vaccines scheduling digital solutions.

Whilst the initial funding requirement for both was set in the context of the pandemic being at its peak and understandable organisational uncertainty regarding future policy and requirements, as the situation has evolved there is a need to review the impact of changes of circumstances upon variable costs, recruitment estimates and the overall financial requirement. The financial impact of lessons learned, improved user management processes implemented, development of additional functionality (such as vaccines booking solution) and cost avoidance/saving initiatives (such as moving TTP text messaging supplier) has also contribute to a reduced funding requirement alongside the effect of policy changes.

The revised position reflects the mid year reforecasting exercise (inclusive of submitted Health Board vaccination plans a revised funding requirement some £7.2m less than initially estimated has been approved by the Digital Pathway Task Group with provision for flexibility should the status of the pandemic martially affect volumes.

Both solutions are subject to movement in cost profiling as a result of the material makeup of volume driven variable costs (TTP 85% and Vaccines 69% of total funding envelope).

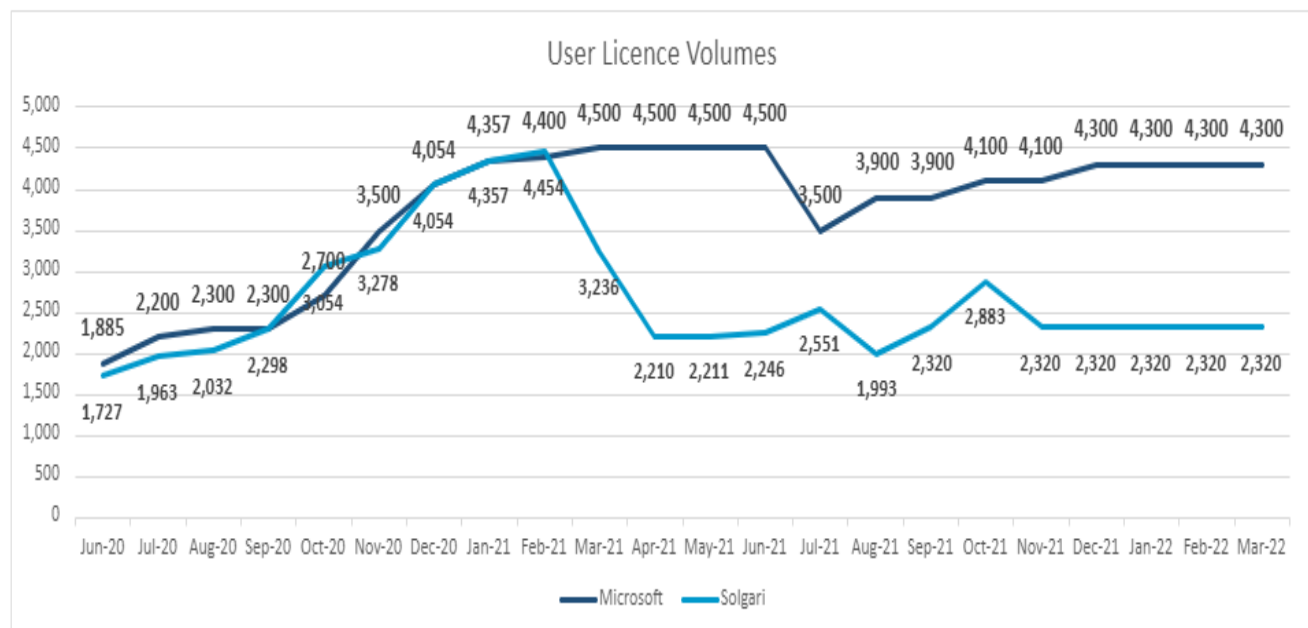
3.3.1 Test, Trace & Protect

The solution is presenting an underspend against current plan for period, however this is expected to be offset by cloud charges and profiled increases in licence requirement.

TTP	Annual Forecast £000's	Period Budget £000's	Period Actual £000's	Over/-Underspend £000's
Income	5,982	3,462	3,256	206
Pay	1,113	545	537	8
Non Pay	5,115	3,002	2,804	198
Surplus/(Deficit)	-246	-85	-85	0
In Year Operational Expenditure Cost Reduction Due To C19	246	85	85	0
Net Revenue Forecast	0	0	0	0
Capital	1,245	280	280	0

The revised spend profile is materially affected by actual levels of calls/texts alongside the management of user licencing requirements.

Figure 1:TTP 15 Month User Licence Requirement



The current Solagri licence requirement continues to trend slightly upwards (see figure 1) whilst supporting Microsoft CRM licencing requirement has increased by 600 licences from July but still remains 1400 less than forecast in January 2021.

