

Cyfarfod Bwrdd Iechyd a Gofal Digidol Cymru - Cyhoeddus

Thu 26 May 2022, 10:00 - 13:30

Zoom

Agenda

10:00 - 10:05
5 min

1. MATERION RHAGARWEINIOL

1.1. Croeso a Chyflwyniadau

I'w Nodi Cadeirydd

1.2. Ymddiheuriadau am absenoldeb

I'w Nodi Cadeirydd

1.3. Datganiad o Fuddiannau

I'w Nodi Cadeirydd

10:05 - 10:10
5 min

2. AGENDA GYDSYNIO

2.1. Cofnodion heb eu cadarnhau o Gyfarfod Bwrdd 31 Mawrth 2022

For Approval Cadeirydd

i) Materion sy'n Codi

DHCW SHA Board Meeting Minutes 20220331 V2-en-cy-C.pdf (18 pages)

2.2. Cofnodion Gweithredu

I'w Nodi Cadeirydd

2.2 Action Log.pdf (1 pages)

2.3. Blaengynllun Gwaith

I'w Nodi Ysgrifennydd y Bwrdd

2.3 DHCW SHA Board Forward WorkPlan Report.pdf (4 pages)

2.3i SHA Board Forward WorkPlan v12.pdf (3 pages)

2.4. Y Diweddaraf am Hyrwyddwyr Bwrdd

I'w Cymeradwyo Ysgrifennydd y Bwrdd

2.4 DHCW Board Champions May 2022v1(2) .pdf (6 pages)

10:10 - 10:40
30 min

3. PRIF AGENDA- I'W DRAFOD

3.1. Cyflwyniad Gwrando a Dysgu a Rennir – Ceisiadau Prawf Electronig

I'w Draffod Cyfarwyddwr Meddygol Gweithredol

- 📄 3.1 Shared Listening and Learning Cover Report - ETR.pdf (4 pages)
- 📄 3.1 TEM - CG - Shared Listening and Learning - ETR.pdf (9 pages)

10:40 - 11:00 4. PRIF AGENDA - I'W ADOLYGU

20 min

4.1. Adroddiad y Cadeirydd

I'w Nodi Cadeirydd

- 📄 4.1 Chair's Report May 22v1.pdf (6 pages)

4.2. Adroddiad y Prif Swyddog Gweithredol

I'w Nodi Prif Swyddog Gweithredol

- 📄 4.2 Chief Executive's Report May 22v2.pdf (6 pages)

11:00 - 11:40 5. PRIF AGENDA - EITEMAU STRATEGOL

40 min

5.1. Adroddiad Fframwaith Sicrwydd y Bwrdd

I'w Gymeradwyo Ysgrifennydd y Bwrdd

- 📄 5.1 Board Assurance Framework Report.pdf (6 pages)
- 📄 5.1i Appendix A FRA-DHCW-001 DHCW Risk and Board Assurance Framework.pdf (17 pages)
- 📄 5.1ii Appendix B REP-BAF Dashboard May Board.pdf (9 pages)

5.2. Adroddiad Caffael Strategol

For Approval Director of Planning & Performance and Chief Commercial Officer

- 📄 5.2 REP - SHA Strategic Procurement Report May 2022.pdf (9 pages)
- 📄 5.2i Strategic Procurement Report App 1 (i) P451.01 DRMS.pdf (8 pages)
- 📄 5.2ii Strategic Procurement Report App 1 (ii) P784 Networking Eqt.D.02.pdf (7 pages)
- 📄 5.2iii Strategic Procurement Report App 1 (iii) Microsoft EA.pdf (8 pages)

5.3. EGWYL

EGWYL

11:40 - 13:25 6. PRIF AGENDA - LLYWODRAETHU, RISG, PERFFORMIAD A SICRWYDD

105 min

6.1. Adroddiad Cyllid

I'w Nodi Cyfarwyddwr Gweithredol Cyllid

- 📄 6.1 TEM-DHCW - SHA Board Committee Finance Report May 2022 FINAL F-04.pdf (18 pages)
- 📄 6.1i Finance April 2022 Board Slides FINAL F-04.pdf (14 pages)

6.2. Adroddiad Perfformiad Sefydliadol Integredig

I'w Dra fod Director of Planning & Performance and Chief Commercial Officer

- 📄 6.2 SHA Board IOPR Cover Sheet 2202 Apr 22.pdf (7 pages)
- 📄 6.2i REP-DHCW SHA Board Report 2204-Apr 2022.pdf (36 pages)

6.3. Adroddiad y Gofrestr Risgiau Corfforaethol

I'w Nodi Ysgrifennydd y Bwrdd

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- 📄 6.3 Risk Management Report.pdf (6 pages)
- 📄 6.3i Appendix A DHCW Corporate Risk Register.pdf (10 pages)
- 📄 6.3ii Appendix B DHCW Risk and BAF Milestone Plan V6.pdf (2 pages)

6.4. Adroddiad Blynyddol Uwch-berchennog Risg Gwybodaeth

I'w Gymeradwyo *Director of ICT*

- 📄 6.4 Senior Information Risk Owner Annual Report.pdf (11 pages)
- 📄 6.4i 2022-05-17 SIRO Report 2022.pdf (11 pages)

6.5. Adroddiad Crynhoi Cynnydd Rhwydwaith Digidol Aelodau Annibynnol

I'w Nodi *Cadeirydd Dros Dro'r Grŵp*

- 📄 6.5 All Wales Independent Member Network Highlight Report .pdf (5 pages)

6.6. Adroddiad Crynhoi Cynnydd y Fforwm Partneriaeth Lleol

I'w Nodi *Cadeirydd y Grŵp Cyngori*

- 📄 6.6 Local Partnership Forum Highlight Report April.pdf (4 pages)

6.7. Adroddiad Crynhoi Cynnydd Pwyllgor Llywodraethu a Diogelwch Digidol

I'w Nodi *Cadeirydd y Pwyllgor*

- 📄 6.7 DHCW Digital Governance & Safety Committee Highlight Report May 2022.pdf (5 pages)

6.8. Adroddiad Crynhoi Cynnydd y Pwyllgor Taliadau a Thelerau Gwasanaeth

I'w Nodi *Cadeirydd y Pwyllgor*

- 📄 6.8 Remuneration and Terms of Service Committee Chair's Highlight Report for Board 19.05.22v1.pdf (3 pages)

6.9. Adroddiad Crynhoi Cynnydd Pwyllgor Archwilio a Sicrwydd

I'w Nodi *Cadeirydd y Pwyllgor*

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

13:25 - 13:30
5 min

7. MATERION I GLOI

7.1. Unrhyw Faterion Brys Eraill

I'w Trafod *Cadeirydd*

7.2. Dyddiad y Cyfarfod Nesaf:

I'w Nodi *Cadeirydd*

Dydd Mawrth 14 Mehefin

Cyfarfod Bwrdd Eithriadol y Bwrdd Awdurdod Iechyd Arbennig (SHA)

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Cyfarfod Bwrdd Awdurdod Iechyd Arbennig Iechyd a Gofal

Cofnodion cyfarfod Bwrdd Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru a gynhaliwyd ddydd Iau 31 Mawrth 2022 fel cyfarfod rhithwir a ddarllodedwyd yn fyw drwy Zoom.

 10:00 hyd 14:30

 31 Mawrth 2022

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
Rowan Gardner	RoG	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru
Claire Osmundsen-Little	COL	Cyfarwyddwr Gweithredol Cyllid	Iechyd a Gofal Digidol Cymru
Grace Quantock	GQ	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru
David Selway	DS	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru
Helen Thomas	HT	Prif Swyddog Gweithredol	Iechyd a Gofal Digidol Cymru

1Cyfarfod Bwrdd Awdurdod Iechyd Arbennig Iechyd a

Gofal Digidol Cymru 20220331

Marian Wyn Jones	MWJ	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru
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Yn bresennol	Llythrennau Cyntaf	Teitl	Sefydliad
Rebecca Cook	RC	Cyfarwyddwr Rhaglen, Yr Adnodd Data Cenedlaethol (ar gyfer eitem 5.1)	Iechyd a Gofal Digidol Cymru
Ian Cox	IC	Pennaeth Gwasanaethau Cleientiaid (ar gyfer eitem 3.1)	Iechyd a Gofal Digidol Cymru
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
Iola Lloyd	IL	Cyfieithydd ar y pryd	Trosol
Tracy Norris	TN	Arweinydd y Ddesg Wasanaeth (ar gyfer eitem 3.1)	Iechyd a Gofal Digidol Cymru
Michelle Sell	MS	Prif Swyddog Gweithredol	Iechyd a Gofal Digidol Cymru
Laura Tolley	LT	Rheolwr Cymorth Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru
Ian Williams	IW	Cyfarwyddwr Cynorthwyol, Pensaerniaeth Ddigidol	Iechyd a Gofal Digidol Cymru

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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	Yr Adnodd Data Cenedlaethol	MOU	Memorandwm Dealltwriaeth
DPIF	Cronfa Buddsoddi Blaenoriaethau Digidol	TPP	Profi, Olrhain a Diogelu
DSPP	Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd	IMTP	Cynllun Tymor Canolig Integredig
LPF	Fforwm Partneriaeth Lleol	DG&S	Pwyllgor Llywodraethu a Diogelwch Digidol

Rhif yr Eitem	Manylion yr Eitem	Canlyniad	I'w gweithredu gan
MATERION RHAGARWEINIOL			
1.1	<p>Croeso ac Ymddiheuriadau</p> <p>Croesawodd y Cadeirydd bawb i gyfarfod olaf Bwrdd SHA DHCW yn ystod y flwyddyn ariannol, gan nodi blwyddyn lawn o'r sefydliad yn gorff statudol.</p> <p>Cadarnhaodd y Cadeirydd fod y cyfarfod yn cael ei ddarlledu'n fyw drwy Zoom. Yn ogystal, byddai'r recordiad ar gael drwy wefan DHCW ar gyfer unrhyw un nad oedd yn gallu cael mynediad i'r cyfarfod yn fyw. Roedd y platfform Zoom yn cael ei ddefnyddio er mwyn caniatáu i aelodau fod yn weladwy trwy gydol y cyfarfod ac i gyfieithu ar y pryd ddigwydd, gan ganiatáu i aelodau gymryd rhan yn y cyfarfod yn Gymraeg neu Saesneg.</p> <p>Darparodd y Cadeirydd hysbysiadau cadw tŷ ynghylch agweddau technegol ffrydio byw'r cyfarfod, y seibiannau arfaethedig, a'r defnydd</p>	Nodwyd	Dim i'w nodi

	<p>o'r agenda caniatâd ar gyfer eitemau 2.1 i 2.7.</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 am absenoldeb</p> <p>Nodwyd ymddiheuriadau gan Andrew Fletcher – Aelod Cyswllt o'r Bwrdd – Undeb Llafur, Iechyd a Gofal Digidol Cymru.</p>	Nodwyd	Dim i'w nodi
1.3	<p>Datganiadau o Fuddiannau</p> <p>Ni dderbyniwyd unrhyw ddatganiadau o fuddiannau 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 y Cyfarfod a Gynhaliwyd 27 Ionawr 2022 sydd heb eu Cadarnhau</p> <p>Cadarnhaodd y Cadeirydd fod mân ddiwygiad wedi dod i law gan Claire Osmundsen-Little, Cyfarwyddwr Gweithredol Cyllid (COL) cyn y cyfarfod a byddai hyn yn cael ei ddiwygio.</p> <p>Penderfynodd y Bwrdd:</p> <p>GYMERADWYO cofnodion cyfarfod diwethaf y Bwrdd a gynhaliwyd ar 27 Ionawr 2022, yn amodol ar un mân ddiwygiad.</p>	Cymeradwywyd	Dim i'w nodi
2.2	<p>Cofnodion Gweithredu</p> <p>Mae'r holl camau gweithredu sy'n weddill wedi'u marcio fel rhai wedi'u cwblhau.</p> <p>Penderfynodd y Bwrdd:</p> <p>NODI'R log gweithredu.</p>	Nodwyd	Dim i'w nodi
2.3	<p>Blaengynllun</p> <p>Penderfynodd y Bwrdd:</p> <p>NODI cynnwys y Blaengynllun.</p>	Nodwyd	Dim i'w nodi
2.4	<p>Adroddiad Hunanasesu Effeithiolrwydd Blynyddol y Pwyllgor</p> <p>Penderfynodd y Bwrdd:</p> <p>NODI Adroddiad Hunanasesu Effeithiolrwydd Blynyddol y Pwyllgor</p>	Nodwyd	Dim i'w nodi

2.5	<p>Adroddiadau Blynyddol y Pwyllgor a'r Grŵp Ymgynghorol</p> <p>Penderfynodd y Bwrdd:</p> <p>CYMERADWYO Adroddiad Blynyddol y Pwyllgor a'r Grŵp Cynghori</p>	Cymeradwyd	Dim i'w nodi
2.6	<p>Adroddiad Hunanasesu Effeithiolrwydd Blynyddol y Bwrdd</p> <p>Penderfynodd y Bwrdd:</p> <p>NODI Adroddiad Hunanasesu Effeithiolrwydd Blynyddol y Bwrdd</p>	Nodwyd	Dim i'w nodi
2.7	<p>Adroddiad Safonau Iechyd a Gofal</p> <p>Penderfynodd y Bwrdd:</p> <p>NODI'R Adroddiad Safonau Iechyd a Gofal</p>	Nodwyd	Dim i'w nodi
PRIF AGENDA			
RHAN 3 – I'W DRAFOD			
3.1	<p>Cyflwyniad Gwranddo a Dysgu a Rennir – Desg Wasanaeth DHCW</p>		
	<p>Cyflwynodd Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol (RH) Ian Cox, Pennaeth Gwasanaethau Cleientiaid (IC) a Tracy Norris, Arweinydd y Ddesg Wasanaeth (TN) i gyflwyno'r Cyflwyniad Gwranddo a Dysgu a Rennir ar Daith Gwella Desg Wasanaeth DHCW.</p> <p>Diolchodd IC i'r Bwrdd am y cyfle i rannu Taith Ddesg Wasanaeth DHCW a thynnodd sylw at y canlynol:</p> <ul style="list-style-type: none"> • Desg Wasanaeth DHCW yw'r pwynt cyswllt cyntaf ar gyfer 16,000+ o ddefnyddwyr ar draws 600 a rhagor o leoliadau; • Roedd y tîm yn cynnwys 58 o staff yn darparu cymorth ar gyfer dros 100 o Wasanaethau TG; • Derbyniwyd 247,000 o geisiadau am gymorth yn 2021; • Roedd y Ddesg Wasanaeth yn gweithredu 365 diwrnod y flwyddyn; • Datblygwyd a chyflwynwyd hyb adborth yn 2021, ac fe'i defnyddiwyd yn rheolaidd ar gyfer cydnabod staff ac i sbarduno gwelliannau i wasanaethau; • Rhannwyd yr hyb adborth ac roedd ar gael i ddesgiau gwasanaeth ehangach y GIG; • Darparwyd enghraifft o'r ffordd yr oedd y Ddesg Wasanaeth yn gweithredu gan ddefnyddio Adroddiad Sefydliadol Practis Meddyg Teulu diweddar yn 2021; • O ran boddhad gweithwyr, esboniwyd bod adborth yn cael ei gasglu'n barhaus gan weithwyr, ynghyd ag arolwg Iechyd a Llesiant yn cael ei gyhoeddi'n wythnosol. Cynigiwyd 	Trafodwyd	Dim i'w nodi

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hyfforddiant a mentora hefyd i weithwyr y Ddesg Wasanaeth er mwyn gwella'n barhaus;

- Her barhaus a wynebodd y Ddesg Wasanaeth oedd trosiant staff uchel. Mae llawer ohonynt yn symud ymlaen i rolau datblygu o fewn DHCW neu'r GIG ehangach. Er mwyn mynd i'r afael â hyn, roedd gwaith wedi'i wneud i sicrhau bod staff yn cael eu datblygu gyda rhaglen hyfforddi strwythuredig newydd wedi'i sefydlu;
- Trafodwyd gweithio o bell, a chydabuwyd pa mor dda yr oedd hyn yn gweithio i'r Ddesg Wasanaeth. Roedd nifer o bethau wedi'u cyflwyno i staff cymorth sy'n gweithio o bell, megis system gyfeillio a 'sianel gofyn i rywun'

Soniodd Marian Wyn-Jones (MWJ), Aelod Annibynnol, bod y gwasanaeth yr oedd wedi'i dderbyn ei hun yn rhagorol. Yn ogystal, holodd ynghylch y gallu i gynnig y Ddesg Wasanaeth drwy gyfrwng y Gymraeg? Yn ogystal â'r cynlluniau i gynyddu'r gallu hyn? Mewn ymateb, esboniodd IC fod her i recriwtio siaradwyr Cymraeg. Fodd bynnag, roedd gwaith yn cael ei wneud gyda Rheolwr Gwasanaethau'r Gymraeg newydd i helpu gyda hyn. Ychwanegodd IC fod gan y Ddesg Wasanaeth 6 siaradwr Cymraeg ar hyn o bryd, roedd 2 siaradwr Cymraeg wedi'u penodi'n ddiweddar, a chadarnhaodd fod y Gymraeg yn faes ffocws i gynyddu'r Gwasanaeth a gynigir ac i sicrhau bod y gwasanaeth yn gynaliadwy.

Gofynnodd Grace Quantock, Aelod Annibynnol (GQ) a ddysgwyd unrhyw beth o adborth negyddol a dderbyniwyd? Wrth ymateb, cadarnhawyd hynny. Pan gafwyd profiad negyddol, byddai mynd ar drywydd y profiad negyddol yn digwydd ar sail unigol. Yn ogystal, roedd themâu'n cael eu hadolygu o bryd i'w gilydd i sicrhau gwelliant parhaus.

Dywedodd Rowan Gardner (RoG), Aelod Annibynnol, fod y cyflwyniad a dderbyniwyd yn enghraifft wych o'r hyn yr oedd DHCW yn ceisio'i gyflawni, h.y. dysgu o ddata. Yn ogystal, awgrymwyd y Rhaglen Cydnabyddiaeth Staff fel rhywbeth y gellid ei ddefnyddio ar draws y sefydliad.

Dywedodd Chris Darling (CD), Ysgrifennydd y Bwrdd y gallai'r Ddesg Wasanaeth helpu i arddangos ymrwymiad DHCW i fod yn sefydliad dwyieithog.

Penderfynodd y Bwrdd:

DRAFOD y Cyflwyniad Gwranddo a Dysgu a Rennir – Desg Wasanaeth DHCW

RHAN 4 - I'W HADOLYGU

4.1	<p>Adroddiad y Cadeirydd</p> <p>Amlinellodd y Cadeirydd yr uchafbwyntiau canlynol o'r adroddiad:-</p> <ul style="list-style-type: none"> • Busnes y Bwrdd yn y Dyfodol – Wrth i'r cyfyngiadau lacio, roedd y Bwrdd yn ystyried y ffordd fwyaf effeithiol o weithredu er mwyn sicrhau'r manteision mwyaf posibl o weithio rhithwir a chaniatáu rhyngweithio wyneb yn wyneb. Nododd y Cadeirydd fod DHCW yn symud i ffordd hybrid o weithio o 1 Ebrill 2021; • Cyfarfodydd Pwyllgor – Er mwyn sicrhau bod busnes Pwyllgor DHCW mor hygyrch â phosibl, ac er mwyn ystyried adborth o Adolygiad Llywodraethu Sylfaenol Archwilio Cymru, o 1 Ebrill 2022, bydd DHCW yn cofnodi holl gyfarfodydd y Pwyllgor a gynhelir yn gyhoeddus ac yn rhoi'r recordiadau hyn ar wefan DHCW er mwyn manteisio i'r eithaf ar fod yn agored a thryloyw fel sefydliad; • Swydd Wag Aelod Annibynnol - Roedd y broses o hysbysebu ar gyfer y swydd wag yn mynd rhagddi; • Datblygu'r Bwrdd – Roedd sesiwn datblygu'r Bwrdd ar 3 Mawrth yn adeiladu ar yr un flaenrol a gynhaliwyd ym mis Ionawr mewn perthynas â datblygu cenhadaeth a gweledigaeth DHCW. Adolygodd y Bwrdd ddrafft terfynol yr IMTP hefyd, yn ogystal â thrafod Strategaeth Ddata'r NDR a'r Strategaeth Cwmwl. Cafodd y Bwrdd sesiwn addysgiadol iawn ar Seiberddiogelwch hefyd a hyfforddiant caffael ar ddiwedd y diwrnod. <p>Penderfynodd y Bwrdd:</p> <p>NODI cynnwys adroddiad y Cadeirydd.</p>	Nodwyd	Dim i'w nodi
4.2	<p>Adroddiad y Prif Swyddog Gweithredol</p> <p>Amlinellodd Helen Thomas (HT), Prif Swyddog Gweithredol y pwyntiau allweddol yn yr adroddiad:</p> <ul style="list-style-type: none"> • Ymateb i Omicron COVID-19 – Parhaodd y gofynion digidol i ymateb i COVID-19, a phwysau cysylltiedig i roi straen sylweddol ar y sefydliad. Yn ogystal, roedd DHCW yn defnyddio'r strwythurau Ymateb Brys i oruchwylio cynlluniau seiberddiogelwch yng ngoleuni'r risgiau seiber cynyddol sy'n gysylltiedig â'r sefyllfa bresennol yn Ukraine; • Briffio Staff – Mynychodd dros 500 o staff, a oedd yn ymgysylltu gwych. Defnyddiwyd y papur briffio i brofi'r tri datganiad gweledigaeth. Cymerodd 269 o aelodau staff ran mewn pleidlais a chytunwyd mai gweledigaeth newydd DHCW fyddai '<i>Darparu gwasanaethau digidol o'r radd flaenaf, gan</i> 	Nodwyd	Dim i'w nodi

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rymuso pobl i fyw bywyddau iachach'

- Meddyginiaethau Digidol – a elwir yn e-Ragnodi. Roedd Cyfarwyddwr Rhaglen ac Arweinydd Portffolio Rhaglenni wedi dechrau ar eu swyddi yn ddiweddar. Y nod oedd lansio'r portffolio yn ffurfiol ym mis Mai 2022, drwy gyfres o ddigwyddiadau ymgysylltu â Byrddau Iechyd a rhanddeiliaid allweddol;
- Trafodaeth gyda NHS Digital – Cynhaliwyd cyfarfod da gyda Simon Bolton ac Ifan Evans. Cafwyd trafodaethau ar faterion allweddol sy'n wynebu iechyd a gofal digidol a dysgu a gwybodaeth a rennir;
- Cyfarwyddwr Gweithredol Recriwtio – Yn anffodus, roedd y Cyfarwyddwr Gweithredol Gweithrediadau wedi tynnu'n ôl o'r rôl oherwydd rhesymau personol. Roedd proses ar y gweill i sicrhau Cyfarwyddwr Gweithredol Gweithrediadau Dros Dro tra bod y swydd barhaol yn cael ei hysbysebu eto. Byddai Cyfarwyddwr Gweithredol y Strategaeth Ddigidol yn ymuno â DHCW ar 1 Ebrill 2022. Roedd y Cyfarwyddwr Pobl a Datblygu Sefydliadol wedi'i benodi a byddai'n dechrau ar ei swydd ym mis Mai 2022. Yr aelod olaf o strwythur newydd y Tîm Gweithredol oedd Cyfarwyddwr Gwasanaethau Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl. Byddai'r swydd hon yn cael ei hysbysebu ym mis Ebrill 2022;
- System Wybodaeth Gofal Cymunedol Cymru (WCCIS) – Cynhaliwyd cyfarfod gyda Chyfarwyddwr newydd y Rhaglen. Roedd Adolygiad Strategol WCCIS wedi'i gyhoeddi a'i gyflwyno i Fwrdd Arweinyddiaeth WCCIS. Roedd y canlyniad wedi'i gyflwyno i Gyfarwyddwyr DHCW i ystyried y canlyniad a'r camau nesaf o safbwynt DHCW;
- Gwobrau Impact Digital Leaders – Enillodd System Imiwneiddio Cymru (WIS) wobwr wych arall, sef gwobr Dewis y Bobl. Roedd hyn yn ganlyniad anhygoel i'r tîm y tu ôl i'r gwasanaeth brechu digidol.
- Cynhadledd Digital Health Rewired – Cafodd HT gyfle i gyflwyno yn y gynhadledd, i arddangos peth o waith DHCW yn ogystal â dysgu oddi wrth sefydliadau iechyd digidol eraill.
- Memorandwm Dealltwriaeth (MOU) gyda Gofal Cymdeithasol Cymru – Drafftwyd hwn rhwng y ddau sefydliad. Y diben oedd nodi bwriadau'r partïon, rolau a'r cyfrifoldebau, gan alluogi'r ddau sefydliad i gydweithio'n fwy cydweithredol.

Penderfynodd y Bwrdd:

NODI cynnwys adroddiad y Prif Swyddog Gweithredol.

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	Egwyl		
RHAN 5 - EITEMAU STRATEGOL			
5.1	<p>Strategaeth Ddata yr Adnodd Data Cenedlaethol (NDR)</p> <p>Cyflwynodd Ian Williams (IW), Cyfarwyddwr Cynorthwyol, Pensaerniaeth Ddigidol a Rebecca Cook (RC), Cyfarwyddwr Rhaglen Strategaeth Ddata'r NDR a thynnodd sylw at y canlynol:</p> <ul style="list-style-type: none"> • Datblygwyd Strategaeth Ddata NDR mewn cydweithrediad â thros 75 o randdeiliaid ar draws Iechyd a Gofal yng Nghymru; • Roedd y strategaeth yn asesu ac yn crynhoi'r cyflwr presennol, yn nodi themâu ac anghenion, yn ogystal â nodi gweledigaeth a nodau strategol; • Disgrifiodd y bensaerniaeth arfaethedig ar gyfer y platfform data, yn ogystal â nodi'r galluoedd technoleg sydd eu hangen i fodloni'r weledigaeth a'r model gweithredu targed, yn seiliedig ar ddull cynnyrch, ystwyth; • Roedd Grŵp Llywio Technegol yr NDR a'r Bwrdd Rhaglen wedi cymeradwyo Strategaeth Ddata'r NDR <p>Dywedodd David Selway (DS), Aelod Annibynnol fod trafodaethau wedi'u cynnal gyda Chyfarwyddwr y Rhaglen yn dilyn Sesiwn Datblygu'r Bwrdd ym mis Mawrth. Dywedodd mai'r Model Gweithredu Targed oedd y model cywir ar gyfer y platfform. Fodd bynnag, byddai angen Model Gweithredu Targed gwahanol wrth symud ymlaen i gyflawni'r strategaeth.</p> <p>Tynnodd RoG sylw at rai materion yr oedd yn teimlo bod angen mynd i'r afael â hwy o hyd gyda Strategaeth Ddata yr NDR. Esboniodd RoG mai'r rhaglen NDR oedd y sylfaen ar gyfer nifer sylweddol o weithgareddau a gefnogwyd gan DHCW, megis Gofal Iechyd sy'n Seiliedig ar Werth, Iechyd y Boblogaeth, yr Amgylchedd Clinigol Cenedlaethol. Eglurodd RoG ymhellach ei bod yn teimlo bod gan y rhaglen lawer mwy o risg nag a oedd yn gydnaws â'r Derbynioldeb Risg a gymeradwywyd gan y Bwrdd ym mis Tachwedd 2021. Mynegodd RoG ei barn ar bwysigrwydd sicrhau bod gan dîm yr NDR yr adnoddau cywir i'w darparu. Ychwanegodd RoG fod ei phryderon yn ymwneud â'r newid i gefnogi Cymru Iachach, heriau'n ymwneud â ffyrdd o gasglu data. Teimlai ei bod yn bwysig sicrhau bod digon o sganio'r gorwel yn cael ei gynnwys yn y rhaglen.</p> <p>Mewn ymateb, dywedodd HT fod rhaglen yr NDR ar ddechrau'r daith, gan bennu'r cyfeiriad ar gyfer dulliau a yrrir gan ddata a darparu'r platfform data a'r amgylchedd ar gyfer GIG Cymru i gyd. Esboniodd HT fod galluogi'r strategaeth yn flaenoriaeth o fewn DHCW.</p>	Nodwyd	Dim i'w nodi

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	<p>Penderfynodd y Bwrdd:</p> <p>NODI a CHYMERADWYO Strategaeth yr NDR fel galluogwr strategol i IMTP DHCW 2022/25.</p>		
<p>5.2</p>	<p>Strategaeth Cwmwl</p> <p>Cyflwynodd COL y Strategaeth Cwmwl a thynnodd sylw at y canlynol:</p> <ul style="list-style-type: none"> • Roedd y strategaeth cwmwl wedi'i datblygu ar y cyd o fewn DHCW gyda chyfranogiad gan bob Cyfarwyddiaeth a'r rhaglen NDR; • Roedd y strategaeth yn uchelgeisiol, gyda thîm y Strategaeth Cwmwl bellach yn canolbwyntio ar weithredu'r cynllun; • Cymerwyd dysgu gan eraill i weithredu'r strategaeth; • Yr uchelgais oedd mudo i'r Cwmwl erbyn 2024; • Teimlwyd y byddai'r Strategaeth Cwmwl yn diogelu'r sefydliad yn y dyfodol. <p>Darparwyd trosolwg o'r buddion sefydliadol, egwyddorion mabwysiadu, risgiau ac effeithiau sefydliadol allweddol. Roedd y rhain yn cynnwys meysydd megis:</p> <ul style="list-style-type: none"> • Gwell cydweithio; • Lleihau costau cyfalaf; • Mwy o ddibynadwyedd ac argaeledd gwasanaethau; • Cwmwl yn Gyntaf; • Rhyngweithredu a Chludadwyedd • Ffocws Defnyddwyr y Gwasanaeth • Nodwyd 19 o risgiau fel rhan o'r strategaeth a oedd yn cynnwys busnes, masnachol/technegol, cyllid a'r gweithlu; • Roedd map caffael yn cael ei ddatblygu a oedd yn ystyried y ddarpariaeth cwmwl fwyaf priodol ar gyfer dylunio'r cynnyrch technegol; • Dylunio ar gyfer gwydnwch a mudo cymwysiadau; • Y dull arfaethedig drwy ganolfan ragoriaeth Cwmwl a dynnodd sylw at dair colofn allweddol, Llywodraethu, Broceriaeth/Caffael/Cymuned sgiliau DHCW. <p>Awgrymodd RoG y gallai DHCW ystyried cynnull Bwrdd Cyngori Cwmwl a allai ddarparu lefel o fewnbwn ynghylch sgiliau a dynnwyd gan wahanol sefydliadau Gofal Iechyd sy'n darparu dull Cwmwl yn Gyntaf ac sydd wedi bod ar y daith hon.</p>	<p>Cymeradwywyd</p>	<p>CAM GWEITHRE DU: Ystyried Bwrdd Cyngori cwmwl.</p>

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	<p>Penderfynodd y Bwrdd:</p> <p>GYMERADWYO'R Strategaeth Cwmwl.</p>		
5.3	<p>Adroddiad Caffael Strategol</p> <p>Cyflwynodd MS yr adroddiad a chadarnhaodd fod dau gontract wedi'u cyflwyno i'r Bwrdd i'w cymeradwyo, yn ogystal ag un contract i'w ymestyn i'w nodi.</p> <p>Microsoft Azure – Ymestyn Contract, I'w Gymeradwyo</p> <p>Roedd yr estyniad arfaethedig hwn yn ymwneud â gwasanaethau a ymgysylltir â hwy wrth weithio drwy'r Strategaeth Cwmwl. Roedd y contract gwreiddiol o fewn terfyn cymeradwyo'r Prif Swyddog Gweithredol ond mae hyn bellach wedi rhagori ar y terfyn hwn. Felly roedd angen cymeradwyaeth Bwrdd Awdurdod Iechyd Arbennig. Hysbyswyd Llywodraeth Cymru hefyd.</p> <p>Dywedodd RoG fod y contract yn tynnu sylw at rai heriau wrth i DHCW symud i'r Cwmwl a gofynnodd sut y byddai hyn yn cael ei reoli wrth symud ymlaen? Mewn ymateb, cadarnhaodd COL y gofynnwyd am yr estyniad hwn oherwydd yr oedi gyda chontract Microsoft. Dywedodd COL ymhellach fod gwaith partneriaeth agos yn cael ei wneud gyda Chyllid a TGCh i ddatblygu adroddiad cwmwl sy'n dangos y defnydd a wneir gan wasanaeth i alluogi monitro.</p> <p>Datrysiaid Teleffoni Integredig ar gyfer Profi, Olrhain a Diogelu (TTP) – Estyniad Contract, i'w Nodi</p> <p>O ystyried y canllawiau diwygiedig ynghylch TTP, gofynnodd y Bwrdd pa mor debygol oedd y gweithgaredd hwn i barhau i gael ei gynnal? Mewn ymateb, cadarnhaodd HT fod hyn yn cael ei drafod gan y rhaglen TTP ar hyn o bryd, dan arweiniad Llywodraeth Cymru.</p> <p>Diolchodd RG i'r tîm am gyflwyno'r estyniad i'r contract mewn modd agored a thryloyw.</p> <p>Soniodd GQ am bwysigrwydd cael rhaglen TTP ar waith, er mwyn galluogi'r sefydliad i ymateb mewn mater brys, pe bai ei angen yn y dyfodol.</p> <p>Adnoddau Ymgynghori Arbenigol ar gyfer Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd</p> <p>Dywedwyd wrth y Bwrdd fod gan y contract hwn derfyn uchaf o 1.8M. Trafododd y Bwrdd bwysigrwydd y rhaglen DSPP, yn enwedig gofynion yr 'Ap'.</p> <p>Penderfynodd y Bwrdd:</p> <p>GYMERADWYO Estyniad Contract Microsoft Azure;</p> <p>GYMERADWYO'R Adnoddau Ymgynghori Arbenigol ar gyfer Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd;</p>	Cymeradwywyd	Dim i'w nodi

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	<p>NODI'R Datrysiaid Teleffoni Integredig ar gyfer Profi, Olrhain a Diogelu;</p> <p>NODI'R Gweithgaredd Caffael Strategol.</p>		
5.4	<p>Cynllun Gweithredu'r Cynllun Tymor Canolig Integredig (IMTP) a Datgarboneiddio</p> <p>Cyflwynodd MS yr IMTP i'r Bwrdd a thynnodd sylw at y canlynol:</p> <ul style="list-style-type: none"> • Roedd yr IMTP wedi'i rannu â'r Bwrdd drwy nifer o sesiynau Datblygu'r Bwrdd yn ystod ei ddatblygiad; • Cytunwyd ar Genhadaeth a Gweledigaeth fel sefydliad; • Mae'r strategaeth ar dudalen yn nodi gweledigaeth, diben a chenhadaeth DHCW; • Roedd y Gymraeg yn thema drwy gydol y cynllun; • Roedd y cynllun yn uchelgeisiol. Roedd yn nodi ymateb DHCW i ofnion COVID-19, busnes fel arfer, ynghyd â strategaethau newydd, rhaglenni digidol, canlyniadau strategol a datblygu cynaliadwy. <p>Nododd y Cadeirydd bod yr ymgysylltu cynnar â'r Bwrdd drwy sesiynau Datblygu'r Bwrdd yn werthfawr ac wedi'u croesawu.</p> <p>Cafodd y Bwrdd drosolwg byr, lefel uchel o'r Cynllun Gweithredu Datgarboneiddio.</p> <p>Penderfynodd y Bwrdd:</p> <p>GYMERADWYO Cynllun Gweithredu'r Cynllun Tymor Canolig Integredig (IMTP) a Datgarboneiddio</p>	Cymeradwywyd	Dim i'w nodi
	Egwyl		
RHAN 6 – LLYWODRAETHU, RISG, PERFFORMIAD A SICRWYDD			
6.1	<p>Adroddiad Cyllid</p> <p>Cyflwynodd COL yr Adroddiad Cyllid hyd at ddiwedd Chwefror 2022, a thynnwyd sylw at y meysydd canlynol:</p> <ul style="list-style-type: none"> • Roedd DHCW yn adrodd llwyddiant yn holl dargedau ariannol ar gyfer 11 mis cyntaf y flwyddyn ariannol; • Tanwariant refeniw o £0.428m a gwariant cyfalaf fel y cynlluniwyd gyda phroffil gwariant o £2m ar gyfer mis Mawrth 2022; • Parhaodd DHCW i gefnogi a gwella ymateb COVID yn y Rhaglenni Brechu a TTP; 	Nodwyd	Dim i'w adrodd

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	<ul style="list-style-type: none"> • Roedd disgwyl i'r targed arbedion presennol gael ei gyrraedd heb unrhyw risg; • Roedd balansau arian parod yn £4.8m ar ddiwedd mis Chwefror 2022; • Roedd yr ymarfer i ddatgysylltu asedau a rhwymedigaethau o fantolen Ymddiriedolaeth GIG Felindre wedi'i gwblhau a'i gymeradwyo gan Archwilio Cymru; • Ni nodwyd unrhyw risgiau ariannol diarbed i gyflawni'r targedau allweddol sy'n weddill gyda therfynau refeniw ac adnoddau cyfalaf 2021/22; • Parhaodd DHCW i fynd ar drywydd cyfleoedd cynilo. Arweiniodd y mentrau a weithredwyd o fewn TTP at osgoi £0.7m o gostau; • Roedd DHCW yn arwain y ffordd o ran negodi a chytuno ar ddiogelwch ychwanegol mewn ymateb i'r sefyllfa bresennol yn Wcráin wedi arwain at arbediad cyfunol o dros £2m i GIG Cymru. <p>Soniodd RG am y rhagolygon gwych a llongyfarchodd y tîm ar y sefyllfa bresennol.</p> <p>Penderfynodd y Bwrdd: NODI'R Adroddiad Ariannol</p>		
6.2	<p>Adroddiad Perfformiad Sefydliadol Integredig</p> <p>Cyflwynodd MS yr Adroddiad Perfformiad Sefydliadol Integredig ar gyfer y cyfnod Ionawr / Chwefror 2022 a thynnodd sylw at y meysydd canlynol:</p> <ul style="list-style-type: none"> • Gwnaed mwy o fesurau diogelwch yn ystod y sefyllfa ansicr sy'n parhau yn Wcráin; • Yn ystod y cyfnod bu cynnydd yn nifer yr achosion o COVID-19 o fewn y gweithlu; • Roedd dwy risg gorfforaethol yn ymwneud â'r cynllun, oedi recriwtio posibl a'r llwyth gwaith COVID-19 ychwanegol; • Roedd cynnydd i 79% o ran Cydymffurfiaeth i Adolygiadau Arfarnu Datblygiad Personol, ac roedd gwaith parhaus yn parhau er mwyn cyflawni'r targed o 85%; • Parhaodd y tasglu recriwtio i gael effaith gadarnhaol ar recriwtio. Roedd 324 o swyddi wedi'u llenwi hyd yma a 126 o swyddi gwag mewn recriwtio gweithredol. <p>Penderfynodd y Bwrdd:</p>	Trafodwyd	Dim i'w nodi

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	DRAFOD yr Adroddiad Perfformiad Sefydliadol Integredig.		
6.3	<p>Adroddiad Sicrwydd Risg a Bwrdd</p> <p>Rhoddodd CD drosolwg o'r adroddiad a dywedodd y canlynol:</p> <ul style="list-style-type: none"> • Ystyriodd adroddiad diweddaraf Tirweddau Byd-eang Hirdymor Fforwm Economaidd y Byd (2022) risgiau o safbwynt rhyngwladol. Tynnodd yr adroddiad sylw at nifer o feysydd sy'n berthnasol i DHCW, gan gynnwys cynnydd yn y risgiau seiberddiogelwch a welwyd yn fyd-eang; • Ar hyn o bryd roedd 20 o risgiau ar y gofrestr, a nodwyd 12 ohonynt yn yr adroddiad, 8 risg yn ymwneud â seiberddiogelwch, ac ystyriwyd y rhain ym mhob Pwyllgor Llywodraethu a Diogelwch Digidol (DG&S) mewn sesiwn breifat; • Roedd gwaith hefyd yn cael ei wneud drwy'r Gwasanaeth Gwella Gwasanaethau Seiberddiogelwch; • Ers cyfarfod diwethaf y Bwrdd, roedd 4 risg wedi'u hychwanegu at y gofrestr, roedd 8 wedi'u dileu neu eu hisgyfeirio; • Roedd dau risg arall wedi'u dileu ers cyhoeddi papurau'r Bwrdd, sef DHCW0267 a DHCW0274; • Roedd archwiliad dwfn wedi'i gynnal yn y Pwyllgor DG&S ynghylch DHCW0201 Buddsoddiad mewn Seilwaith, lle cynhaliwyd trafodaethau sylweddol ac yn y Bwrdd Rheoli hefyd ar ôl hynny. <p>Gwnaeth y Cadeirydd sylwadau ar gylch gwaith DHCW, gan gyflawni ar ran y system iechyd a gofal yng Nghymru, a'r angen i fuddsoddi mewn meysydd digidol ar draws holl Gyrff y GIG er mwyn sicrhau trawsnewid digidol. Trafodwyd rôl DHCW i ddylanwadu ar bwysigrwydd buddsoddi mewn digidol drwy nifer o fforymau.</p> <p>Dywedodd RoG fod y dysgu o'r ymosodiad seiber o lwerddon wedi'i drafod yn ystod sesiwn DG&S. Un maes allweddol oedd yr angen i weithio mewn partneriaeth. Roedd angen codi hyn hefyd ar draws pob fforwm priodol ledled GIG Cymru.</p> <p>Gofynnodd RG mewn perthynas â risgiau'r gweithlu, pe bai DHCW wedi ystyried costau byw a'r effaith y gallai hyn ei chael ar weithlu'r sefydliad? Mewn ymateb, cytunwyd y byddai'r risg yn cael ei hystyried.</p> <p>Penderfynodd y Bwrdd:</p> <p>DRAFOD A NODI'R Adroddiad Risg a Sicrwydd Bwrdd.</p>	Trafodwyd a Nodwyd	CAM GWEITHRED U: Dylid ystyried risg costau byw ar gyfer gweithlu'r sefydliad.
6.4	<p>Adolygiad Rheolau Sefydlog Iechyd a Gofal Digidol Cymru</p> <p>Cyflwynodd CD Reolau Sefydlog DHCW a thynnodd sylw at y</p>	Trafodwyd	Dim i'w nodi