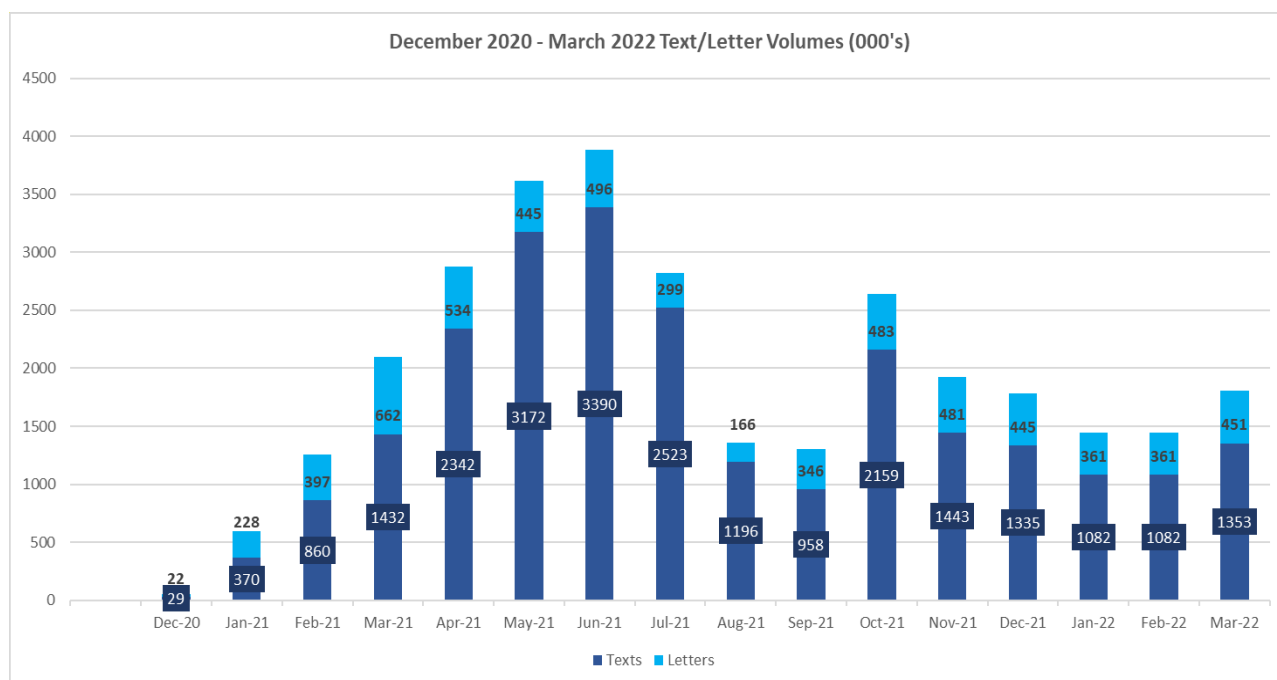
3.3.2 Vaccines

The solution is currently reporting an effective breakeven position against revised plan.

Vaccines	Annual Forecast £000's	Period Budget £000's	Period Actual £000's	Over/-Underspend £000's
Income	5,700	2,987	2,988	-1
Pay	1,544	603	602	1
Non Pay	4,356	2,428	2,430	-2
Surplus/(Deficit)	-200	-44	-44	0
In Year Operational Expenditure Cost Reduction Due To C19	200	44	44	0
Net Revenue Forecast	0	0	0	0
Capital	510	0	0	0

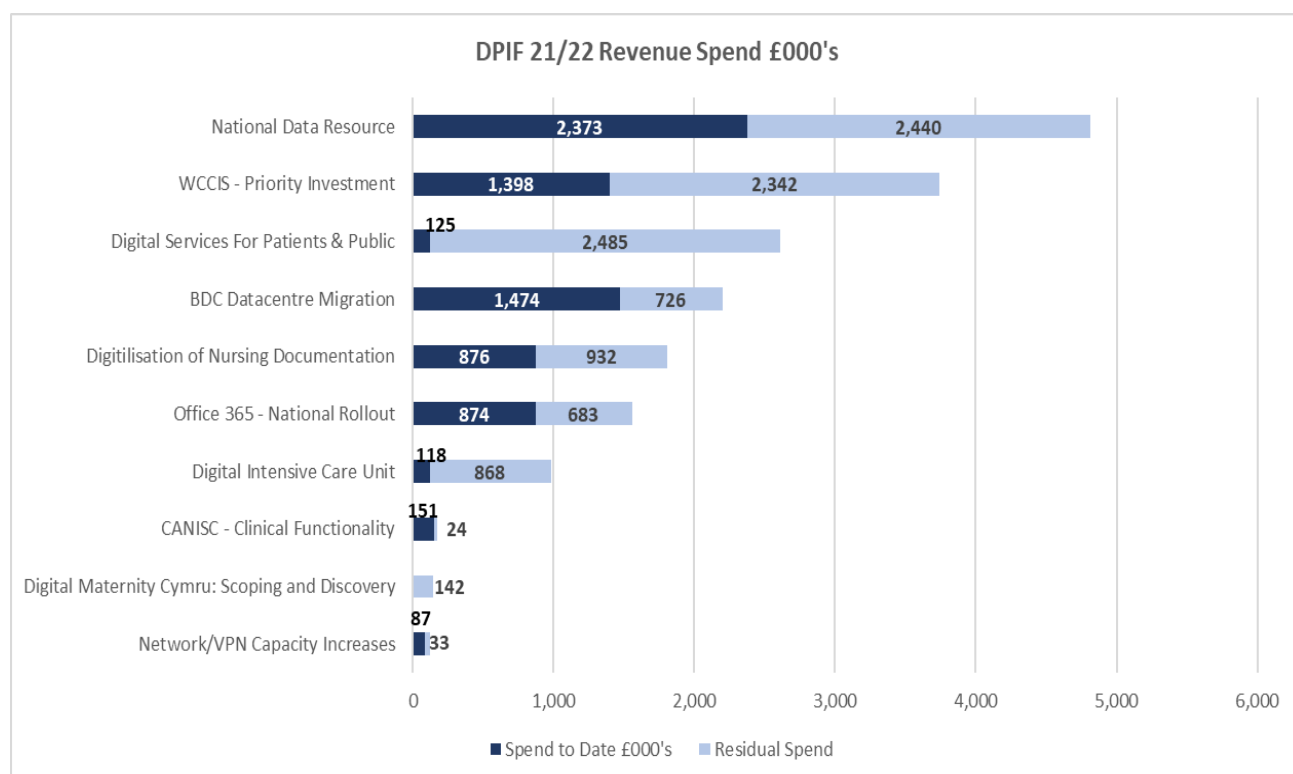
The solution costs are again materially affected by actual volumes of scheduled vaccinations and the consequential text & letter distribution. The forecast to end of year is predicated upon indicative Health Board autumn modelling.