	<p>diwygiadau a wnaed i'r rheolau sefydlog:-</p> <ul style="list-style-type: none"> - Clawr Blaen – Diweddarwyd y dyddiadau - Adran 7.2.5 – Y dyddiad erbyn pryd y dylid cynnal Cyfarfod Cyffredinol Blynyddol 22/23 - Mae'r Cynllun Dirprwyo wedi'i ddiweddarau yn unol â'r cyfrifoldebau a nodwyd a'r penodiad i'r swyddi gwag Cyfarwyddwr ar y Bwrdd yn barhaol neu dros dro - Cylch Gorchwyl y Fforwm Partneriaeth Lleol: <ul style="list-style-type: none"> o Mae'r cynrychiolwyr rheoli wedi'u diweddarau i adlewyrchu'r strwythur gweithredol newydd. o Mae'r cynrychiolwyr staff wedi'u diweddarau ar ôl ymgynghori ag aelodau'r Fforwm Partneriaeth Lleol o Diweddarwyd paragraff yr Ysgrifenyddion yn adran 4 i gynnwys y tîm Llywodraethu Corfforaethol o Ychwanegwyd Adran 8 i nodi'r adroddiadau rheolaidd i'r Bwrdd a ddarparwyd gan y grŵp • Nid oedd unrhyw newidiadau i'r Cyfarwyddiadau Ariannol Sefydlog na'r canllawiau Grant yn erbyn Caffael. • Cafodd y Bwrdd drosolwg lefel uchel cadarnhaol o gydymffurfiaeth y Rheol Sefydlog ar gyfer 2021/22 ac fe'i cynghorwyd mai'r cynllun ar gyfer y trosolwg cydymffurfio ar gyfer 2022/23 oedd adolygu adran fesul adran i fonitro cynnydd y sefydliadau. <p>Penderfynodd y Bwrdd:</p> <p>GYMERADWYO'R Rheolau Sefydlog; NODI'R cynnydd a wnaed hyd yma o ran eu gweithredu; GYMERADWYO Cylch Gorchwyl diwygiedig y Pwyllgor a'r Grŵp Cynghori.</p>		
6.5	<p>Adroddiad Polisi</p> <p>Cyflwynodd CD yr Adroddiad Polisi a darparodd y diweddariadau canlynol:</p> <ul style="list-style-type: none"> • Roedd nifer o bolisiau a nodwyd gan Fwrdd yr Awdurdod Iechyd Arbennig wedi'u cymeradwyo ac roeddent yn cael eu defnyddio ar draws y sefydliad; • Mae rhai ohonynt yn weddill ar y cam ailddrafftio, datblygu neu gwblhau ac maent yn mynd drwy'r broses gymeradwyo; • Roedd y Cynllun Iaith Gymraeg yn cael ei adolygu ar hyn o bryd gan Swyddfa Comisiynydd y Gymraeg, ac ar ôl ei gymeradwyo byddai angen ymgynghoriad cyhoeddus 12 wythnos; • Roedd y Strategaeth Gyfathrebu a'r Polisi Eiddo Deallusol wedi'u nodi ar gyfer gwaith pellach ac wedi'u cynllunio ar gyfer cyflwyno i'r Bwrdd ym mis Mai 2022; • Roedd y Strategaeth Ymchwil ac Arloesi wrthi'n cael ei datblygu 	Wedi'i Nodi a'i Gymeradwyo	Dim i'w nodi

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	<p>gyda chymeradwyaeth ddisgwyliedig ym mis Medi 2022;</p> <ul style="list-style-type: none"> Cyflwynwyd y Polisi Cyfathrebu a Rheoli'r Cyfryngau i'r Bwrdd i'w gymeradwyo, ac roedd hyn wedi'i gymeradwyo gan y Bwrdd Rheoli ym mis Chwefror 2022. <p>Penderfynodd y Bwrdd:</p> <p>NODI'R Adroddiad Polisi a CHYMERADWYO'R Polisi Cyfathrebu a Rheoli'r Cyfryngau.</p>		
6.6	<p>Cynllun Blynyddol Ansawdd a Rheoleiddio</p> <p>Cyflwynodd COL y Cynllun Blynyddol Ansawdd a Rheoleiddio a chadarnhaodd y canlynol:</p> <ul style="list-style-type: none"> Cyflwynwyd y cynllun i'r Pwyllgor Archwilio a Sicrwydd ym mis Ionawr 2022; Hwn oedd y Cynllun Ansawdd a Rheoleiddio cyntaf ar gyfer DHCW; Roedd dull mwy rhagweithiol yn cael ei ddatblygu i ansawdd; Roedd sefydlu'r tîm Ansawdd a Rheoleiddio o fewn DHCW wedi cryfhau ymrwymiad DHCW i Ansawdd a Rheoleiddio, gan ei integreiddio fel rhan o fywyd bob dydd. Roedd y cynllun yn ymdrin â gofynion a chynlluniau Archwilio Mewnol. <p>Penderfynodd y Bwrdd:</p> <p>GYMERADWYO'R Cynllun Blynyddol Ansawdd a Rheoleiddio.</p>	Cymeradwywyd	Dim i'w nodi
6.7	<p>Adroddiad Crynhoi Rhwydwaith Digidol Aelodau Annibynnol Cymru Gyfan</p> <p>Rhoddodd DS, Cadeirydd Dros Dro y Rhwydwaith drosolwg o'r cyfarfod diwethaf a gynhaliwyd ar 26 Ionawr 2022. Tynnwyd sylw at y canlynol:</p> <ul style="list-style-type: none"> Roedd David Selway wedi'i enwebu'n Gadeirydd y Rhwydwaith, a Maynard Davies, Bwrdd Iechyd Prifysgol Hywel Dda yn Is-gadeirydd; Roedd nifer dda yn bresennol yn y cyfarfod; Rôl y Rhwydwaith oedd sicrhau aliniad strategol, cydweithredu a rhannu gwybodaeth; Adolygwyd y Cylch Gorchwyl drafft yn y cyfarfod cyntaf; Cytunwyd i ohirio Cyfeillio Rhwydwaith a byddai'n cael ei adolygu ymhen 12 mis; Cafwyd cyflwyniadau yng nghyfarfod cyntaf y Rhwydwaith ar Flaenoriaethau Digidol DHCW, Trosolwg o Raglen Ddigidol 	Nodwyd	Dim i'w nodi

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	<p>DHCW a'r hyfforddiant Canolfan Gwasanaethau Cyhoeddus Digidol (CDPS) sydd ar gael.</p> <p>Penderfynodd y Bwrdd:</p> <p>NODI Adroddiad Crynhoi Rhwydwaith Digidol Aelodau Annibynnol Cymru Gyfan.</p>		
6.8	<p>Adroddiad Crynhoi Cynnydd Pwyllgor Llywodraethu a Diogelwch Digidol</p> <p>Cyflwynodd RoG, Cadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol yr adroddiad o'r cyfarfod diwethaf a gynhaliwyd ar 18 Chwefror 2022 a thynnodd sylw at y canlynol:</p> <ul style="list-style-type: none"> • Defnyddiwyd agenda gydsynio i adlewyrchu gwaith a wnaed yn arbennig mewn perthynas â Pholisi Llywodraethu Gwybodaeth gan gynnwys SAIL, cytundeb Darparu Gwasanaeth gyda NHS Digital yn ogystal â Safon Brydeinig 1008; • Cafwyd trafodaethau o ansawdd uchel mewn perthynas â risg; • Roedd y pwyllgor yn aeddfedu ac roedd cynnwys yr adroddiadau yn ddigonol i roi sicrwydd; • Teimlwyd bod y pwyllgor yn amgylchedd diogel ar gyfer trafodaethau agored a gwerthfawr. <p>Penderfynodd y Bwrdd:</p> <p>NODI Adroddiad Crynhoi'r Pwyllgor Llywodraethu a Diogelwch Digidol ar gyfer SICRWYDD.</p>	Derbyniwyd ar gyfer Sicrwydd	Dim i'w nodi
6.9	<p>Adroddiad Crynhoi Cynnydd y Fforwm Partneriaeth Lleol</p> <p>Rhoddodd COL Dirprwy Gyd-gadeirydd y Fforwm Partneriaeth Lleol drosolwg o'r cyfarfod a gynhaliwyd ar 8 Chwefror 2022 ac esboniodd:</p> <ul style="list-style-type: none"> • Trafodwyd Dangosfwrdd Perfformiad y Gweithlu yn fanwl; • Cafwyd diweddariad llawn gwybodaeth am sefyllfa'r Gweithlu Cenedlaethol, gan nodi'r diwrnod ychwanegol o wyliau blynyddol sy'n cael eu cymeradwyo ar gyfer 2021/22; • Derbyniwyd diweddariad defnyddiol gan holl Gynrychiolwyr yr Undebau Llafur; • Cafwyd trafodaeth ynghylch ffordd newydd arfaethedig DHCW o weithio hybrid o 1 Ebrill 2021. <p>Penderfynodd y Bwrdd:</p>		

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	NODI Adroddiad Crynhoi Cynnydd y Fforwm Partneriaeth Lleol ar gyfer SICRWYDD.		
6.7	<p>Adroddiad Crynhoi Cynnydd y Pwyllgor Taliadau a Thelerau Gwasanaeth</p> <p>Cyflwynodd y Cadeirydd adroddiad crynhoi cynnydd y cyfarfod diwethaf a gynhaliwyd ar 10 Mawrth 2022 a dywedodd:</p> <ul style="list-style-type: none"> Trafodwyd Amcanion ac Adolygiadau Perfformiad y Tîm Gweithredol. Cafwyd trafodaeth ddefnyddiol iawn ar bwysigrwydd cynnwys gwerthoedd craidd ym mhob un o amcanion y Tîm Gweithredol ac y dylid adlewyrchu'r rhain yn yr amcanion rheoli gwybodaeth; Cadarnhawyd tâl a thelerau'r gwasanaeth ar gyfer penodi'r Cyfarwyddwr Pobl a Datblygiad Sefydliadol; Nododd y Pwyllgor yr wybodaeth ddiweddaraf am swyddi Cyfarwyddwr Gweithredol Dros Dro Gweithrediadau Digidol a Chyfarwyddwr Gwasanaethau Digidol Sylfaenol, Cymunedol ac Iechyd Meddwl. <p>Penderfynodd y Bwrdd:</p> <p>NODI Adroddiad Crynhoi Cynnydd y Pwyllgor Taliadau a Thelerau Gwasanaeth er SICRWYDD.</p>	Nodwyd	Dim i'w nodi
RHAN 7 - MATERION I GLOI			
7.1	<p>Unrhyw faterion brys eraill</p> <p>Ni chodwyd unrhyw fater brys arall.</p>	Trafodwyd	Dim i'w nodi
7.2	<p>Dyddiad ac Amser y Cyfarfod Nesaf</p> <p>Dydd Iau 26 Mai 2022</p> <p>Daeth y cyfarfod i ben am 14:25</p>	Nodwyd	Dim i'w nodi

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Title	Date of Meeting	Business Area	Action/Decision Narrative	Action Lead	Due Date	Status/Outcome Narrative	Status
20220331-A01	31/03/2022	Workforce and Organisational Development	Cost of living risk be considered for the organisations workforce	Sarah-Jane Taylor	28/07/2022	This will be discussed at the SHA Board meeting in July	Underway
20220331-A02	31/03/2022	Finance and Business Assurance	To consider convening a Cloud Advisory Board	Claire Osmundsen-Little (DHCW - Director of Finance)	26/05/2022	Cloud Council established and now meeting regularly to oversee the cloud strategy	Complete

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DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN REPORT

Agenda Item	2.3
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Name of Meeting	SHA Board
Date of Meeting	26 May 2022

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

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

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

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 May meeting:

- COVID-19 Inquiry Update (via Audit & Assurance Highlight Report)
- Senior Information Risk Owners Annual Report
- Board Champions Update
- Independent Member Network Highlight Report

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

- Lessons Learnt from the Recruitment Taskforce
- DHCW Risk Appetite
- Shared Listening and Learning Framework Annual Review
- Welsh Government Digital Strategy
- Welsh Government Decarbonisation Return

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3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 A number of activities are currently underway to address the requirement to horizon scan both internally and across the system to inform the forward workplan for the Board.
- 3.2 Please see attached the updated forward workplan at item 2.3i Appendix A.

4 RECOMMENDATION

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

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Development of the new Digital 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
SHA Board	November 2021	Noted
SHA Board	January 2022	Noted

SHA Board	March 2022	Noted
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IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	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

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Digital Health and Care Wales Board Work Programme

Meeting Date	Standing items	Governance	Additional items
26 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 Strategic Procurement Report 	<ul style="list-style-type: none"> Risk Management and Board Assurance Framework Strategy IMTP Progress Update (Via IOPR) IM Digital Network Highlight Report 	<ul style="list-style-type: none"> Covid-19 Inquiry Update (included via Audit & Assurance Highlight Report) Senior Information Risk Owners Annual Report Board Champions Update
28 July 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 Strategic Procurement Report 	<ul style="list-style-type: none"> Annual Report Accountability Report IMTP Progress Update (Via IOPR) Annual Statutory Accounts IM Digital Network Highlight Report Equality Monitoring / Strategic Equality Plan DHCW Risk Appetite 	<ul style="list-style-type: none"> Shared Listening and Learning Framework Annual Review Welsh Government Digital Health Strategy Lessons learnt from the Recruitment Taskforce Welsh Government Decarbonisation Return
29 September 2022	<ul style="list-style-type: none"> Welcome and Introductions Minutes Declarations of interest 	<ul style="list-style-type: none"> IMTP Progress Update (Via IOPR) 	<ul style="list-style-type: none"> Research and Innovation Strategy DHCW Estates Strategy Communications Strategy 2022-23

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	<ul style="list-style-type: none"> • Action log • Forward Work Programme • Shared listening and learning – Patient/User Story • Chairs Report • Chief Executives Report • Review of Corporate Risk Register • Integrated Organisational Performance Report • Committee Highlight Reports • Financial Report • Risk Management and Board Assurance Framework Report • Strategic Procurement Report 		
24 November 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 • Strategic Procurement Report 	<ul style="list-style-type: none"> • Senior Information Risk Owner Annual Report • Half Year Performance Against Plan • IMTP Progress Update (Via IOPR) • IM Digital Network Highlight Report • Policy Update – IP Policy 	<ul style="list-style-type: none"> •
26 January 2023	<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 	<ul style="list-style-type: none"> • Audit Wales Structured Assessment and Audit Letter • Approach to End of Year Reporting • IMTP Approval • IMTP Progress Update (Via IOPR) • Board Cycle of Business (2023-24) • Board Champion annual review report 	

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	<ul style="list-style-type: none"> • Risk Management and Board Assurance Framework Report • Strategic Procurement Report 		
30 March 2023	<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 • Strategic Procurement Report 	<ul style="list-style-type: none"> • IMTP Approval • IMTP Progress Update (Via IOPR) • Emergency Planning Annual Report • Engagement Strategy • Performance Management Framework • Annual Review of Standing Orders • Board and Committee Effectiveness Self-Assessment • IM Digital Network Highlight Report 	<ul style="list-style-type: none"> •

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DIGITAL HEALTH AND CARE WALES BOARD CHAMPIONS

Agenda Item	2.4
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Name of Meeting	SHA Board
Date of Meeting	26 May 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Chris Darling, Board Secretary
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Approval
Recommendation	
<p>The Board is being asked to:</p> <p>APPROVE the Board Champion roles.</p> <p>NOTE the plan for future Board Champion reporting.</p>	

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Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
NWIS	NHS Wales Informatics Service	DG&S	Digital Governance & Safety Committee
A&A	Audit & Assurance Committee	IOPR	Integrated Organisational Performance Report
CEO	Chief Executive Officer		

SITUATION/BACKGROUND

- 1.1 Board champion posts have been introduced to Local Health Boards and NHS Trusts since 2003, to be held at non-executive (independent member), executive director level or both.
- 1.2 Welsh Health Circular WHC/2021/002 sets out a reduced number of Board Champion roles Welsh Government have identified as continuing to need to be fulfilled.
- 1.3 A Board Champion will provide Board leadership to ensure the area of interest is high on the agenda of Boards, acting as an advocate and the conscience of the Board on the area of interest.
- 1.4 Welsh Government policy leads are planning to introduce role descriptions for the Board Champion roles to provide greater clarity regarding the expectations of the role and for evaluating the effectiveness. Whilst this is developed and in order to give some guidance around expectation from these roles a DHCW Board Champion role profile has been developed.
- 1.5 The role is not an alternative to the collective accountability of the Board and where it is performed by an Independent Member (Non-Executive) it is complementary to the role of the Executive Director accountable for the area of interest.

SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 It is recognised that not all the Board Champion roles align to DHCW as directly as they do for Health Boards and NHS Trusts, however, DHCW have identified Board Champion leads for each area identified by Welsh Government, as set out in the table below:

Champion Role	DHCW Board Champion	Executive Director Lead if Board Champions role is an Independent Member Only
Fire Safety (E)	Executive Director of Finance	
Emergency Planning (E)	Executive Director of Strategy	

Caldicott (E)	Executive Medical Director	
Violence and Aggression (E)	Director of People and Organisational Development	
Infection Prevention and Control (NE)	Rowan Gardner (NE)	Executive Director of Finance
Armed Forces and Veterans (NE)	Rowan Gardner (NE)	Director of People and Organisational Development
Mental Health (VC)	Ruth Glazzard (VC)	Executive Medical Director
Equality (NE)	Grace Quantock (NE)	Director of People and Organisational Development
Children and Young People (E & NE)	Executive Medical Director (E), Ruth Glazzard (VC)	
Putting Things Right (E & NE)	Executive Medical Director (E), David Selway (NE)	
Raising Concerns (Staff) (E&NE)	Board Secretary (E), Marian Wyn Jones (NE)	
Welsh Language (E)	Executive Director of Strategy (E)	Marian Wyn Jones (NE)
Older Persons (NE)	Ruth Glazzard (VC)	Executive Medical Director
Research (NE)	Rowan Gardner (NE)	Executive Medical Director
NE = Non-Executive Director (Independent Member), E = Executive Director, VC = Vice Chair		

- 2.2 Where the Board Champion is identified as an Independent Member only requirement a member of the Executive Team has been identified to act as an officer lead for this area.
- 2.3 In addition to the Board Champion roles set out in the Welsh Health Circular, it should be noted a number of IM lead roles outside of the WHC roles have been identified and agreed with Independent Members as part of their objectives for 2022/23, these can be seen as Appendix A – IM Objectives 2022/23. In addition, it should be noted that DHCW has a Champion role for Counter Fraud, which is an officer role held by the Assistant Director of Associate Director of Information, Intelligence and Research.
- 2.4 An annual Board Champion report will be produced which will collate and highlight the key activities in relation to each Board Champion area, with input from the Board Champions. This Board Champion annual report has been included on the SHA Board forward work-plan.

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KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Board Champion roles were designed with Health Board and NHS Trust organisations in mind, before Special Health Authorities had been established in Wales. Not all Board Champion roles are therefore as directly relevant to DHCW as Health Boards and NHS Trusts.

RECOMMENDATION

- 4.1 The Board is being asked to:

APPROVE the allocation of Board Champion roles.

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
Management Board	16/05/22	Endorsed

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

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Appendix A – IM Objectives Board Champion and Lead Roles

Independent Member	Objective	
<p>Ruth Glazzard</p> <ul style="list-style-type: none"> • Contribution to Strategy Development • Contribution to Board Oversight and Governance • Contribute to Upholding the Highest Values and Standards of Behaviour • DHCW Ambassador internally and externally • Support the Executive Team in delivering the annual plan commitments as needed 	<p>Board Champion</p> <ul style="list-style-type: none"> • Mental health • Children and Young People • Older Persons 	<p>Additional Lead Role</p> <ul style="list-style-type: none"> • Provide IM advice and input to the stakeholder engagement strategy and plan with a focus on citizen and patient experience • Champion Primary, Community and Mental Health digital services • Champion the National Strategic Primary Care Programme • Provide IM advice and advocacy to the Decarbonisation and Quality and Regulatory agendas
<p>Rowan Gardner</p> <ul style="list-style-type: none"> • Contribution to Strategy Development • Contribution to Board Oversight and Governance • Contribute to Upholding the Highest Values and Standards of Behaviour • DHCW Ambassador internally and externally • Support the Executive Team in delivering the annual plan commitments as needed 	<p>Board Champion</p> <ul style="list-style-type: none"> • Infection Prevention and Control • Armed Forces and Veterans – Support Board Champion • Research Board Champion 	<p>Additional Lead Role</p> <ul style="list-style-type: none"> • Provide IM input to the development of the R&I Strategy • Provide IM input to the Population Health and Value Based Healthcare agenda • Champion the Cyber Security agenda
<p>Marian Wyn Jones</p> <ul style="list-style-type: none"> • Contribution to Strategy Development • Contribution to Board Oversight and Governance • Contribute to Upholding the Highest Values and Standards of Behaviour • DHCW Ambassador internally and externally • Support the Executive Team in delivering the annual plan commitments as needed 	<p>Board Champion</p> <ul style="list-style-type: none"> • Raising Concerns (staff) • Welsh language – Support Board Champion 	<p>Additional Lead Role</p> <ul style="list-style-type: none"> • Provide IM input to the Communications Function Review • Provide advice and input to DHCW Communications and Public Relations
<p>Grace Quantock</p> <ul style="list-style-type: none"> • Contribution to Strategy Development • Contribution to Board Oversight and Governance • Contribute to Upholding the Highest Values and Standards of Behaviour • DHCW Ambassador internally and externally • Support the Executive Team in delivering the annual plan commitments as needed 	<p>Board Champion</p> <ul style="list-style-type: none"> • Equality 	<p>Additional Lead Role</p> <ul style="list-style-type: none"> • Workforce and Professional Development
<p>David Selway</p> <ul style="list-style-type: none"> • Contribution to Strategy Development • Contribution to Board Oversight and Governance • Contribute to Upholding the Highest Values and Standards of Behaviour • DHCW Ambassador internally and externally • Support the Executive Team in delivering the annual plan commitments as needed 	<p>Board Champion</p> <ul style="list-style-type: none"> • Putting Things Right 	<p>Additional Lead Role</p> <ul style="list-style-type: none"> • Provide IM advice and input to the NDR Programme • Provide IM advice and input to the stakeholder engagement strategy and plan • Provide IM advice and input to the emerging product approach
<p>Vacancy</p>	<p>Board Champion</p>	<p>Additional Lead Role</p>

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DIGITAL HEALTH AND CARE WALES SHARED LISTENING AND LEARNING PRESENTATION – ELECTRONIC TEST REQUESTING

Agenda Item	3.1
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Name of Meeting	SHA Board
Date of Meeting	26 May 2022

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Sally Pritchard, Principal Project Manager
Presented By	Sally Pritchard, Principal Project Manager

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

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Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
ETR	Electronic Test Requesting		

1 SITUATION/BACKGROUND

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

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The presentation for the May Board meeting is from the Electronic Test Requesting Programme and focuses on the project timelines, aims and challenges.
- 2.2 The presentation highlights key lessons learnt from the project which include
 - User Centred Design
 - Health Board Resource
 - 'Go Live' Site Preparation
 - Collaboration
 - Business as Usual

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

4 RECOMMENDATION

The Board is being asked to:

DISCUSS the Shared listening and learning presentation.

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: N/A
Statement: N/A	

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Rhidian Hurle	May 2022	Approved

Tolley, Laura
05/19/2022 12:16:38

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

Tolley, Laura
05/19/2022 12:16:38



WELSH CLINICAL PORTAL

Electronic test requesting

DHCW Board Presentation:

Date of Board 26th May

*Prepared by: Laura
05/19/2022 12:16:38*

Sally Pritchard

Principal Project Manager



**GIG
CYMRU
NHS
WALES**

lechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales



ETR live

Pathology

Radiology

Result notifications

ETR in development

Histopathology

Phlebotomy

Cardiology

Radiology Primary Care

ETR to be funded

Endoscopy

Spirometry



Test requestor can see in WCP the status of the test request, with result notification on authorisation.

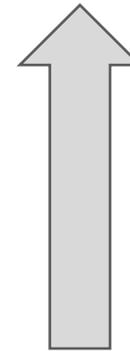
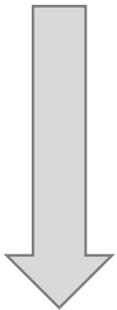


Doctor makes test request in WCP or GPTR



Test request is printed with barcodes

Lab receives sample and scans barcode



Phlebotomist or clinician takes sample and puts barcode label on sample



Sample with label is sent to lab

Tolley, Laura
05/19/2020 11:16:23

What are the aims?

- **Eradicate paper process**
- **Improve the user experience**
- **Digitise vetting**
- **Service efficiencies**
- **Provide a seamless, faster end to end digital service**

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MAIN CONSTRAINTS/RISKS/ISSUES TO SUCCESS

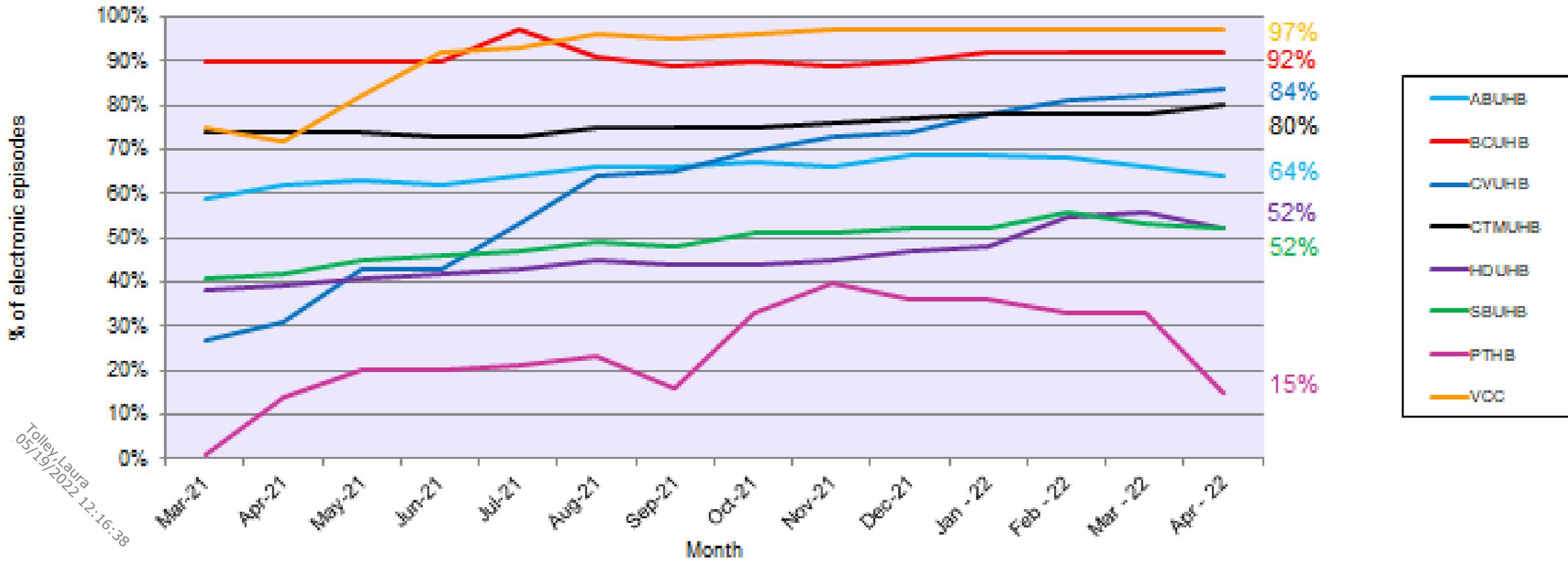
DHCW

- **Clinical and Service engagement**
- **Consensus**
- **Integration and Standards**
- **Resource constraints to design and develop across complex multiple systems.**

Users

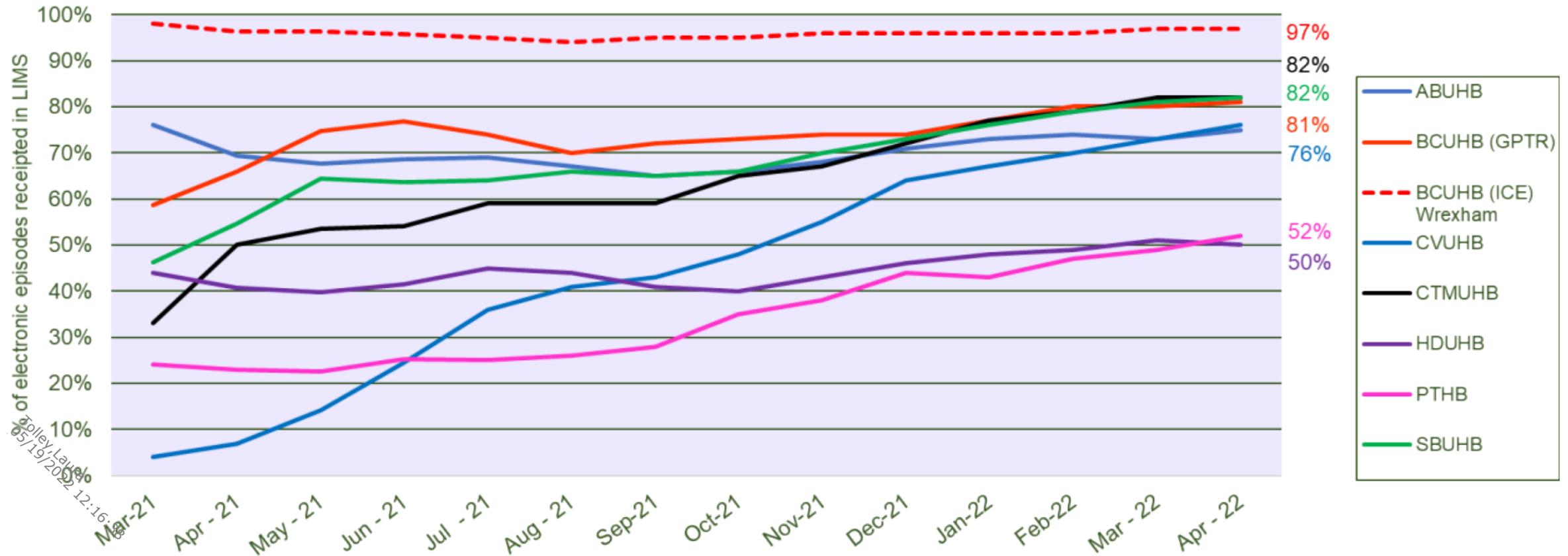
- **Connectivity**
- **Access to hardware and consumables (printers) on wards**
- **Business change**
- **Direction from clinical leads to use ETR and result notifications**
- **Appropriate health board resource**
- **Local frontline IT support (24/7)**

Percentage of electronic pathology test requests – secondary care

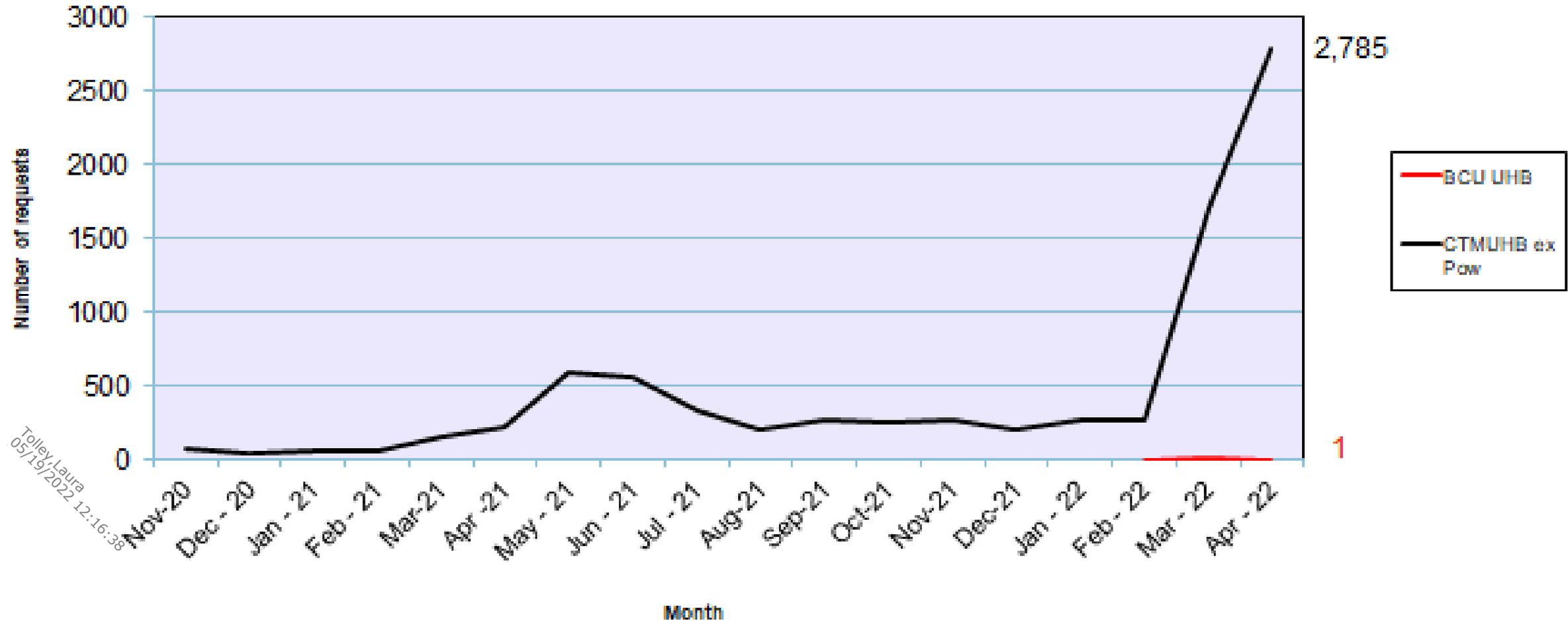


Tolley, Laura
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Percentage of electronic pathology test requests – primary care



Number of Radiology electronic test requests – secondary care



Tolley, Laura
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What were our key lessons?

- User centred design
- Health Board resource is needed
- Preparing site for go live
- Collaboration to deliver end to end service
- Plan for Business as Usual

Tolley, Laura
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DIGITAL HEALTH AND CARE WALES CHAIR'S REPORT

Agenda Item	4.1
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Name of Meeting	SHA Board
Date of Meeting	26 May 2022

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

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

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

05/06/2022 12:16:38
 T. Jones

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

1 SITUATION/BACKGROUND

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

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Ministerial Meeting with Chairs 24 March 2022

A meeting between NHS Body Chairs and the Minister for Health and Social Care took place on the 24 March. This meeting focused on a number of areas which have direct implications for DHCW, including:

- Current delivery issues – a system wide approach to emergency and urgent care escalation arrangements were discussed to include social care and system reset outcomes.
- Planning and strategy – How we operate to ensure a safer future in Wales and the ongoing requirements to manage COVID-19, as well as Health Body Integrated Medium Term Plans and the resource position for NHS Wales.
- Programme for government commitments – focusing on the a Healthier Wales Strategy and the prevention agenda.

The Minister reiterated the strategic importance she places on digital in NHS Wales.

2.2 DHCW Staff Awards

I was delighted to attend and present at the inaugural DHCW staff awards which took place on the 6 April 2022. The purpose of the staff awards is to recognise and celebrate the excellent work done by DHCW staff and teams throughout the year, reinforcing a compassionate culture where staff feel valued and recognised.

There were ten categories, seven of which aligned to the well-being goals in the Wellbeing of Future Generations Act. In addition to these seven award categories there was also the apprentice of the year, Chairman's award for team of the year and the Director's choice award. It was an honour to present the awards along with Helen Thomas, Chief Executive.

I would like to pass my congratulations onto all the nominees and winners, as well as thanking all nominators for putting in the effort to ensuring staff and teams across the organisation are recognised for their hard work.

Finally, I would like to thank the Workforce and Organisational Development team and Communications team for putting on such a fantastic event. DHCW staff can find out more about the evening and award winners via the DHCW sharepoint page: [Staff Recognition Awards 2022 \(sharepoint.com\)](#)

2.3 Committee Meetings

I am pleased to say that in-line with our commitment to openness and transparency of all DHCW Board business we have now started to record public Committee meetings and post these recordings onto the DHCW website. Since the last Board meeting the Audit and Assurance Committee met on the 3 May and the recording from this meeting can be found [HERE](#): In addition, the Digital Governance and Safety Committee has also met since the last meeting and the public part of the meeting can be found [HERE](#).

2.4 Chair Objectives

Since the last Board meeting, I have undertaken a full year self-assessment of my objectives set by the Minister for 2021/22 and submitted these to the Minister's office. These follow the half year self-assessment undertaken earlier in the year. I look forward to discussing the objectives, as well as achievements and challenges DHCW face when I meet with the Minister to go through these in June 2022.

2.5 DHCW Independent Member Vacancy

A lot of work has taken place, working with the Public Bodies Unit over the past two months to progress the DHCW Independent Member vacancy. The advert for this role has closed and the shortlisting process has now concluded, with a number of high calibre candidates due to be interviewed in early June. If we are able to successfully appoint to this post, this will bring the Independent Member element of the Board back up to full complement.

2.6 Introductory Meeting with the Future Generations Commissioner for Wales

On the 19 April myself and Helen Thomas, Chief Executive met with the Future Generations Commissioner for Wales, Sophie Howe. The Well-being of Future Generations Act is unique to Wales offering huge opportunity to make a long-lasting, positive change to current and future generations. The discussion was very productive and focusing on skills and workforce as well as highlighting the vital role DHCW plays to improve the social, cultural, environmental and economic wellbeing, and consider the long-term impact the decisions DHCW make will have on Welsh communities. I look forward to the follow up discussions we have planned with the

Commissioner.

2.7 Board Briefings

Since the last public Board meeting, we have held three Board briefing sessions, these have covered:

- The DHCW Commercial Strategy and approach to Cloud Procurement
- An introductory discussion with NHS Wales Shared Services Partnership (NWSSP)
- A User Centred Design training session facilitated by the Centre for Digital Public Services (CDPS)

2.8 Board Development

We held our most recent Board development day on the 5 May, which was the first time as Chair I have held a hybrid Board development session. The hybrid approach to the session worked well and it was good to have a blend of Board members face to face or join virtually. The day itself covered a number areas including:

- The draft Board Assurance Framework (BAF) – this included some good discussions on our strategic missions/objectives and the opportunities and threats to achieving these objectives.
- A Financial Overview of DHCW – This session included a deep dive into the DHCW accounts for 2021/22, and led to a useful discussion on the financial model needed to deliver digital transformation at pace.
- Welsh Government Health and Care Digital Strategy – Colleagues from Gartner attended on behalf of Welsh Government to update on the work undertaken to develop a Welsh Government Health and Care Digital Strategy, which included a

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discussion on the DHCW role within the health and care system delivering digital transformation and working with partners.

- Welsh Community Care Information System (WCCIS) – An update on the WCCIS was provided by the programme team, who were joined by Channel 3 who provided feedback on the strategic review of the programme undertaken.

I would like to thank Board members for their engagement and input to the day which was very productive.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

4 RECOMMENDATION

The Board is asked to:

NOTE the content of the report.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives Apply
CORPORATE RISK (ref if appropriate)	
WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	
DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	
HEALTH CARE STANDARD	Governance, leadership and 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 IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Tolley, Laura
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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	26 May 2022

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

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

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

05/05/2022 12:16:38

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

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, Digital Health and Care Wales (DHCW) since the last meeting.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Emergency Response Structure

I advised in my update to the Board in November 2021 that DHCW had re-instigated its emergency response structure in response to the COVID-19 omicron variant and the policy change regarding the vaccine booster programme. Since the last public Board meeting held at the end of March 2022 DHCW have stood down the emergency response structure and returned to operating as business as usual. It should be noted that digital requirements to respond to the vaccination programme continue, and this remains a core part of our IMTP delivery for 2022/23.

2.2 Staff Briefing

Our most recent virtual staff briefing session was held on the 3 May 2022 with over 500 DHCW staff tuning in to hear the live-streamed event, which is fantastic staff engagement, and I am very grateful to all those who joined and interacted in the session. We used the briefing to introduce one of the newest members of the executive team, Ifan Evans, the who has recently taken up his role as Executive Director of Strategy. Ifan gave his reflections on joining DHCW and his ambitions for the future of DHCW. There was excellent engagement and questions and answers for Ifan during the session. The session also allowed a discussion with staff about the return to a hybrid operating model going forward, where staff will blend working from home with attending their office, based on team and individual circumstances. We will evaluate staff

feedback on how the hybrid approach to working has gone in a few months' time.

2.3 Digital Medicines Portfolio Update

The new Programme Director and Senior Responsible Owner (SRO) recently met with the Minister for Health and Social Care to discuss the portfolio and milestones for the work planned. Work continues to define the scope, approach, and high-level delivery plans of the four programmes.

2.4 Sad Passing of the Head of Quality and Regulatory Services

It is with deep sadness that I advise of the sudden death of Konrad Kujawinski, Head of Quality and Regulatory Compliance, on Monday 4 April 2022. Konrad was a highly respected and valued member of the DHCW team, who made a huge impact embedding a quality culture to the new organisation. Konrad will be greatly missed, and I would like to offer my deepest condolences to Konrad's family, friends and colleagues at this sad time.