Figure 2: Vaccines Scheduling Text/Letter Volumes Profile



3.4 Digital Priority Investment Fund (D.P.I.F)

A total of £18.151m (net of change control notes) has been allocated to support digital investment via DPIF and Digital Intensive Care Unit.



With spend revenue spend totalling £7.476m dual balance of £10.675m remains to be spent or disbursed. Finance staff will continue to liaise with project leads, Welsh Government and the appropriate governance groups to ensure timely declaration of any movement from current forecast to enable mitigating actions to be pursued.

4 SAVINGS

The annual plan articulated a savings target of £1.854m supported by a minimum 2% cost improvement target levied upon discretionary budgets as agreed as part of the budget allocation process. DHCW is currently meeting its savings target with no risk identified to date.

5 PUBLIC SECTOR PAYMENT POLICY (PSP)

DHCW is reporting a figure of 97% achievement against a target of 95%. The previously reported delays experience due to backlog at the OCR scanner are currently being managed, however a formal risk has been logged with mitigating actions being agreed with NHS Wales Shared Services Partnership.

6 CASH

The cash balances at the end of August amounted to £3.1m the balances will continue to be reviewed particularly in terms of marrying cash requirement with digital priority funded projects planned disbursements to other NHS organisations which can impact upon cashflow forecast should Health Boards not invoice to agreed timelines.

As at October 31st the debtors total stood at £5.4m (some £9.4m less than August reports) with no disputes lodged and no debt aged debt exceeding 3 months.

7 RISKS AND OPPORTUNITIES

7.1 Risks

The previously identified risk to achievement of the PSPP target of 95% is currently being managed and whilst there are no corporate level risks in terms of the 21/22 financial position the outcome of the exercise to assess the organisations underlying position for 22/23 onwards may result additional direct financial risk emerging.

7.2 Opportunities

Whilst the previously identified COVID Response related opportunities (such as licencing, text messaging, letter distribution efficiencies and cost avoidance) have now crystallised and are reflected within the financial plan the organisation will continue to assess and implement alternate solutions for improving service provision whilst reducing transactional costs (such as the vaccines booking functionality).

8 ADDITIONAL INFORMATION

8.1.1 Transfer on Current & Non Current Assets From Velindre NHS Trust to Digital Health and Care Wales

The exercise to determine the S1 & S2 balances to be transferred from Velindre to DHCW has now been completed and submitted to Welsh Government and Welsh Audit. A Summary of the S1 and S2 values are given below showing £27,872K of Capital assets to be transferred to DHCW and £9,833K of Net Working Capital transferred. The Capital balance is yet to be reflected in the October returns until agreed with Welsh Government.

Schedule	Period Budget £000's	Balance £000's
S1	Total Property plant and equipment and Intangible Assets	27,872
S2	Total Value Net Working Capital Transferred	9,833

Transfer of Fixed Assets - The DHCW team have set-up and transferred the fixed assets from Velindre into their own fixed asset system.

Welsh Audit will review the process and documentation with an expected completion date of December 31st 2021.

8.1.2 Microsoft Office 365 Enterprise Agreement Renewal

In July 2022, the current three year agreement will end necessitating a rerocurement exercise. The Enterprise Agreement is transacted via a Licence Agreement Reseller which for Wales is Trustmarque, who were appointed as the NHS Wales Microsoft reseller following a competitive procurement in 2019.

The DHCW Executive Director of Finance & Business Assurance has set up a multi-disciplinary negotiation team with a view to timely reprocurement and maximising cost avoidance.

Organisational requirements are currently being collated with any updates regularly supplied to the Board through established channels and meetings

9 FUTURE DEVELOPMENTS

9.1 Pipeline Digital Investment

The following section presents pipeline digital investment schemes to be funded from the Welsh Government Digital Priority Investment Fund. Cases for investment are in various stages of completion, review and are awaiting approval by the Welsh Government Digital Scrutiny Panel. Costs are indicative three-year estimates until formally agreed. It is anticipated that those approved schemes (shaded green) will have funding confirmed and be added to the overall financial plan by closedown for November 30th is given to cost reductions when undertaking a review of recurrent cost pressures.

Indicative 3 Year Requirement					
Digital Priority Investment Fund Scheme	Capital £000's	Revenue £000's	Grand Total £000's	Description	Welsh Government Status
O365 DHCW Centre of Excellence	0	2,021	2,021	The case details a requirement for funding the establishment of the Centre of Excellence to sustain and develop & support going forward.	Approved

Indicative 3 Year Requirement					
Digital Priority Investment Fund Scheme	Capital £000's	Revenue £000's	Grand Total £000's	Description	Welsh Government Status
Welsh Emergency Department System Acceleration	830	0	830	This is a jointly funded WG/Health Board project that aims to improve the clinical and operational information available to clinical teams treating patients in Emergency Departments, and then make that information available elsewhere on the clinical pathway for the safer and more informed treatment of the patient. It will also improve the ability to record structured clinical data and re use that data for better operational management, audit and planning purposes.	Approved
DHCW Welsh Patient Administration System (WPAS)	264	1,992	2,256	This case proposes changes to the Welsh PAS structure to align the team with a product approach which will include the consolidation of functions currently working across DHCW into an integrated team . In recognition of the WPAS product and team role in helping enable service transformation there is also a requirement for additional resources in all aspects of the teams specialist areas including architecture, development, implementation and support.	Approved
Enhancing Digital Solutions in Powys	9	565	574	This is a joint case with Powys THB that supports an enhanced multi-organisation digital solution to improve patient outcomes. It will allow NHS Wales patients who are treated in NHS England to have their administrative and clinical data managed and accessible through NHS Wales digital systems.	Approved
Digital Change Network	16	1,750	1,766	This case outlines a proposal to increase the capability and capacity of the National Business Change Team to drive forward, accelerated and effective roll out of digital solutions by supporting local resources to deliver, embed and sustain digital change/service transformation .	Under Consideration
DHCW Research and development	0	360	360	As part of the consultation for DHCW, a proposal for a Research & Innovation function was developed to incorporate existing commitments in this area alongside a refreshed ambition for improving the clinical and social care research environment through improved access to large scale data and advanced analytics.	Under Consideration

Indicative 3 Year Requirement					
Digital Priority Investment Fund Scheme	Capital £000's	Revenue £000's	Grand Total £000's	Description	Welsh Government Status
Infrastructure/Transition to Cloud	TBC	TBC	TBC	DHCW has now commissioned external expertise to draft recommendations relating to cloud strategy and transition. This will then be used to inform the 22/23 Integrated Medium Term Plan and subsequent business cases to be submitted to Welsh Government.	Pending Submission
Teledermoscopy – Discovery & Scoping Proposal	TBC	TBC	TBC	This proposal sets out the background for the implementation of a teledermoscopy service, the requirement that the proposal intends to address via a short discovery and scoping process, and asks for approval for the costs associated with that discovery and scoping phase. This proposal supports the Clinical Programme for Dermatology's "All Wales Teledermoscopy Service".	Pending Submission
Total	1,119	6,688	7,807		

9.2 Organisational Underlying Financial Assessment

As part of a structured review of the underlying and recurrent financial position across NHS Wales led by the Finance Delivery Unit, all organisations were required to capture their current carry forward position (which will lead to further discussion and iteration throughout the development of future plans), DHCW finance department has produced an indicative baseline assessment to provide clarity on the organisational underlying deficit and the impact of COVID-19 on the recurrent position going into 2022/23. This included:

- The net cost impact of core delivery, decisions and investment choices within core services based on pre COVID-19 baselines. This includes the net cost impact of the non-delivery of savings programmes and recurrent investment choices.
- The net cost impact of COVID-19 through unavoidable recurrent direct expenditure e.g. PPE and the continuation of programme expenditure that is directly related to COVID-19 e.g. vaccination programme
- Indirect expenditure related to COVID-19 e.g. recurrent prescribing, procurement threshold pressures. This is as opposed to the direct COVID-19 costs which should purely relate to directed COVID-19 programme expenditure (as above).
- Full year effect of 2021/22 in year recovery decisions that are recurrent commitments with no confirmed funding stream.
- The mitigating actions organisations are implementing to reduce the net cost impact such as efficiency programmes that have started in 2021/22 and have a full year impact in 2022/23.

As part of the exercise the initial results presented core operational pressures totaling £4.9m over areas including:

- Reinstatement of 21/22 non recurrent savings requirement
- Committed Cloud Adoption
- ICT Growth Requirement
- SHA Establishment (including strategic management and Welsh Language requirements)

As part of the planning process dialogue with Welsh Government and internal leads will continue to construct mitigating actions.

10 RECOMMENDATION

The Board is being asked to:

DISCUSS the contents of this finance report for 31st October 2021 and **NOTE** the forecast year end achievement of key financial targets.

11 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives 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:	

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:
Choose an item.	Outcome: N/A
Statement: N/A	

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Claire Osmundsen-Little	18.11.21	Approved

IMPACT ASSESSMENT

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

DIGITAL HEALTH AND CARE WALES POLICY UPDATE REPORT

Agenda Item	6.5
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Name of Meeting	SHA Board
Date of Meeting	25 November 2021

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

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

Purpose of the Report	For Assurance
Recommendation	
The Board is being asked to:	
NOTE the update provided and receive the report for ASSURANCE	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
LPF	Local Partnership Forum	TUPE	Transfer of Undertakings (Protection of Employment)
MS	Member of the Senedd	MP	Member of Parliament
WLCO	Welsh Language Commissioners Office		

1 SITUATION/BACKGROUND

- 1.1 DHCW have a number of policies, procedures and processes that help manage the running of the Organisation by outlining responsibilities related to legislation, accreditation and regulation.
- 1.2 There were a number of policies identified by the Welsh Government as a requirement for the transition to a Special Health Authority. The inaugural Board meeting identified 11 remaining policies to be created. A task and finish group was established to create and finalise the policies which are listed below, three documents have been amalgamated into one resulting in 9 requiring completion:
 - Communications and Media Management Policy covering the topics:
 - MS and MP Correspondence - Procedure for responding to enquiries
 - Procedure for Media Filming, Recording and Photography
 - Media Enquiries Procedure
 - Communications and Engagement Strategy
 - Anti-Malware Policy
 - Intellectual Property Policy
 - Welsh Language Scheme
 - Capital Management Procedure
 - Research and Development Strategy
 - Security and Counter Terrorism Policy
 - Relocation expenses policy
- 1.3 As well as the policies identified as part of the transition to the SHA, there will be policies presented to Management Board for approval, these are in the form of internal policies and all Wales policies.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Where a policy has been approved, this indicates it has undergone the appropriate review by lead Director, subject matter experts, consultation and relevant scrutiny by a Committee, Advisory Group or the SHA Board.