2.5 Executive Director Recruitment

I am pleased to advise that following his appointment, Ifan Evans joined DHCW as Executive Director of Strategy in early April and joins us today for his first public Board meeting. I am also pleased to say that following the successful appointment of Sarah-Jane Taylor to the role of Director of People and OD, Sarah-Jane took up her position in early May and joins us for today's public Board meeting.

Finally, I advised at the last Board meeting that I was exploring options to appoint an interim Executive Director of Operations, Gareth Davis was successfully appointed to this vital position and started at the end of April. Gareth also joins us for today's Board meeting.

The final member of the new executive team structure is the Director of Primary, Community and Mental Health Digital Services and I am working to get this role out of advert as soon as possible.

2.6 Cardiff and Vale University Health Board Strategic Engagement Session

On the 4 May 2022 the DHCW Senior Leadership team met with colleagues from Cardiff and Vale University Health Board. The session was attended by members of the Executive and Senior Leadership team from both organisations. The key priorities from a Cardiff and Vale UHB perspective were discussed, as well as the DHCW priorities and how each organisation can support each other over the coming months and years working collaboratively to progress common goals.

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2.7 Staff Conference

We held our first DHCW staff conference on the 5 and 6 April culminating in the staff awards on the evening of the 6 April. The conference was held over two days and opened by the Minister for Health and Social Services, Eluned Morgan, with over 600 DHCW staff tuned in. The final day was closed by the Chief Executive for NHS Wales and Director General for the Health and Social Services, Judith Paget. Over the course of the two days a number of presentations, discussions and workshops took place involving DHCW staff as well as colleagues from external and partner organisations. I'd like to thank all those who presented, tuned in and engaged with the sessions and the Communications team and other staff involved in delivering the two days.

2.8 UK Statistics Authority Accreditation

DHCW have recently achieved accreditation by the UK Statistics Authority under the requirements of the Digital Economy Act (DEA) following a review of the recommendations from the assessors by the Research Accreditation Panel. This is in respect of the specific area of work that will assure potential suppliers of data to the Secure Anonymised Information Linkage (SAIL) database (established within Swansea University), such as the Office for National Statistics (ONS), that DHCW are able to act as a Trusted Third Party. This accreditation will last for 5 years with a requirement for annual reviews to be undertaken by the UK Statistics Authority.

2.9 Workforce Data and Joint Strategic Working across DHCW, HEIW and NWSSP

On the 20 April I met with the Chief Executive of HEIW and Managing Director of NWSSP to discuss the shared interest in aspects of the workforce agenda and the use of data and analytics. A useful discussion was had between national organisations regarding the importance of workforce data, and seamless access to digital technology.

2.10 Cancer Informatics Programme

The Cancer Informatics Programme has changed the scope and implementation timeframes formally agreed via the Programme Board. The new date for go live with Velindre University NHS Trust for the replacement of the CANISC software is mid-November 2022. With Health Board plans to go live ahead of November 2022.

Tolley, Laura
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3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 There remains a gap in the DHCW executive team, with the Director of Primary, Community and Mental Health Digital Services due to be advertised imminently.

4 RECOMMENDATION

The Board is being 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	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 Appointments to the Board will ensure oversight of all areas of the business ensuring the quality and safety of operational services.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below There is a financial implication for the appointment of the DHCW Executive Directors.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Tolley, Laura
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DIGITAL HEALTH AND CARE WALES BOARD ASSURANCE FRAMEWORK REPORT

Agenda Item	5.1
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Name of Meeting	SHA Board
Date of Meeting	26 May 2022

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

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

Purpose of the Report	For Approval
Recommendation The Board is being asked to: NOTE the content of the report APPROVE the Principal risks to the strategic objectives/missions APPROVE the Board Assurance Report format	

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

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAF	Board Assurance Framework	RAG	Red, Amber, Green

1 SITUATION/BACKGROUND

- 1.1 The Risk and Board Assurance Framework Strategy was approved by the Board in May 2021. Since then, work has been undertaken to establish the risk appetite for the organisation, the associated tolerances and what that means for Digital Health and Care Wales (DHCW) operationally.
- 1.2 The Board Assurance Framework (BAF) included at item 5.1i Appendix A contributes to the overall Governance Assurance Framework. The definition for key controls and assurances are included.
- 1.3 Below is an outline of the differences between the Board Assurance Framework and the Corporate Risk Register.

Board Assurance Framework	Corporate Risk Register
<ul style="list-style-type: none"> Comprises strategic risks aligned to the organisation's strategic objectives – the risks which prevent the SHA from achieving the strategy Risks are organisational wide in their scope and impact Usually contains a small number of risks Risks are identified, defined and assessed by the executive team or board (<u>top-down</u>) Decision to include risks in the BAF, remove them, or adjust risk scores, is taken by the board Focus on assurance and controls 	<ul style="list-style-type: none"> Typically comprises operational risks arising from the SHA's day-to-day activities Some risks are organisational wide in nature, others are specific to particular services, projects or departments The number of risks varies but usually more than a BAF Risks are usually identified by services or departments themselves and escalated to corporate level (<u>bottom-up</u>) Escalation of risks to the corporate risk register, or de-escalation, is decided by the executive team (Lead Director), risk management group, Management Board Focus on risk mitigation

- 1.4 The Board Assurance Report Dashboard included at item 5.1ii Appendix B is designed to provide the Board with timely information on what the principal risks are to the delivery of the SHA's strategic objectives/missions and how the organisation is managing and/or mitigating the risks according to their risk appetite through the identified controls and assurances in place. It also highlights areas for improvement.

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2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 In line with the Board Assurance Framework each strategic objective will be owned by a director of the Board outlined below.

Strategic Objective/Missions	Director
1. Enabling Digital Transformation supporting joined up consistent care	Executive Director of Strategy
2. Delivering high quality technology, data products and services to support efficiencies and improvements in care processes	Executive Director of Operations
3. Expanding the content, availability and functionality of the digital health and care record so that care and treatment quality is improved	Executive Director of Strategy
4. Driving value and innovation for better outcomes and Value-Based care	Executive Medical Director
5. Becoming the trusted strategic partner and a high performing, inclusive, ambitious organisation supporting our workforce and stakeholders	Chief Executive Officer

2.2 Within the BAF report dashboard are:

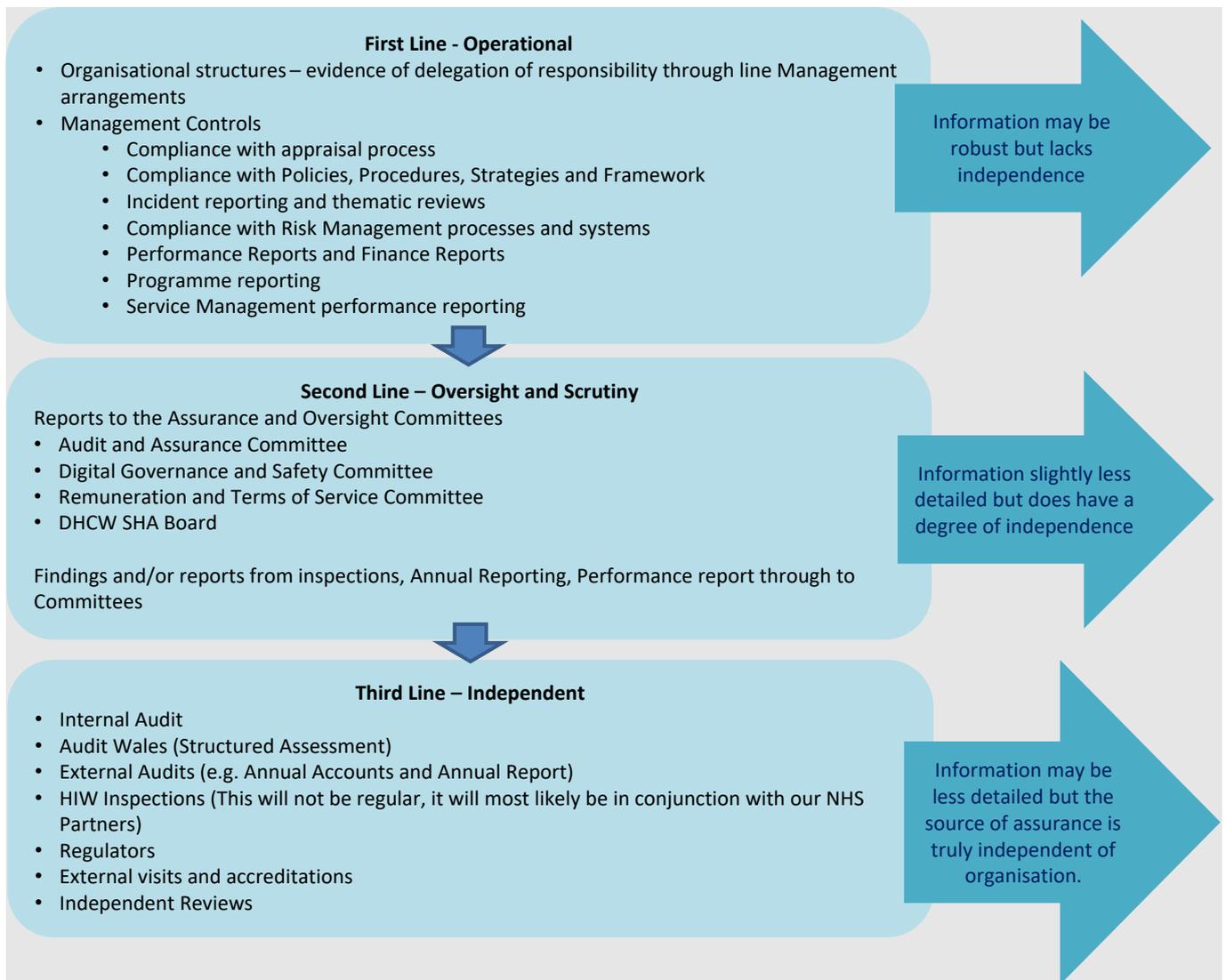
- the assurance summary which provides an overview of the current risk score vs target risk score and the rationale discussed and agreed by the Board and owned by the mission owner.
- Agreed risk domains, associated appetite and tolerances.
- the principal risks as defined through the work undertaken in the risk workshops (Summer – Autumn 2021) that included Board member (Executive and Independent Member) input as well as senior leaders from the wider organisation.
- A RAG assurance self-assessment rating undertaken by the lead Director which takes into account:
 - the controls and assurances in place
 - the corporate risks assigned to the relevant objective and their associated activity to mitigate
 - key actions to improve controls and assurance systems owned by senior leaders across the organisation.

2.3 Key terms used in the report:

- Principal Risks – are the primary risks to achieving our strategic objectives/missions
- Key Controls - are the mechanisms in place to protect against the threat of those risks, they help with the management of the risk and are made up of governance structures, policies and plans that further the protections against the principal risk

Tolley Laura
05/19/2022 12:05:38

- Assurances - are the mechanisms to provide evidence that the organisation is operationally effective in relation to the specific risk, either through direct operational reporting or scrutiny and oversight from other sources. Checking the design and implementation of critical controls is an important component of assurance. Below you can see some examples of the 1st, 2nd and 3rd line assurances.



2.4 The Board Assurance Framework will be reviewed twice a year for validity and progress by the Board. This will be planned for May and November each year but may change as necessary.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Work to identify the risk appetite for each strategic mission will take place in June and be presented to the SHA Board in July.

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- 3.2 Work regarding the timeframe for completion of the gap in controls and assurance action plan will continue to be validated with all operational and strategic leads in June for reporting to the July SHA Board.
- 3.3 The current RAG self-assessment is a placeholder, each strategic mission owner will undertake a quarter one review of the action plan status and provide a self-assessment and narrative progress report. Within the dashboard this is indicated as an amber rating.

4 RECOMMENDATION

The Board is being asked to:

NOTE the content of the report

APPROVE the Principal risks to the strategic objectives

APPROVE the Board Assurance Report format

5 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	All
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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: Good Governance supports all the quality standards	

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

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

[Workforce EQIA page](#)

Viewed by Laura
05/19/2022 12:16:38

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Audit and Assurance Committee	18 th January	ENDORSED
Board Development	5 th May 2022	ENDORSED
Management Board	16 th May 2022	ENDORSED
SHA Board	26 th May 2022	TBC

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	<p>Yes, please see detail below</p> <p>Effective management of risk has a positive impact on the quality and safety of the organisation</p>
LEGAL IMPLICATIONS/IMPACT	<p>Yes, please see detail below</p> <p>There can legal ramifications if compliance risks are not managed effectively.</p>
FINANCIAL IMPLICATION/IMPACT	<p>Yes, please see detail below</p> <p>There can financial ramifications if compliance risks are not managed effectively.</p>
WORKFORCE IMPLICATION/IMPACT	<p>No, there is no direct impact on resources as a result of the activity outlined in this report.</p>
SOCIO ECONOMIC IMPLICATION/IMPACT	<p>No. there are no specific socio-economic implications related to the activity outlined in this report</p>

Tolley, Laura
05/19/2022 12:16:38

DHCW RISK AND BOARD ASSURANCE FRAMEWORK

The framework outlines how assurance will be gained on the conduct of DHCW business, its governance and the effective management of the organisation’s risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided.

Document Version	1
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Status	Draft
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Document author:	Sophie Fuller, Corporate Governance and Assurance Manager
Approved by	Chris Darling, Board Secretary
Date approved:	
Review date:	

Tolley, Laura
05/19/2022 12:16:38

STRATEGIC OBJECTIVE	All Objectives apply
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A healthier Wales
If more than one standard applies, please list below: A globally responsible Wales	

<u>DHCW QUALITY STANDARDS</u>	N/A
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: Staff and Resources	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission:
Yes, applicable	Outcome: No impact
Statement: The policy was assessed for any possible or actual impact that it may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues) race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment found that there was no impact to the equality groups mentioned.	

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered this		
COMMITTEE OR GROUP	DATE	OUTCOME
Audit and Assurance Committee	18 th Jan 2022	Endorsed
Management Board	14 th Jan 2022	Reviewed
Weekly Directors	5 th Jan 2022	Reviewed
Management Board	21 st April 2022	Endorsed
SHA Board	26 th May 2022	TBC

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IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below The framework brings increased levels of quality and safety in the business of the Board and organisation.
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	Yes, please detail below Effective risk management and reporting provides the Board with assurance that socio economic considerations are made throughout business activity and decision making

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1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
01/12/2021	0.1	Sophie Fuller	Initial draft
31/01/2022	0.2	Sophie Fuller	Second draft

1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
31/12/2021	0.1	Chris Darling	Board Secretary
31/12/2021	0.1	Julie Ash	Head of Corporate Services

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Sophie Fuller
Role:	Corporate Governance and Assurance Manager
Signature:	<div style="text-align: center;">  <hr style="width: 200px; margin: 0 auto;"/> Author </div>

Approver's Name:	Chris Darling
Role:	Board Secretary
Signature:	<div style="text-align: center;">  <hr style="width: 200px; margin: 0 auto;"/> Approver </div>

1.4 DOCUMENT LOCATION

Type	Location
Electronic	Integrated Management System

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2 PURPOSE

The Board Assurance Framework (BAF) for Digital Health and Care Wales (DHCW) lays out the systems and operating guidelines for how the Board ensure control and assurance relating to strategic risks relating to its agreed objectives outlined within its 3 year Integrated Medium Term Plan.

3 SCOPE

The framework applies to all DHCW activities.

4 DEFINITIONS

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SO's	Standing Orders	SFI's	Standing Financial Instructions
BAF	Board Assurance Framework	TOR	Terms of Reference
IMTP	Integrated Medium-Term Plan	WG	Welsh Government

5 REFERENCES

DOCUMENT	VERSION
Risk and Board Assurance Framework Strategy	1
Risk Management Policy	1

6 INTRODUCTION

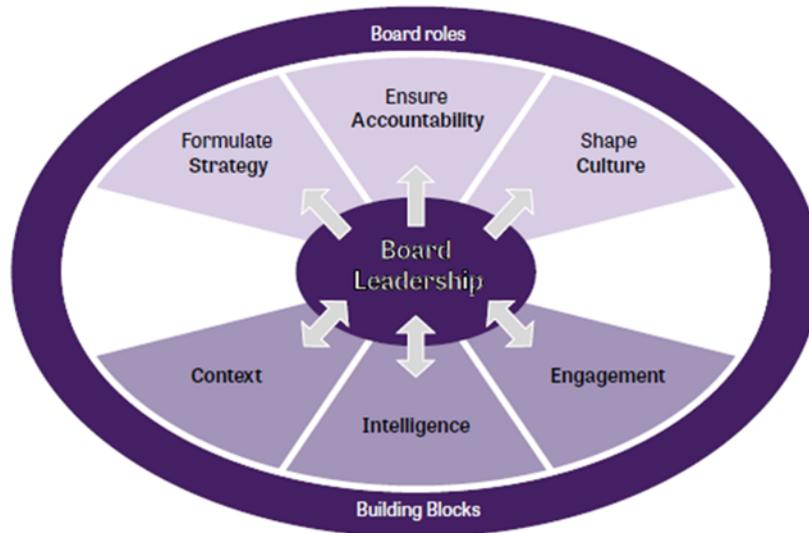
All NHS organisations in Wales are required to demonstrate good governance and ensure they are operating robust systems and processes to support this.

The Board needs to be confident that the systems and processes are operating in a way that is effective and is driving the delivery of objectives by focusing on minimising risk.

It is the responsibility of the Board to:

- Determine and clearly articulate its objectives;
- Identify the principal risks that threaten the achievement of these objectives;
- Agree the key strategic and operational plans that will deliver those objectives, and which encompass the controls and actions in place to manage the identified risks;
- Monitor delivery through robust performance and assurance measurements;
- Ensure that plans are in place to take corrective action where they are not assured that objectives will be fully delivered; and
- Engage with and listen to staff.

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(NHS Leadership Academy, 2013)

These requirements form the basis of the Board Assurance Framework.

An effective BAF:

- Provides timely and reliable information on the effectiveness of the management of major principal risks and significant control issues
- Facilitates escalation of risk and control issues requiring visibility and attention by senior management, by providing a cohesive and comprehensive view of assurance across the risk environment
- Provides an opportunity to identify gaps in assurance needs that are vital to the organisation, and to remove them (including using internal audit) in a timely, efficient and effective manner
- Can be used to raise organisational understanding of its risk profile, and strengthen accountability and clarity of ownership of controls and assurance therein, avoiding duplication or overlap
- Provides critical supporting evidence for the production of the Governance Statement
- Can clarify, rationalise and consolidate multiple assurance inputs, providing greater oversight of assurance activities for the Board/Audit & Assurance Committee in line with the risk appetite; and
- Facilitates better use of assurance skills and resources.

The BAF aligns principal risks, key controls, its risk appetite and assurances on controls alongside each objective. Gaps are identified where key controls and assurances are insufficient to mitigate the risk of non delivery of objectives. This enables the Board to develop and monitor action plans intended to close the gaps.

6.1 THE ASSURANCE CYCLE

The Board and the identified Committees within the scheme of delegation will undertake an annual self-assessment of the organisation's performance against the key themes highlighted within Citizen Centered Governance Principles.

The assurance system must therefore be designed to ensure that the Board can make this annual assessment. The outcome of this self-assessment is also a fundamental component of the Annual Governance Statement (AGS) which is published each year as part of the annual report and accounts.

The BAF will also undergo an annual review by the Board and the Audit and Assurance Committee to ensure the information contained within it is appropriately focused.

6.2 STRATEGIC OBJECTIVES 2022/23

The elements identified in the BAF provides assurance to DHCW's Board on the delivery of its objectives, outlined below:

- Enabling Digital Transformation
- Expanding the content, availability and functionality of the Digital Health and Care Record
- Delivering high quality technology, data products and services to support efficiencies and improvements in care processes
- Driving value and innovation for better outcomes and value based care
- Becoming the trusted strategic partner and a high performing, inclusive, ambitious organisation

6.3 RISKS

Against each objective the priority and the principal risk(s) which may stop the organisation achieving the objective will be set out.

Principal risks are defined as those that threaten the achievement of the organisation's priorities. It is essential that the Board identifies and oversees the principal risks, rather than reacting to the consequences of risk exposure. The identification of principal risks should be repeated at all levels within the organisation. The Board should ensure it assesses risk(s) as part of the decision-making process.

The organisation's Risk and Board Assurance Framework Strategy and [Risk Management Policy](#) outline the steps the organisation will take to identify, analyse, evaluate and control the risks that threaten the delivery of its strategic objectives and delivering against Integrated Medium-Term Plan (IMTP). The BAF Report will be used by the Board to identify, monitor and evaluate risks which impact upon strategic objectives.

The organisation has a Corporate Risk Register held in Datix, which details the top high-level risks for the organisation. This is shared at every Management Board and every SHA Board meeting for scrutiny and assurance. The relevant Committee will also be assigned risks, they will be responsible for scrutinising the management and mitigating action undertaken to provide assurance to the Board that effective management is taking place and thus minimising any impact or reducing the likelihood of occurrence.

6.4 CONTROLS

Key controls are defined as those controls and systems in place to assist in securing the delivery of the Board's strategic objectives. As part of the assurance process, the Board, through its Committees where appropriate, will need to assess whether current controls are adequate to provide assurance compared with the level of risk; controls must be proportionate to the risks identified.

Examples of key controls are:

- Standing Orders
- Standing Financial Instructions
- Schemes of Delegation, their Terms of Reference and annual business work cycle plan
- The corporate risk register
- Policies, procedures and written control documents
- Integrated Medium-Term Plan
- Operational plan
- Performance data
- Financial Management information

Further details on the controls used within the framework is in [section 8, appendix 1](#).

6.5 REPORTING

There is a reporting structure in place for reporting key risk information to the Board and Committees. There is a plan of business to be reported to the Board and Committees and the Corporate Risk Register allows the Board to identify what risks need to be reported upon. As already stated, Organisational risks will be presented at each Board meeting. Exception reports from service or locality will be presented to the Executive Management team and the relevant Committee routinely and be used to inform the development and review of the risk register.

DHCW's Integrated Organisational Performance Report will provide the Board and Executive Team with a high-level summary of performance, particularly in relation to the organisation's priorities for action.

Directorate / Discipline specific Performance Reports will provide the Executive Management Team a more detailed view of the performance to include annual delivery plan progress as well as the health of the operational services.

DHCW is also required to produce public disclosure statements as part of the assurance system. The Board Assurance system, as described in this paper, will culminate in the production of the Annual Governance Statement. These public disclosure documents together with the Financial Statements, Remuneration Report and other specific disclosures form the "Chapters" to the Annual Report.

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7 ROLES AND RESPONSIBILITIES

7.1 EXECUTIVE TEAM AND THE MANAGEMENT BOARD

The Chief Executive of the SHA is employed and appointed by the Board (with the approval of Welsh Ministers). They are the Board's principal adviser on the discharge of its functions and will be accountable to the Board. The Chief Executive's role is to provide operational leadership to the public body and ensure that the Board's aims and objectives are met, and the public body's functions and targets are delivered. In summary, the Board focuses on strategy, performance and behaviour – the Chief Executive advises the Board on all matters and is solely responsible for operational issues. The Chief Executive is the Accountable Officer for the organisation. The makeup of the Board is detailed in [Section 9, appendix 2](#).

To assist the Chief Executive in discharging their accountabilities, the Chief Executive is supported by the Executive Team which meets on a weekly basis for formative discussion and to support decision making.

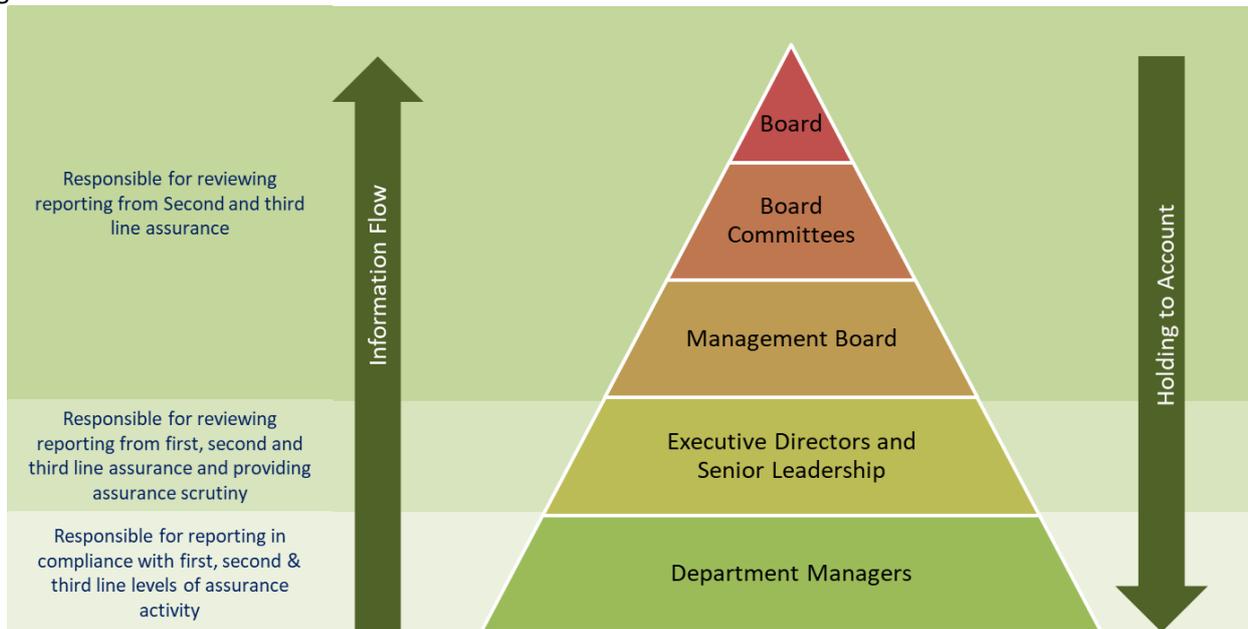
The Executive Team meet more formally with the wider leadership management group monthly in the Management Board which is the executive discussion, development, performance management and decision-making forum. It has strong links to all relevant governance forums inside and outside the organisation.

Monitoring quality and performance information occurs at all levels of the SHA to provide team to Board reporting. Performance, risk and incident reports are received at each Management Board meeting, providing the Management Board with oversight that the SHA is meeting internal and external targets for digital safety and performance. These reports are also the mechanisms for identifying under-performance and documenting exception reports and action plans. These exception reports are received by the Committee under the scheme of delegation from the Board as appropriate.

Processes for monitoring performance, managing risk, receiving assurance and escalating concerns are outlined in this BAF. These processes commence at team level, with assurance and escalation of risk managed as appropriate through to Board level. Figure 1 below demonstrates the route assurance and escalation takes in the SHA.

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Fig 1



7.2 COMMITTEES

The Board may and, where directed by Welsh Ministers must, appoint Committees of the Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions.

The remit and terms of reference of these committees are reviewed each year, together with an assessment of Committee effectiveness, to ensure robust governance and assurance arrangements are in place. The Board receives a regular report from each committee, as outlined within their Terms of Reference (ToR) at the Board meeting following each Committee meeting. This provides an effective structure with defined information flows for receiving assurance and identifying areas of concern which require escalation. The remit, authority and responsibility delegated to these Committees is detailed in the Committee ToRs which form a schedule of the SHA’s Standing Orders.

7.2.1 AUDIT AND ASSURANCE

The Board’s Audit and Assurance Committee advises and assures the Board and Accountable Officer on whether effective arrangements are in place to support them in their decision making and in discharging their accountabilities for securing the achievement of DHCW’s objectives, in accordance with the standards of good governance determined for the NHS in Wales.

7.2.2 DIGITAL GOVERNANCE AND SAFETY COMMITTEE

The Board’s Digital Governance and Safety Committee advises and assures the Board and Accountable Officer on whether effective arrangements are in place to support them in their decision making and in discharging their accountabilities regarding information governance,

security, digital assurance, information services and incident review and learning.

7.2.3 REMUNERATION AND TERMS OF SERVICE COMMITTEE

The Board’s Remuneration and Terms of Service Committee is responsible for providing advice and assurance to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government. It also provides assurance to the Board in relation to DHCW’s arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

7.3 ASSURANCE AND ESCALATION

7.3.1 ASSURANCE

As already explained assurance is the overriding governance that brings together the identified areas of control to ensure the systems for monitoring performance, decision making, and escalation are working.

A good system will bring together and triangulate internal and external assurance sources and should also be a combination of quantitative and qualitative information.

The organisation uses several methods for obtaining assurance, the below table details some of the high-level methods used.

7.3.2 INTERNAL AND EXTERNAL ASSURANCE PRACTICES

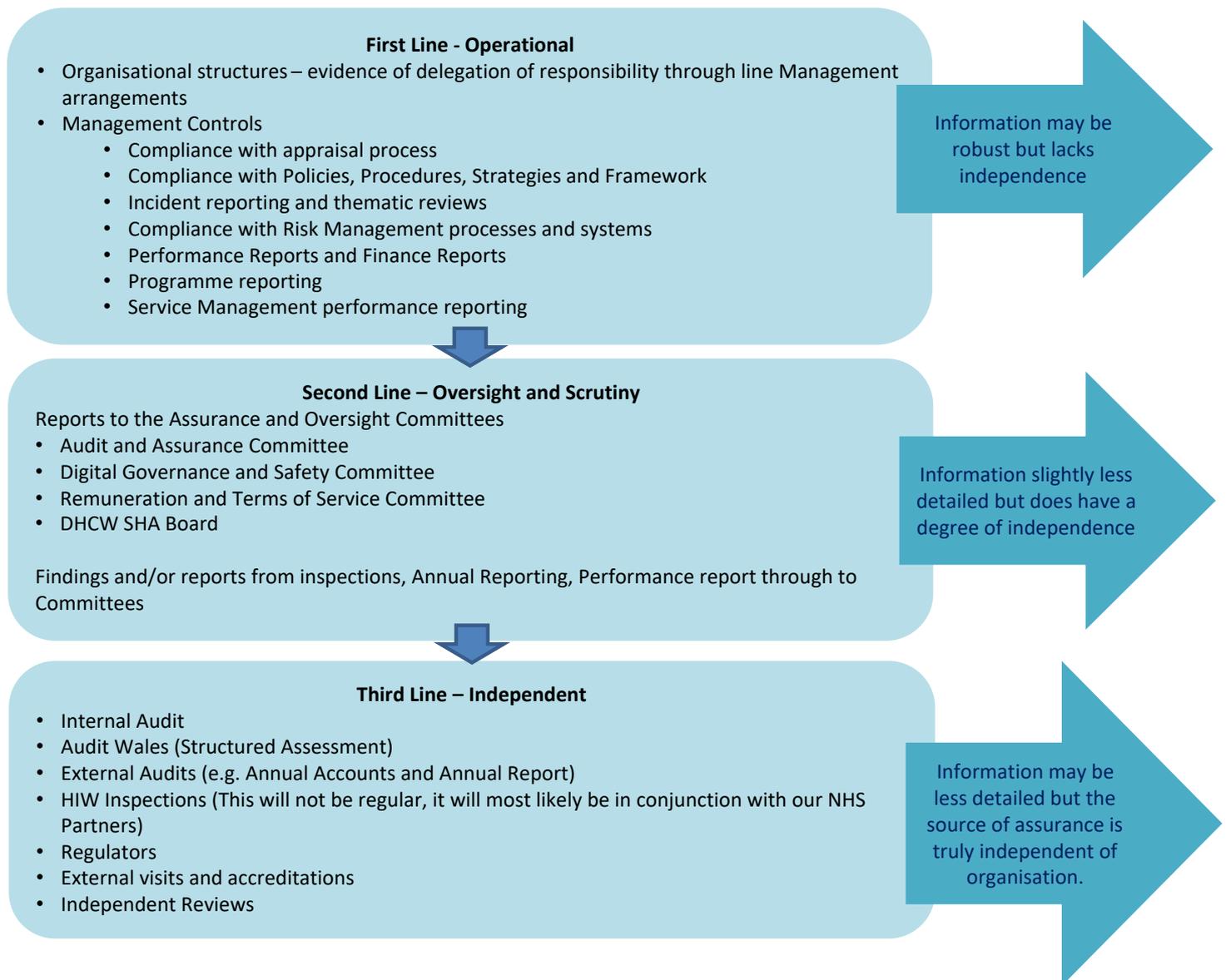
Internal	External
Standing Orders	Structured Assessment via Audit Wales
Standing Financial Instructions	WG Reports/Reviews
Scheme of delegation	WG assessment of IMTP
Compliance against legislation	Internal Audit Reports
Annual Self-Assessment	Quality Accreditation Schemes – ISO, BS and other Certification Audits
Board and Committee Reporting	Welsh Language Commissioner
IMTP	Wellbeing of Future Generations Commissioner for Wales
Counter-fraud reports	Welsh Risk Pool
Serious Incident Reports	Digital Economy Act Assessment
Annual Governance Statement	
Staff Survey	

7.3.3 LEVELS OF ASSURANCE

Below outlines the different levels of assurance the organisation is using. These have different

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levels of independence associated with the nature of the information collected. Using multiple methods from each level is the recommended way to provide a range of assurance to the Board.



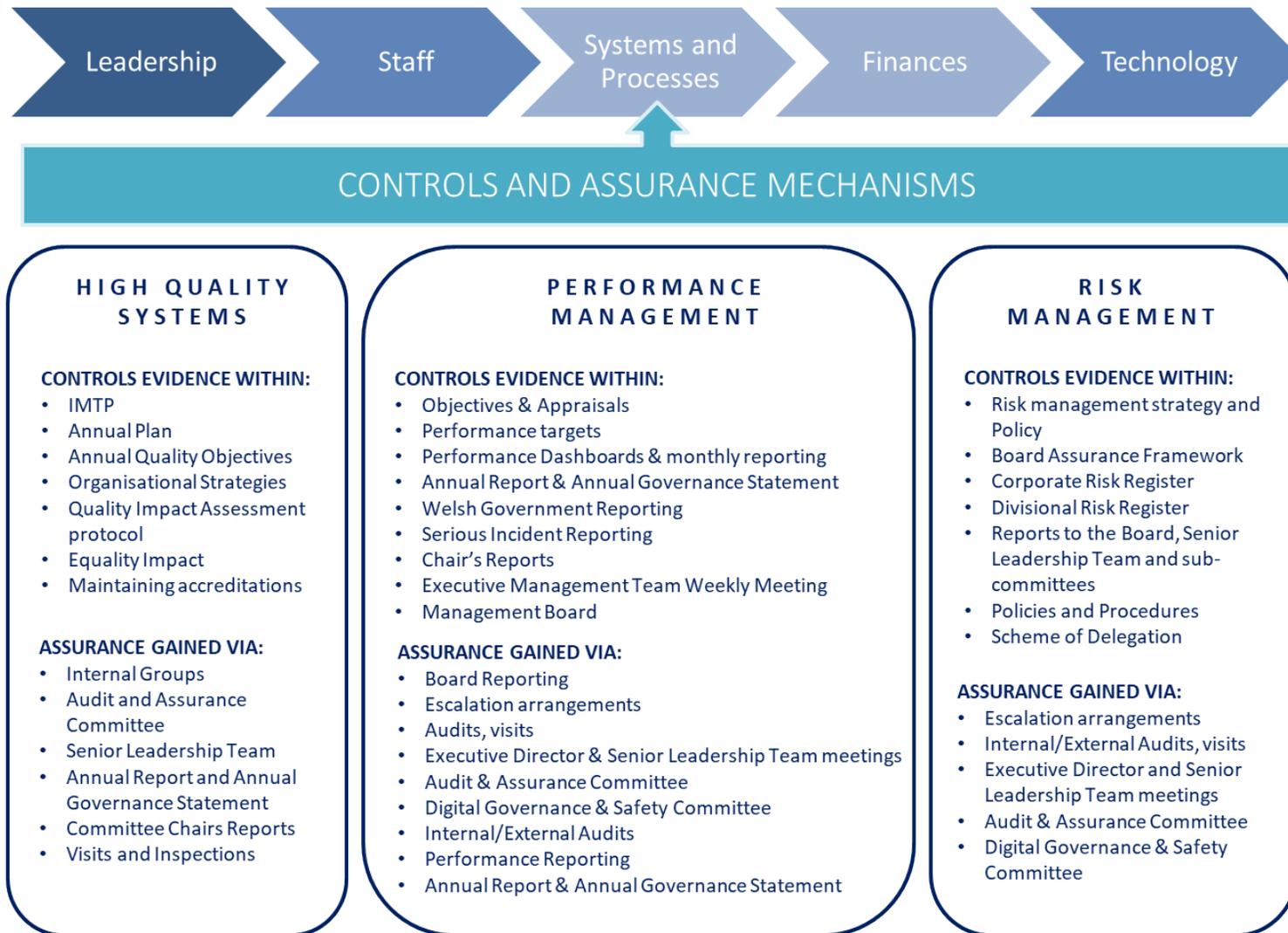
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7.3.4 DHCW BOARD ASSURANCE OPERATING MODEL

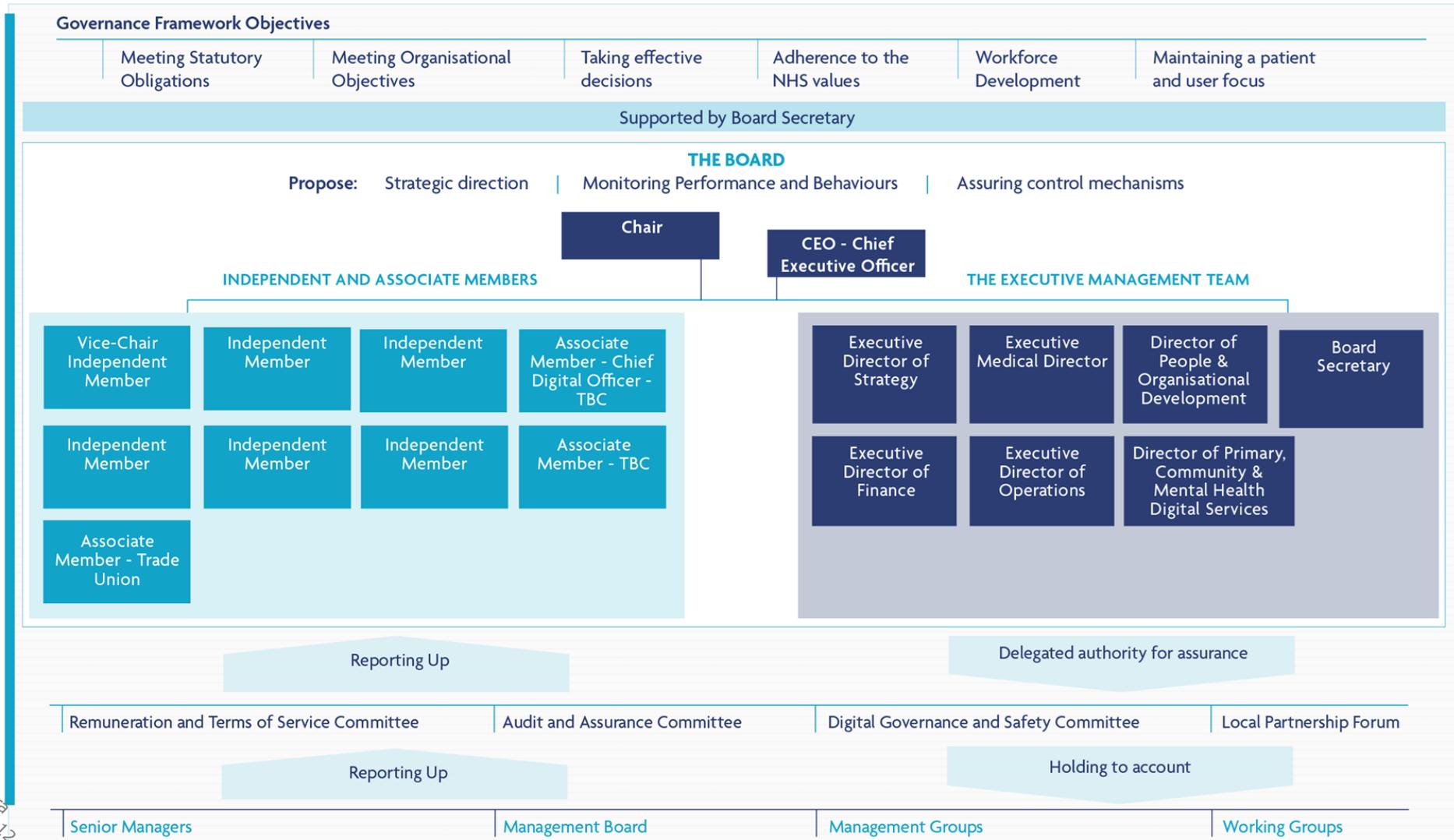


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8 APPENDIX 1 – Digital Health and Care Wales Control Framework



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9 APPENDIX 2 – Digital Health and Care Wales Board Structure

10 PRINCIPAL RISKS BY STRATEGIC OBJECTIVE/MISSION

<p>1. Enabling Digital Transformation supporting joined up, consistent care</p> <p>IF we do not co-design services with users supported by common standards and collaborative ways of working THEN our development may not meet user needs and there will be complexity and silos across our systems RESULTING IN not being able to transform at pace</p>
<p>2. Delivering high quality technology, data products and services to support efficiencies and improvements in care processes</p> <p>IF we do not deliver secure, accessible, resilient products and services of high quality THEN the ability of health and care partners to deliver and modernise services is compromised RESULTING IN less effective, less sustainable care that could cause harm and would not meet the expectations of patients or professionals</p>
<p>3. Expanding the content, availability and functionality of the digital health and care record so that care and treatment quality is improved</p> <p>IF we fail to expand the content, availability and functionality of the Digital Health and Care Record at the required pace THEN information could be incomplete, inconsistent, or held in different places RESULTING IN a reduced ability to use information to inform care and empower citizens, leading to better outcomes.</p>
<p>4. Driving Value and innovation for better outcomes and value-based care</p> <p>IF we do not focus on making use of data and innovation to improve outcomes THEN we may not be optimising value for citizens RESULTING IN less sustainable health and care services and reduced or delayed benefit for the public and patients.</p>
<p>5. Becoming the trusted strategic partner and a high performing, inclusive, ambitious organisation supporting our workforce and stakeholders</p> <p>IF we do not become a trusted partner and a high performing inclusive organisation THEN people will not want to work with and for us RESULTING IN a failure to achieve our strategic ambition of delivering world leading digital services</p>

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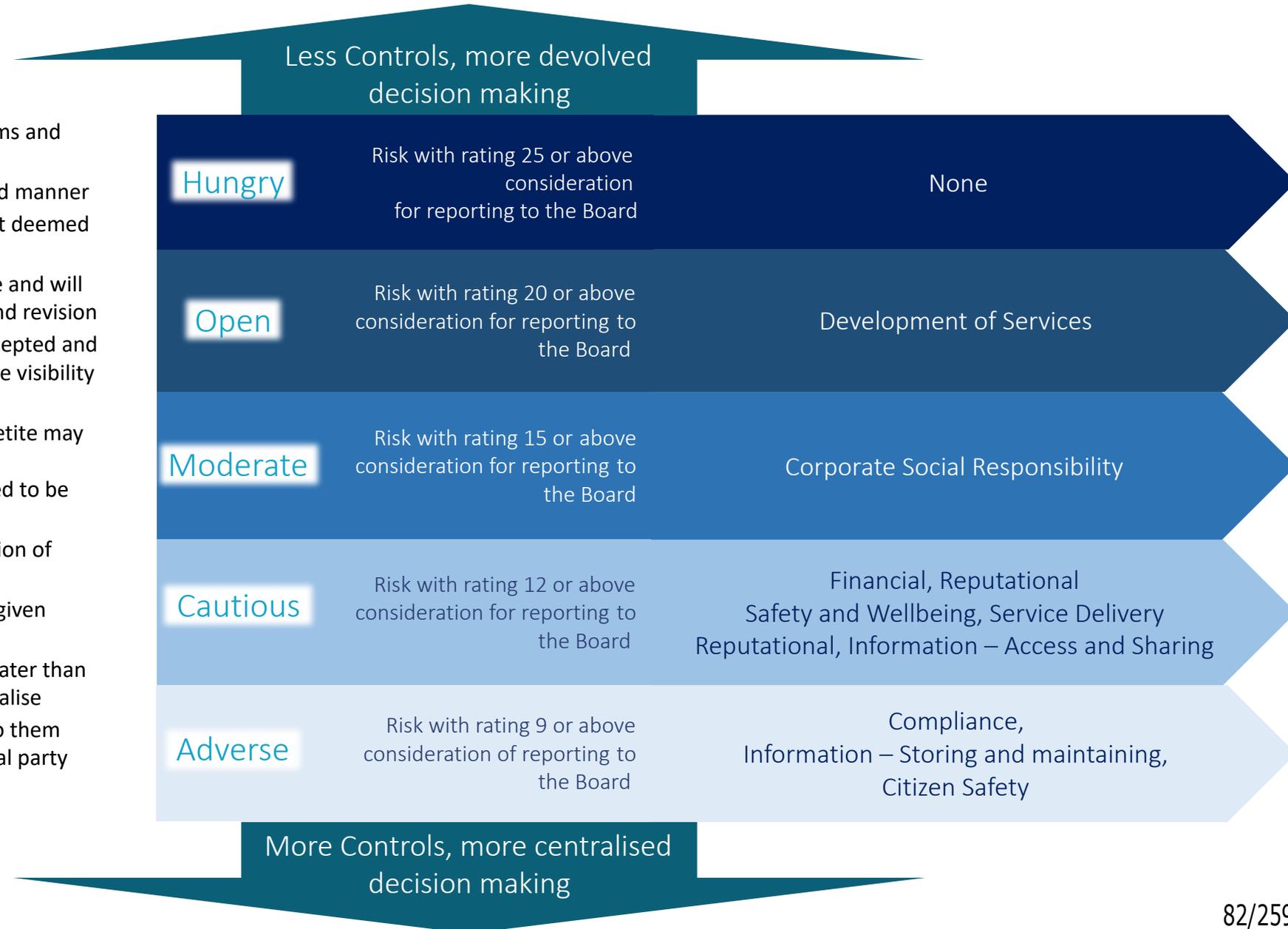
The Board Assurance Report Dashboard

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DHCW Risk appetite statement and tolerances

DHCW RISK APPETITE

- 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



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Principal risk summary

The Principal risk summary gives an overview of the Principal risk in relation to each of the DHCW strategic objectives and the rationale for the scoring.