2.2 This paper provides an update on each of the policies identified and outlines the plan for the remaining policies.

Policy	Status	Update	Expected approval
<p>Communications and Media Management Policy covering the topics:</p> <ul style="list-style-type: none"> • MS and MP Correspondence - Procedure for responding to enquiries • Procedure for Media Filming, Recording and Photography • Media Enquiries Procedure 	IN REVIEW	This policy is drafted and is now moving through the review and governance process.	January 2022
Communications and Engagement Strategy	IN DEVELOPMENT	This strategy is in development, it links to the stakeholder engagement strategy and wider communications approach.	March 2022
Anti-Malware Policy previously called Anti-Virus Policy	COMPLETE (Subject to changes due to be made following the DG&S Committee held on the 15/11/21)	This policy has been approved by DHCW Management Board and endorsed by the Digital Governance and Safety Committee, subject to review and suggested amendments which are being taken forward. The policy has gone to the Local Partnership Forum as part of the consultation period.	November 2021
Intellectual Property Policy	IN DEVELOPMENT	The Head of	March 2022

		Commercial Services has sought legal advice on the development of this policy.	
Welsh Language Scheme	IN REVIEW	The second draft is imminently being submitted for review by the Welsh Language Commissioners Office (WLCO). The Scheme requires sign off by the WLCO before it can undergo the 12 week public consultation.	March 2022 but TBC with the WLCO.
Capital Management Procedure	COMPLETE	This has been approved by Management Board and assured on behalf of the Board by the Audit and Assurance Committee in October 2021.	October 2021
Research and Innovation Strategy (Previously Research and Development Strategy)	IN DEVELOPMENT	There are a number of sessions planned in to ensure development of this strategy.	March 2022
Security and Counter Terrorism Policy	COMPLETE	This has been approved by Management Board and will be presented to the Local Partnership Forum in December 2021	December 2021
Relocation expenses policy	IDENTIFIED UNDER TUPE AS - Removal and Associated Expenses Policy	Now in place.	November 2021

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The relocation expenses policy has been identified as the Velindre University NHS Trust Removal and Associated Expenses Policy. In line with the approach for existing policies covered by the Transfer of Undertakings (Protection of Employment) (TUPE) arrangements this policy

will be adopted with immediate effect and presented for information to the Local Partnership Forum in December 2021.

3.2 Please note as outlined above the following policies and strategies have been subject to additional work which has meant an update in the delivery timescale. The below are now planned for approval by the January SHA Board:

- Communications and Media Management Policy including:
- MS and MP Correspondence - Procedure for responding to enquiries
- Procedure for Media Filming, Recording and Photography
- Media Enquiries Procedure
- Relocation expenses policy

3.3 The below are planned for approval by the March SHA Board:

- Intellectual Property Policy
- Communications and Engagement Strategy
- Welsh Language Scheme
- Research and Innovation Strategy

4 RECOMMENDATION

The Board is being asked to:

NOTE the update provided and receive the report for **ASSURANCE**

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
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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: All Standards rely on policy information.	

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

EQUALITY IMPACT ASSESSMENT STATEMENT

Date of submission: N/A

No, (detail included below as to reasoning)

Outcome: N/A

Statement:
N/A

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	12 November 2021	Approved

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Policies underpin a quality approach to organisational management.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below The Capital Management procedure outlines the organisations operational approach to capital investment and expenditure.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Policies have roles and responsibilities outlined within them.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

DIGITAL HEALTH AND CARE WALES AUDIT AND ASSURANCE COMMITTEE CHAIR'S REPORT FOR BOARD

Date of Board Meeting	25 November 2021
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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 and Chair of Audit and Assurance Committee
Lead Executive Director	Claire Osmundsen-Little, Director of Finance and Chris Darling, Board Secretary
Date of Last Meeting	5 October 2021
Prepared By	Chris Darling, Board Secretary
Presented By	Marian Wyn Jones, Independent Member and Chair of Audit and Assurance Committee

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

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
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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:	

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: There is no requirement for an EQIA.	

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Audit and Assurance Committee	05.10.21	The Chair summarised the key items to highlight at the end of the Committee meeting which were supported.

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below There are implications for how DHCW manages its financial allocation in-line with the financial control procedures approved by the Committee.
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Acronyms			
A&A	Audit and Assurance	DHCW	Digital Health and Care Wales
NHS	National Health Service	NWIS	NHS Wales Informatics Service
SHA	Special Health Authority	LASPAR	Losses and Special Payments Admin Register

Summary of Key matters considered by the committee and any relevant decisions made:
<p>Action Log The Committee noted the Action Log and were updated on the work undertaken by the internal learning group.</p> <p>Internal Audit Update The Committee received the update on activity and future planned work from Internal Audit for assurance. The Committee agreed to take some time to review common themes arising out of the audits at the end of the financial year and ensure that any learning was communicated out to the organisation.</p> <p>Internal Audit Transition Audit The Committee received the review of the audit undertaken on the transition from NWIS to DHCW for assurance. The review received a strong Reasonable assurance rating. The Committee noted that DHCW had captured learnings from the report to support the organization going forward.</p> <p>Internal Audit Data Analytics The Committee received the Data Analytics audit for assurance and were informed progress was</p>

being made on areas such as performance management and KPIs.

Welsh Language Standards Advisory Report

The All-Wales Internal Audit report was **received**, and the Committee **noted** there had been ten reviews, six of which were reasonable, three limited and one not applicable. Internal audit confirmed there were no exemplars to share but there were areas of good practice. A request to share the Welsh Government document: Strengthening Welsh Language Services in health and social care was made.