Type	Detail	Current risk score and rationale	Target risk score and rationale
OBJ	1. Enabling Digital Transformation supporting joined up, consistent care		
PR	IF we do not co-design services with users supported by common standards and collaborative ways of working THEN our development may not meet user needs and there will be complexity and silos across our systems RESULTING IN not being able to transform at pace	16 - 4 (Likely) x 4 (Major) This risk score is derived from our analysis of systems as part of developing new strategies over the last twelve months.	4 – 1 (Rare) x 4 (Major) Each of our strategies addresses complexity and silos through a commitment to standards based open architecture, which is intended to streamline and simplify our systems and delivery interoperability.
OBJ	2. Delivering high quality technology, data products and services to support efficiencies and improvements in care processes		
PR	IF we do not deliver secure, accessible, resilient products and services of high quality THEN the ability of health and care partners to deliver and modernise services is compromised RESULTING IN less effective, less sustainable care that could cause harm and would not meet the expectations of patients or professionals.	9 - 3 (Possible) x 3 (Moderate) Established operational support is in place and work has been undertaken in recent years to improve the availability and security of the services, but further action is needed to ensure resilience and security is at the required level.	4 – 2 (Unlikely) x 2 (Minor) There are clearly articulated plans for the activity required to increase the resilience and security of the system which should reduce the risk to an acceptable level with careful scrutiny and monitoring.
OBJ	3. Expanding the content, availability and functionality of the digital health and care record so that care and treatment quality is improved		
PR	IF we fail to expand the content, availability and functionality of the Digital Health and Care Record at the required pace THEN information could be incomplete, inconsistent, or held in different places RESULTING IN a reduced ability to use information to inform care and empower citizens, leading to better outcomes.	12 – 3 (Possible) x 4 (Major) The digital health and care record has developed over recent years, but we know this expansion must continue at pace to ensure that patients and clinicians have the best possible information to support the achievement of high quality care outcomes.	6 – 2 (Unlikely) x 3 (Moderate) The new NDR strategy has set out a clear and prioritised road map for the single health record along side development in digital services such as WCP and WNCR. We will continue to explore enhanced functionality supporting use cases in the strategy and using AI.
OBJ	4. Driving Value and innovation for better outcomes and value based care		
PR	IF we do not focus on making use of data and innovation to improve outcomes THEN we may not be optimising value for citizens RESULTING IN less sustainable health and care services and reduced or delayed benefit for the public and patients.	16 – 4 (Likely) x 4 (Major) Fragmented approaches to driving value from data may result in lost opportunities to innovate, enhance operational delivery and improve health and care outcomes.	12 – 3 (Possible) x 4 (Major) A best practice approach and operating model to sharing data for operational delivery, research and innovation.
OBJ	5. Becoming the trusted strategic partner and a high performing, inclusive, ambitious organisation supporting our workforce and stakeholders		
PR	IF we do not become a trusted partner and a high performing inclusive organisation THEN people will not want to work with and for us RESULTING IN a failure to achieve our strategic ambition of delivering world leading digital services.	15 – 3 (Possible) x 5 (Catastrophic) As a new organisation the initial risk score reflects the work still to do in terms of continuing to be a learning organisation which will support recruitment and retention of staff as well as working collaboratively with partner organisations . This includes the implementation of the DHCW organisational structure and approach across the organisation.	5 - 1 (Rare) x 5 (Catastrophic) There are multiple activities that contribute to the delivery of the strategic objective and these include a focus on the digital workforce, recruiting and retaining the best talent, being organised in the most efficient and effective way, as well as working in a high trust environment with partners to enable digital transformation.

Principal risk heat map

Progress Report

The planned activity for the principal risks is for action April 22 – March 23 with aim to move towards or achieve the target risk score by then. The report will be presented to the SHA Board in May and November each year, it will provide a self assessment RAG status from the objective/mission owner to indicate the current areas of concern. Additionally it will give an overview of progress on the action plans to address any gaps and will provide narrative as to the trajectory of the principal risks.

Starting points for each risk are shown by numbers corresponding to the objective/mission in the heat map to the right, in future reports changes in score will be indicated through movement along the black line. Should a risk increase in score this will be highlighted by a dotted line and the number will be moved to that space.

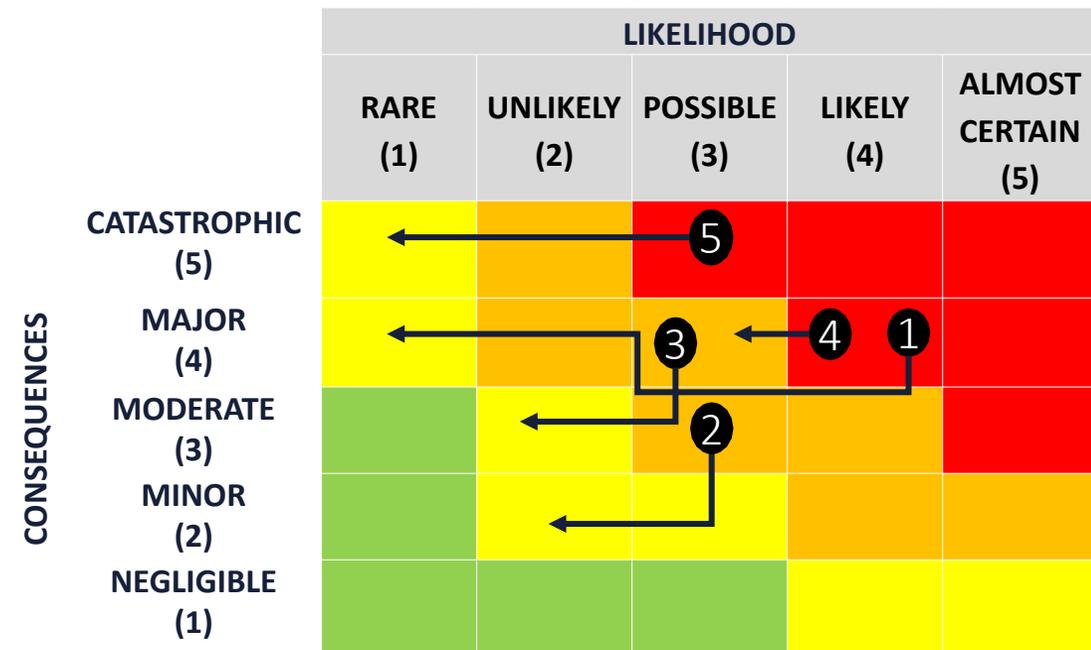
Strategic Principal Risk Impact Statement

Should any of the strategic risks being realised the consequence would include potential of harm to patients, impacts on the working conditions of staff, poor quality service, failure to achieve the required digital transformation at pace, potential litigation at both a corporate and personal level with financial and/or penal sanctions and/or significant reputational damage which could threaten the future of the organisation and it's success.

Questions to ask yourself:

- Is the progress of the action plans later in the report sufficient to achieve the target score?
- Are you satisfied the principal risks are still accurate and reflective with reference to the delivery of the strategic objectives?

Residual Principal Risk Severity Map (showing direction of travel to target)



MISSION 1: Enabling Digital Transformation supporting joined up, consistent care

EXECUTIVE OWNER: Director of Strategy

REPORTING PERIOD: 1ST April – 30th April 2022

DATE OF REVIEW: 26th May 2022

RAG STATUS: AMBER
Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks



SELF ASSESSMENT ASSURANCE RATING

TBC

KEY CONTROLS

TBC

ASSURANCE

RISKS	PRINCIPAL RISK 1	CURRENT SCORE	TARGET SCORE
	IF we do not co-design services with users supported by common standards and collaborative ways of working THEN our development may not meet user needs and there will be complexity and silos across our systems RESULTING IN not being able to transform at pace		16/25 4 (Likely) x 4 (Major)
	ASSOCIATED CORPORATE RISK/S	Risk Key: ★ New Risk ↔ Non-Mover ↓ Reduced ↑ Increased	
		CURRENT SCORE	TARGET SCORE
	0264 – Data Promise	4x3 = 12/25	1x4 = 4/25

CONTROLS AND ASSURANCE	KEY CONTROLS GAPS	ACTION PLAN	ASSURANCE GAPS	ACTION PLAN	PROGRESS ON ACTION PLAN – NARRATIVE PROVIDED BY EXECUTIVE OWNER
	<ul style="list-style-type: none"> Open Architecture Strategy - need to develop implementation plan NDR Data Strategy - develop an implementation plan Cloud strategy - develop an implementation plan <p><i>Tolley, Laura 05/19/2022 12:16:38</i></p>	<ul style="list-style-type: none"> Approval of the Open Architecture strategy and Implementation plan by SHA Board Create an implementation plan for the NDR data strategy Create an implementation plan for the cloud strategy 	<ul style="list-style-type: none"> Lack of organisational reporting on the compliance with the national data standards Lack of reporting on the delivery of the implementation plans as a result of approval of the NDR data strategy Lack of reporting on the organisational compliance with the Cloud strategy 	<ul style="list-style-type: none"> Create a method for monitoring compliance with the agreed standards with reporting to operational and assurance arenas Create DHCW compliance reporting against the NDR data strategy delivery plan Create DHCW compliance reporting against the Cloud strategy 	<p>Q1 progress report to be provided to the July Board meeting</p>

MISSION 2: Delivering high quality technology, data products and services to support efficiencies and improvements in care processes

RAG STATUS: AMBER
Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks



SELF ASSESSMENT ASSURANCE RATING

TBC

KEY CONTROLS

TBC

ASSURANCE

EXECUTIVE OWNER: Director of Operations

REPORTING PERIOD: 1ST April – 30th April 2022

DATE OF REVIEW: 26th May 2022

PRINCIPAL RISK 3	CURRENT SCORE	TARGET SCORE
IF we do not deliver secure, accessible, resilient products and services of high quality THEN the ability of health and care partners to deliver and modernise services is compromised RESULTING IN less effective, less sustainable care that could cause harm and would not meet the expectations of patients or professionals.	9/25 3 (Possible) x 3 (Moderate)	4/25 2 (Unlikely) x 2 (Minor)

ASSOCIATED CORPORATE RISK/S

Risk Key: ★ New Risk ↔ Non-Mover ↓ Reduced ↑ Increased

RISK REFERENCE	CURRENT SCORE	TARGET SCORE	RISK REFERENCE	CURRENT SCORE	TARGET SCORE
0228 – Fault Domains	4x3 = 12/25	3x2 = 6/25	**0278 - PRIVATE	5X3 = 15/25	2X5 = 10/25
**0229 - PRIVATE	3x4 = 12/25	3x2 = 6/25	**0279 – PRIVATE	5X3 = 15/25	2X5 = 10/25
**0257 – PRIVATE	5X3 = 15/25	5X2 = 10/25	**0280 – PRIVATE	5X3 = 15/25	2X5 = 10/25
**0277 - PRIVATE	5x3 = 15/25	2x5 = 10/25	**0281 – PRIVATE	3X5 = 15/25	2X3 = 6/25
0287 - Digital Priorities Investment Funding (DPIF)	4x4 = 16/25	3x4 = 12/25	**0282 - PRIVATE	3X5 = 15/25	2X5 = 10/25
0289 – Digital Inflation	4x4 = 16/25	3x4 = 12/25	**0286 – PRIVATE	3x4 = 12/25	2x4 = 8/25

KEY CONTROLS GAPS	ACTION PLAN	ASSURANCE GAPS	ACTION PLAN	PROGRESS ON ACTION PLAN – NARRATIVE PROVIDED BY EXECUTIVE OWNER
<ul style="list-style-type: none"> (User experience): (1) need to more consistently embed feedback on user centred design; (2) No systemic and routine implementation of the feedback across all services. 	<ul style="list-style-type: none"> Introduce User Experience Involvement Group; group to oversee implementation of the strategy ensuring consideration of feedback at every level 	<ul style="list-style-type: none"> Lack of assurance for widespread user experience on the range of systems 	<ul style="list-style-type: none"> Provide effectiveness reporting to the Product Owner, Senior Management Team and assurance reporting on how user feedback is being considered 	<p>Q1 progress report to be provided to the July Board meeting</p>

CONTROLS AND ASSURANCE

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MISSION 3: Expanding the content, availability and functionality of the digital health and care record so that care and treatment quality is improved

EXECUTIVE OWNER: Director of Strategy

REPORTING PERIOD: 1ST April – 30th April 2022

DATE OF REVIEW: 26th May 2022

RAG STATUS: AMBER
Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks



SELF ASSESSMENT ASSURANCE RATING

TBC

KEY CONTROLS

TBC

ASSURANCE

RISKS	PRINCIPAL RISK 2				CURRENT SCORE	TARGET SCORE
		IF we fail to expand the content, availability and functionality of the Digital Health and Care Record at the required pace THEN local solutions could be sought RESULTING IN disparate data stored outside the single record and potential impact on system wide digital transformation and patient care.				12 /25 3 (Possible) x 4 (Major)
	ASSOCIATED CORPORATE RISK/S			Risk Key: ★ New Risk ↔ Non-Mover ↓ Reduced ↑ Increased		
	0204 – Canisc System			CURRENT SCORE	TARGET SCORE	
				5X4 =20/25	3X2 = 6/25	
CONTROLS AND ASSURANCE	KEY CONTROLS GAPS	ACTION PLAN	ASSURANCE GAPS	ACTION PLAN	PROGRESS ON ACTION PLAN – NARRATIVE PROVIDED BY EXECUTIVE OWNER	
	<ul style="list-style-type: none"> User experience: (1) need to more consistently embed feedback on user centred design; (2) Create systemic and routine implementation of the feedback across all services. Clinical Feedback: (1) Need to formalise the mechanism for gaining more sophisticated understanding of clinical user need;(2) Continuous feedback from clinical users on the extent to which how digital is supporting joined up consistent care 	<ul style="list-style-type: none"> Introduce User Experience Involvement Group; group to oversee implementation of new systems on the clinical patient experience ensuring consideration of feedback at every level Create and seek approval for the clinical user feedback approach 	<ul style="list-style-type: none"> Reporting of structured feedback on services and systems at a Directorate and organisational level 	<ul style="list-style-type: none"> Create consistent approach to gathering feedback including establishing user groups to provide feedback Include learning and action from feedback into the assurance reporting to the relevant Committee 	<p>Q1 progress report to be provided to the July Board meeting</p>	

MISSION 4: Driving Value and innovation for better outcomes and value based care				RAG STATUS: AMBER Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks		TBC	TBC	
EXECUTIVE OWNER: Medical Director								
REPORTING PERIOD: 1 ST April – 30 th April 2022		DATE OF REVIEW: 26 th May 2022			SELF ASSESSMENT ASSURANCE RATING	KEY CONTROLS	ASSURANCE	
RISKS	PRINCIPAL RISK 4			CURRENT SCORE	TARGET SCORE			
	IF we do not focus our data and innovation on improving outcomes THEN we may not be optimising value for citizens RESULTING IN less sustainable health and care services and reduced or delayed benefit for the public and patients.			16/25 4 (Likely) x 4 (Major)	12/25 3 (Possible) x 4 (Major)			
	ASSOCIATED CORPORATE RISK/S		Risk Key:	★ New Risk ↔ Non-Mover ↓ Reduced ↑ Increased				
			CURRENT SCORE	TARGET SCORE				
	0269 – Switching Service		4x4 = 16/25	3x2=6/25				
0263 – DHCW Functions		4x3 = 12/25	4x1 = 4/25					
CONTROLS AND ASSURANCE	KEY CONTROLS GAPS	ACTION PLAN	ASSURANCE GAPS	ACTION PLAN	PROGRESS ON ACTION PLAN – NARRATIVE PROVIDED BY EXECUTIVE OWNER			
	<ul style="list-style-type: none"> Wales Information Government Board (1) WG need to identify policy lead to attend (2) Membership needs revision by WG to ensure membership is representative Information Asset Register (1) Finalise and close project and move to business as usual Research and Innovation Strategy (1) need to develop the strategy; (2) need to develop implementation plan Data Promise (1) need to develop the strategy; (2) need to develop implementation plan 	<ul style="list-style-type: none"> Consider WIGB's role as part of wider discussions through the NDR IG Working Group and it's interaction with other groups and make recommendation to WG Identify ownership of the 'Librarian role' Research and Innovation Strategy to be completed for sign off by the DHCW SHA Board Work with Welsh Government to define requirements and approach for data promise 	<ul style="list-style-type: none"> Routine reporting to monitor the health of the Information Asset Register Reporting on progress of implementation of the Research and Innovation Strategy Reporting on compliance with the elements of the data promise 	<ul style="list-style-type: none"> Create routine reporting for the Information Asset Register both operationally and to the relevant Committee Create reporting mechanisms for the R&I strategy both operationally and to the relevant Committee Create a reporting mechanism for compliance with the data promise both operationally and to the relevant Committee 	<p>Q1 progress report to be provided to the July Board meeting</p>			

MISSION 5: Becoming the trusted strategic partner and a high performing, inclusive, ambitious organisation supporting our workforce and stakeholders

EXECUTIVE OWNER: Chief Executive Officer

REPORTING PERIOD: 1ST April – 30th April 2022

DATE OF REVIEW: 26th May 2022

RAG STATUS: AMBER
Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks



TBC

TBC

RISKS

PRINCIPAL RISK 5

IF we are not recognised as a trusted partner and a high performing inclusive organisation THEN people will not want to work with and for us RESULTING IN a failure to achieve our strategic ambition of delivering world leading digital services.

CURRENT SCORE

15/25
3 (Possible) x 5 (Catastrophic)

TARGET SCORE

5/25
1 (Rare) x 5 (Catastrophic)

ASSOCIATED CORPORATE RISK/S

Risk Key: ★ New Risk ↔ Non-Mover ↓ Reduced ↑ Increased

RISK REF	CURRENT SCORE	TARGET SCORE	RISK REF	CURRENT SCORE	TARGET SCORE
0259 – Staff Vacancies	4x4 = 16/25	2x3 = 6/25	0237 - New requirements impact on resource and plan	4x4 = 16/25	3x3 = 9/25
0288 – Data Centre migration revenue funding	4x4 = 16/25	2x4 = 8/25	0208 – Welsh Language Compliance	3x4 = 12/25	1x4 = 4/25
0285 – Unfunded NI increase	4x3 = 12/25	2x3 = 6/25	0284 – Increased Utility Costs Financial Pressures	4x3 = 12/25	3x2 = 6/25

CONTROLS AND ASSURANCE

KEY CONTROLS GAPS ACTION PLAN ASSURANCE GAPS ACTION PLAN PROGRESS ON ACTION PLAN

- DHCW ISO Internal audit plan
- Create Corporate succession plan to outline (initially) succession into the top three tiers
- Welsh Language Scheme - (1) Need to finalise the Scheme and seek Board sign off (2) Need to set up assurance activity to review compliance as part of the Corporate Governance Audit Schedule
- Communications strategy for DHCW (1) Create strategy and seek sign off (2) Create new KPI's to measure the impact
- People and OD Strategy (1) need to develop the strategy; (2) need to develop implementation plan

- Finalise ISO Internal audit plan for 22/23
- Corporate Succession Plan to be completed
- Consult on and Sign off Welsh Language Scheme
- Communications Task and finish group to review current draft and submit a revised strategy to Management Board
- People and OD Strategy and implementation plan to be completed for sign off by the SHA Board by

- Lack of assurance mechanism in relation to effectiveness of DHCW ISO Internal Audit plan
- Reporting on the progress of the succession plan
- Progress reporting on effectiveness of implementation of Communications strategy
- Progress reporting on effectiveness of implementation of People and OD strategy
- Lack of assurance mechanism in relation to the effectiveness of the Health and Wellbeing group
- Lack of assurance mechanism in relation to effectiveness of Governance Assurance Framework
- Progress of implementation of stakeholder engagement plan

- Create reporting parameters for DHCW ISO Internal Audit Plan
- Create regular review mechanisms for the Corporate Succession plan
- Create reporting on the Communications strategy both operational and assurance
- Create reporting on the People and OD strategy both operational and assurance
- Create reporting mechanism on activities of the H&WB group and feedback on activities
- Create reporting parameters for Governance Assurance Framework
- Create 6-monthly report on stakeholder engagement as part of the SHA Integrated Organisational Performance Report

Q1 progress report to be provided to the July Board meeting

DIGITAL HEALTH AND CARE WALES STRATEGIC PROCUREMENT REPORT

Agenda Item	5.2
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Name of Meeting	SHA Board
Date of Meeting	26 May 2022

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

Executive Sponsor	Ifan Evans, Executive Director of Digital Strategy
Prepared By	Matthew Perrott, Deputy Head of Commercial Services Michelle Sell, Director of Planning & Performance and Chief Commercial Officer
Presented By	Michelle Sell, Director of Planning & Performance, and Chief Commercial Officer

Purpose of the Report	For Approval
Recommendation	
The Board is being asked to APPROVE the Contract Awards as detailed in Appendix 1.	

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Acronyms	
CRM	Customer Relationship Management System
DC1	Data Centre 1
DC2	Data Centre 2
DHCW	Digital Health & Care Wales
DRMS	Dental eReferral Management System
EA	Enterprise Agreement
ICT	Information & Communication Technology
LAR	Licence Agreement Reseller
MEAT	Most Economically Advantageous Tender
NPS	National Procurement Services
PCR2015	Public Contract Regulations 2015
SDN	Software Defined Network
SFI	Standing Financial Instructions
SHA	Special Health Authority
SO	Standing Orders
VAT	Value Added Tax

1. SITUATION/BACKGROUND

- 1.1 The Commercial Services Team, within the Engagement and Digital Transformation Services Directorate, in Digital Health and Care Wales (“DHCW”) manage a range of contracts supporting both National services and the internal requirements of the organisation itself. The procurement of these contracts is also led by the Team, which includes several, specialist, procurement staff from the NHS Wales Shared Services Procurement Service.
- 1.2 In accordance with the scheme of delegation in DHCW’s Standing Financial Instructions Contracts to be awarded with a total contract value which exceeds £750,000 (excl. VAT) will be presented for the Board’s approval. In addition, the Board will also be required to approve any contracts which are to be extended either outside their initial term and/or in excess of the executed contract value.

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

- 2.1 Appendix 1 sets out 3 Contract Award Approvals for the consideration of the Board.

An overview of the contractual activity requiring approval is provided below:

- (i) P451.01 Dental e-Referral Management System
- (ii) P784 Networking Equipment for Replacement Data Centre 2
- (iii) P159.06 Microsoft Enterprise Agreement

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(i) P451.01 Dental eReferral Management System (“DRMS”) Contract

Contractor: Referral Management Services Limited
Term: 1st June 2023 to 31st May 2027 with the option to extend for a further two (2) years
Value: £2,250,000.00 ex VAT (including option to extend)
Approval Requested: Contract Award

Context/Background

The first contract for which approval is sought is for the Dental eReferral Management System (“DRMS”). The proposed contract is a renewal of the existing DRMS Service that expires on the 31st of May 2023 and is fully funded by Welsh Government up to £375,000.00 per annum to improve the quality of referrals and reduce patient waiting times to treatment across Wales.

The proposed contract is a continuation of the All Wales approach for digital solutions that began in 2018 in that the solution is to be nationally available and can process all “in scope” dental referrals across Wales.

The system is fully auditable to support clinical safety and reliable and timely data will be readily available to assist with managing referral quality, pathways, and planning services.

The DRMS Service for Wales will manage all referrals to dental specialties by facilitating the most appropriate allocation of cases referred for specialist dental care to the most appropriate service (as advised by Health Board local directory of services). DRMS will be a component part of pathway management and planning, to ensure that pathways are developed and adhered to, and service providers manage the available pathways appropriately and in their entirety for patient benefit.

This procurement was undertaken as an Open Procurement Procedure in accordance with Regulation 27 of the Public Contracts Regulations 2015 (“PCR2015”).

The Contract is for a period of four (4) years, to commence 1st June 2023 to 31st May 2027, with the option to extend for a further two (2) years in increments not less than twelve (12) months. The maximum term for the contract shall be six (6) years. Welsh Government provides the funding of £375,000.00 (ex VAT) per annum. The maximum contract value is £2,250,000.00 (ex VAT) for the term of the agreement.

The contract is robust and has been executed under the Terms and Conditions for the provision of Services (May 2018). The on-boarding including migration and implementation is a low risk as it is proposed to award to the current incumbent supplier.

Referral Management Services (formally known as FDS) is a Cheshire based company who were originally awarded a contract in June 2018 to deliver Dental Referral services.

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(ii) P784 Networking Equipment for Replacement Data Centre 2

Contractor: Computacenter (UK) Limited
Term: 1st June 2022 to 31st May 2025, with the option to extend for a further two (2) years.
Value: £1,368,633.33 ex VAT
Approval Requested: Contract Award

Context/Background

The second contract for which approval is being sought is for the provision of Networking Equipment for the Replacement Data Centre 2 (“DC2”). The proposed contract is to provide a flexible contract for the provision of Networking Equipment for the replacement Data Centre 2, that is currently being planned to be procured.

The current DC2 is working on different networking and infrastructure technologies to the new Data Centre 1 (“DC1”) and this traditional style network along with many component parts is reaching the end of its supportable life in the next 6-18 months. This poses an operational and organisational risk to DHCW which will be mitigated via the procurement of SDN technologies. The network in DC1 is a Cisco Software Defined Network (“SDN”) which uses the ACI platform to provide greater control and streamline operational effectiveness, and it is proposed to implement the same SDN in DC2 when the current contract ends in June 2023. Via this procurement there will be an alignment of both Data Centres with the same rack layout and SDN technology.

The procurement was undertaken via a mini competition via the National Procurement Service (“NPS”) Framework for IT Products and Services, Lot 5, Solutions (NPS-ICT-0094-19/L5). This framework allows us to have a robust contract with known Terms and Conditions.

The Contract is for a period of three (3) years from 1st June 2022 to 31st May 2025, inclusive of three (3) year warranties, with the option to extend by two (2) years to 31st May 2027, should the authority take up the option for five (5) year warranties. The maximum contract value is **£1,368,633.33** (ex VAT) for the term of the agreement.

There are a number of risks to the project in relation to this contract:

- Due to silicon delays globally some of the equipment in this contract could take up to 340 days to arrive. This procurement has been undertaken early to allow a longer delivery lead time.
- Delays to the procurement of Data Centre 2, could mean that even if the networking equipment arrives in time DHCW may not have a location to install it in. The mitigation to this risk is to extend the existing contract for the current Data Centre 2 and upgrade there. Discussions are currently ongoing to understand the most appropriate timescales for such an extension.

(iii) P159.06 Microsoft Enterprise Agreement

Contractor: TrustMarque

Term: 1st July 2022 to 30th June 2025, with the option to extend for a further two (2) years.

Value: The full value of expenditure possible under the agreement is £162,104,662.00 (ex VAT)

Approval Requested: Contract Award

Context/Background

The third contract for which approval is being sought is a national one. Requested by the All-Wales Licence Management Group and the Directors of Finance Group, this agreement renews the existing Microsoft Enterprise Agreement transacted via TrustMarque (which expires on 30th June 2022) for NHS Wales. Acting collectively to create a single tenancy for NHS Wales will enable significant discounts to be achieved for all parties. This scheme will create a Pricing Agreement with Microsoft as per the Microsoft Inc standard licencing terms but will be transacted via P159.06 (Microsoft Licence Agreement Reseller) on NHS Wales Terms and conditions for the Provision of Services 2018 v.2. The purchase of user requirements will be made via the existing Microsoft Agreement Reseller Framework executed in 2019.

DHCW has been able to ensure that it has access to the very latest technology and functionality offered by Microsoft. Full integration across the product portfolio for all staff to provide access to Teams, SharePoint, and email accounts. The new Agreement will place security and compliance at the forefront of a user experience and on all devices. This will protect clinical systems from disruption but also provision some of the very best security features in the world to protect patient data from unauthorised access, corruption, and loss. The scope of this agreement covers not only licences for 122,924 Users in Wales and 93,617 devices but also enables NHS Wales to purchase products such as Visio, Project, SQL Server OneDrive Plan 1 and Share Drive Plan 1 and a Unified Support package. The latter will give NHS Wales, via DHCW, access to Microsoft resources for implementation of bespoke functionality and products' support to assist with service management of national services reliant upon the Microsoft stack.

Each NHS Wales Organisation is responsible for its own management of allocated licences and applications. As the Contracting Authority and owners of the NHS Wales Microsoft tenancy the annual ordering of licences under this EA must be transacted as a single purchase via DHCW. On the 6th May 2022 each NHS Wales Organisation on the EA was issued a Briefing Paper setting out the scope the minimum licence volumes and financial commitments each organisation would be responsible for. Before the EA can be signed, in addition to the DHCW SHA Board approval being sought on 26/05/2022, each NHS Wales Organisation will be required to sign and return a copy of the Briefing Paper to confirm acceptance of its responsibilities to DHCW. Only upon confirmation of all approvals being present and notified to the Chair of the DHCW SHA Board and DHCW Chief Executive Officer, will the EA be signed and orders for year one (1) of the Enterprise Agreement be placed.

The contract negotiation process with Microsoft has been a rigorous one. Commencing in

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January 2022 the negotiation team had an initial price offer of £40m per annum from Microsoft based on a renewal of their existing licence requirements but via a process of assessing user needs and robust negotiation a revised licencing adoption model was offered which has resulted in an annual charge of £26.7m (inc. VAT) for the first year for 'Core' licences. Commercially this Enterprise Agreement has secured some of the best prices for Microsoft products in the UK far surpassing those available via Crown Commercial Services Digital Transformation Agreement ("DTA") which was used for benchmarking purposes.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD

3.1 Appendix 1 includes 3 Contract Award recommendations for the Board's approval relating to:

P451.01 Dental eReferral Management System ("DRMS") Contract in respect of which:

- (i) The procurement has been undertaken in accordance with the requirements of Standing Financial Instructions, including Public Contract Regulations 2015, as assured by the Director of Planning & Performance / Chief Commercial 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 Director of ICT & Digital Business.
- (iii) Funding for the agreement comes directly from Welsh Government and has been agreed at £375,000 per annum.
- (iv) DHCW's intention to enter into this Agreement has been notified to Welsh Government, in accordance with Standing Orders.

The resources required to support the delivery of these Services from a DHCW perspective will be included within the Annual Plan.

P784 Networking Equipment for Replacement Data Centre 2

- (i) The procurement has been undertaken in accordance with the requirements of Standing Financial Instructions, including Public Contract Regulations 2015, as assured by the Director of Planning & Performance / Chief Commercial 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 Director of ICT & Digital Business.
- (iii) Funding for the project is allocated from the DHCW 2022/23 capital allocation.
- (iv) Due to silicon delays globally some of the equipment in this contract could take up to 340 days to arrive. This procurement has been undertaken early to allow a longer delivery lead time.
- (v) Delays to the procurement of Data Centre 2, could mean that even if the networking equipment arrives in time DHCW may not have a location to install it in. The mitigation to this

risk is to extend the existing contract for the current Data Centre 2.

- (vi) DHCW's intention to enter into this Agreement has been notified to Welsh Government, in accordance with Standing Orders.

P159.06 The Microsoft Enterprise Agreement

- (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 Director of Planning, Commercial and Performance and Chief Executive.
- (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 Executive Director of Finance.
- (iii) Funding of the Agreement is to be provided by each of the participating NHS Wales Organisations. For the expenditure within the remit of DHCW existing budgets are in place and have been assured by the Executive Director of Finance.
- (iv) Should this scheme not proceed on 1st July 2022 all NHS Wales email accounts may become inoperable as licences for all Microsoft Office and Windows would expire rendering all email, teams, and system access inactive. Many clinical systems and servers would no longer be protected by Microsoft security features leaving sources of data open to unauthorised intrusion and DHCW and all NHS Wales Organisations open to sanctions by the Information Commissioner's Office ("ICO"). This risk is mitigated by the availability of the P159.06 LAR agreement against which NHS Wales' organisations can place orders for Microsoft products and services. Although this approach would incur significant additional costs to the organisations.
- (v) DHCW's intention to enter into this Agreement has been notified to Welsh Government, in accordance with Standing Orders.

4. RECOMMENDATION

4.1 The Board is being asked to **APPROVE** the Contract Awards as detailed in Appendix 1.

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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
No, (detail included below as to reasoning)	Outcome: Not applicable
Statement: Not applicable	

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
PERSON/COMMITTEE/GROUP	DATE	OUTCOME
Matthew Perrott – Deputy Head of Commercial Services	09/05/22	Reviewed
Michelle Sell – Director of Planning & Performance and Chief Commercial Officer	13/05/22	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 Only to the extent highlighted in relation to the TrustMarque Agreement.

<p>WORKFORCE IMPLICATION/IMPACT</p>	<p>Yes, please see detail below</p> <p>In relation to delivery of the contracts as indicated above with regards to those contracts which form part of the Annual Plan</p>
<p>SOCIO ECONOMIC IMPLICATION/IMPACT</p>	<p>No. there are no specific socio-economic implications related to the activity outlined in this report</p>

APPENDIX 1: Key Procurement Documents for Approval

- i. P451.01 Dental e-Referral Management System
- ii. P784 Networking Equipment for Replacement Data Centre 2
- iii. P159.06 Microsoft Enterprise Agreement

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

Scheme Title	Dental eReferral Management System ("DRMS")
Supplier	Referral Management Services Limited ("RMS")
Total Value	£2,250,000.00 (including Extension Options)
Terms and Conditions	NHS Wales Standard Terms and Conditions for the Provision of Services, May 2018.
Contract Awarded for Use by	All Wales
Date Prepared	28 th April 2022
Prepared By	Katharine Fletcher, Strategic Procurement Lead
Scheme Sponsor	Michelle Sell, Chief Operating Officer ("COO")

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

1. DESCRIPTION OF GOODS / SERVICES / WORKS

The aim of this procurement is to provide General Dental Practitioner's ("GDPs") across Wales with a high-quality Dental Referral Management System ("DRMS") which is easily accessible and enables referrals to be made from GDP practices to specialist dental services across primary and secondary care. This is a procurement to replace the existing contract for Dental Referral Management System which is due to expire on 31st May 2023.

The new contract will support the all Wales approach for digital solutions in that the solution is to be nationally available and is able to process all "in scope" dental referrals across Wales.

The system is fully auditable to support clinical safety and reliable and timely data will be readily available to assist with managing referral quality, pathways, and planning services.

The Dental Referral Management Service for Wales will manage all referrals to dental specialities by facilitating the most appropriate allocation of cases referred for specialist dental care to the most appropriate service (as advised by Health Board local directory of services). DRMS will be a component part of pathway management and planning, to ensure that pathways are developed and adhered to, and service providers manage the available pathways appropriately and in their entirety for patient benefit.

DRMS will serve to provide four (4) main functions:

- (i) To provide an outward-facing service with a central hub to receive and process referrals;
- (ii) Work with locally identified triage clinicians and provide web-based access to dental referrals for all dental specialities, ensuring referrals are received by the most appropriate clinical services across Wales;

- (iii) Maintain a comprehensive and robust referral dataset that will be analysed and presented in regular reports to Health Boards and Welsh Government. This will provide intelligence about quality assurance, clinical complexity, clinical referral behaviours and clinical pathway outcomes; and
- (iv) A patient facing portal where patients can view and track their referrals.

Some of the key business objectives and benefits are the quality and appropriate direction of referrals increase, the requirement for clinical triage will reduce (in a controlled/ managed way) as practices achieve earned autonomy, the detail and range of reporting requirements will increase to include patient journey tracking and the recording of clinical outcomes, providing necessary assurances on quality and consistency.

The requirement is for DRMS to manage referrals received from all primary dental care providers across Wales.

All referrals for specialist care from primary care dental services with an NHS contract, and from private primary care dentists practising within Wales will be directed for processing and management by DRMS.

Referrals will be received from:

- General Dental Practitioners within Wales
- General Dental Practitioners outside Wales, whose patients are registered with a GP within Wales
- Other dental providers (including private practitioners and community dental services referring into NHS services)

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 June 2023			
Expected End Date of Contract			31 st May 2027			
Contract Extension Options (E.g. maximum term in months)			Option to extend for a further two (2) years in increments not less than twelve (12) months. Maximum Term six (6) years to 31 st May 2029.			

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

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

Click [here](#) for more information

Prevention	<input checked="" type="checkbox"/>	Long Term	<input checked="" type="checkbox"/>	Integration	<input checked="" type="checkbox"/>	Collaboration	<input checked="" type="checkbox"/>	Involvement	<input 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		Single source	
Three (3) Quotes	<input type="checkbox"/>	Single Quotation Action	<input type="checkbox"/>
Formal Tender Exercise	<input type="checkbox"/>	Single Tender Action	<input type="checkbox"/>
Mini Competition	<input type="checkbox"/>	Direct call off Framework	<input type="checkbox"/>
Find a Tender (replaces OJEU, Public Contract Regulations 2015 still apply)	<input checked="" type="checkbox"/>	All Wales contract	<input type="checkbox"/>

3.2 Please outline the procurement procedure.

In order to secure an appropriate supplier for this procurement, in line with the UK Public Contract Regulations 2015 ("PCR15"), a Contract Notice ("Notice") was issued on 26th January 2022, in the Find a Tender Service ("FTS"), reference: 2022/S 000-002262. Under the open procedure in accordance with Regulation 27, Supplier Procurement Document ("SPD") and the Invitation to Tender ("ITT") was issued in parallel with the Contract Notice.