Welsh Language Scheme Update Report

The Committee **received** an update on the development of the DHCW Welsh Language Scheme. The progress was **noted** including the recruitment of a Welsh Language Services Manager who would be crucial in the organisation's promotion of the use of the Welsh Language. Some milestones had moved following consultation with the Welsh Language Commissioners Office. **Assurance** was provided to Members that DHCW are proactively taking forward the Welsh Language scheme.

Audit Wales Update

The Committee **received** an update from Audit Wales for **assurance**. The Committee **noted** the planned Baseline Governance review work would support learning and provide assurance to the Auditor General that DHCW has the proper governance arrangements in place. The outcome would be reported to the Committee in January 2022.

The update included reports on WCCIS and Picture of Public Services 2021:

- WCCIS a report was being prepared for the Senedd and this would be shared with the Committee.
- Picture of Public Services summarized the key trends in public finances and was an independent perspective from Audit Wales. The report highlighted the challenges facing Wales and also the opportunities to harness technology and data to further build on improving the way in which services are delivered.

DHCW Audit Tracker

The Committee **approved** the request for the closure of 1 action on the log having been completed. The Committee **noted** 2 of the remaining audit actions are currently on track for delivery within the timeframes and a target extension had been requested for 1 action (LASPAR). Members were assured that there was no risk posed to DHCW through the extension of the deadline.

Counter Fraud Update

Members **received** the Counter Fraud Progress Report. The recruitment of two new members of staff, the Counter Fraud Manager and a Counter Fraud Investigator was **noted** by the Committee.

Risk Management and Board Assurance Framework Strategy Report including Corporate Risk Register

The Risk and Board Assurance Strategy update against key milestones was **noted**. Members **noted** there were 19 risks on the Corporate Risk Register; 15 were reviewed in the public session and 4 risk relating to cyber were considered in the private session. It was **noted** that Canisc remains

the highest risk on the register due to timeframe slippage of delivery to March 2022. Three risks were assigned to the Committee on the Corporate Risk Register: Staff Vacancies, Document Management Strategy and Welsh Language Compliance. **Assurance** was provided to the Committee that action was being undertaken to mitigate these risks.

Capital Management Procedure

The Committee **approved** the Capital Management Procedure. Members **noted** that each budget holder must acknowledge their agreement to their budget allocation.

Procurement and Scheme of Delegation Compliance Report

The Committee **noted** the update in relation to procurement activity undertaken since the last Committee meeting including compliance with the Standing Financial Instructions.

Estates Compliance Report

The Report was **noted** by Committee members. The Committee were informed that a presentation on the NHS Decarbonisation Strategy would be presented to the January meeting.

IT Asset Management Policy

Members **approved** the IT Asset Management Policy.

Commercial Services Protocol Free Goods and Services

The Committee **approved** the Commercial Services Protocol Free Goods and Services which was a suite of protocols to be adhered to across the different NHS organisations.

The Committee noted the following:

- High Value Purchase Order Report
- Declarations of Interests, Gifts and Hospitality, Sponsorship and Honoraria Report
- Quality and Regulatory Update Report

The Committee received several reports via a *closed* session due to the sensitive nature of the content, including:

DHCW's response to the Nationally Hosted NHS IT Systems report was **received** for **assurance**.

The Audit Tracker – Cyber Security Actions were received for **assurance**.

The Corporate Risk Register – Cyber Security Risks were scrutinised and actions **noted**.

Cyber Resilience Unit Status Report and Annual Plan was received for **assurance**.

Key risks and issues/matters of concern of which the board needs to be made aware:

No items for escalation.

Delegated action taken by the committee:

DHCW Audit Tracker

The Committee **approved** the request for the closure of 1 action on the log now complete.

Capital Management Procedure

The Committee **approved** the Capital Management Procedure.

IT Asset Management Policy

Members **approved** the IT Asset Management Policy.

Commercial Services Protocol Free Goods and Services

The Committee **approved** the Commercial Services Protocol Free Goods and Services which was a suite of protocols to be adhered to across the different NHS organisations.

Date of next committee meeting:

18 January 2022

DIGITAL HEALTH AND CARE WALES DIGITAL GOVERNANCE AND SAFETY COMMITTEE CHAIR'S REPORT FOR BOARD

Date of Board Meeting	25 November 2021
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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	Siân Doyle, Independent Member and Chair of Digital Governance and Safety Committee
Lead Executive Director	Rhidian Hurle, Executive Medical Director and Chris Darling, Board Secretary
Date of Last Meeting	15 November 2021
Prepared By	Laura Tolley, Corporate Governance Co-ordinator
Presented By	Siân Doyle, Independent Member and Chair of Digital Governance and Safety Committee

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

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
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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:	

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: There is no requirement for an EQIA.	

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Digital Governance and Safety Committee	15.11.2021	The Chair summarised the key items to highlight at the end of the Committee meeting which were supported.

IMPACT ASSESSMENT	
QUALITY AND SAFETY	Yes, please see detail below
IMPLICATIONS/IMPACT	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	NWIS	NHS Wales Informatics Service
SHA	Special Health Authority	DG&S	Digital Governance and Safety
IG	Information Governance	ISD	Information Service Directorate

Summary of Key matters considered by the committee and any relevant decisions made:

Update from the Chair

The Committee Chair would like to make the SHA Board aware of the continued work that has been undertaken by all Committee members and officers to improve the quality and detail of the reports received by the Committee.

A Committee Development took place in September 2021 which focused on developing a Digital Programme Overview Dashboard to provide assurance to the Committee and SHA Board on key milestones and delivery of major digital programmes and it has been agreed this will be a standing agenda item for the Committee going forward.