3.3 What has been the approximate timeline for procurement?

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

Date	Activity
2 nd December 2021	Prior Information Notice (PIN) Published
18 th January 2022	Supplier Briefing Day
26 th January 2022	PCR15 Notice, SPD and ITT published
25 th February 2022	Closing date for suppliers to submit clarification questions
28 th February 2022	Closing date for clarification responses
12 Noon 2 nd March 2022	Initiation To Tender Closing date
7 th – 11 th March 2022	Stage 1 Selection Evaluation
16 th March 2022 – 1 st April 2022	Stage 2 Award Evaluation and sign off
8 th April 2022	Supplier Presentation / Demonstration Day
29 th April 2022	Standstill Period commences (10 days)

13 th May 2022	Standstill period concludes
1 st June 2022	Contract award

4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option
<p>The listed benefits are:</p> <ul style="list-style-type: none"> • Support the 'Once for Wales' approach to digital solutions by providing a Wales wide Dental Referral Management System; • Tracking of referrals for clinicians and patients; • Data and reporting to inform Service Management; • To support clinicians to ensure patients receive the right treatment in the most appropriate setting.

5. RISKS & MITIGATION

5.1 Please state risks of not proceeding with the scheme	5.2 Please state any mitigation to reduce the risk if the scheme is not approved
The risk of not proceeding with the contract award will result in no longer having an All Wales Dental eReferral Management System after the 31 st of May 2023 which would undermine the business and process benefits realised from the initial DRMS contract.	The current contract would need to be extended at risk.

6. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract	Excluding VAT (£k) £2,250,000.00	Including VAT (£k) £2,700,000.00
The nature of spend	Capital <input type="checkbox"/>	Revenue <input checked="" type="checkbox"/>
How is the scheme to be funded? Please mark with a (x) as relevant.		
Existing budgets	<input type="checkbox"/>	
Additional Welsh Government funding	<input type="checkbox"/>	

Other ☒				
<p>[If you have selected 'Other' – please provide further details] The funding for the project is directly from Welsh Government from existing budgets up to a maximum per year of £375,000.00. Costs are on a per referral basis so are subject to fluctuation depending on the number of referrals per annum.</p>				
EXPENDITURE CATEGORY	Years 1-4 (exc. VAT) £k	Years 5-6 (Optional) (exc. VAT) £k	Total (exc. VAT) £k	Total (inc. VAT) £k
Revenue	£375,000.00 P.A x 4 = £1,500,000.00	£375,000.00 P.A. x 2 = £750,000.00	£2,250,000.00	£2,700,000.00
Overall Total	£1,500,000.00	£750,000.00	£2,250,000.00	£2,700,000.00

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:	<p style="text-align: center;">X</p> <hr style="width: 60%; margin: auto;"/> <p style="text-align: center;">Julie Francis Head of Commercial Services</p>
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:	
Signature:	<p style="text-align: center;">X</p> <hr style="width: 60%; margin: auto;"/> <p style="text-align: center;">Michelle Sell Chief Operating Officer</p>
Directorate:	Engagement and Transformation

Tolley, Laura
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Executive Director of Finance Approval	
The Director of Finance, by providing email confirmation, to seek Board approval is making a declaration that all budgetary and financial matters in respect of this decision have been considered and complied with.	
Lead Director Name:	Claire Osmundsen-Little, Executive Director of Finance
Signature:	<p>X</p> <hr/> <p>Claire Osmundsen-Little Executive Director of Finance</p>
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
Dental Programme Board	27 th April 2022	Approved
DHCW Management Board	16 th May 2022	Pending

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 26 th May 2022.	
Chair of DHCW Board:	
Signature:	<p>X</p> <hr/> <p>Simon Jones Chair of DHCW Board</p>
Independent Member:	

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Signature:

X

Independent Member

Chief Executive Officer:

Signature:

X

Helen Thomas
Chief Executive Officer, DHCW

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

Scheme Title	Networking Equipment for the Replacement Data Centre 2
Supplier	Computacenter (UK) Ltd
Total Value	£1,368,633.33 (maximum value including all options)
Terms and Conditions	National Procurement Service (“NPS”) Framework for IT Products and Services, Lot 5: Solutions (ii) NPS-ICT-0094 – 19/L5
Contract Awarded for Use by	Digital Health and Care Wales for All Wales
Date Prepared	3 rd May 2022
Prepared By	Katharine Fletcher, Strategic Procurement Lead
Scheme Sponsor	Michelle Sell, Chief Operating Officer (“COO”)

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

1. DESCRIPTION OF GOODS / SERVICES / WORKS

The purpose of the contract is to procure a flexible commercial arrangement for the provision of Networking Equipment for the replacement Data Centre 2 (“DC2”) Project. The Data Centre 2 Project is being undertaken to secure a future location for the replacement of the network in DC2 to align with Data Centre 1 (DC1) and modernise the networks used by Digital Health and Care Wales (“DHCW”).

DHCW currently operates two on-premises Data Centres in South Wales, the two sites operate two distinct networks. In 2020/2021 the traditional style network at Data Centre 1 (“DC1”) was replaced as a move in location was undertaken from Blaenavon Data Centre to the CloudCentres Data Centre (DC1). The new network in Data Centre 1 is a Cisco Software Defined Network (“SDN”) which uses the ACI platform to provide greater control and streamline operational effectiveness.

Both Data Centres are using different networking and infrastructure technologies. This poses an operational/organisational risk to DHCW. Data Centre 2 currently utilises a traditional network configuration and many of its component parts are due to reach the end of supportable life within the next 6-18 months. The situation is further complexified by the following:

the current need to procure a new data centre (which may lead dependent upon the outcome of the procurement to a new location for Data Centre 2)

- long lead times of some equipment due to the silicon shortage will extend the time it will take to bring Data Centre 2 to the same new SDN style as Data Centre 1

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DHCW are looking to deploy a Software Defined Network (“SDN”) solution at the replacement Data Centre 2 facility when the current contract ends on 30th June 2023. This is to align with the SDN that was installed in Data Centre 1 in 2020/2021.

Due to the significant time constraints and to ensure a design is written and approved for the new Data Centre 2 prior to the transition, DHCW appointed external specialist resources to undertake an audit and to commence the work on a new network design for Data Centre 2 to align with Data Centre 1. An outcome of this work was a Bill of Materials (“BoM”) detailing the list of hardware and software requirements to meet the SDN requirements and which was utilised in the specification of this procurement.

The scope of this procurement is for the provision of the networking hardware, software and support requirements for the replacement Data Centre 2 based on the recommendations of the external review. The indicative equipment list currently consists of the following Cisco equipment:

- Nexus Switches
- APIC Interface
- Cisco Optics and Transceivers
- Port Adaptors
- Routers
- Firewalls
- ACI Software Licences

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 June 2022

Expected End Date of Contract

31st May 2025 for inclusive three (3) year warranties

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

Should the Authority take up the option for five (5) year warranties we reserve the right to extend the contract by the additional two (2) years warranty term to 31st May 2027

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

2.4 FIVE WAYS OF WORKING (SUSTAINABLE DEVELOPMENT PRINCIPLES) CONSIDERED									
Please mark with a (x) in the box the relevant principles for this scheme.									
Click here for more information									
Prevention	<input checked="" type="checkbox"/>	Long Term	<input checked="" type="checkbox"/>	Integration	<input checked="" type="checkbox"/>	Collaboration	<input checked="" type="checkbox"/>	Involvement	<input 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		Single source	
Three (3) Quotes	<input type="checkbox"/>	Single Quotation Action	<input type="checkbox"/>
Formal Tender Exercise	<input type="checkbox"/>	Single Tender Action	<input type="checkbox"/>
Mini Competition	<input checked="" type="checkbox"/>	Direct call off Framework	<input type="checkbox"/>
Find a Tender <small>(Replaces OJEU, Public Contract Regulations 2015 still apply)</small>	<input type="checkbox"/>	All Wales contract	<input type="checkbox"/>

3.2 Please outline the procurement procedure.

In order to secure an appropriate supplier for this procurement, the procurement was undertaken via a mini competition via the National Procurement Services ('NPS') Framework for IT Products and Services, Lot 5, Solutions. (NPS-ICT-0094-19/L5).

3.3 What has been the approximate timeline for procurement?

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

Activity	Date
Publication of the 'Invitation to Tender'	4 th April 2022
Clarification period starts	4 th April 2022
Clarification period ends	12 Noon 18 th April 2022
The Authority's deadline for the publication of responses to Tender Clarification questions	12 Noon 19 th April 2022
Deadline for submission of a Tender to the Authority	12 Noon 21 st April 2022
Evaluation Period	26 th – 29 th April 2022
Approval Period	3 rd – 26 th May 2022
DHCW Board	26 th May 2022
Contract Award and Notification to Bidders	31 st May 2022
Contract Commencement Date	1 st June 2022

4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option

The awarding of this contract will result in a number of benefits for the organisation, including the implementation and utilisation of an innovative ACI/SDN solution, which is aligned with our CloudCentres Data Centre (DC1) to provide NHS Wales National Services with a resilient network.

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 contract is not awarded, the ACI/SDN network cannot be purchased or built for DC2. This would mean that the existing network-related resilience risks remain unmitigated, and the replacement DC2 facility would be unable to be connected to the existing DHCW/PSBA network.	If not approved, then a number of smaller individual procurements would need to be undertaken as the Networking Equipment is essential for the operational running of the Data Centre. This approach would not provide the best value for money or meet the required timescales.

6. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract	Excluding VAT (£k) £ (including all extension options) £1,368,633.33	Including VAT (£k) £1,642,395.99		
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	£1,368,633.33	£0.00	£1,368,663,33	£1,642,395.99
Overall Total	£1,368,633.33	£0.00	£1,368,663,33	£1,642,395.99

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:	<p>X</p> <hr/> <p>Julie Francis Head of Commercial Services</p>

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 26th May 2022.

Chair of DHCW Board:

Signature:

X

Simon Jones
Chair of DHCW Board

Independent Member:

Signature:

X

Independent Member

Chief Executive Officer:

Signature:

X

Helen Thomas
Chief Executive Officer, DHCW

Tolley, Laura
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COMMITMENT OF EXPENDITURE EXCEEDING CHIEF EXECUTIVE’S LIMIT / BUSINESS JUSTIFICATION

Scheme Title	MICROSOFT ENTERPRISE AGREEMENT
Total Contract Value	The full value of expenditure possible under the agreement is £162,104,662 (ex VAT) or £194,525,595 (including VAT).
Suppliers	Trustmarque
Terms and Conditions	This scheme will create a Pricing Agreement with Microsoft as per the Microsoft Inc standard licencing terms but will be transacted via P159.06 (Microsoft Licence Agreement Reseller) on NHS Wales Terms and conditions for the Provision of Services 2018 v.2
Contract Awarded for Use by	All NHS Wales Organisations
Date Prepared	06/05/2022
Prepared By	Matthew Perrott, Deputy Head of Commercial Services
Scheme Sponsor	Claire Osmundsen-Little, Executive Director of Finance

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 requested by the All-Wales Licence Management Group and the Directors of Finance Group to establish a renewal of the existing All Wales Microsoft Enterprise Licencing Agreement (“EA”).

Microsoft software is used extensively throughout all NHS Wales Organisations to allow staff to carry out their work duties (i.e., Microsoft Word to allow administrators to create Patient Letters, windows Operating Systems to allow staff to run applications, print documents, access confidential records etc). It also provides the critical underlying infrastructure software to support national critical services such as the Welsh Laboratory Information Management System (WLIMS) and the Welsh Patient Administration System, to name just two (2).

In the current agreement there are three variants of the User Licences F3 (basic, email and read only), E1 (email, one drive, read and edit access) and E3 (Windows, email, OneDrive and document creation access). In March 2022 additional security upgrades were added to all User Licences that provided Microsoft Security and Compliance software to prevent unlawful access and hacking at a tenancy level.

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The new Enterprise Agreement will provide licences for 122,924 Users in Wales and 93,617 devices.

As part of the new EA, NHS Wales will move to two (2) defined User Licences. An M365-F3 Licence with a F5 Security and Compliance ad-on and M365-E5. The F3 continues to provide the same basic functionality such as read only access to Microsoft documents and access to teams etc but has the added security and threat prevention functionality. Current users of F3 will migrate here as will a large proportion of current E1 Users.

E3 Users will all migrate to E5 which has all the functionality of the E3 plus built in Security and Compliance functionality, and unlimited access to Business Intelligence software, 'Power BI'.

Device Licencing will be reduced. Windows E5 is no longer required as the M365-F3 User licence has included Windows licences. Office Pro+ will be replaced by 'Apps for Enterprise' and an 'Online Exchange' subscription.

This new Enterprise Agreement facilitates not only the 'core' User and Device based licencing but also allows NHS Wales Organisations to purchase products such as Visio, Project, SQL Server OneDrive Plan 1 and Share Drive Plan 1 and a Unified Support package which will give NHS Wales, via DHCW, access to Microsoft resources for implementation of bespoke functionality and products support to assist with service management of national services reliant upon the Microsoft stack.

Each NHS Wales Organisation is responsible for its own management of allocated licences and applications. Digital Health and care Wales shall have a requirement for a number of licences which are set out in section 6 specifically, which form part of the All-Wales requirement.

As the contracting Authority and owners of the NHS.Wales Microsoft tenant the annual ordering of licences under this EA must be transacted as a single purchase via DHCW. On the 6th May 2022 each NHS Wales Organisation on the EA was issued a Briefing Paper setting out the scope of the EA and minimum licence volumes and financial commitments each organisation would be responsible for.

Before the EA can be signed, in additional to the DHCW SHA Board approval sought on 26/05/2022, each NHS Wales Organisation will be required to sign and return a copy of the Briefing Paper to confirm acceptance of its responsibilities to DHCW. Only upon confirmation of all approvals being present and notified to the Chair of the DHCW SHA Board and DHCW Chief Executive Officer, will the EA be signed and orders for year one (1) of the Enterprise Agreement be placed.

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:



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Expected Start Date of Contract	01/07/2022
Expected End Date of Contract	30/06/2025
Contract Extension Options (E.g., maximum term in months)	Two (2) years as a whole period to 30/06/2027

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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES

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

Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways.

Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.

Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery.

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East, Cardiff
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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 checked="" type="checkbox"/>	Long Term	<input checked="" type="checkbox"/>	Integration	<input checked="" type="checkbox"/>	Collaboration	<input 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		Single source	
Three (3) Quotes	<input type="checkbox"/>	Single Quotation Action	<input type="checkbox"/>
Formal Tender Exercise	<input type="checkbox"/>	Single Tender Action	<input type="checkbox"/>
Mini Competition	<input checked="" type="checkbox"/>	Direct call off Framework	<input checked="" type="checkbox"/>
Find a Tender <small>(replaces OJEU, Public Contract Regulations 2015 still apply)</small>	<input type="checkbox"/>	All Wales contract	<input type="checkbox"/>

3.2 Please outline the procurement procedure.

The Enterprise Agreement established only an agreed pricing agreement for the next five (5) years for NHS Wales. Purchase of these licences will be made via the existing Microsoft Agreement Reseller Framework established by DHCW (then NHS Wales Informatics Service) in 2019 following a competitive tender exercise. Trustmarque are the sole supplier on this Framework and each order placed is deemed as a separate Call Off.

In keeping with the recently published Welsh Procurement Policy Note 02/22 effective as of 28/04/2022: DHCW shall place an Award Notice on Sell2Wales within thirty (30) days of the signing of the placement of order to Trustmarque.

3.3 What has been the approximate timeline for procurement?

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In November 2021 the Executive Director of Finance for DHCW sought approval from the Directors of Finance Group, Directors of Digital Group and the All-Wales Licencing management group to establish an 'All Wales Microsoft Negotiation Team'. In January 2022 the negotiation team, chaired by the DHCW Executive Director of Finance considered various Microsoft Licencing Models and following initial negotiations with Microsoft set out an approach to Directors of Finance and Directors of Digital outlining the possible cost implications of maintaining existing models for 'core' licences which totalled in excess of £40m per annum (inc VAT), versus the model sought in the new EA which aimed for an All Wales cost of £29m per annum (inc VAT).

Throughout February and March 2022 negotiations with Microsoft were intensified and in April 2022 a final Offer from Microsoft was secured at £26.7m (inc VAT) for the first year for 'Core' licences. In May 2022 approvals have been sought, in writing from NHS Wales Organisations and Welsh Government Notification (as per DHCW Standing Financial Instructions).

4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option

In establishing an Enterprise Agreement for Wales, DHCW has been able to ensure that it has access to the very latest technology and functionality offered by Microsoft. Full integration across the product portfolio for all staff to provide access to Teams, SharePoint and email accounts. The new Agreement will place security and compliance at the forefront of a user experience and on all devices. This will protect clinical systems from disruption but also some of the very best security features in the world to protect patient data from unauthorised access, corruption and loss.

Commercially this Enterprise Agreement has secured some of the best prices for Microsoft products in the UK far surpassing those available via Crown Commercial Services Digital Transformation Agreement ("DTA") which has been used for benchmarking.

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
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Should this scheme not proceed on 1 st July 2022 all NHS Wales email accounts may become inoperable as licences for all Microsoft Office and Windows would expire rendering all email, teams and system access inactive. Many clinical systems and servers would no longer be protected by Microsoft security features leaving sources	The P159.06 LAR agreement remains available for individual NHS Wales organisations to place orders for Microsoft products and services. In the event that this All-Wales EA is not approved then individual organisations have a commercial vehicle
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21 Cowbridge Road
East, Cardiff
CF11 9AD

of data open to unauthorised intrusion and DHCW and all NHS Wales Organisations open to sanctions by the Information Commissioner’s Office (“ICO”).

to secure licence continuity and a licence model for each organisation has been established.

This mitigation will incur significant additional costs which may be avoided should the EA be approved.

6. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract	Excluding VAT £162,104,662	Including VAT £194,525,595
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"/>

Each NHS Wales Organisation shall be required to contribute the costs of its own licencing requirements to Digital Health and Care Wales who will in turn place an annual order for licences.

The expenditure set out in the table below provides a summary of the annual expenditure for ‘core’ products only, noting that the figures set out above in 6.1 are the total permissible costs should additional items be required (Visio, Project, SQL server Licences and Azure subscriptions)

EXPENDITURE CATEGORY (All Wales)	Year 1 (exc. VAT)	Year 2 (exc. VAT)	Year 3 (exc. VAT)	Year 4+5 (exc. VAT)	Total (exc. VAT)	Total (inc. VAT)
Core Licencing costs- £ Revenue	£22,404,137	£25,911,748	£29,160,072	£62,162,644	£140,088,600	£166,296,321
DHCW Expenditure Profile for term						
DHCW Core Licencing costs- £ Revenue	£338,780	£377,494	£449,108	£945,634	£2,111,017	£2,516,671
Additional Items - £ Revenue	£3,156,137	£3,156,137	£3,156,137	£6,312,274	£15,780,687	£18,936,824
Primary Care & GPs – £ Revenue	£2,736,489	£3,417,447	£3,712,042	£7,903,807	£17,499,784	£20,791,869
DHCW Overall TOTAL	£6,231,406	£6,951,078	£7,317,287	£15,161,715	£35,391,488	£42,245,364

Oliver, Laura
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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:	<p>X</p> <hr/> <p>Julie Francis Head of Commercial Services</p>

7.2 Director Approval

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

Lead Director Name:	Michelle Sell, Chief Operating Officer
Signature:	<p>X</p> <hr/> <p>Michelle Sell Chief Operating Officer</p>
Directorate:	Engagement and Transformation

Executive Director of Finance Approval

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

Lead Director Name:	Claire Osmundsen-Little, Executive Director of Finance
Signature:	<p>X</p> <hr/> <p>Claire Osmundsen-Little Executive Director of Finance</p>
Directorate:	Finance and Business Assurance

Digitally signed by Laura
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GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Tŷ Glan-yr-Afon
21 Heol Ddwyreiniol Y
Bont-Faen, Caerdydd
CF11 9AD

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

8. APPROVALS RECEIVED

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

	Date of Approval:
NHS Wales Organisations – Briefing Paper issued 06/05/2022	To be provided by 31/05/2022
Welsh Government Notification – Notification issued 06/05/2022	To be provided by 27/05/2022

CONFIRMATION OF DHCW BOARD APPROVAL

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

The Digital Health and Care Wales Board has approved the award of this agreement for the durations and values (including extensions and options) as set out in this paper at its meeting of 26th May 2022.

Chair of DHCW Board:	
Signature:	X _____ Chair of the DHCW Board

Independent Member:	
Signature:	X _____ Independent Member

Chief Executive Officer:	
Signature:	X _____ Helen Thomas Chief Executive Officer

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DIGITAL HEALTH AND CARE WALES

FINANCE REPORT FOR THE PERIOD ENDED

April 30 2022

Agenda Item	6.1
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Name of Meeting	SHA Board
Date of Meeting	26/5/22

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, Associate 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 30 April 2022 and NOTE the forecast year end achievement of key financial targets.</p>	

Julie Laura
 05/05/2022 12:16:38

Acronyms			
DHCW	Digital Health and Care Wales	DPIF	Digital Priority Investment Fund
SLA	Service Level Agreement	PSPP	Public Sector Payment Policy

1. EXECUTIVE SUMMARY

The purpose of this report is to present DHCW's 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 the 2021/22 financial year and also the new financial year to April 30th 2022.

The report sets out the financial position as at the end of April 2022 against initial budgets. The delegated directorate budgets have been derived from the current funding and agreed COVID-19 planning assumptions. Digital Priority Investment Fund allocations are yet to be finalised and consequently it has been agreed with Welsh Government finance leads to restrict the current commitments levels within the funding and expenditure forecast.

DHCW is required by statutory provision not to breach its financial duty (to secure that its expenditure does not exceed the aggregate of its resource allocations and income received). This duty applies to both capital and revenue resource allocations. In terms of key Organisational financial performance indicators, they can be brigaded as follows:

The two key statutory financial duties are:

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

Additional financial targets are :

- **Public Sector Payment Policy (PSPP):** The objective for the organisation All NHS Wales bodies are required to pay their non NHS creditors in accordance with HM Treasury's public sector payment compliance target. This target is to pay 95% of non-NHS creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.
- **Cash:** Manage residual year end balances to a maximum of £2m.

1.1 General Performance – 2021/22

- **Core Operations:** The organisation is reporting a revenue surplus of £0.366m for the period to March 31st 2022. The underspend reflects the lag in the recruitment including executive and support function positions offset by the ongoing pressures within the Infrastructure & Communications Technology Directorate.

- The PSPP target was exceeded as 97% of invoices were settled within 30 days

- The Cash target of an end of year balance of a maximum of £2m has been met with £1.5m remaining at March 31st
- DPIF Schemes: The final funding settlement for the year totalling £14.421m has been allocated to the organisations revenue resource limit to support the digital schemes. All expected disbursement invoices were received and expenditure matched to the final funding issued and agreed with DPIF leads.
- COVID-19 Spend: DHCW end of year net spend amounted to £11.735m with £0.243m in year spend reductions being used to offset costs in excess of the £11.492m funding allocated. This final figure was £0.036m under the forecast of the anticipated internal support requirement.
- The capital position presents £10.963m spend for the year against a capital limit of £10.973m presenting a small underspend of £0.010m.

1.2 General Performance – April 30th 2022/23

2022/23 Financial Performance Overview

During the period DHCW has strengthened its Executive and senior management team by recruiting into the Executive Director of Strategy, Executive Director of Operations and Director of Workforce. The final senior management position (Director of Primary Care) is now under recruitment after being graded with a view for a mid-year start date.

The effective and controlled transition to cloud remains an area of focus with the DHCW Cloud Council established to provide assurance and control of any resources consuming the cloud.

The organisations first draft accounts were submitted to timetable with regular checkpoint meetings scheduled with Audit Wales.

Further detailed as part of this report are major emerging issues related to Digital Priority Investment Funding for both capital & revenue and the recently concluded All Wales Microsoft Enterprise Agreement.

- **Core Operations:** DHCW is reporting a revenue underspend of £0.037m for the period to April 30th.
 - **The target Public Sector Payment Policy (PSPP) target** has been exceeded with 98% of non NHS invoices being paid within 30 days.
 - **Cash balance** of £0.3m as at April 30th
 - **Savings:** The current savings target is expected to be met, with no risk reported.
 - **Forecast End of Year position:** DHCW is forecasting breakeven position for revenue and breakeven for capital. The forecast is predicated upon material revenue spend plans within the Digital Priority Investment Fund being funded, and successful risk mitigation.

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- **Cash Management** - Cash balances stood at £0.3m at the end of April. The intention is to minimise cash balances with an end of year target to a maximum of £2m.
 - **Financial Risk** – There are a number of financial risks identified to the achievement of meeting the key targets of remaining within 22/23 revenue and capital resource limits.
 - **Opportunities** – The organisation continues to pursue savings/efficiency opportunities. Possible opportunities have been identified around vacancy management and cash budget savings.
- **COVID-19:** The planned revenue spend for 22-23 is £10.258m with £1.051m spend being reported for April (in line with budget).
 - **Digital Priority Investment Fund:** Final allocations remain unclear. £1.076m spend has been recorded against schemes and for reporting purposes it has been agreed with Welsh Government to anticipate for income covering this committed spend and use as a baseline proxy for the remainder of the financial year pending the outcome of the budget challenge exercise.

The DPIF budget position for 2022/23 remains unclear following notification of WG funding constraints. However, the central DPIF budget for 22/23 has now been confirmed, and it has been communicated that it is likely there will be a need to reprofile funding to a number of projects and programmes (including those with committed funding via countersigned funding letters) in order to fund other Ministerial priorities.

The initial WG proposal presented an initial reprofile of £4.9m capital funding and £3.2m in revenue funding. As part of the review round DHCW has submitted a response articulating impact and minimum funding requirements, this will be considered by WG with a final position expected by 31/05/2022.

1.3 All Wales Microsoft Enterprise Agreement

DHCW has led the commercial renegotiation of the NHS Wales Microsoft agreement. Having now completed the final negotiations of the new Microsoft Enterprise Agreement, organisations have been issued with a briefing paper setting out the agreement in detail for return no later than 30th May. The Briefing Paper presents the All-Wales position and a detailed account of the costs for each NHS Wales Organisation for each of the five (5) years of the Agreement. The new Enterprise Agreement has been negotiated on the terms of the volumes of products requested by Microsoft Enterprise Licencing Group consisting of representatives (of group leads) of all organisations.

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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)	£0.037m Underspend  Movement	£0.0m Underspend  Movement	Small period operational surplus of £0.037m. DHCW is forecast to breakeven by the end of the financial year.
Remain within Capital Expenditure Limit (To ensure net Capital Spend does not exceed the Capital Expenditure Limit)	Breakeven  Movement	Breakeven  Movement	DHCW is reporting a £0.180m spend in April. The current capital funding envelope is £4.9m.
Public Sector Payment Policy (To pay a minimum of all non NHS creditors within 30 days of receipt of a valid invoice)	98%  Movement	95%  Movement	PSPP target achieved. Target – 95%, Actual 98%.
Cash Balances Appropriate balances to meet creditor requirements	£0.3m  Movement	Positive Cash Balance  Movement	Cash balance has decreased from £2.4m to £0.3m.

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2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

2.1 SUMMARY OF PERFORMANCE AGAINST KEY FINANCIAL TARGETS

2.1.1 April Revenue Performance

Core Operations: The organisation is reporting a revenue surplus of £0.037m for the period to April 30th 2022. The underspend reflects the ongoing lag in the recruitment including executive and support function positions offset by the ongoing pressures within the Infrastructure & Communications Technology Directorate.

DPIF Schemes: The final funding settlement for 2022-2023 has yet to be agreed. A total of £1.076m revenue has been spent to April 30th with this commitment extrapolated within future months until the formal allocation is known and final spend plans are constructed.

COVID-19 Spend: DHCW in month spend of £1.051m reflects pay costs of £0.2m and ongoing licences, and slight increases in text messages and letters costs in April. COVID-19 Vaccines spend remains particularly sensitive to impactors upon volumes and changes in Health Board scheduling as a consequence of new child immunisation directors.

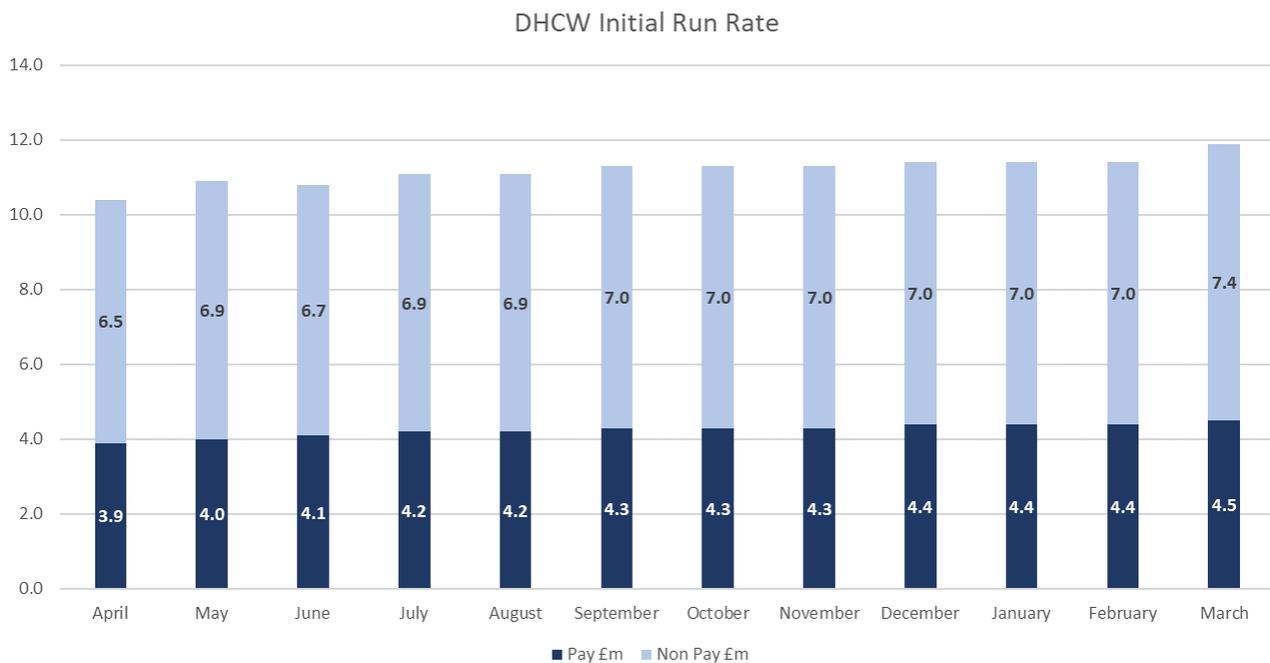
Table 2: Summary of Revenue Performance by Area

	Period Plan £000's	Period Actual £000's	Underspend/- Overspend £000's
Income			
Core Organisational	8,296	8,296	0
COVID-19 Response	1,051	1,051	0
Digital Priority Investments	1,076	1,076	0
Total	10,423	10,423	0
Expenditure			
Core Organisational	8,296	8,259	37
COVID-19 Response	1,051	1,051	0
Digital Priority Investments	1,076	1,076	0
Total	10,423	10,386	37
Period Surplus/(Deficit)	0	37	37

2.2.1 The Organisational Run Rate and Forward Look

The initial run rate incorporated within the current financial plan is presented below.

Figure 1:DHCW Expenditure Run Rate



Whilst it is still very early on in the financial year it should be noted that the final run rate will be materially impacted by the outcome of the DPIF budget round and organisations formally signing up to the new Microsoft Agreement.

2.2.2 Infrastructure & Cloud Transition - DHCW has finalised its strategy and approach to cloud. The initial financial requirement has been assessed and reflected within the organisations IMTP. Further financial impact assessments will be completed in line with the finalised product strategy.

2.2.3 Datacentre Migration - The full implications of any move will be clarified during Quarter 1, with the financial impact for 22-23 and 23-24 being fully explored and reported via future reports.

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2.2.4 Capital

For the financial year 2022/23, DHCW receives capital via 3 main funding routes:

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

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

2.2.5 April Capital Performance

DHCW has recorded £0.180m of capital spend against a current allocated allowance of £4.893m leaving a residual balance of £4.713m to be spent 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					
Infrastructure Communications Technology	1,966	29	29	0	1,937
Estates & Facilities	50	0	0	0	50
Total Discretionary	2,016	29	29	0	1,987
Digital Priority Investment					
Cancer Informatics Solution	1,577	151	151	0	1,426
Total Digital Priority Investment	1,577	151	151	0	1,426
COVID-19					
Test, Trace & Protect	500	500	0	0	500
Total COVID-19	500	500	0	0	500
Total Capital Plan	4,893	180	180	0	4,713

The capital funding allocated is likely to increase once the final DPIF position is confirmed and various schemes are funded.

2.2.6 Capital Forecast

The current forecast is for the organisation to remain within its resource limit.

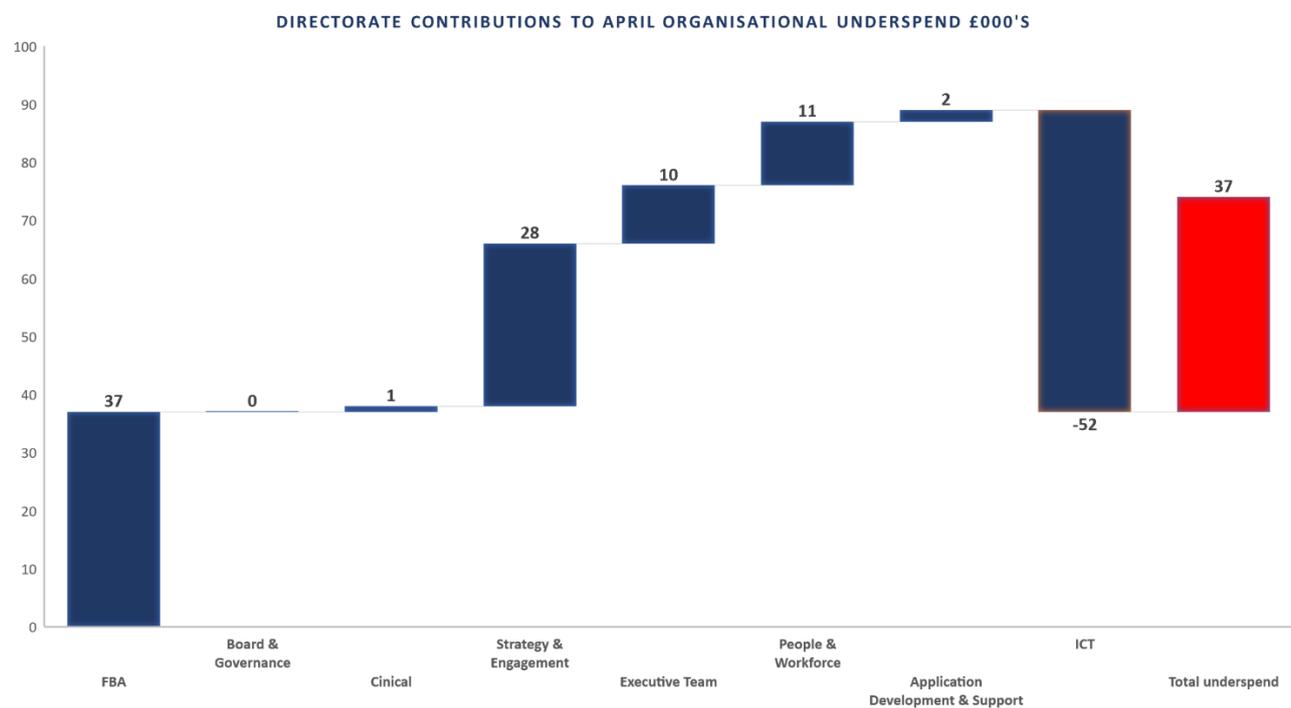
3 DETAILED PERFORMANCE

The following section presents the detailed financial performance for the organisation brigaded by Directorate (encompassing recurrent activity) and non-recurrent areas such as Digital Investment Priority Fund Schemes and COVID-19 Response.

3.1 DHCW Directorate Financial Performance

DHCW is currently organised into directorates that are currently reporting a net underspend of £0.037m against plan predominately as a result of pay variances.

Figure 2: Core Activity Directorate Performance



- **Finance and Business Assurance** – The Directorate is reporting an underspend of £37k. This is predominantly driven by pay (£23k). The Non-pay budget is underspent by £14k this month due to some small variances in facilities spend.
- **Board & Governance**- The Directorate is reporting a breakeven.
- **Clinical Directorate** – The Directorate is reporting a small underspend of £1k.
- **Strategy and Engagement** – The Directorate is reporting an underspend of £28k This is driven by pay underspend and a small non-Pay is also underspend (£11k), it is anticipated that non pay charges will materialise later in the quarter.
- **Executive Team**- Directorate is reporting a small underspend of £10k. This is driven by an underspend of Pay budget.

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- **People and Workforce** – Directorate is reporting an underspend of £11k. A pay underspend of £4k in relation to vacancies within the team has been recorded with a number of contributory non pay variances contributing to the underspend.
- **Application Development and Support team** – Directorate is reporting a small underspend of £2k.
- **Information Communications Technology Directorate** - The directorate is reporting an overspend of £52k. This is driven by variance against budget of £58k in Pay this month whilst there is a small offsetting non pay underspend. The requirement to manage this ongoing pressure is reflected within the planned savings target.

3.2 Exceptional Cost Pressures

As part of the IMTP process exceptional pressures were identified covering the National Insurance increase and Energy, the current position is as follows:

- **National Insurance increase**
An annual pressure of £0.319m has been forecast with £0.030m actual recorded to April 30th.
- **Energy increases**
Estimates energy increases across facilities and datacentres were provided for totaling £0.624m. DHCW has made efficiencies in the CDC Data Centre in month to partially offset some of the increases (for the period no unmitigated cost is currently being reported).

As agreed with Welsh Government DHCW will continue to look to monitor and mitigate any increases where possible but anticipate central management of this pressure.

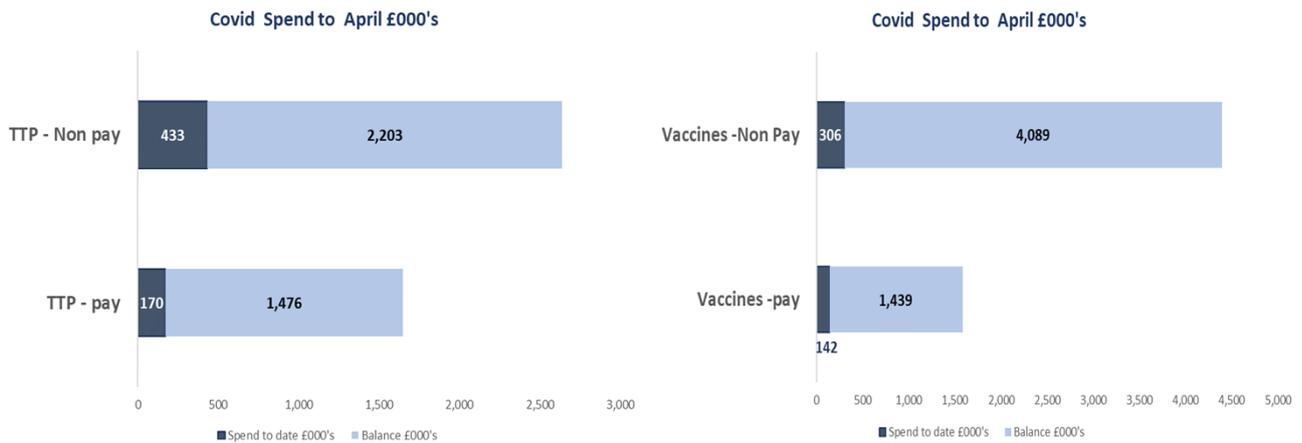
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3.3 COVID-19 Response Financial Performance

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.

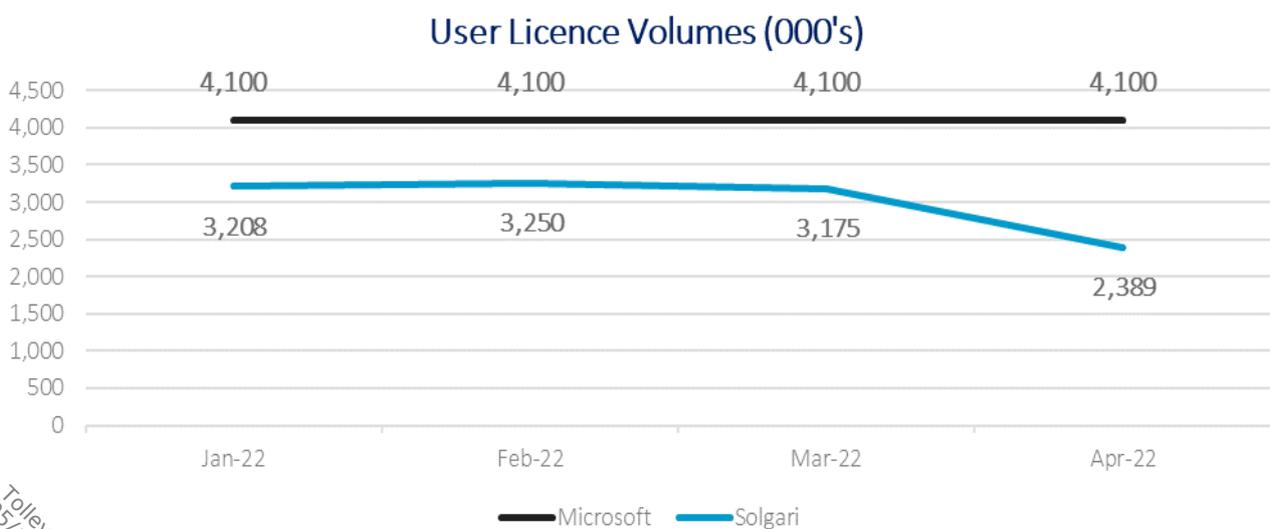
DHCW is currently forecasting a revenue requirement of £10.258m for the financial year. At the end of April the cumulative spend for Covid activity is £1.051m.

The is forecast to spend to budget, subject to any changes in government policy or planning assumptions.



3.3.1 Test, Trace & Protect

The volume information represents in TTP a reduction in Solgari licence requirement with Microsoft licences to be reduced once the renewal occurs in July.



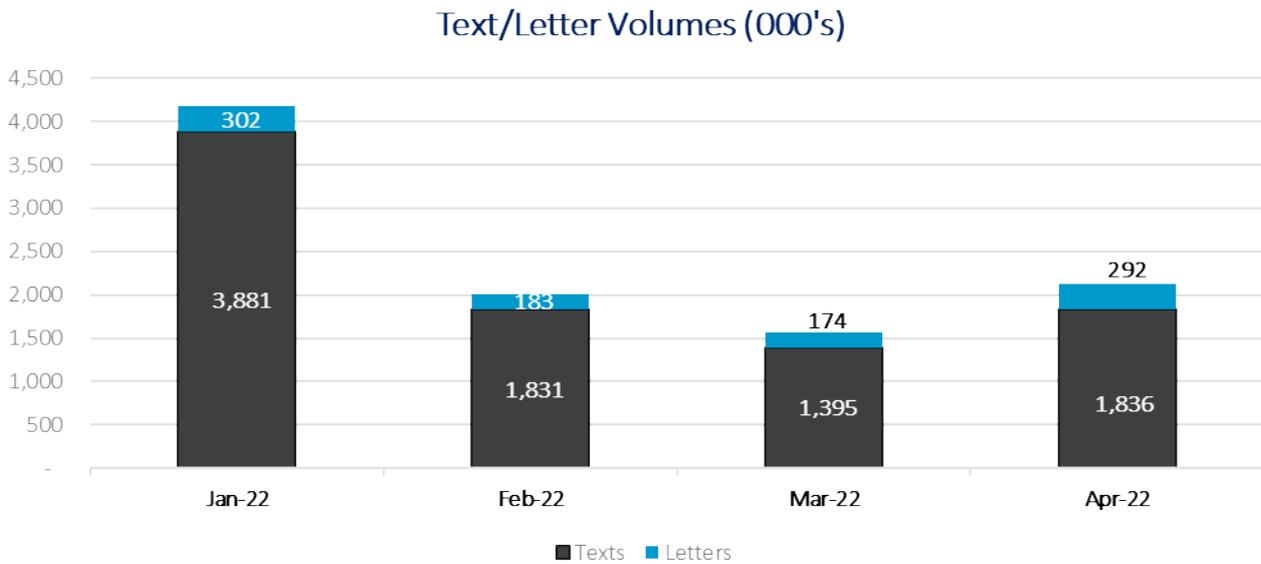
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3.3.2 Vaccines

The Vaccines scheduling solutions has seen a small increase in text messaging and letter distribution volumes from March as the scheduling for 5-12 cohort is rolled out.

A key impactor on forecast costs will be the final Health Board volumes as part of the Autumn immunisation programme, once scheduling plans are finalised the cost implications will be reflected within updated profiles.

Figure 3: Vaccines Scheduling Text/Letter Volumes Profile

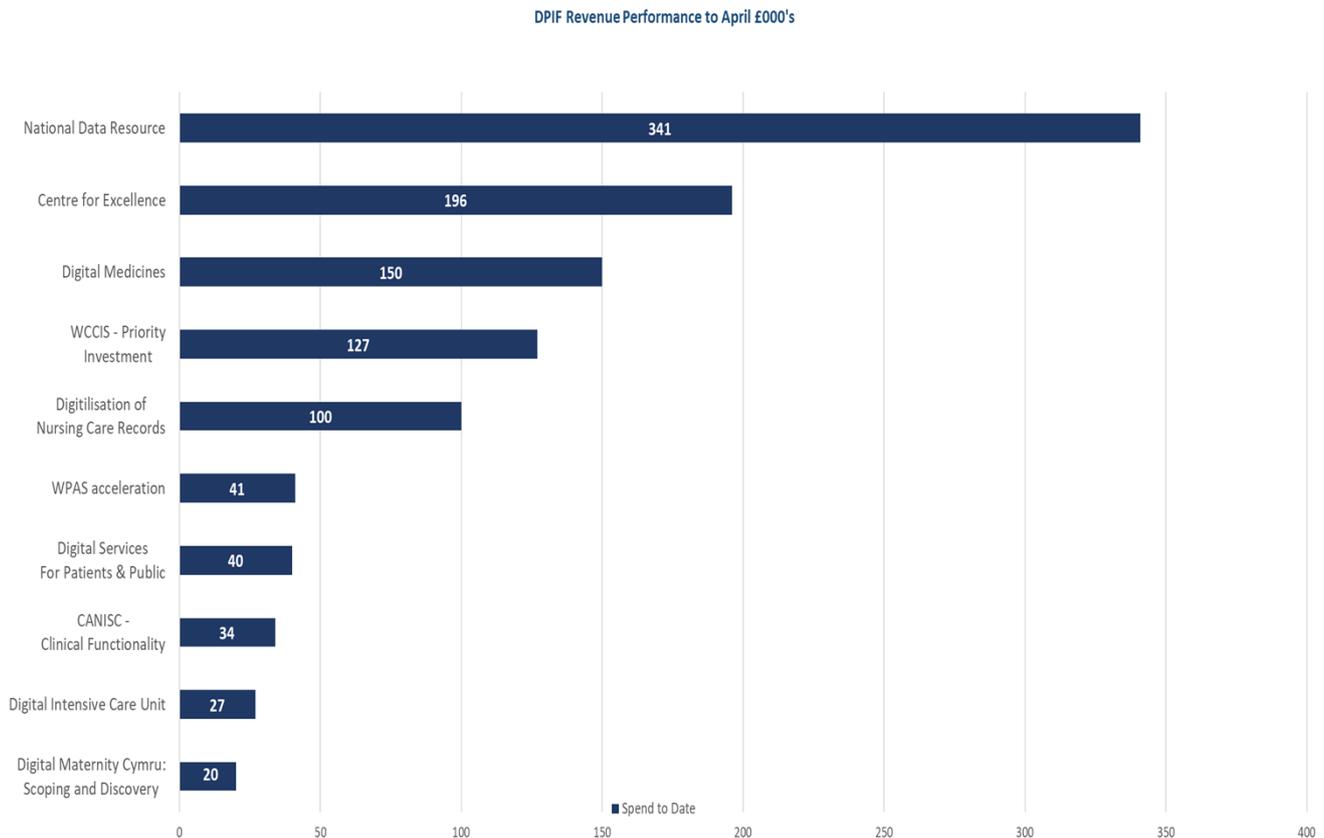


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3.4 Digital Priority Investment

The final funding settlement for 2022-2023 is yet to be agreed. A total of £1.076m revenue has been spent to April 30th with this commitment extrapolated to future months until the formal allocation is known and final spend plans are constructed.

Figure 4: Digital Investment Spend



It has been agreed with Welsh Government to use current expenditure levels for forecasting of interim anticipated income and expenditure.

The 2022/23 DHCW DPIF funding position remains unclear following notification of Welsh Government funding constraints. The central DPIF budget for 22/23 has now been confirmed, and it has been communicated that it is likely there will be a need to reprofile funding to a number of projects and programmes (including those with committed funding via countersigned funding letters) in order to fund Ministerial priorities.

This has resulted in Welsh Government proposing the reprofiling of £4.9m capital funding and £3.2m in revenue funding.

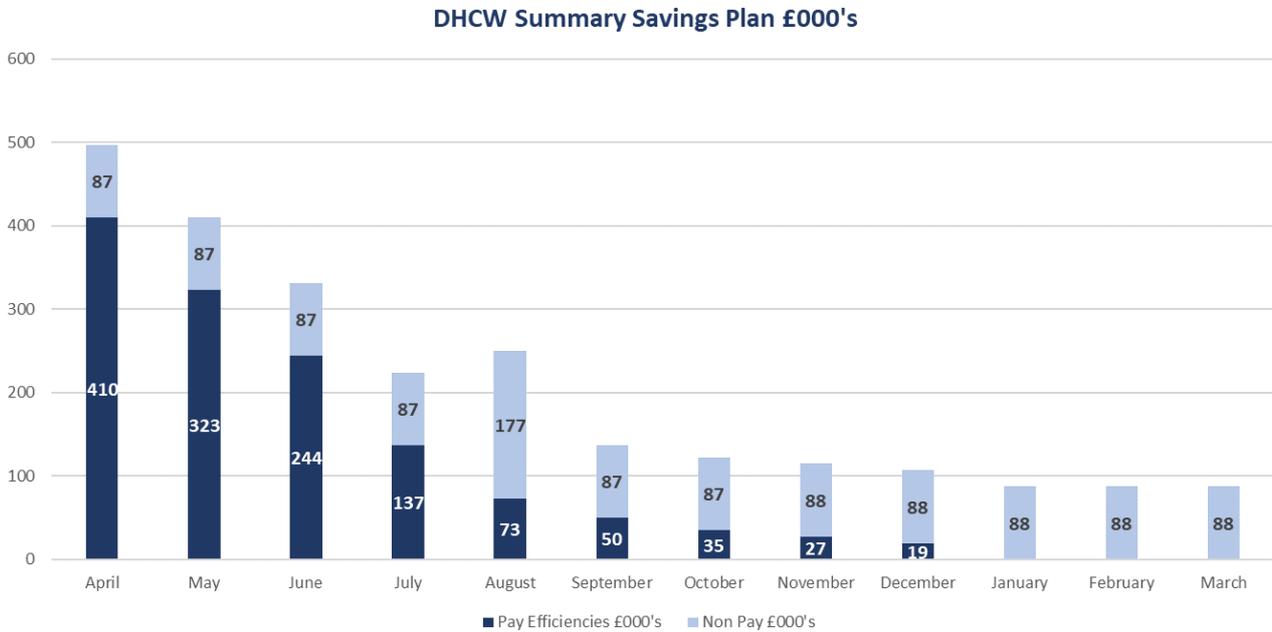
Should this proposed reprofiling be confirmed then the impact will not only affect DHCW but also many participating organisations via funding letters for disbursements. The DHCW response has identified the maximum manageable reprofile of £2.6m capital and £2.2m revenue.

We will look to work with Welsh Government leads to ensure the delivery of priority schemes in 2022/23.

4 SAVINGS

The annual plan articulated a savings target of £2.457m of which £1.139m (46%) is anticipated to be recurrent in nature and available to offset future years cost pressures.

Figure 5: Savings Plan Profile



The non-pay savings schemes include :

- Generalised costs improvement targets applied to discretionary budgets
- Travel Reductions
- Facilities
- IT Maintenance & Support
- Data Transfer Services reduction (anticipated for August)
- Licence Savings

All savings schemes will be monitored with any forecast variance escalated via established risk management processes with appropriate mitigating actions.

5 PUBLIC SECTOR PAYMENT POLICY (PSP)

DHCW is reporting a figure of 98% achievement against a target of 95%.

6 CASH

The cash balances at the end of April amounted to £0.3m, post reporting discussion with Welsh Government has resulted in a preferred maximum balance of £2m. The balance will continue to be reviewed particularly in terms of marrying cash requirement with material expenditure items such as settlement of the All Wales Microsoft contract in June. As at April 30th the debtors total stood at £2.6m with no disputes lodged and £0.044m of aged debt exceeding 90 days.

7 RISKS AND OPPORTUNITIES

DHCW has identified corporate level financial risks (see corporate risk register for details). These risks are managed via the established process.

7.1 Corporate Financial Risks

DHCW financial risks are summarised below.

- **Exceptional Costs – Energy (across 3 sites)** : A potential cost pressure of £0.624m has been identified which is currently being mitigated via agreed monitoring and central management through Welsh Government at all Wales level.
- **Exceptional Costs– National Insurance increase:** A potential cost pressure of £0.319m has been identified which is currently being mitigated via agreed monitoring and central management through Welsh Government at all Wales level.
- **DPIF Budget Challenge:** A potential risk of has been identified related to the current DPIF budget reprofiling round. The risk relates to achieving plan deliverables as stated and to resource & supplier costs.
- **Data Centre migration:** Once the details of the move have been finalised, there may be a requirement for additional resource to complete any activity planned for this year and a consequential need to secure funding and meet the increased cost pressure.
- **Digital Inflation:** The financial impact on DHCW of supply chain issues (such as the chip shortage) and underlying digital price pressures will need to be identified, quantified and managed.

7.2 Corporate Financial Opportunities

High level financial opportunities currently identified for monitoring are as follows:

- **Vacancy Management** : DHCW has reported achievement against its target vacancy factor. Whilst leads will look to supplement resource requirements via 3rd party suppliers there is a possibility of additional financial gains, finance & workforce leads will continue to monitor and agree mitigating actions/alternate plans with Directors and service leads.
- **Additional Travel Expenditure Underspends:** Minimal travel expenditure has been recorded during April. This will continue to be monitored to ascertain whether budget can be repurposed to support plan deliverables or continue to contribute to the organisational underspend.

8 ADDITIONAL INFORMATION

8.2 Microsoft Office 365 Enterprise Agreement Renewal

DHCW has led the commercial renegotiation of the NHS Wales Microsoft agreement. Having now completed the final negotiations of the new Microsoft Enterprise Agreement, organisations have been issued with a briefing paper setting out the agreement in detail for return no later than 30th May.

➤ 2022/23 Financial Phasing

The annual Microsoft contact date starts the 1st July, these costs have been profiled with NHS financial periods and issued to organisations in order to understand the annual budgetary impact.

The final implications will be presented within the next report (at which time all organisations would have signed and the contract formally agreed with the supplier).

From a cash perspective the delta in costs of the timing of payment for the new contract between and the amount billable to organisations for the financial year (as one quarter will be calculated on the lesser valued old contract) will need to be managed with Welsh Government.

The payment will be made in June and DHCW will require Health Boards to pay promptly within 14 days (as set out in the briefing paper terms) with the remainder drawn down via the revenue resource limit.

8.3 Annual Accounts 2021/22

The organisations first draft accounts were submitted to Welsh Government on 29th April 2022 and the Annual report on the 6th May 2022. There are regular checkpoint meetings scheduled with Audit Wales throughout the audit.

The Draft Annual accounts are due to be reviewed by Audit Committee on the 24th May .

The key reporting deadlines for 2021/22 are detailed below :

- | | |
|--|------------|
| • Draft Accounts Submitted | 29/04/2022 |
| • Audit Committee review of the Accounts | 24/05/2022 |
| • Audit Committee & SHA Board Approval | 14/06/2022 |
| • Audited Accounts & Returns Submitted | 15/06/2022 |

Tolley, Laura
05/19/2022 12:16:38

9 RECOMMENDATION

The SHA Board are requested to note the contents of the financial report for April 30 and the forecast year end achievement of key financial targets.

10 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply
----------------------------	----------------------

CORPORATE RISK (ref if appropriate)	
--	--

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

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

HEALTH CARE STANDARD	Governance, leadership and 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

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

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

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SHA Board Meeting May 2022

Financial Performance: Period to April 30th

CONTENTS

- 2021/22 Financial Performance
- 2022/23 Financial Performance
 - Summary Performance
 - Organisational Run Rate
 - Core Directorate Performance
 - Savings Performance
 - COVID Response
 - Digital Priorities Investment
 - Capital Programme
 - Annual Accounts/Microsoft Update
- Recommendations



2021/22 FINANCIAL PERFORMANCE (UNAUDITED)

FINANCIAL PERFORMANCE AGAINST KEY INDICATORS

DHCW is reporting achievement of all of the key financial indicators for the financial year ending March 31st 2021 *(ref page 2,3)*.

Achieved

INDICATOR	RESULT	SUMMARY
Revenue Breakeven (To secure that the organisations expenditure does not exceed aggregated income)		Small operational surplus of £0.366m, which is 0.3% of the annual income
Remain within Capital Resource Limit (To ensure net Capital Spend does not exceed the Capital Resource Limit CRL)		£10.963m spend for the year against a capital limit of £10.973m
Public Sector Payment Policy (To pay a minimum of all non NHS creditors within 30 days of receipt of a valid invoice)		PSPP target achieved. Target – 97%
Bank Sufficient bank balances		Balance as at 31/03 £1.5m

SUMMARY: (SUBJECT TO AUDIT)

- DHCW are reporting an end of year revenue underspend of £0.366m against the forecast end of year position of £0.350m. This position subject to finalisation of the full end of year audit.
- Capital spend for the year totalled £10.963m which is £0.010m within the CRL of £10.973m.
- PSPP target exceeded at 97%.
- Cash target end of year balance of a maximum of £2m has been met.

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2022/23 FINANCIAL PERFORMANCE

FINANCIAL PERFORMANCE AGAINST KEY INDICATORS

DHCW is reporting achievement of all of the key financial indicators for the period *(ref Table 1, page 5)*.

Achieved

INDICATOR	CUMULATIVE PERFORMANCE	FORECAST OUTLOOK	COMMENT
Revenue Breakeven (To secure that the organisations expenditure does not exceed aggregated income)	£0.037m Underspend  Movement	£0.0m Underspend  Movement	Small period operational surplus of £0.037m. DHCW is forecast to breakeven by the end of the financial year.
Remain within Capital Expenditure Limit (To ensure net Capital Spend does not exceed the Capital Expenditure Limit)	Breakeven  Movement	Breakeven  Movement	DHCW is reporting a £0.180m spend in April. The current capital funding envelope is £4.9m.
Public Sector Payment Policy (To pay a minimum of all non NHS creditors within 30 days of receipt of a valid invoice)	98%  Movement	95%  Movement	PSPP target achieved. Target – 95%, Actual 98%. 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	£0.3m  Movement	Positive Cash Balance  Movement	Cash balance has decreased from £2.4m to £0.3m.

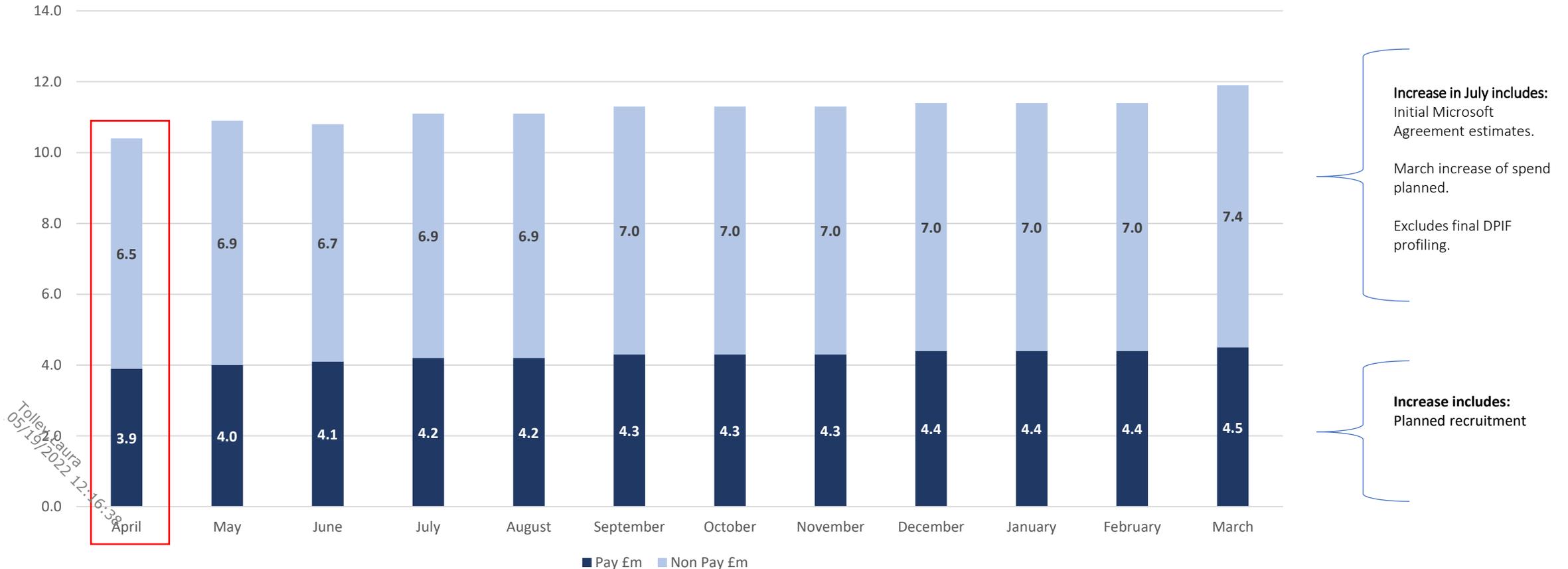
SUMMARY:

- DHCW is reporting a small revenue underspend of £0.037m and a year end forecast of breakeven.
- Capital spend to date totals £0.180m against a current capital resource limit of £4.9m.
- PSPP target exceeded @ 98%
- Cash balance at manageable levels.

RUN RATE AND FORWARD LOOK

The expenditure run rate is forecast to increase as the Microsoft contract is initiated and recruitment activity is completed. (Ref Figure 1, Page7).

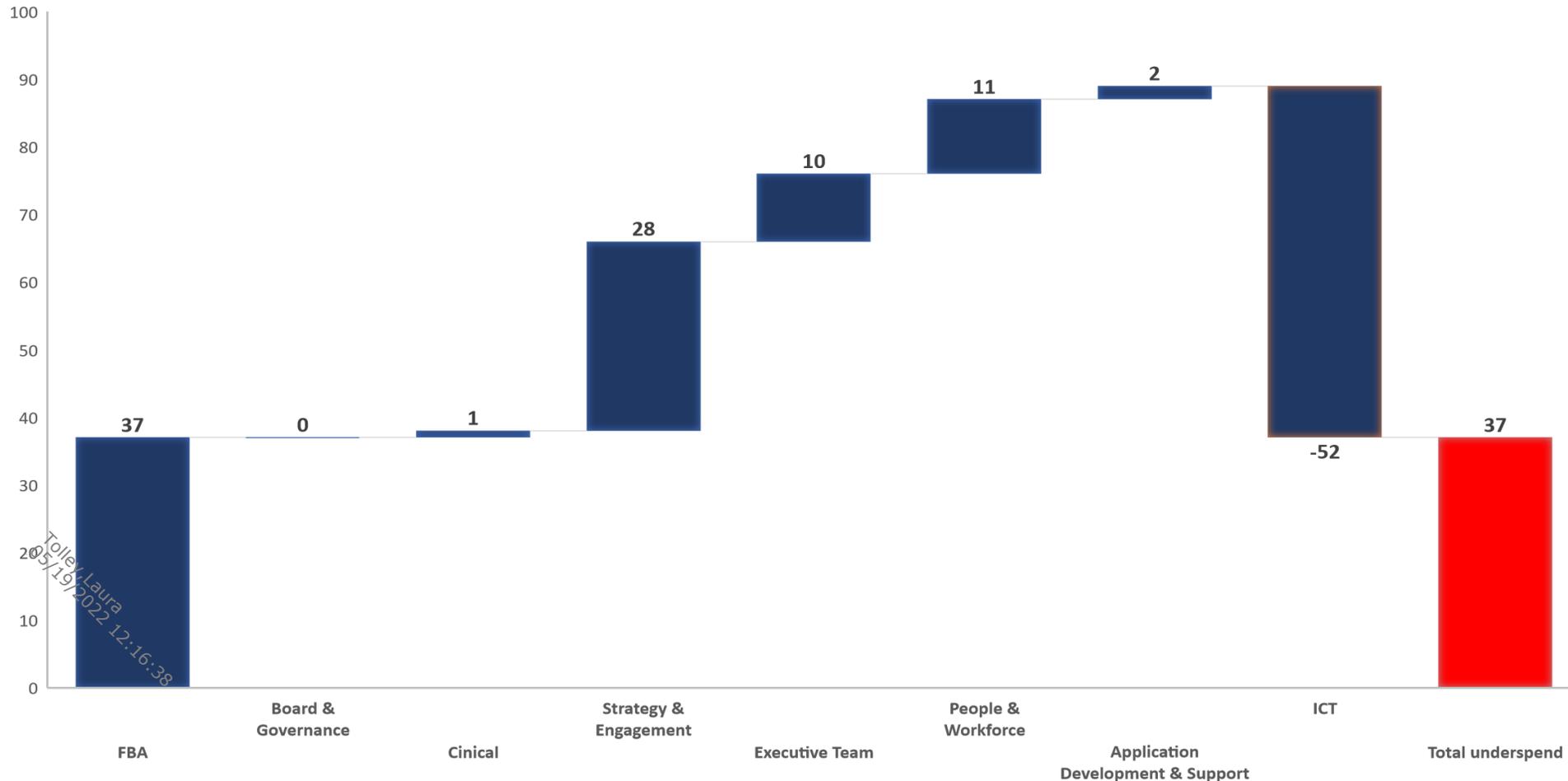
DHCW Initial Run Rate



CORE DIRECTORATE PERFORMANCE

To April DHCW is reporting an underspend of £0.037m, predominantly due to pay savings offsetting corresponding pressures within the ICT Directorate *(Ref Figure 2, page 9)*.

DIRECTORATE CONTRIBUTIONS TO APRIL ORGANISATIONAL UNDERSPEND £000'S



Material Directorate Variances:

Finance and Business Assurance – The Directorate is reporting an underspend of £37k. This is predominantly driven by pay (£23k). The Non-pay budget is underspent by £14k this month due to some small variances in facilities .

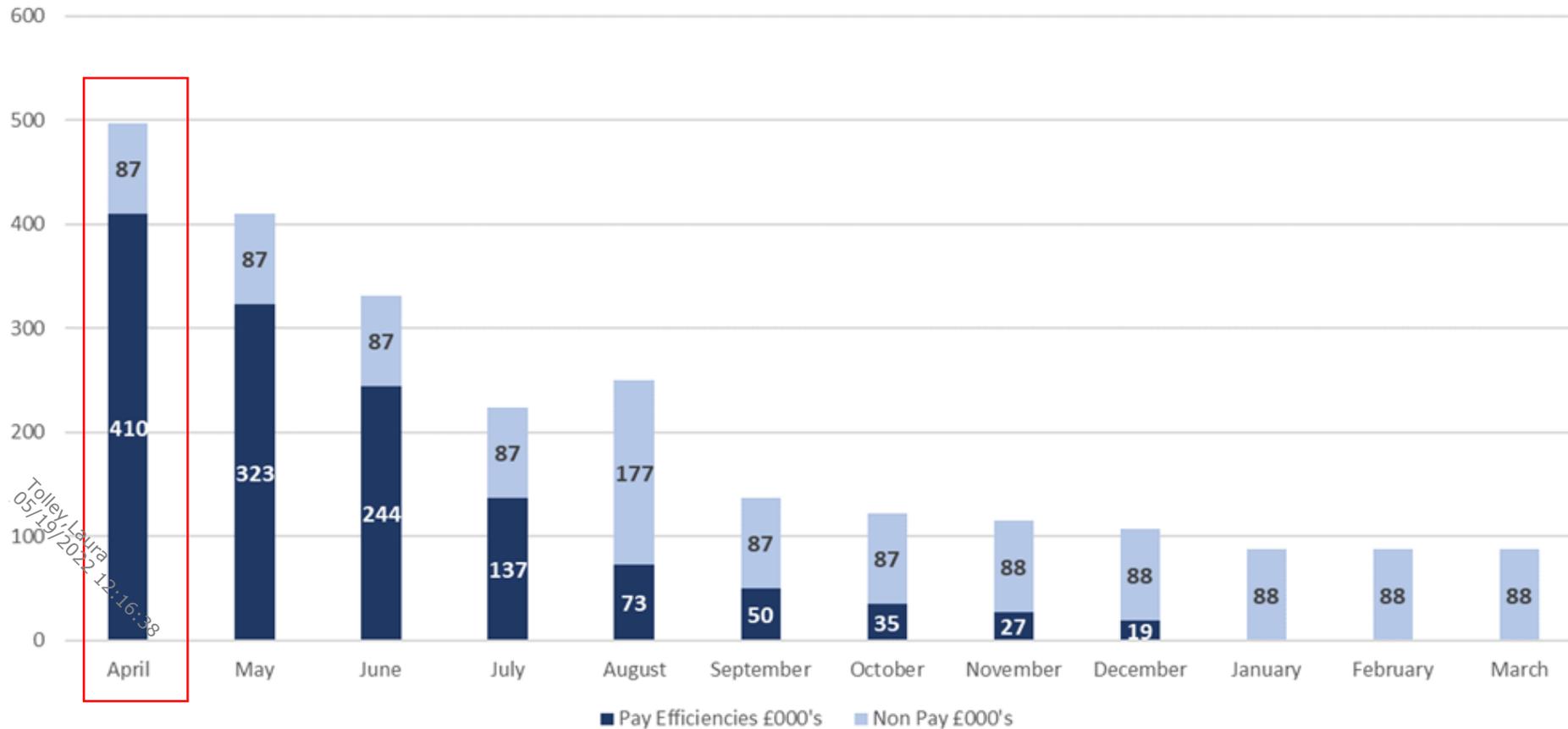
Strategy and Engagement – The Directorate is reporting an underspend of £28k. This is materially driven by a pay underspend supported by a number of smaller non pay variances against profiled budget (such as legal and professional costs anticipated to now materialise later in the quarter.

Information Communications Technology Directorate - The directorate is reporting an overspend of £52k. This is driven by variance against budget of £58k in Pay this month whilst there is a small offsetting non pay underspend. The requirement to manage this ongoing pressure is reflected within the planned savings target.

CAPITAL PROGRAMME

As part of the financial plan a savings requirement of £2.457m has been targeted. It is anticipated that £1.139m (46%) will be recurrent in nature and available to offset future years cost pressures. These are forecast to be achieved. *(Ref Figure 5, Page 14).*

DHCW Summary Savings Plan £000's



The non-pay savings schemes include :

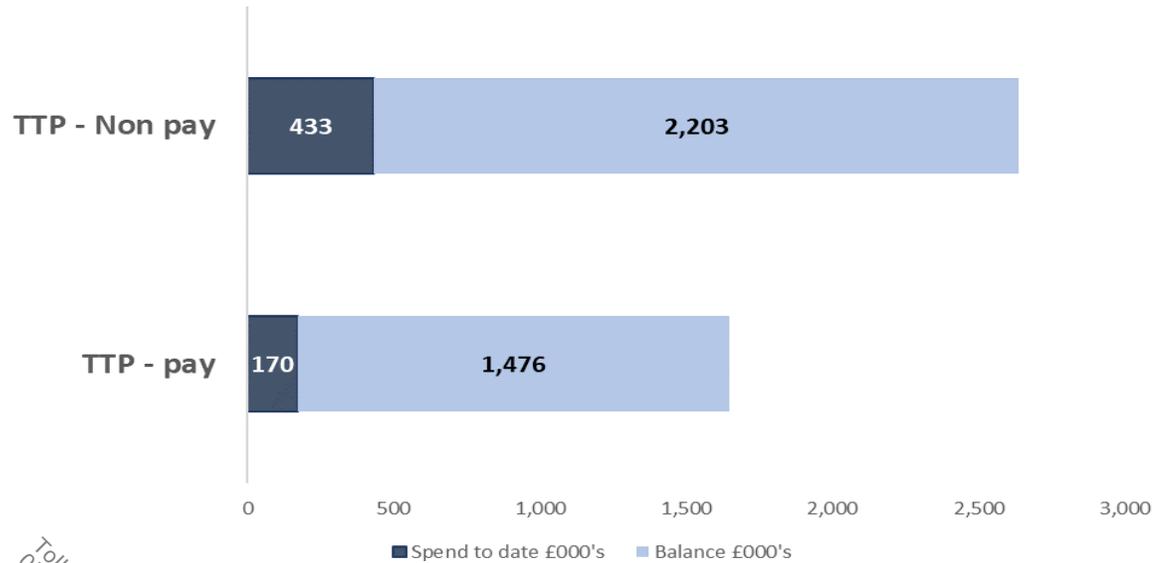
- Generalised costs improvement targets applied to discretionary budgets
- Travel Expenditure Reductions
- Facilities
- IT Maintenance & Support
- Data Transfer Services reduction (anticipated for August)
- Licence Savings

COVID 19 RESPONSE

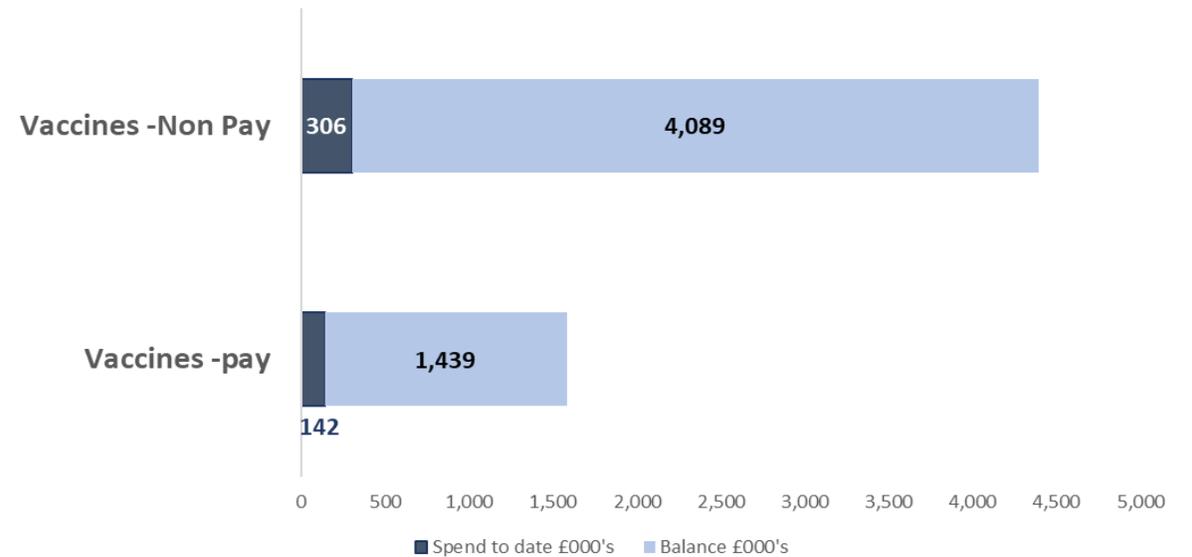
At the end of April the cumulative spend for Covid is £1.051m. Covid is forecast to spend to budget, subject to any changes in government policy.

(Ref page 11).

Covid Spend to April £000's



Covid Spend to April £000's

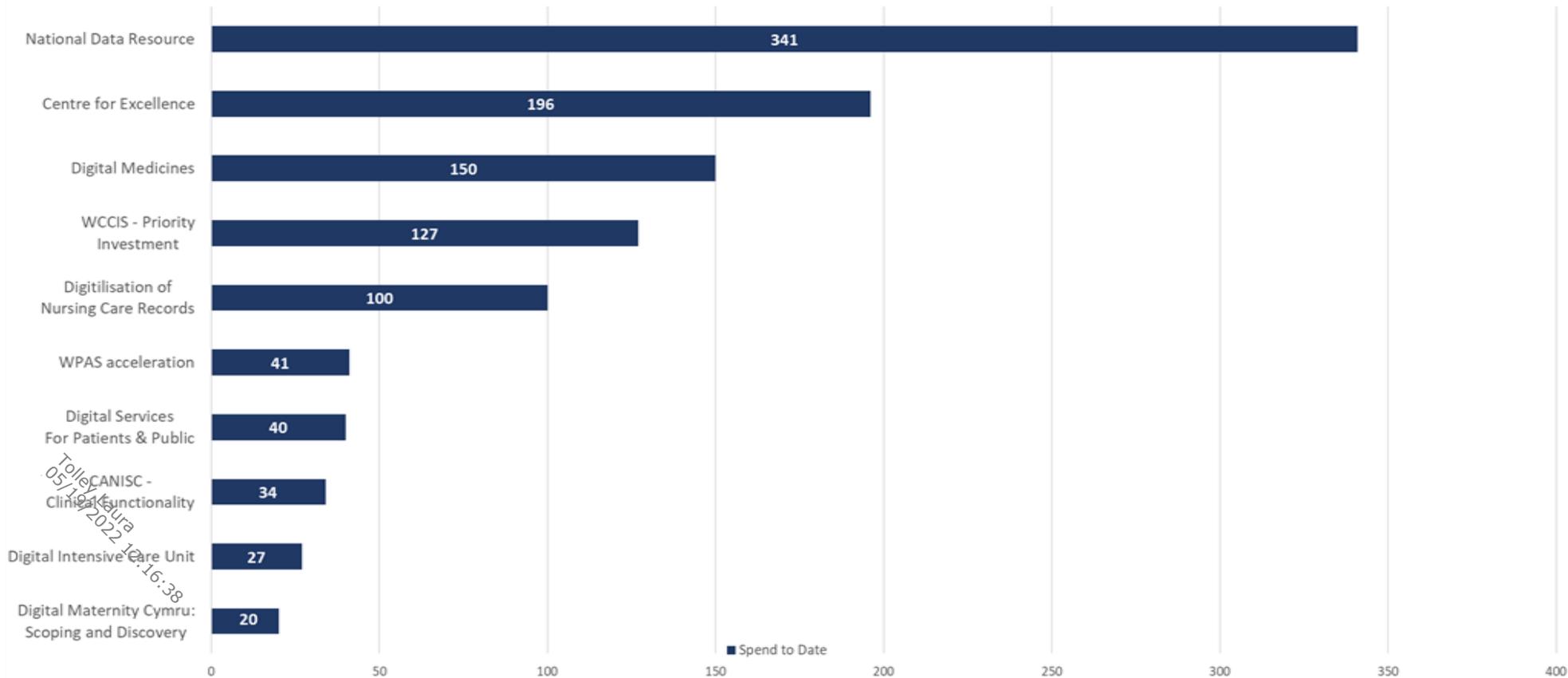


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DIGITAL INVESTMENT

The organisation has recorded £1.1m revenue spend against DPIF schemes for April. Whilst the position is assumed neutral against budget, the final allocation and profile will not be known until the results of the budget challenge exercise are finalised and formal funding letters issued. *(Ref: Figure 4, page 13)*

DPIF Revenue Performance to April £000's



DPIF Budget Review:

A budget reprofiling review has been initiated by Welsh Government, at the time of writing the outcome of the exercise is unknown.

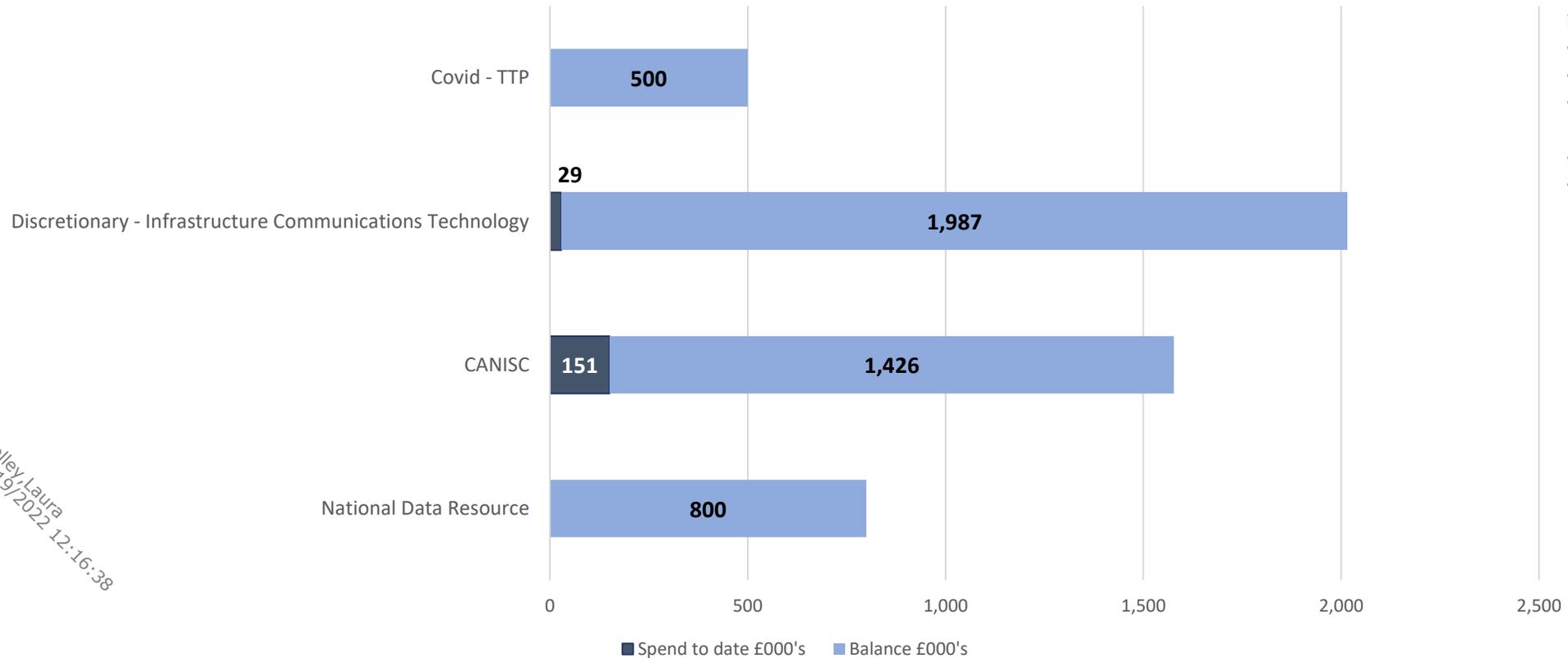
Once confirmed DHCW budgets will be updated to reflect anticipated funding.