Forward Work Plan

The Digital Governance and Safety Committee were **advised** that a number of items had been added to the Forward Work Plan for the February meeting including the Research and Innovation Strategy. The Digital Governance and Safety Committee **noted** the Forward Work Plan.

To allow dedicated time and focus on main agenda items, the Committee made use of the **Consent Agenda** and the Committee:

- **Noted** the EU Settlement Status Update;

- **Noted** the Welsh Government Quality & Safety Framework;
- **Noted** the Control of Patient Information Update;
- **Noted** the Health Technology Wales Strategic Plan 2021-25; and
- **Noted** the Putting things Right Regulations - Update

Policies

The Digital Safety and Governance Committee **reviewed** and **approved** the Anti-Malware Policy, subject to review and amendment by the 30 November 2021 to address consistency of language and confirmation of roles, responsibilities and accountability being clearly articulated within the policy and policies generally.

Corporate Risk Register

The Committee **reviewed** and **discussed** the Risk Management Report in detail including Corporate Risks assigned to the Committee for scrutiny and oversight.

As agreed in the last meeting held in August, the Committee were presented with deep dives on the following two areas of risk:

- Information Services
- Information Governance

An agreed action was taken for the Committee, via the Chair, to write to Welsh Government regarding the Information Governance risk 'DHCW Functions' - ensuring the directions from Welsh Government providing a sound legal basis for the collection, processing and dissemination of Welsh resident data. The letter will set out the Committee's desire to be kept updated on progress and timeframes from Welsh Government.

A consistent theme from the risk and other discussions from the Committee meeting was the resource requirements to take forward the DHCW priorities. The Committee emphasised the need for this to be highlighted as part of the IMTP planning process.

The Committee agreed that at the next Committee meeting there would be a review of the long-standing risks on the Corporate Risk Register to gain understanding and assurance of when these will be mitigated.

Incident Review and Organisational Learning Report

The Digital Governance and Safety Committee **discussed** the Incident Review and Organisational Learning Report and **approved** the group terms of reference. The Committee acknowledged that the group was still evolving and were encouraged and **assured** that Lessons Learnt from the recent Datacentre Power Outage which impacted on GP Practice Systems would be taken through the group.

Assurance Reports

The Digital Governance and Safety Committee were provided with the following reports for **assurance**:

- Information Governance Assurance Report
- Informatics Assurance Report
- Information Services Assurance Report

The excellent quality and detail of these reports were acknowledged by the Committee and the team were commended for the ongoing work in these areas.

Digital Programme Overview Update

The Digital Governance and Safety Committee **discussed** and **noted** the new Digital Programme Overview Dashboard for **assurance**. The dashboard summarises the progress of national digital projects where DHCW have a significant role, such as managing the project or programme overall, or certain stages such as the procurement of a new system. The Governance of these projects is undertaken by external Boards with a Senior Responsible Officer. The Committee acknowledged and discussed the risks and issues around resources to deliver the projects and emphasised the importance of this being a critical part of the IMTP planning process.

It was agreed future Committee meetings would deep dive into Digital Programmes on the dashboard.

National Data Resource Project

The Digital Governance and Safety Committee **noted** and **discussed** the National Data Resource Project and acknowledged the challenges and significant opportunities for the programme.

The Committee were pleased to hear of the plans and progress that was being made in this area, particularly with the reset of the Programme Objectives which would accurately reflect progress to date and include clear timeframes for delivery. The Committee were encouraged to hear of the collaborative work between the NDR Programme team, DHCW Planning and Procurement teams to ensure that clear dependencies for project delivery were included and articulated within IMTP plans. In addition, the Committee were pleased to note the strengthened governance processes being implemented to provide assurance to all stakeholders involved in the National Data Resource Project.

Private Session

The Digital Governance and Safety Committee **reviewed** in detail the DHCW Cyber Security Report which included the Private Corporate Risk Register. The Committee noted the plan to split out of one of the Cyber risks to better track the impact of the mitigating action. The Committee further noted the ISO27001 Surveillance Audit planned to take place in November 2021. ISO/IEC 27001 is an international standard on how to manage information security and covers all core operational infrastructure and cyber security teams.

The Committee **noted** an update on the current usage of the National Intelligent Integration Audit Solution (NIAS) and plans for re-procurement.

Key risks and issues/matters of concern of which the board needs to be made aware:

The resource requirement being correctly articulated and reflected in the IMTP planning process.

The long-standing risks on the Corporate Risk Register being reviewed in the February meeting.

Delegated action taken by the committee:

The Committee approved the Anti-Malware Policy.

The Committee approved the Incident Review and Organisational Learning group terms of reference.

Date of next committee meeting:

16 February 2022

DIGITAL HEALTH AND CARE WALES

REMUNERATION AND TERMS OF SERVICE COMMITTEE CHAIR'S REPORT FOR BOARD

Date of Board Meeting	25 November 2021
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Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Name of Committee	Remuneration and Terms of Service Committee
Chair of Committee	Simon Jones, Chair of the DHCW Board
Lead Executive Director	Helen Thomas, Chief Executive Officer
Date of Last Meeting	29 October 2021
Prepared By	Chris Darling, Board Secretary
Presented By	Simon Jones, Chair of the DHCW Board

Purpose of the Report	For Approval
Recommendation	
<p>The Board is being asked to:</p> <p>NOTE the content of the report and RATIFY the decision to appoint a Deputy CEO.</p>	

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

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

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
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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:	

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: There is no requirement for an EQIA.	

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Local Partnership Forum	12/11/21	Supported the Annual Leave Buy Back proposal.