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CAPITAL PROGRAMME

Capital Spend of £0.180m has been recorded against the Annual Capital Resource Limit of £4.893m. Allocation will be added/adjusted once the DPIF Budget Challenge exercise has concluded. *(Ref Table 3, Page 8).*

Capital Performance to April £000's



Discretionary ICT includes the following investment schemes:

- Cloud Readiness & Adoption
- Cyber Resilience
- Infrastructure Growth & Capacity Management
- Datacentre Lifecycle Management
- Network Improvements

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DHCW SUMMARY RISKS & OPPORTUNITIES

DHCW FINANCIAL risks are summarised below. *(ref Page 15).*

Corporate Financial Risks

- Exceptional Costs – Energy: A potential cost pressure of £0.624m has been identified which is currently being mitigated via agreed monitoring and central management through Welsh Government at an all Wales level.
- Exceptional Costs– National Insurance increase: A potential cost pressure of £0.319m has been identified which is currently being mitigated via agreed monitoring and central management through Welsh Government at all Wales level.
- DPIF Budget Challenge: A potential risk of has been identified related to the current DPIF budget reprofiling round. The risk relates to achieving plan deliverables as stated and to resource & supplier costs.
- Data Centre migration: Once the details of the move have been finalised, there may be a requirement for additional resources to complete any activity planned for this year and a consequential need to secure funding and meet the increased cost pressure.
- Digital Inflation: The financial impact on DHCW of supply chain issues (such as the chip shortage) and underlying digital price pressures will need to be identified, quantified and managed.

Corporate Financial Opportunities

High level financial opportunities currently identified for monitoring are as follows:

- Vacancy Management - DHCW has reported overachievement against its target vacancy factor. Whilst leads will look to supplement resource requirements via 3rd party suppliers there is a possibility of additional financial gains. The finance & workforce will continue to monitor and agree mitigating actions/alternate plans with Directors and service leads.
- Additional Travel Expenditure Underspends- Minimal travel expenditure has been recorded during April. This will continue to be monitored to ascertain whether budget can be repurposed to support plan deliverables or continue to contribute to the organisational underspend.

ADDITIONAL INFORMATION *(ref Page 16).*

DHCW Final Accounts 2021/22

Welsh NHS bodies are required to prepare an annual report and accounts compliant with the determination and directions given by Welsh Ministers. A Manual for Accounts (MfA) is prepared annually by the Health and Social Services Group in Welsh Government, which provides guidance on the statutory requirements to assist in the production of the reports. It is for each organisation to interpret the guidance and to apply the principles to their own individual circumstances(ref Page 16).

The final 2021-22 NHS Wales Manual for Accounts (MFA), DHCW Accounts Template and Returns schedules were issued by Welsh Government and received on 11/03/2022.

The key reporting deadlines for 2021/22 are detailed below :

- | | |
|--|------------|
| • Draft Accounts Submitted | 29/04/2022 |
| • Audit Committee & SHA Board Approval | 14/06/2022 |
| • Audited Accounts & Returns Submitted | 15/06/2022 |

DHCW finance team will continue to liaise with Audit Wales to ensure successful completion of this statutory obligation.

Microsoft Office 365 Enterprise Agreement Renewal

DHCW has led the commercial renegotiation of the NHS Wales Microsoft agreement. Having now completed the final negotiations of the new Microsoft Enterprise Agreement, organisations have been issued with a briefing paper setting out the agreement in detail for return no later than 30th May.

RECOMMENDATION

The board are requested to note the contents of the financial report for April 30th and the forecast year end achievement of key financial targets.

- The unaudited Financial Performance for DHCW for the period to March 31st 2022
- The financial performance of DHCW for the period April 30th 2022
- The forecast year-end planned underspend of breakeven
- The risks and current DPIF position
- The status of the All Wales Microsoft Agreement

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DIGITAL HEALTH AND CARE WALES

INTEGRATED ORGANISATIONAL PERFORMANCE REPORT

Agenda Item	6.2
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Name of Meeting	SHA Board
Date of Meeting	26 May 2022

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

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Alyson Smith, Head of Organisational Performance
Presented By	Michelle Sell, Director of Planning & Performance and Chief Commercial Officer

Purpose of the Report	For Discussion/Review
Recommendation	
<p>The Board is being asked to:</p> <p>DISCUSS / REVIEW the report as representative of the performance of the organisation for the period March/April 2022.</p>	

Acronyms			
DHCW	Digital Health and Care Wales	KPI	Key Performance Indicator
IOPR	Integrated Organisational Performance Report	TTP	Test, Trace, Protect
WLIMS	Welsh Laboratory Information Management System	SAN	Storage Area Network

1. SITUATION/BACKGROUND

- 1.1 This document provides a summary of the Digital Health and Care Wales (DHCW) Integrated Organisational Performance Report (IOPR). A similar report is presented to DHCW Management Board monthly where board members present and discuss performance and resulting actions or risks. The content in the Workforce and Finance sections provide details of performance against statutory requirements.
- 1.2 The IOPR is included in full at item 6.2i Appendix A.

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

- 2.1 With the increasing threat of cyber incidents during uncertain times we have maintained our increased security measures, working closely with the National Cyber Security Centre and colleagues across NHS Wales and Welsh Government, to protect our national digital systems.
- 2.2 Our 2021-22 business plan completed in March and is summarised in the 2021-22 Plan On A Page. March saw the sign-off of the Digital Services for Patients and the Public, and a decision to proceed has been made.
- 2.3 As reported throughout the year, we have made significant progress with digital transformations, and have been able to re-prioritise our plans to respond to pressures and changing priorities, from within DHCW and throughout NHS Wales and Welsh Government. It is our aim to maintain and maximise this kind of adaptability in order to respond to the changing needs of the service going forward.
- 2.4 As previously indicated, the following initiatives have been moved into our 2022-23 plan:
- o Cancer Minimum Viable Product 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 were too great. DHCW and Velindre have produced a re-profiled implementation plan which was approved in April 2022, moving the date to November 2022.

- The Mental Health Core Data Set is nearing completion, but there has been some impact from Covid-19, and modification of approach by Welsh Government, which has required an amendment to delivery dates. Resources are available and a direction of travel has been agreed with Welsh Government – to implement the dataset in the first instance, followed by outcome measures at a later date. This work is in the 2022-23 plan.
- Availability of the Intensive Care System for roll-out has been subject to supplier delays relating to their business continuity solution, as well as revisions to design and an extension to the testing/validation period.
- The all-Wales image Sharing project has been delayed whilst Health Boards and the supplier revise their plans. Having changed their partner for the Vendor Neutral Archive solution alongside moving to cloud, the supplier has had to undertake component redesign work.

For Test, Trace, Protect (TTP) we continue to work closely with Welsh Government to establish a longer-term plan which will support the requirements of a wider Welsh vaccination service as they emerge.

2.5 There remain two corporate risks relating to the plan:

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

2.6 Scorecard

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

- Operational Services Support – GREEN

Support was reported as AMBER in March due to a reduction in performance against Key Performance Indicators (KPIs) for Service Requesting, but is now GREEN with KPIs being achieved across all domains in April.

- Significant IT Service Incident Management – GREEN

There were two Significant IT service Incidents in March, neither of which breached their KPI resolution targets. The first was related to the Welsh Laboratory Information Management

System (WLIMS) Storage Area Network (SAN) cabling issue. The second was related to Citrix issues affecting Cwm Taff Morgannwg and Aneurin Bevan University Health Boards.

There were three Significant IT Service Incidents in April, none of which breached their KPI resolution targets. The first was related to the Welsh Clinical Portal and access to the Welsh Care Records Service. The second was related to the Welsh Hospital Pharmacy Stock Control Management System, affecting Swansea Bay University Health Board. The third related to Data Centre Services hosting and storage, and had an impact on users of Clinical Coding and Medicode.

- Personal Development Appraisal Reviews Compliance – AMBER

Appraisals compliance increased slightly in March but was again at 79% in April, mirroring February's report. The target is 85%. Activity on specific plans and targeted training remains a priority.

- Audit – GREEN

Audit has now moved from AMBER to GREEN following the closure of three audit actions by the Radiology Service Management Board in March 2022.

2.7 Workforce

DHCW's Recruitment Task Force continues to make a positive impact on recruitment, although the volume of work required continues to pose a challenge.

DHCW continues to work with three recruitment agencies to support recruitment of the volume of staff needed, as well as attending job fairs in Swansea and Cardiff Universities. We have utilised the Women In Tech job boards to advertise roles, as well as presenting a real-life case study on their web pages, to provide an example to prospective employees of the career progression opportunities available within DHCW.

We have produced a core competencies list for the main vacancy groups – we have identified the core competencies needed across roles, so that we can advertise for skills that will cover a range of roles, thus opening up the opportunity for dialogue with a wider range of applications.

We are working collaboratively with the British Training Board (who specialise in working with ex-service people), so that their training plans can align with our vacancy needs.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

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4 RECOMMENDATION

4.1 The Board is being asked to:

DISCUSS / REVIEW the report as representative of the performance of the organisation for the period March/April 2022.

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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
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If more than one standard applies, please list below:

DHCW QUALITY STANDARDS	ISO 9001

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: n/a
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No, (detail included below as to reasoning)	Outcome: n/a
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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	17 th May, 2022	Approved

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IMPACT ASSESSMENT

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

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SPECIAL HEALTH AUTHORITY BOARD REPORT APRIL 2022



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



Integrated Organisational Performance Report

Prepared by Laura
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DIGITAL HEALTH AND CARE WALES

REPORT
BOARD



CONTENTS

Scorecard

Corporate Planning

Financial Performance

Workforce

Commercial Services

Operational Service Management

Clinical Assurance and Information Governance

Governance and Quality

Engagement

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 organisation, therefore this report will develop over time as requirements are further refined.

Scorecard

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

- **Significant IT Service Incidents – GREEN:** There were five significant incidents logged, none of which breached the SLA resolution target.
- **Customer Satisfaction Feedback – AMBER:** This has decreased to 92%, slightly below the 93% target. Staff absences and recruitment challenges in the Service Desk have been attributed to this decrease, however recruitment has taken place and staff are in training.

Workforce Measures

- **Sickness Absence – GREEN:** This has decreased slightly to 3.6%. This figure includes 26 Covid-19 related absences.
- **Appraisal compliance – AMBER:** This decreased from 81% to 79%; the Welsh Government target is 85%.
- **Statutory and Mandatory Training – GREEN:** Compliance has continued to improve and is above target at 93.1%.

	FINANCE & WORKFORCE			GOVERNANCE & QUALITY		
FINANCE	Forecast Revenue Small operational surplus	Forecast to remain within Capital Expenditure Limit to ensure net Capital spend does not exceed Capital Expenditure Limit	Maintain within Public Sector Payment Policy to pay non NHS creditors within 30 days of receipt of valid invoice: Target = 95% (Actual = 98%)	All audit actions are on track to be completed by their target date	ISO and BS Standards compliant with requirement	GOVERNANCE & QUALITY
WORKFORCE	Sickness absence (actual 3.6%)	Appraisals compliance target = above 85% (achieved 79%)	Statutory and Mandatory Training compliance target = above 85% (achieved 93.1%)	Clinical Risk Management	Corporate Risk Management	

	OPERATIONAL SERVICE DELIVERY			ENGAGEMENT & FEEDBACK		
OPERATIONAL SERVICE DELIVERY	Commercial Services contract management compliant with KPI	Operational Service Support KPIs were achieved in nine of ten domains	Contribution to keeping NHS Wales working through Covid-19 pandemic	Service Level Agreement performance meetings with stakeholders conducted to schedule	Strategic engagement meetings with NHS partners conducted to schedule	ENGAGEMENT & FEEDBACK
	Clinical Assurance and Information Governance requests and incidents resolved within KPI	Three significant IT Service Incidents, none breached the SLA resolution target	Other Engagement metric under development	Customer Satisfaction Feedback to Local Service Desk target = above 93% (actual 92%)	Other Engagement metric under development	
	OPERATIONAL SERVICE DELIVERY			ENGAGEMENT & FEEDBACK		



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.

CONTENTS

Plan on a Page

Achievement Summary

Risks to the Plan

Key Change Control

REF	PORTFOLIOS	QTR 1 APR-JUN 2021	QTR 2 JUL-SEP 2021	QTR 3 OCT-DEC 2021	QTR 4 JAN-MAR 2022
1	Information Availability and Flow Develop an 'open platform' approach to digital innovation, by responding to national standards for how data, software and technologies work together, and how external partners can work with the national digital platform and national data resource	Defining our Architectural Vision RAG REASON: Architecture Design staff were on Covid priorities	Procuring an Application Programming Interface Management System RAG Reason: Delayed due to conflicting priorities	Oct 21 Nov 21	Building national data stores and standards as part of the National Data Resource Programme
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: redrafting	New Data Centre move	Mar 22
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			Proof of Concept of new Digital Service for Patients and Public	Mar 22
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			
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	Reforecast to April 22
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			Intensive Care System available for roll out
9	Diagnostics Develop, operate and maintain a set of high-quality national digital services to enable the modernisation of diagnostics	Emergency dept system available for roll out		Dec 21	Intensive Care System available for roll out
		Business Case for new radiology system		Nov 21 All Wales Image Sharing Pilot	
10	Medicines management Develop, operate and maintain a set of high-quality national digital services to enable modernisation of medicines management	Hospital Pharmacy available for roll out	Respond to Medicines Management Review		
11	Value from Data Driving value from data for better patient outcomes and service planning	Responding to analytical requirements from Covid-19, Essential Services and Value Based Healthcare			

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.

In 2021-22 we saw some significant achievements in key areas and we have seen change controls to the plan due to the ongoing impact of Covid-19 and further changes in priorities to keep pace with the immediate needs of digital transformation.

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 teams.</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 continued to progress on SNOMED-CT (medical terminology service); we have now deployed ten instances of SNOMED-CT into our systems, and the Clinical Data Engine has gone live in the first health board.</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> <p>The continued deployment of SNOMED-CT has wide reaching benefits through standardisation of data, enhancing useability, supporting multidisciplinary discussion on patient cases, and increasing patient safety.</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 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 transition of systems to the infrastructure in our new data centre is complete and the project has closed.</p> <p>DHCW's Cloud Strategy was approved by our Board in March 2022. The strategy focuses on DHCW's national services with a vision to be a Cloud First organisation from 2022 and to have migrated 50% of services to a public cloud by 2024.</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>

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PORTFOLIO REF	PORTFOLIO OBJECTIVE	ACHIEVING OUR STRATEGIC OBJECTIVES
04	<p>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>	<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 3000 monthly users. This is a key national milestone – for the first time nurses are using nationally agreed standard assessment forms completed by them electronically. Nearly 950k digital assessments and inpatient nursing notes have been created since the first go-live in April 2021.</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 documents (35 million) and test results (216 million) and now nursing assessments. This month has seen increased sharing of data across Health Board boundaries. Views of results data have increased significantly compared with last year (90% growth). We are see growth in cross boundary views of pathology tests and patient documents – 1 in 10 test results and 1 in 6 electronic documents were produced in a neighbouring health board. We had added a new data store called the Clinical Data Engine which has gone live in Cwm Taf Morgannwg with the first use of OpenEHR (an open standard specification in health) for allergies and patient warnings.</p> <p>Impact: Availability of these data stores directly improves patient care as the clinician is better informed and it releases more time for direct care as there is no need to request paper copies. It also removes the need for repeat investigations for patients. The Clinical Data Engine will mean clinical information will start to be made available to multiple systems removing the need to repeat questions to patients.</p>
05	<p>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>	<p>Contracts have been signed for the new Digital Services for Patients and the Public (DSPP) platform, to be developed on an iterative basis. The proof of concept has now been signed-off and agreement has been reached to proceed to a Minimum Viable Product. A further work package has been approved.</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>
<p>Tolly Laura 05/09/2022 12:16:38</p>	<p>Public Health: Develop, operate and maintain a set of high-quality national digital services to support Public Health prevention and early intervention Programmes</p>	<p>DHCW has played a digital leadership role in the Welsh Government Test, Trace, Protect strategy. This includes the provision of Covid-19 electronic test requesting and results viewing solutions, a case management and contact tracing application, development of a Welsh Immunisation System and the digital Covid Pass. Multiple data integrations have enabled data to flow within Wales, the NHS Covid-19 app, laboratory systems, and other UK locations. We continue to respond to frequent new requirements – the latest being configuring systems to cope with the expansion of the booster programme, including third dose data for immunosuppressed, the Covid-19 Pass, and also data for citizens under 18 years of age.</p> <p>Impact: The DHCW Covid-19 contact tracing, testing and vaccination solutions are crucial in the policy decision making and operational management of the pandemic. Our provision and analysis of data helps the prioritising of activity on the ground.</p>
07	<p>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>	<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 year, nationally and locally on upgrading the Welsh Community Care Information System and working with local authorities on solutions which bring together and visualise health and social care data such as in Powys.</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	<p>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>	<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. Our Welsh Emergency Department System had its first go live in Swansea Bay (Neath Port Talbot Minor Injuries Unit) where users moved from paper to a paper-free environment.</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 first-appointment savings in its first week. The emergency department system will allow sharing across organisations improving efficiency and safety.</p>
09	<p>Diagnostics: Develop, operate and maintain a set of high-quality national digital services to enable the modernisation of diagnostics</p>	<p>Endoscopy results from two health boards are now available across Wales. The new Laboratory systems (LINC) Full Business Case was approved by Welsh Government and the contract has now been signed and the service is design/configuration stage. DHCW is supporting the interoperability design phase. The procurement has started for the new Radiology Informatics Solution. The Invitation to Tender has gone to the market and shortlisting is complete. Invitations to participate in dialogue is now underway. DHCW is leading the procurement.</p> <p>Impact: Due to the healthcare constraints of Covid-19 the number of endoscopy procedures required is increasing; making results available centrally helps to support ease of access to patient results and swift diagnosis. These early stages in the LINC and Radiology Informatics Solution programmes ensure that the next steps can progress and the move towards modernised diagnostic systems will continue.</p>
10	<p>Medicines Management: Develop, operate and maintain a set of high-quality national digital services to enable modernisation of medicines management.</p>	<p>The Hospital Pharmacy Stock Management Service has been rolled out to all health boards. The new stock control system has been implemented at hospital sites in Aneurin Bevan, Betsi Cadwaladr, Cardiff and Vale, Cwm Taf Morgannwg, Powys, Hywel Dda, Swansea Bay Health Boards and Velindre Trust and three prisons (HMP Swansea, HMP Cardiff and HMP Berwyn). The new Digital Medicines portfolio is being initiated with the appointment of a Senior Responsible Officer and other senior posts. The secondary care Electronic Prescribing and Medicines Administration framework procurement is now underway.</p> <p>Impact: Users have confirmed that we are supporting modernisation in medicine stock control by allowing like for like comparisons of activity such as dispensing data 'for the first time'. This is an essential factor in driving up efficiency in this area, and reducing variation. The Digital Medicines programme will include electronic prescribing for hospitals which will improve patient safety and drive efficiencies.</p>
11	<p>Value from Data: Driving value from data for better patient outcomes and service planning</p>	<p>We have scoped-out the requirements and service options for the development of a Research and Innovation function.</p> <p>We have created a number of National Data dashboards that combine and visualise a wide range of information relating to clinical outcomes, secondary care activity, case mix variables, mortality, and socio-economic factors for specific clinical areas. These innovative dashboards are being utilised by clinical teams, special interest groups, clinical networks, support functions and other stakeholders to inform better decision making.</p> <p>Impact: This provides key data and information, informing better patient outcomes and service planning, and also improves service planning for innovation.</p>

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Portfolios		Qtr 1 Apr-Jun 2022	Qtr 2 Jul-Sep 2022	Qtr 3 Oct-Dec 2022	Qtr 4 Jan-Mar 2023
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	Open architecture: Develop implementation plans for embedding Architectural Building Blocks into NHS Wales digital architecture and continue to deploy APIs during the year			
			Data Strategy: Develop Data Strategy implementation Plan as part of the National Data Resource.	Data Platform: procurement of national data platform	Deliver the Data Strategy and national dataset developments
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	Information Governance: Develop and promote a Welsh Government National Information Governance Framework		System access: National Audit Tool Roadmap	
		Cyber: Ongoing audit and assurance from Cyber Resilience Unit. Continue to implement DHCW Cyber Service Improvement plan			
Sustainable Infrastructure	Develop and maintain a high-quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility	Infrastructure Strategy: Further develop sub strategies			
		Cloud: Migrate initial services to cloud hosting plus Cloud First procurements			
		Data Centres: Review second data centre provision			
Digital Health Professional Empowerment	Improving and expanding the content, availability and functionality of the Digital Health and Care Record, agnostic of health board and geographical boundaries and supporting evidence based decision making and connectivity using NHS Wales e-library and the Microsoft 365 suite	Nursing solution: More features and further roll out			
		Cancer solution: Initial implementation			
		Digital Health Record: Populating the Digital Health Record and extending electronic test requesting to more disciplines	Establish Microsoft 365 Centre of Excellence		Populating the Digital Health Record and extending test requesting
Digital Patient Empowerment	Provide Digital services for patients and the public to enable seamless interaction with health and care services supporting patients to fully participate in their own health and well being	Digital Services for Patients and the Public: Initial priorities and work packages			
Public Health	Develop, operate and maintain a set of high-quality national digital services to support Public Health prevention and early intervention Programmes	Test Trace Protect: Respond to highest priority confirmed requirements for Test Trace and Protect			
Primary, Community and Mental Health	Building digital infrastructure across primary and community care by developing, operating and maintaining a set of high-quality national digital services reflecting new models of local care, closer to home	GP Systems: Manage the transition to new GP systems agreement ensuring support for cluster development plans			
		Welsh Community Care Information System: Strategic Review and Roadmap	Mental Health: Functionality and Information sharing		Healthy Child Wales Programme functionality enhancements in the Child Health system
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	Covid-19 Recovery: Respond to Covid-19 recovery initiatives			
		Unscheduled Care digital developments including the Emergency department system and supporting the Welsh Ambulance Service			
		Welsh Patient Administration System - Betsi Cadwaladr West	Eye Care: integration with national systems		Intensive Care System available for roll out
Diagnostics	Develop, operate and maintain a set of high-quality national digital services to enable the modernisation of diagnostics	Welsh Patient Administration System - Velindre			
		Welsh Radiology Information System Roadmap of decommissioning			
		Work with New Radiology and Laboratory Information Programmes: support the RISP procurements and LINC delivery			
Digital Medicines	Develop, operate and maintain a set of high-quality national digital services to enable modernisation of medicines management	Endoscopy: Review National Programme requirements as they emerge			
		Readiness for early e-prescribing and medicines management sites along with enabling patient medicines management			
		E-Prescribing and Medicines Administration: award contract framework for health boards to buy system for hospitals	Shared Medicines Record: design		
Research and Innovation	Delivering research insights and innovation for service improvement	Research and Innovation: Complete development of DHCW R&I Strategy		Delivery of Research and Innovation Strategy	
Value from Data	Driving value from data for better patient outcomes and service planning	Analytics: Responding to analytical requirements from Covid-19, Primary Care and Value in Health			

SUMMARY RISK:

The key risks to delivering our plan and therefore our strategic objectives relate to new requirements which may mean moving staff to new Covid-19 and essential services priorities and not filling vacancies in a timely manner.

PORTFOLIO REF	STRATEGIC OBJECTIVE	RISKS TO DELIVERING OUR STRATEGIC OBJECTIVES
ALL	ALL	<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 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 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>

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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.

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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 £0.037m after applying the savings target profile.
- Capital – Current Spend of £0.180m against Capital Resource Limit (CRL) £4.893m.
- Public Sector Payment Policy (PSPP) – DHCW have paid 98% of non-NHS invoices within 30 days.

INDICATOR	RESULT	SUMMARY
Revenue Breakeven (To secure that the organisations expenditure does not exceed aggregated income)		Small operational surplus of £0.037m.
Remain within Capital Resource Limit (To ensure net Capital Spend does not exceed the Capital Resource Limit CRL)		£0.180m spend for period against a capital limit of £4.893m
Public Sector Payment Policy (To pay a minimum of all non NHS creditors within 30 days of receipt of a valid invoice)		PSPP target achieved. Target 95% – Actual 98%
Bank Sufficient bank balances		Balance as at 30/04 £0.3m

SUMMARY:

- The organisational month end revenue underspend is currently £0.037m against a forecast of breakeven.
- Capital spend to date is £0.180m of the total CRL of £4.893m
- PSPP target exceeded
- Cash balance £0.3m at end of April.
- Agency spend is 1.6% of the total pay bill

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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

DIGITAL HEALTH AND CARE WALES



REPORT

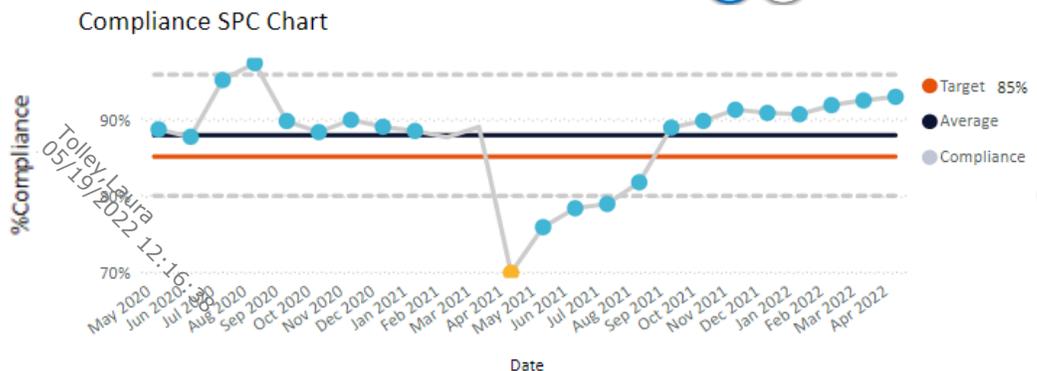
BOARD

SICKNESS ABSENCE



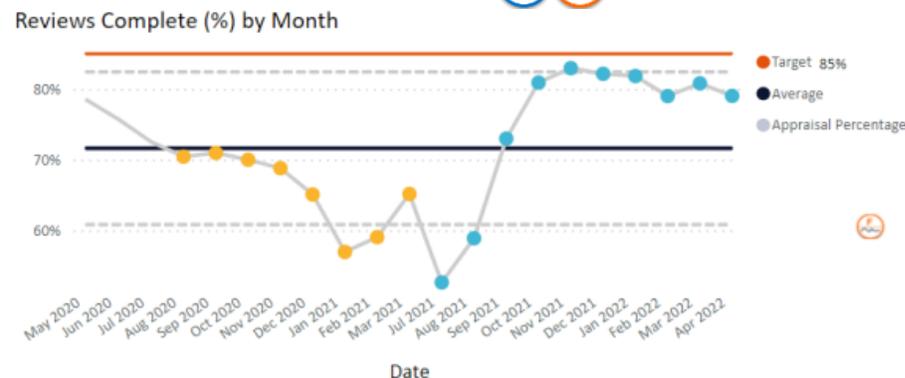
Sickness absence has slightly decreased by 0.24% to 3.6%. This figure includes 26 known COVID-19 related cases; a small decrease from 29 last month. Long term sickness slightly increased by 0.2% to 1.86% - of the 20 long term sickness cases reported, 5 have returned. The remaining 16 are in receipt of timely support from the Workforce team. Short term sickness decreased by 0.43% to 1.73%.

STATUTORY AND MANDATORY TRAINING



Statutory and Mandatory Training compliance has increased by 0.5% on last month, from 92.6% to 93.1% which is above the Welsh Government target of 85% for NHS Wales.

APPRAISALS

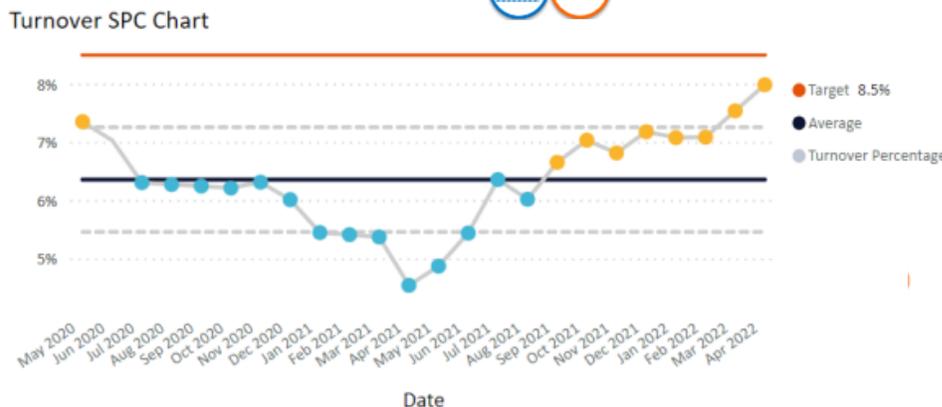


Appraisal completion rate is 79%, this is a decrease of 2% on last month. This is below the Welsh Government target of 85% for NHS Wales.

ASSURANCE	VARIATION
Consistently fail target	Special Cause Concerning variation
Consistently hit target	Special Cause Improving variation
Hit and miss target subject to random	Common Cause

- Target
- Average
- Process Limits

TURNOVER



Turnover is 7.98% (7.54 % last month), a small increase from March (6 leavers).

Recruitment update provided at the weekly Directors meeting.

FOCUS DURING MAY – 360 VACANCIES PLANNED

- Workforce Planning – annual and quarterly. Directorates to decide the most appropriate way to address capacity requirements.
- Ongoing - LinkedIn and CV Library licenses activated and frequent jobs now being advertised through targeted marketing.
- Built further links with community groups for jobs fairs and also Universities – attending Futures Fair at Cardiff University.
- Attended Job Fairs in Swansea and Cardiff University in May – a total of 3 for the first 2 weeks of May.
- Progress on collaborative working with British Training Board and WIDI for vacancy and training offers to Veterans, Serving and DWP.
- Women in Tech Licenses – advertisement using their job board and present real case study on to web page.
- Core role competencies list for main vacancy groups is complete. Successfully advertised roles via LinkedIn & CV Library to candidates.
- ADS recruitment received 72 applicants over 3 core vacancies, currently 12 interviews arranged for May.

FOCUS IN JUNE

- Workforce Planning – annual and quarterly. Directorates to decide the most appropriate way to address capacity requirements.
- Further attendance at Jobs Fairs specifically targeting our sector.
- Ongoing - organise and develop an in-person Jobs Fair on site at Ty Glan Yr Afon and support Public Relations company with advertisement.
- Building a talent pool – introduced new talent pool on Microsoft 365 expand and grow the pool by candidates from Jobs Fairs and applicants from CV Library and LinkedIn.
- Ongoing - created automated reports and dashboards through Microsoft 365, trialling the new format and edit to suit needs.
- Working with Welsh Language Services Manager to further develop action plan to support compliance of Welsh language regulations for recruitment by March 2023.
- Supporting DVLA Coding Challenge, supporting schools across Wales with coding challenges and developing IT skills.

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Commercial Services

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

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

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The following procurement contracts will be presented to the DHCW Board for approval as noted in the Schedule.

TITLE	ALL WALES / DHCW INTERNAL	OVERVIEW OF THE SCOPE	INDICATIVE CONTRACT VALUE	INDICATIVE TERM (YEARS)	CONTRACT START DATE	SHA BOARD DATE	CURRENT STATUS
Specialist Resources (consultancy) for DSPP Programme Management and Delivery	All Wales	Specialist consultancy resources to support delivery of DSPP Programme and deliverables.	£1.8m	1+1+1	01/04/2022	31/03/2022	Approved by DHCW Board (March 2022)
Telephony Solution for Test Trace Protect	All Wales	Telephony solution which underpins the Test, Trace & Protect System to effectively manage the Covid Pandemic.	£1m	1+1+1	01/04/2022	Procurement abandoned	Approved by DHCW Board (March 2022). Following a competitive tender exercise, no suitable alternatives were identified. Additionally capacity requirements for TTP are to be reduced by 75% in May which leads to a material change in requirements.
VMWare Enterprise License Agreement	DHCW Internal	Enterprise Licensing Arrangement to enable the organisation to run more applications using fewer physical servers on virtualised machines.	£300k	1+1	01/04/2022	30/03/2022	Approved by DHCW Board (March 2022)
Dental Referral System	All Wales	Digital solution to facilitate and track dental referrals on a health board by health board basis across Wales.	£2.25m	3+1+1	01/06/2023	26/05/2022	Progressing to plan
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.	£176m	3+2	01/07/2022	26/05/2022	Negotiations are ongoing, as is work to reduce the licencing requirements, and profile of users. DoFs and DoDs are engaged and appraised of progress bi weekly. Will be submitted for Board Approval in May.

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The following procurement contracts will be presented to the DHCW and or Management Board for approval as noted in the Schedule.

TITLE	ALL WALES / DHCW INTERNAL	OVERVIEW OF THE SCOPE	INDICATIVE CONTRACT VALUE	INDICATIVE TERM (YEARS)	CONTRACT START DATE	SHA BOARD DATE	CURRENT STATUS
Data Centre	All Wales	Provision of a Data Centre service to host NHS Wales Services and Infrastructure	£4m	5	01/07/2023	28/07/2022	In plan
NDR Data Platform	DHCW Internal	Provision of a Licensing Solution Partner to provide the Authority with licensing and services to support the development and implementation of the NDR Data Platform.	£10m	2+1+1	01/10/2022	28/07/2022	Procurement planning stage
Data Engine	DHCW Internal	Digital Health and Care Wales is seeking to procure technical capability to facilitate access to structured clinical data using open standards, and a mechanism for capturing data as a Clinical Data Engine (CDE). This forms a key building block to the open architecture approach as described as a deliverable of the National Data Resource Programme.	£3m	3+1+1	TBC	29/09/2022	Procurement planning stage
Data Quality System (DQS)	All Wales	Provision of a Data Quality System (DQS) to GP practices for data quality and reporting requirements for national and local initiatives. The software extracts, analyses and presents patient information that is derived from the data held in the practice clinical information system.	£3m	5	24/01/2023	01/12/2022	In plan
Radiology Imaging System	All Wales	Digital solution to store, access, review and report radiology images	£40m	10	15/04/2023	30/03/2023	In plan
Welsh Hospital e-Prescribing and Medicines Administration	All Wales	Provision of a framework for Electronic Prescribing systems for Health Boards in NHS Wales.	£126m	4+2	TBC	To be scheduled at a future Board	Procurement has been published to market via Open Procedure. Supplier day conducted 01/03/2022.



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- Summary
- Incidents and Service Requests
- Significant IT Service Incidents
- Service Desk

Operational Service Management

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

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

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

DIGITAL HEALTH AND CARE WALES



REPORT

BOARD

SUMMARY:

- Operational Service Support is stable with KPIs being achieved across nine of ten domains.
- There were two Significant IT Service Incidents in March and three in April. All incidents were resolved within the target Service Level Agreement resolution time.
- The Service Desk abandoned call rate has seen a temporary increase due to a turnover in staff. Recruitment has taken place to mitigate this, and new team members are now in training.
- The Service Desk team is working extended hours to support the services related to the COVID-19 pandemic.

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PERFORMANCE AREA	METRIC	APR-21*	MAY-21*	JUN-21*	JUL-21*	AUG-21	SEPT-21	OCT-21	NOV-21	DEC-21	JAN-22	FEB-22	MAR-22	APR-22
National Services - Critical (Excluding GP Services)	Score denotes % of Incidents resolved within the SLA target *(Resolved total can include Incidents logged outside the month)	1791 (92%)	1476 (94%)	1632 (95%)	1891 (89%)	1622 (95%)	2085 (95%)	1901 (90%)	1990 (94%)	1526 (92%)	1446 (95%)	1484 (95%)	1701 (94%)	1286 (95%)
	Score denotes % of Service Requests resolved within the SLA target *(Resolved total can include SRs logged outside the month)	5547 (97%)	5054 (96%)	5322 (97%)	7497 (96%)	5630 (92%)	6254 (97%)	6117 (96%)	7107 (98%)	7087 (98%)	6634 (98%)	5989 (97%)	6479 (97%)	5432 (97%)
National Services – Standard	Score denotes % of Incidents resolved within the SLA target *(Resolved total can include Incidents logged outside the month)	474 (98%)	430 (97%)	441 (99%)	392 (96%)	423 (99%)	419 (97%)	419 (96%)	392 (99%)	284 (98%)	293 (97%)	369 (97%)	367 (97%)	343 (98%)
	Score denotes % of Service Requests resolved within the SLA target *(Resolved total can include SRs logged outside the month)	1170 (98%)	1061 (96%)	1799 (96%)	1809 (97%)	1273 (93%)	1288 (96%)	1278 (96%)	1295 (97%)	1059 (96%)	1226 (97%)	1269 (96%)	1331 (92%)	1128 (97%)
Desktop Support Service - Critical	Total Incidents Resolved (% resolved within timescale - Target > 90%)	1332 (98%)	1430 (97%)	1,431 (97%)	1423 (95%)	1274 (91%)	1461 (97%)	1448 (96%)	1350 (97%)	1276 (96%)	1389 (97%)	1374 (96%)	1263 (97%)	1160 (97%)
	Total Service Requests Resolved (% resolved within timescale - Target > 90%)	1115 (99%)	1042 (97%)	1,060 (98%)	1110 (93%)	1111 (92%)	1147 (97%)	1098 (96%)	1071 (96%)	1030 (96%)	1071 (96%)	1050 (95%)	1021 (96%)	1138 (96%)

PERFORMANCE AREA	METRIC	APR-21	MAY-21	JUN-21	JUL-21	AUG-21	SEPT-21	OCT-21	NOV-21	DEC-21	JAN-22	FEB-22	MAR-22	APR-22
National GP Services - Critical - Cegedim	Calls Logged as Incidents (% resolved within timescale)	649 (100%)	554 (99%)	540 (99%)	578 (99%)	455 (98%)	562 (99%)	547 (99%)	587 (100%)	510 (99%)	615 (99%)	565 (99%)	596 (99%)	TBC
	Calls Logged as Service Requests (% resolved within timescale)	249 (100%)	222 (100%)	180 (100%)	257 (99%)	178 (100%)	194 (99%)	227 (100%)	242 (99%)	224 (100%)	184 (99%)	177 (99%)	131 (99%)	TBC
National GP Services - Critical - EMIS	Calls Logged as Incidents (% resolved within timescale)	377 (94%)	238 (84%)	260 (99%)	311 (98%)	217 (96%)	203 (98%)	175 (94%)	212 (92%)	153 (95%)	259 (97%)	186 (93%)	201 (98%)	TBC
	Calls Logged as Service Requests (% resolved within timescale)	28 (100%)	37 (100%)	61 (98%)	43 (98%)	41 (98%)	114 (98%)	41 (98%)	38 (95%)	44 (93%)	47 (89%)	31 (84%)	58 (94%)	TBC

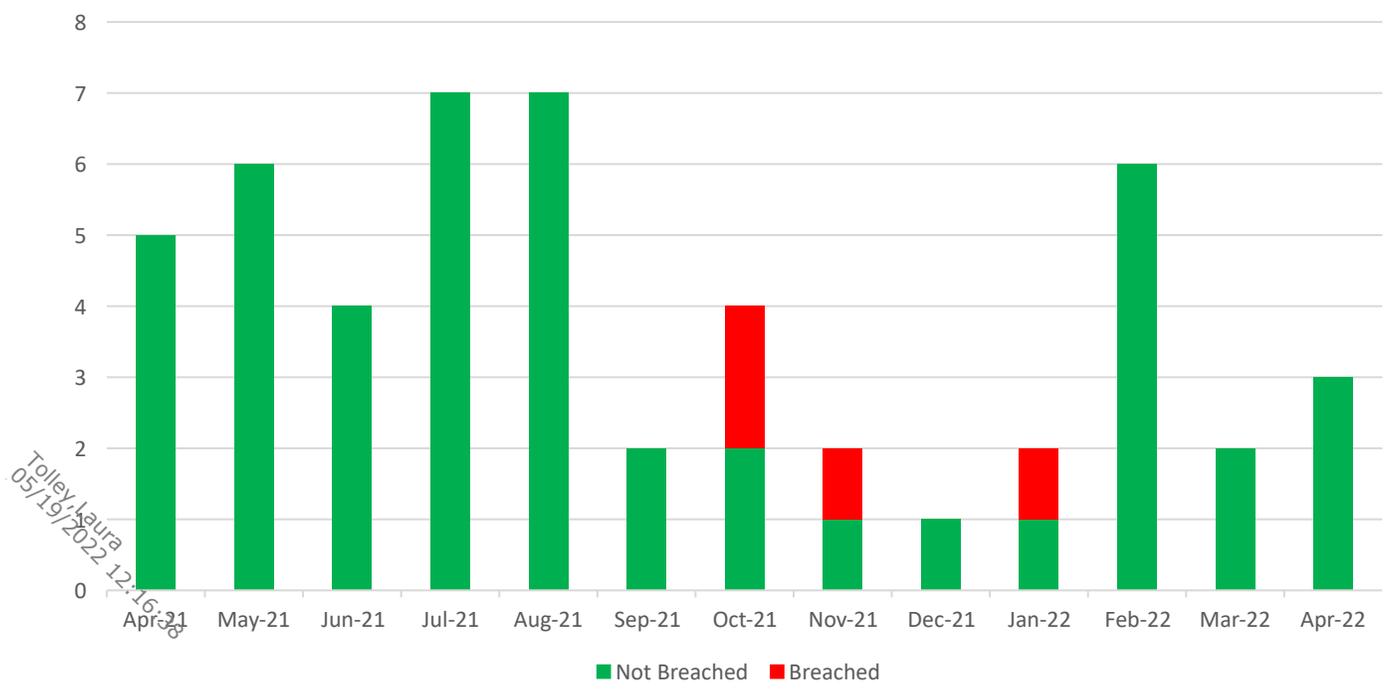
SUMMARY:

- New reporting methodology introduced in August 2021

NOTE: The top table relates to national services and Desktop Support/Service Desk. Primary Care services in the lower table have an alternative reporting method, factoring in calls logged directly with suppliers that are not reportable via ServicePoint and are usually delayed by one month due to 3rd party reporting time constraints.