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below There was an agreed proposal for the buy back of annual leave which will have financial implications
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Annual Leave buy back will have implications on the time the DHCW workforce included will be in work. In addition the report proposes the appointment of a Deputy CEO, which is not a formal post recognized at present.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Summary of Key matters considered by the committee and any relevant decisions made:

Annual Leave Buy Back Scheme

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

Appointment of Deputy Chief Executive Officer

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

Update on Executive Director Recruitment

Committee members **noted** the progress in recruiting to the two Executive Director posts: Executive Director of Digital Operations, and the Executive Director of Digital Strategy. Global Resourcing have been appointed as the recruitment partner for these roles, which were being advertised with the aim to interview in mid-December 2021.

Director Objective Setting

Committee members **noted** the plan to review and confirm Director objectives, in the near future, and bring back to the Committee for approval.

Key risks and issues/matters of concern of which the board needs to be made aware:

Until the Executive Director posts are appointed to, and in post, gaps exist within the DHCW Board.

Delegated action taken by the committee:

Annual Leave Buy Back Scheme

Members **approved** the annual leave buy back scheme.

Appointment of Deputy Chief Executive Officer

Members **supported** the appointment of the Deputy Chief Executive Officer as Claire Osmundsen-Little the Executive Director of Finance, subject to Board **ratification** of this appointment.

Date of next committee meeting:

To be confirmed

DIGITAL HEALTH AND CARE WALES LOCAL PARTNERSHIP FORUM CHAIR'S REPORT FOR BOARD

Item 6.9

Date of Board Meeting	25 th November 2021
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Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Name of Committee	Local Partnership Forum
Chair of Committee	Andrew Fletcher Associate Board Member (Trade Union), Helen Thomas, Chief Executive Officer
Lead Executive Director	Helen Thomas, Chief Executive Officer and Chris Darling, Board Secretary
Date of Last Meeting	12 th October 2021
Prepared By	Chris Darling, Board Secretary
Presented By	Andrew Fletcher, Associate Board Member, Trade Union

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

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

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

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
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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:	

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: There is no requirement for an EQIA.	

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Local Partnership Forum	12.10.2021	The Chair summarised the key items to highlight at the end of the Committee meeting which were supported.

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	The Local Partnership Forum considers and engages on workforce issues.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Acronyms			
LPF	Local Partnership forum	DHCW	Digital Health and Care Wales
SHA	Special Health Authority	ESR	Electronic Staff Record
PADR	Personal Appraisal Development Review	NWIS	National Wales Informatics Service

Summary of Key matters considered by the committee and any relevant decisions made:
<p>Executive Structure</p> <p>The Local Partnership Forum noted the plans to progress the recruitment and implementation of the Executive Structure, which was formally approved by the DHCW Board on the 30th September 2021.</p> <p>Risk Management Report</p> <p>The Local Partnership Forum discussed the Risk Management Report and received an update from Workforce relating to risk DHCW0259 – Staff Vacancies and DHCW0237 – COVID19 Resource Impact. The Local Partnership Forum noted the update provided.</p> <p>Workforce Performance Report</p> <p>The Local Partnership forum noted the Workforce Performance Report / Dashboard and commented on the importance of ensuring robust information via ESR. The push to improve the appraisal (PADR) uptake was discussed.</p> <p>Policies</p>

The Local Partnership Forum **reviewed** and **noted** the policies out to consultation as part of the policy approval process.

Stakeholder Engagement Update

The Local Partnership Forum **noted** the Stakeholder Engagement Update, including the approved DHCW Stakeholder Engagement Strategy. The Local Partnership Forum noted the focus of this work would now move to developing a Stakeholder Engagement Plan.

People & Professional Organisational Development Strategy Update

The Local Partnership Forum **noted** the work to develop a People and Professional Organisational Development Strategy.

Verbal Update from Trade Unions

Trade Union members **updated** the Local Partnership Forum on the current Trade Union positions in relation to the NHS Wales Pay Award. Trade Union members commented on the positive transition for staff from NWIS to DHCW and noted that the hybrid working arrangements were generally working well.

New Ways of Working – Staff Survey Outcomes

The Local Partnership Forum **noted** that the survey feedback indicated that staff wellbeing had overall improved. It was noted that overall staff had expressed a preference to be able to work flexibly from home and in the office.

Finance Structure Update

The Local Partnership Forum **noted** the Finance and Business Assurance structure changes and the importance of early engagement with unions from the start of the transition process.

Annual Leave Buy Back Proposal

The Local Partnership Forum **supported** the proposal to allow staff to sell up to 10 days annual leave (pro rotated for part time staff) back to the organization for the 2021/22 financial year only. This proposal will be presented to the Remuneration and Terms of Service Committee for approval at the end of October 2021.

Cloud Strategy

The Local Partnership Forum **noted** that an emerging Cloud Strategy was being developed, and the engagement taking place via workshops with staff on the strategy.

Recruitment – Including Job Evaluation Training

The Local Partnership Forum **noted** the progress being made in DHCW establishing its own job evaluation panel, to avoid reliance on other Health Boards and Trusts to provide this function.

e-Prescribing Update

The Local Partnership Forum noted that Welsh Government have asked DHCW to host a new Programme to take forward e-Prescribing across NHS Wales. Work is progressing to establish the governance arrangements and appoint to key programme roles.

Finance Update

The Local Partnership Forum **noted** the financial position of the organisation.

Key risks and issues/matters of concern of which the board needs to be made aware:

No items for escalation.

Delegated action taken by the Local Partnership Forum:

No delegated action taken by the forum.

Date of next committee meeting:

7th December 2021