	APR-21	MAY-21	JUN-21	JUL-21	AUG-21	SEP-21	OCT-21	NOV-21	DEC-21	JAN-22	FEB-22	MAR-22	APR-22
Total	5	6	4	7	7	2	4	2	1	2	6	2	3
Number which breached	0	0	0	0	0	0	2	1	0	1	0	0	0

Significant IT Service Incidents



MARCH SUMMARY:

There were two Significant IT Service incidents reported in March 2022 both were resolved with their target resolution time.

APRIL SUMMARY:

There were three Significant IT Service Incidents reported in April 2022, all of which were resolved within their target resolution time.

SERVICE(S) AFFECTED	WELSH LABORATORY INFORMATION MANAGEMENT SERVICE (WLIMS)	SERVICE LEVEL: CRITICAL	P2	1ST P2 LOGGED. 7449113 PROBLEM REF. 26672
DATE/TIME	03/03/22 11:59	Time to resolution was 1hr 50 minutes Incident did not breach the 8-hour SLA target		
DESCRIPTION	Some users reported slowness and crashing when using the WLIMS service. The root cause was as a result of errors on specific ports on Storage Area Network. The permanent solution was to replace a specific Storage Area Network Cable.			
SERVICE(S) AFFECTED	CITIRX	SERVICE LEVEL: CRITICAL	P2	1ST P2 LOGGED. 7515040 PROBLEM REF. 26792
DATE/TIME	30/03/22 09:12	Time to resolution was 2hrs 08 minutes Incident did not breach the 8-hour SLA target		
DESCRIPTION	Users from Cwm Taf Morgannwg and Aneurin Bevan University Health Boards reported problems connecting to Citrix services from outside the NHS network. The root cause was due to a change to the firewall rules. The service was failed over to the alternative data centre, which enabled users to successfully connect, and the firewall change was rolled back by Network Team.			

FOR INFORMATION

There was a Public Sector Broadband Aggregation (PSBA) network problem on the 7th March. This affected many customers in South Wales and resulted in slow connectivity or no connectivity across the PSBA network. This did not affect DHCW services, but affected some sites' ability to access those services. This generated a significant numbers of calls into the DHCW Service Desk which adversely affected the Service Desk's ability to maintain service levels.

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SERVICE(S) AFFECTED	WELSH CLINICAL PORTAL (WCP)	SERVICE LEVEL: CRITICAL	P2	1ST P2 LOGGED 7545475 PROBLEM REF 26848
DATE/TIME	11/04/22 11:47	Time to resolution was 1 hour 52 minutes Incident did not breach the 8-hour SLA target		
DESCRIPTION	Some users across multiple sites reported that they were unable to access the Welsh Clinical Portal. Investigations identified that a performance and monitoring script had been run over VPN to investigate webservice timeouts. This led to blocking of the Welsh Care Records Service, and performance issues across all live WCP environments. Users were advised to revert to manual process, and a termination of the monitoring script resulted in restoration of service.			
SERVICE(S) AFFECTED	WELSH HOSPITAL PHARMACY STOCK MANAGEMENT SYSTEM (WHPSMS)	SERVICE LEVEL: CRITICAL	P2	1ST P2 LOGGED 7550130 PROBLEM REF 26861 & 26888
DATE/TIME	12/04/22 15:18	Time to resolution was 1 hour 11 minutes Incident did not breach the 8-hour SLA target		
DESCRIPTION	Some users in Swansea Bay University Health Board reported that they were unable to access the WHPSMS system. Investigations identified that a server was not available due to a domain authentication issue, this has been escalated to the virtual server platform supplier. Users were redirected to an active server, and were able to access the system again. Investigations into root cause found an issue with a protocol which has now been corrected.			
SERVICE(S) AFFECTED	DATA CENTRE SERVICES – HOSTING & STORAGE	SERVICE LEVEL: CRITICAL	P2	1ST P2 LOGGED 7550917 PROBLEM REF 26862
DATE/TIME	13/04/22 07:57	Time to resolution was 3 hours 30 minutes Incident did not breach the 8-hour SLA target		
DESCRIPTION	Some users across multiple sites reported accessibility problems with some services, including Clinical Coding and Medicode. Investigations identified that some virtual machines had lost permissions. The affected storage files were migrated and returned, and the permissions were restored. Investigations into root cause have determined an issue with a switch configuration amended in error.			

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	APR-21	MAY-21	JUN-21	JUL-21	AUG-21	SEP-21	OCT-21	NOV-21	DEC-21	JAN-22	FEB-22	MAR-22	APRIL-22
Total Number of calls logged	20044	17749	18473	17786	18017	21266	18694	17915	17542	19580	18302	15390	16704
Total Number of TTP Calls Logged	2062	1641	1316	1304	1157	1312	1478	1614	1865	1616	1362	939	1122
% All Abandoned Calls (Threshold 5%)	3.1%	1.1%	4.5%	1.9%	1.4%	1.0%	0.5%	1.2%	1.5%	1.4%	1.9%	7.1%	6.5%

SUMMARY:

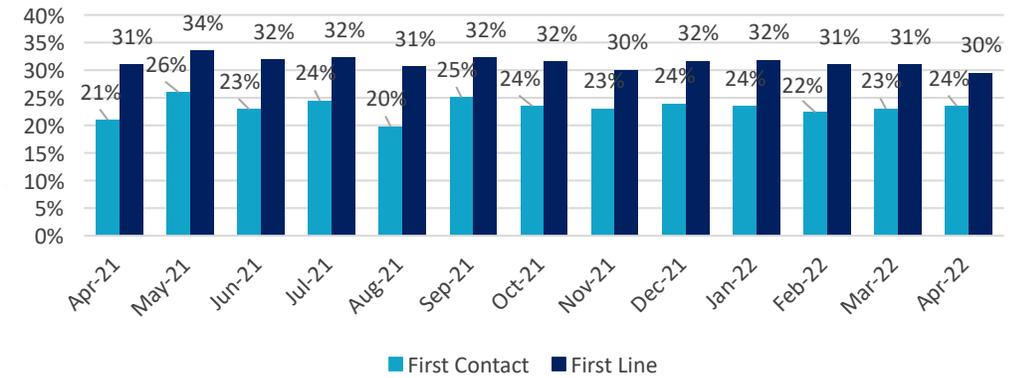
The telephone abandoned call rate rose significantly in March to 7.1%. This is as a direct result of a PSBA Significant IT Service Incident, and a combination of annual leave and staff sickness in the Service Desk team.

The telephone abandoned call rate remained above target in April at 6.5%. This was mainly as a result of high internal staff turnover resulting in resource issues. This is also reflected in a slight reduction in customer satisfaction levels for the month - 92% against a target of 93%.

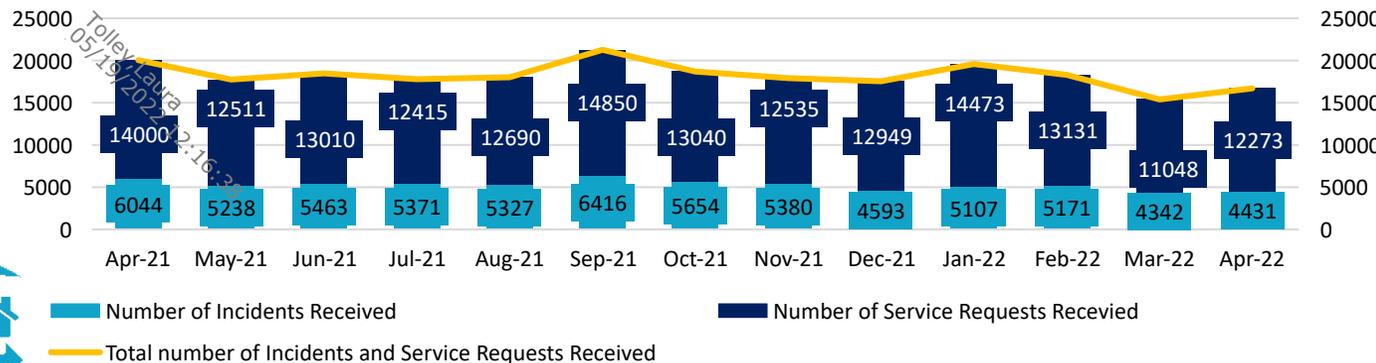
The First Contact and First Line Fix rates are as expected, and plans are in place to improve first contact and first line fix rates, and introduce targets for both in 2022.

The DHCW Service Desk took 3rd place in the Service Desk Institute (SDI) Best Medium/Large Service Desk awards.

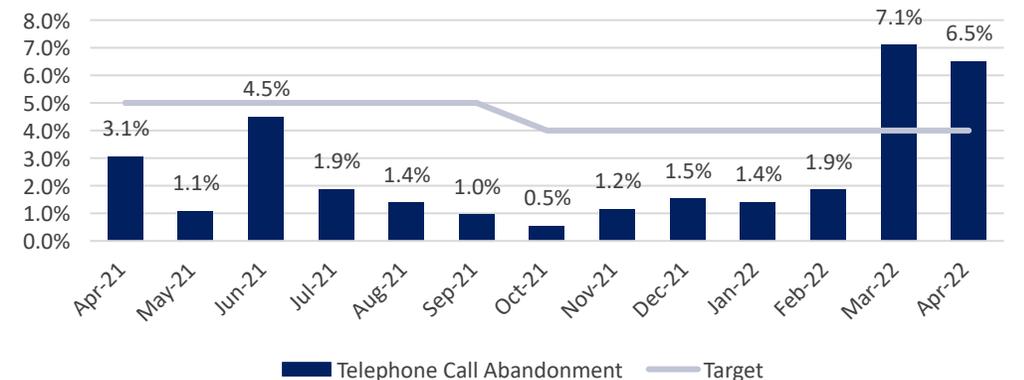
First Contact and First Line Fix Rate



Incidents and Service Requests Received



Telephone Abandoned Calls





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.

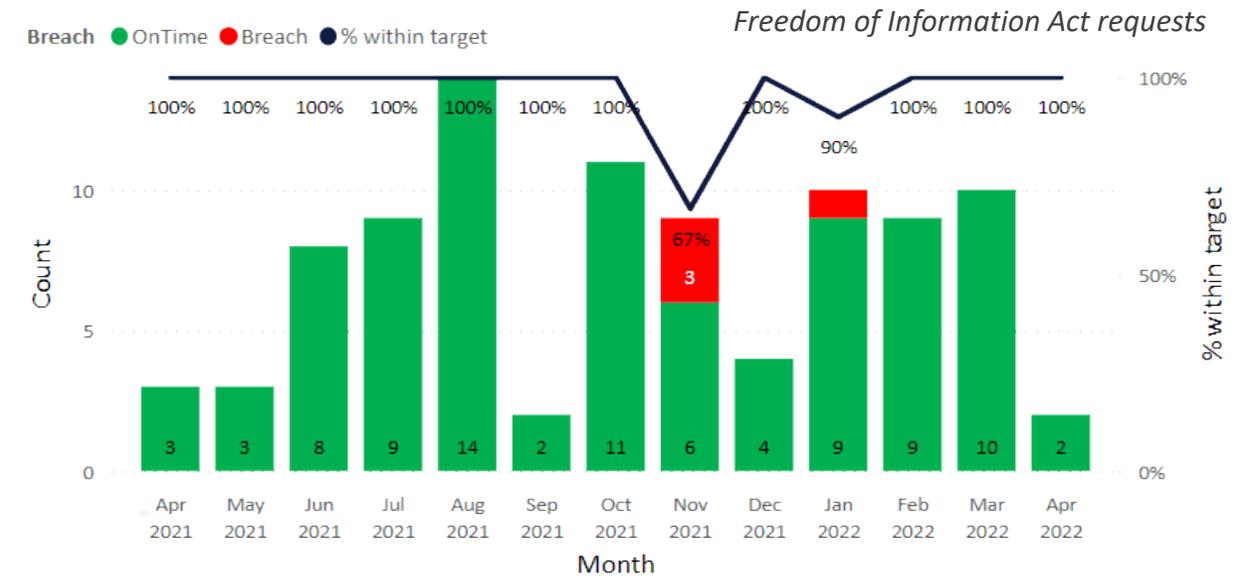
The Information Governance team is responsible for ensuring that all services meet Information Governance standards, and to manage and respond to Information Governance incidents, ensuring that reviews are carried out to identify root cause and avoid re-occurrence. The team also deals with Freedom of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

CLINICAL INCIDENTS SUMMARY:

- No new clinical incidents reported in March or April.

INFORMATION GOVERNANCE SUMMARY:

- One Information Governance incident was recorded in March and none in April 2022.
- In March 2022, DHCW received
 - 7 Freedom of Information (FOI) Act requests and 2 Subject Access Requests (SAR).
 - 10 FOIs and 4 SARs were responded to in March 2022.
 - All requests were responded to within the statutory timescales.
- In April 2022, DHCW received
 - 2 Freedom of Information (FOI) Act requests
 - 2 FOIs were responded to in April 2022.
 - All requests were responded to within the statutory timescales.
 - Any outstanding requests are anticipated to be responded to within the statutory timescales and will be reported as part of next month's Management Board report.



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CONTENTS

Audit

Corporate Risk Management

Quality Standards

Governance and Quality

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

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



NUMBER	RAG	STATUS
13	Green	Complete
3	Yellow	The action is on target for completion by the agreed date
0	Orange	The action is not on target for completion by the agreed date
0	Red	The implementation date has passed, and management action is not complete
16		Open Actions

Overall RAG Status

Following advice from Internal Audit, two actions dependent on third parties are being managed via a separate log where they can be tracked. One of these actions which required installation of replacement hardware for NHAIS has now been completed and closed.

At the end of March 2022, 16 audit actions were open. Nine of these had been completed as of that date and a further four have been completed during the month of April 2022 bring the total of “green” actions to thirteen; however, these require the Audit and Assurance Committee to approve closure. The actions will be reviewed by the Committee on 3rd May 2022. Three were being reported as being on track for completion by their due date and none were overdue.

- During the month, the three actions relating to WRIS which were previously being reported as overdue have all now been completed following the latest WRIS Service Management Board which was held on 11th April 2022.
- A final action from the General Governance Part 1 audit relating to work on the Board Assurance Framework has been completed.

KEY MATTERS FOR CONSIDERATION OF THIS MEETING

Good progress has been maintained over the period with a further four actions being completed however there are three actions which have target dates for completion within the next six months that need to be progressed:

- Testing of IT DR Plans at the new Data Centre – October 2022
- Inclusion of enhanced password control functionality within WRIS – at next release date
- Replacement of legacy Windows Server and SQL Server 2008 operating systems – June 2022

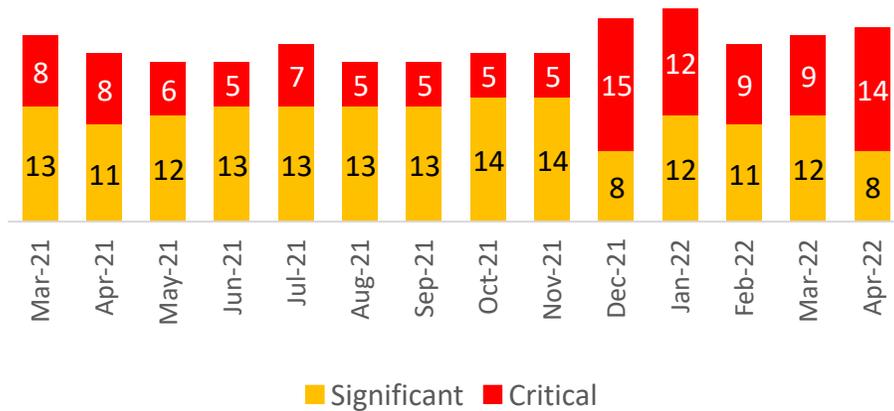
The Audit & Assurance Committee next meets on 3rd May 2022. The Committee will receive the following reports from NWSSP Internal Audit:

- DHCW Data Centre Project move
- General Governance Part 2
- System Development
- Core Financial Systems

Audit Wales have commenced the Nationally Hosted IT Systems work for this year with initial meetings already held and a visit to the new Data Centre undertaken in March 2022.

Plans from both Internal (NWSSP and External (Audit Wales) are due to be received by the May 2022 Audit Committee.

Corporate Risk Profile



RISK ACTIVITY WITHIN THE PERIOD

- Risk handler engagement has been completed with 100% of handlers with active risks within the DATIX system being contacted and regular reminders are being sent to update risks.
- 15 training sessions around DATIX use have been undertaken.

CORPORATE RISKS

In April 2022, there were 22 risks on the Corporate Risk Register, of which 14 were Critical. 9 are private and 13 are public.

NEW RISKS, SCORE CHANGES AND REMOVALS

NEW RISKS (8)

- **DHCW0281 – Private Risk – No change to score since being escalated to the corporate risk register in February
- **DHCW0282 – Private Risk – No change to score since being escalated to the corporate risk register in February
- DHCW0284 – increased Utility Costs Financial Pressure
- DHCW0285 - Unfunded NI increase
- **DHCW0286 – Private Risk
- DHCW0287 - Digital Priorities Investment Funding (DPIF)
- DHCW0288 - Data Centre Migration Revenue Funding
- DHCW0289 - Digital Inflation

REMOVED (5) - either closed or identified for management at a Directorate level.

- DHCW0201 – Infrastructure Investment - Capital required will be accommodated within the existing discretionary capital – reduced to Directorate level for management
- DHCW0276 – PRIVATE – Mitigation complete – Risk closed
- DHCW0283 – PRIVATE – a new deal has been signed – Risk has been closed
- DHCW0273 – Welsh Language Two Way Texts – Reduced to Department level for management mitigation agreed and complete
- DHCW0261 – PRIVATE – Split into more specific risks – overarching risk closed

There were **no changes in score** to the corporate risk register this month.

SUMMARY INDICATORS	NOV-21	DEC-21	JAN-22	FEB-22	MAR-22	APR-22
ISO 9001 Quality Management	Yellow	Yellow	Green	Green	Green	Green
ISO 14001 Environmental Management	Green	Green	Green	Green	Green	Green
ISO 20000 Service Management	Green	Green	Green	Green	Green	Green
ISO 27000 Information Security Management	Green	Green	Green	Green	Green	Green
BS76000/760005 Valuing People	Green	Green	Green	Green	Green	Green
Service Desk Institute (SDI)	Green	Green	Green	Green	Green	Green
BS 10008 Evidential weight & Legal admissibility	Green	Green	Green	Green	Green	Green

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

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

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

Quality & Regulatory Compliance Summary:

- Focus remains on improving the Internal Audits programme. This has included delivery of an Internal Auditor training package (1st level roll out to the Quality team and second level to standard leads and designated standards Internal Auditors).
- The risk-based approach to Internal Audits is being implemented with the areas identified that input into the risk review.
- The new monthly quality operations report will form part of an annual operations report that will link into Welsh Government requirements for reporting. The monthly report is now being presented to Quality & Regulatory Compliance Group monthly meetings.

Indicators

- Quality Improvement Actions List (QIAL)** = 9 overdue (previously 12 for March) = 91% compliance (target 90%)
- Integrated Management System (IMS) Document Reviews:** = 94% with 6% overdue (target 5%).

Summary Indicators Key Points:

- All standards are GREEN:** No external audits in the month of April.
- ISO 27000 Information Security Management:** Despite being green the activity around this is high as there is an 8 day certificate renewal audit planned for May.

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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.



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PROGRESS:

- The Stakeholder Engagement Strategy was agreed by the SHA Board in September and the associated plan at the January SHA Board.
- Regular meetings are held with other national groups such as HEIW, NWSSP and the NHS Collaborative to ensure alignment across plans.
- Additional engagement with individual NHS organisations to align digital plans has taken place.
- Director level Strategic Engagement meetings are proving more difficult to arrange, three were deferred due to the COVID-19 situation over the Christmas period.
- The Patient and Public Assurance Group meeting monthly to help shape the DSPP programme.
- The Project and Planning teams are meeting with Health Boards to work with Integrated Medium-Term Plan (IMTP) milestones.

STRATEGIC ENGAGEMENT MEETINGS:

DATE	ORGANISATION
9 th March 2022	Health Education and Improvement Wales
4 th May 2022	Cardiff & Vale University Health Board
6 th July 2022	Cwm Taf Morgannwg University Health Board
13 th July 2022	Aneurin Bevan University Health Board
20 th July 2022	Hywel Dda University Health Board
Being scheduled	Powys Teaching Health Board
Being scheduled	Swansea Bay University Health Board
Being scheduled	Public Health Wales
Being scheduled	NHS Wales Shared Services Partnership
Being scheduled	Betsi Cadwaladr University Health Board
Being scheduled	Velindre University NHS Trust
Being scheduled	Welsh Ambulance Service Trust

SERVICE LEVEL AGREEMENT / SERVICE REVIEW MEETINGS:

DATE	ORGANISATION
1 st March 2022	Hywel Dda University Health Board
3 rd March 2022	Aneurin Bevan University Health Board
14 th March 2022	Community Health Council
15 th March 2022	Betsi Cadwaladr University Health Board
22 nd March 2022	Swansea Bay University Health Board
28 th March 2022	Swansea Bay University Health Board
1 st April 2022	Cwm Taf Morgannwg University Health Board
7 th April 2022	Cardiff & Vale University Health Board
11 th April 2022	Powys Teaching Health Board
14 th April 2022	Health Education and Improvement Wales
19 th April 2022	Velindre University NHS Trust
21 st April 2022	Welsh Ambulance Services Trust
25 th April 2022	NHS Wales Health Collaborative
26 th April 2022	Betsi Cadwaladr University Health Board
28 th April 2022	Hywel Dda University Health Board
29 th April 2022	Community Health Council

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SUMMARY:

Given the continued high customer satisfaction rates the target increased from 90% to 93% from 1st November 2021.

Customer Satisfaction levels have dropped slightly below our 93% target, this is because of high staff turnover within the department.

- *The lady on the phone was extremely helpful and confident in the process. No issues and easy to understand. Powys LHB*
- *The call handler was fantastic, advised it was a system error (I couldn't log in to the VPN), but he was also went to get an update for me. NWSSP, Cwmbran House*
- *Staff are friendly and helpful whenever I have called the Service Desk. NWSSP, Companies House*
- *I could have been directed back to IRIS support for assistance but Andrew went above and beyond to sort my issue out. I am very grateful :) - GP Practice*
- *I'm very grateful to DHCW for the work you do in supporting General Practice, thank you very much! - GP Practice*



"I'm looking forward to using this, it should speed everything up for us!" – Powys (WNCR)

"Really clear demonstration on using Canisc." – Velindre (CANISC)

"I was a domestic and now I'm a HCSW and I love that I'm learning the systems and can use the iPads now for patient care." – Betsi Cadwaladr (WNCR)

"It was very good, thanks." – DHCW (WelshPAS)

"I've been nursing for years but this will change everything for me!" – Staff Nurse – Betsi Cadwaladr (WNCR)

"As a discharge nurse, I LOVE this system, I can see all the patients notes from my office so I'm not harassing ward staff for information all the time. When are we getting it?" – Discharge Nurse – Cwm Taf Morgannwg (WNCR)

"This is so much easier than writing loads in the notes." – Student Nurse – Cwm Taf Morgannwg (WNCR)

"As an agency nurse, I heard I would be using it at this hospital. I'm glad I've learned it now so that I can bring it to future hospitals." – Staff Nurse – Cwm Taf Morgannwg (WNCR)

"This is excellent, being shown short cuts and helping me navigate through is just what I wanted and will help as I continue to use the form." – Consultant – Cwm Taf Morgannwg (Radiology)

"I've not looked at this since initial training I think a few years ago, taking me through this form is great and showing how to do correctly for patients, thank you." – A&E Registrar – Cwm Taf Morgannwg (Radiology)

Diolch!





GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Delivering Information and
Technology for Better Care

THANK YOU

DIOLCH

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DIGITAL HEALTH AND CARE WALES

RISK MANAGEMENT REPORT

Agenda Item	6.3
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Name of Meeting	SHA Board
Date of Meeting	26 May 2022

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

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

Purpose of the Report	For Discussion/Review
Recommendation	
<p>The Board is being asked to:</p> <p>DISCUSS and NOTE the status of the Corporate Risk Register including changes since the last meeting.</p> <p>NOTE the Risk and Board Assurance Milestone Plan.</p>	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAF	Board Assurance Framework	WG	Welsh Government
NI	National Insurance		

1 SITUATION/BACKGROUND

- 1.1 The DHCW Risk Management and Board Assurance Framework (BAF) Strategy was endorsed by the Audit and Assurance Committee, Digital Governance and Safety Committee and approved formally at the SHA Board on the 27 May 2021. This outlined the approach the organisation will take to managing risk and Board assurance.
- 1.2 Further work on the Board Assurance Report took place at the SHA Board Development Session on 5 May 2022 resulting in the final principal risks for the coming year and their rationales. This concludes the work that began in August 2021

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Board members are asked to consider risk, in the context of assurance ‘what could impact on the Organisation being successful in the short term (1 – 12 months) and in the longer term (12 – 36 months)’.
- 2.2 The wider considerations regarding organisational factors have been previously stated but remain relevant. They include, sector, stakeholder, and system factors, as well as National and International environmental factors.
- 2.3 In considering environmental and international factors members should note the updated the World Economic Forum Long Term Global Risks Landscape (2022) report, more information can be found [HERE](#). This report considers risk from an international perspective, the report highlights a number of highly relevant areas for consideration by DHCW.
- 2.4 The below are extracts/summaries from the World Economic Forum Term Global Risks Landscape (2022) for context and consideration by the Board:

Growing digital dependency will intensify cyberthreats

Growing dependency on digital systems—intensified by COVID-19—has altered societies. Over the last 18 months, industries have undergone rapid digitalization, workers have shifted to remote working where possible, and platforms and devices facilitating this change have proliferated. At the same time, cybersecurity threats are growing—in 2020, malware and ransomware attacks increased by 358% and 435% respectively—and are outpacing societies’ ability to effectively prevent or respond to them. Lower barriers to entry for cyberthreat actors, more aggressive attack methods, a dearth of professionals and patchwork governance mechanisms are all aggravating the risk.

Cybersecurity failure is one of the risks that worsened the most through COVID-19.

- 2.5 DHCW's Corporate Risk Register currently has 22 risks on Register, 14 of which are detailed at item 6.3i Appendix A. The other 8 are private risks which are considered at every Digital Governance and Safety Committee in private session as per the Committee assignment approach.
- 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 1 March 2022 to 30 April 2022:

NEW RISKS (8)

- ****DHCW0281** – Private Risk – No change to score since being escalated to the corporate risk register in February
- ****DHCW0282** – Private Risk – No change to score since being escalated to the corporate risk register in February
- **DHCW0284** – increased Utility Costs Financial Pressure
- **DHCW0285** - Unfunded NI increase
- ****DHCW0286** – Private Risk
- **DHCW0287** - Digital Priorities Investment Funding (DPIF)
- **DHCW0288** - Data Centre Migration Revenue Funding
- **DHCW0289** - Digital Inflation

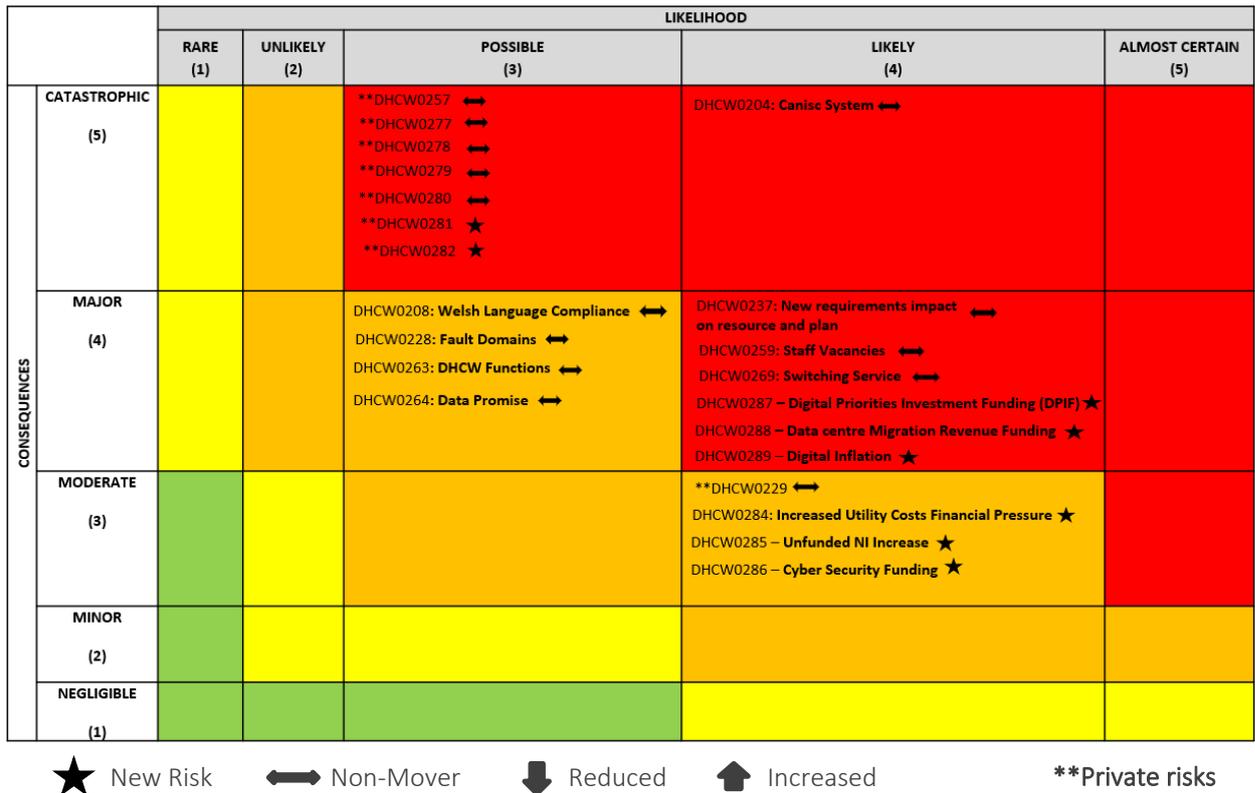
RISKS REMOVED (8)

Risk Ref	Risk Title	Statement
DHCW0201	Infrastructure Investment	Downgraded - The capital requirement for legacy infrastructure replacement can be accommodated within the existing discretionary capital. Therefore, downgrade to Directorate level risk for managing
DHCW0261	Private	Risk closed - more specific focused risks have been raised in its place.
DHCW0267	Host Failures	Downgraded - New Infrastructure provisioned reduced to Departmental level for management
DHCW0273	Welsh language Two Way Text	Downgraded - Welsh and English texts are available now. Score reduced to manage at department level.
DHCW0274	WIS Network Connection	Risk closed - Mitigation fully implemented
DHCW0276	Private	Risk closed - Mitigation activities were completed
DHCW0283	Private	Risk closed – Mitigation activities were completed NOTE – risk raised and closed since the last meeting

RISKS WITH A CHANGE IN SCORE (0)

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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.



2.8 All the risks on the Corporate Risk log are assigned to a Committee as outlined in the Risk Management and Board Assurance Framework Strategy to provide the SHA Board with the necessary oversight and scrutiny. As previously stated, the private risks are reviewed in detail by the Digital Governance and Safety Committee in a private session.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The Board is asked to note the recent changes in the corporate risk profile, as a result of the escalation of eight new risks and removal of eight risks.
- 3.2 The Risk Management and Board Assurance Framework milestone plan is included at item 6.3ii Appendix B which details the progress to date in implementing the Risk Management and Board Assurance Framework Strategy. The Board Assurance Framework and associated dashboard is included at item 5.1.

4 RECOMMENDATION

The Board is being asked to:

DISCUSS and **NOTE** the status of the Corporate Risk Register including changes since the last meeting.

NOTE the Risk and Board Assurance Milestone Plan.

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	03/05/2022	Discussed and Verified
Management Board	16/05/2022	Discussed and Verified

IMPACT ASSESSMENT	
QUALITY AND SAFETY	Yes, please see detail below
APPLICATIONS/IMPACT	Additional scrutiny and clear guidance as to how the organisation manages risk has a positive impact on quality and safety.

<p>LEGAL IMPLICATIONS/IMPACT</p>	<p>Yes, please see detail below Should effective risk management not take place, there could be legal implications</p>
<p>FINANCIAL IMPLICATION/IMPACT</p>	<p>Yes, please see detail below Should effective risk management not take place, there could be financial implications</p>
<p>WORKFORCE IMPLICATION/IMPACT</p>	<p>No, there is no direct impact on resources as a result of the activity outlined in this report. The members of the Management Board will be clear on the expectations of managing risks assigned to them.</p>
<p>SOCIO ECONOMIC IMPLICATION/IMPACT</p>	<p>No. there are no specific socio-economic implications related to the activity outlined in this report</p>

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6.3i Appendix A DHCW Corporate Risk Register

Risk Matrix

Key – Risk Type:

Critical	Significant	Moderate	Low
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		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

Ref	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	Primary Risk Domain
DHCW0204	<p>Canisc System</p> <p>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.</p>	08/02/2018	03/05/2022	15	5	3	<p>AIM: REDUCE Impact and REDUCE Likelihood</p> <p>FORWARD ACTION: Replace Canisc across Wales Continue development of replacement functionality and interfaces (Phase 1) Health Boards to continue UAT of functionality VCC Go Live 14th November 2022 (WPAS & WCP) Health Board plans to launch dataset forms for two cancer tumours across Wales in Sept 2022 and potentially MDT forms. Plans will be confirmed by the end of May 22. Commence development of Phase 2 work streams (Palliative Care & Screening & Colposcopy)</p> <p>ACTIONS TO DATE:</p> <p>03/05/22: VCC & DHCW have completed the revised timeline for VCC Go Live on 14th November 2022. Design for Phase 2 Screening & Colposcopy and Palliative Care almost complete. Significant progress made on the replacement of Canisc interfaces, build completed on majority and they have been handed over to</p>	20	5	4	6	3	2	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Delivery of Services

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6.3i Appendix A DHCW Corporate Risk Register

Ref	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	Primary Risk Domain	
							<p>VCC for testing. 2 remaining (out of 33) interfaces are still in the requirement and design phase. Additional functionality been developed and made available for UAT in WCP and WPAS.</p> <p>07/03/22: Target date for VCC go live implementation being reviewed, May 22 is not achievable. Clinical functionality in WCP continues to be released in a staggered /agile approach. All software to be available for testing by 30th May 2022. All Health Boards engaged with testing Cancer specific functionality in WCP and WPAS.</p> <p>Since October 2020 the Cancer Informatics Programme has been running an accelerated plan in order to mitigate the risks posed by the legacy Cancer system CaNISC and deliver an integrated national solution for cancer services ahead of the original November 2022 deadline. The Canisc replacement MVP (14 workstreams) in development/completed in readiness for testing in 22/23 Q1 for All Wales Cancer services. Specific developments delivered and already available for testing. Collaborative working with Programme Partners to finalise developments required for Palliative care and Screening & Colposcopy</p>											

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6.3i Appendix A DHCW Corporate Risk Register

Ref	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	Primary Risk Domain
DHCW0237	<p>New requirements impact on resource and plan</p> <p>IF new requirements for digital solutions to deal with Covid 19, recovery of services and other new areas of work 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	26/04/2022	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 and other new initiatives. Use formal change control methods to ensure impact is mapped and impacted work is re-baselined.</p> <p>ACTIONS TO DATE: IMTP approved by SHA Board end March 2022. Annual Business Plan approved April 2022 - this plan is flexible and new requirements will be assessed against available capacity and go through a formal change control process before being added to the plan. Still significant Covid backlog and new requirements coming through some of which are on a candidate list until resource is confirmed. Pressures and impact due to late DPIF resourcing reduction being assessed. IMTP 22/25 drafted for approval end March 2022 which sets baseline plan. Lessons Learnt for Q3 21/22 presented to Management Board for review and comment. Action plan being led by the PPMG. Impact of decreasing restrictions on required functionality being considered. Improved formality with external boards around change control of dates, eg due to extra requirements. Significant increase in numbers of Requests for Change (RFCs) coming to PPMG since Sept 2021.</p>	16	4	4	9	3	3	Executive Director of Strategy	Non-Mover	Audit and Assurance Committee	Development of services

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Ref	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	Primary Risk Domain
DHCW0259	<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	03/05/2022	12	3	4	<p>AIM: REDUCE Impact and REDUCE Likelihood</p> <p>FORWARD ACTIONS: DHCW are attending a variety of job fairs and academic fairs across Wales to improve our profile. We will be starting to work with a PR company to raise our profile. Working with directorates for them to identify which vacancies/projects can be outsourced. Updating JDs in line with DDaT Plus framework.</p> <p>ACTIONS TO DATE: 03/03/2022 Recruitment task force continues to meet weekly. Careers days have taken place, there is also a dedicated WFOD team focusing on this issue 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>	16	4	4	6	2	3	Director of People & OD	Non-Mover	Audit and Assurance Committee and Local Partnership Forum	Service Delivery

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6.3i Appendix A DHCW Corporate Risk Register

Ref	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	Primary Risk Domain
DHCW0269	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	29/04/2022	9	3	3	<p>AIM: REDUCE Likelihood and REDUCE Impact</p> <p>FORWARD ACTION: Continue to monitor – Information Services paper still being considered</p> <p>ACTION TO DATE: 21/02/2022 - 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 to propose some immediate solutions for geographical resilience in order to consider reducing the risk score. 13/10/2021 - 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 – Information services working with NDR to ensure appropriate priority given to this work.</p> <p>Switching Service is now over 20 years old, running on old hardware and software with an increasing potential to fail.</p>	16	4	4	6	3	2	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Information - Access and sharing
DHCW0287	Digital Priorities Investment Funding (DPIF) IF DPIF budgets are requested to be significantly re-profiled (greater than £2.5 million) THEN the completion of planned developments will not be possible with associated supplier payment issues RESULTING IN reputational	16/05/2022	16/05/2022	16	4	4	<p>AIM: Reduce Likelihood</p> <p>FORWARD ACTIONS: Review final proposals with NHS Wales Directors of Digital.</p> <p>ACTIONS UNDERTAKEN: Response to the proposed re-profiling submitted to Welsh Government.</p>	16	4	4	12	4	3	Executive Director of Finance	New Risk	Digital Governance and Safety committee	Development of Service

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Ref	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	Primary Risk Domain
	damage, non-delivery of investments, cost pressures and potential legal challenge.																
DHCW0288	Data Centre Migration Revenue Funding IF Data Centre migration activity takes place in 2022/23 THEN additional cost pressures will emerge RESULTING IN a requirement to source additional funding.	16/05/2022	16/05/2022	16	4	4	AIM: Reduce Likelihood FORWARD ACTIONS: Business Case identifying all resource requirements and timing to be constructed. Explore possible funding options. ACTIONS UNDERTAKEN: Project Group established. Full plan being developed.	16	4	4	8	4	2	Executive Director of Finance	New Risk	Audit & Assurance Committee	Service Delivery
DHCW0289	Digital Inflation IF supply chain issues (such as the chip shortage) and underlying digital price pressures have a negative impact upon prices THEN there will be additional price increases RESULTING IN higher cost equipment and maintenance contracts.	16/05/2022	16/05/2022	16	4	4	AIM: Reduce Likelihood FORWARD ACTIONS: To research and construct cost avoidance actions. ACTIONS UNDERTAKEN: Engaged with sector specialists to ascertain potential impact and future trends.	16	4	4	12	4	3	Executive Director of Finance	New Risk	Audit and Assurance Committee	Service Delivery

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6.3i Appendix A DHCW Corporate Risk Register

Ref	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	Primary Risk Domain
DHCW0208	<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	26/04/2022	16	4	4	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue to assess compliance and work with departments to ensure actions are undertaken throughout the year. Undergo Public consultation and prepare an outcome report for approval by the Welsh Language Commissioners Office. April 222 - We are still awaiting approval of the Scheme to proceed. Seek sign off from the DHCW SHA Board.</p> <p>ACTIONS TO DATE: First compliance report sent to the Audit and Assurance Committee in May 2022. Digital Priorities Investment Fund for Welsh Language system project has been submitted to WG in March 2022. It was rejected in April 2022. This is now being considered as part of the DSPP Project Third draft of the Welsh Language Scheme has been submitted to the Welsh Language Commissioners Office for review and approval to proceed to public consultation. Welsh Language Services Manager appointed in January 2022. All Wales Welsh Language Preference System first release is ready, system is being piloted with Corporate Services department. March 2022.</p>	12	4	3	4	4	1	Board Secretary	Non-Mover	Audit and Assurance Committee	Compliance
DHCW0228	<p>Fault Domains</p> <p>IF fault domains are not adopted across the infrastructure estate, THEN a single infrastructure failure could occur RESULTING IN multiple service failures.</p>	05/06/2019	21/04/2022	16	4	4	<p>IM: REDUCE Likelihood and REDUCE Impact</p> <p>FORWARD ACTIONS: A Cloud Strategy Business Case is being drafted which will result in fault domains will being provided by the host for those services which are migrated. Additional new equipment deployment will continue to increase the number of fault domains planned for the</p>	12	4	3	6	3	2	Interim Executive Director of Operations	Non-Mover	Digital Governance & Safety Committee	Service Delivery

6.3i Appendix A DHCW Corporate Risk Register

Ref	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	Primary Risk Domain	
							<p>remainder of the year</p> <p>ACTIONS TO DATE: Fault domains installed in some new equipment installation when funding has allowed this. Additional new equipment has been 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> <p>15/02/2022 The strategic intention is to move to use cloud services for hosting our services. Cloud providers can deliver the required fault domains through the use of Availability Zones or similar. The cloud strategy is nearing completion and associated business case will follow shortly. Additionally, new equipment deployment will continue to address increasing the number of fault domains where funding permits.</p>											
DHCW0263	<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, 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</p>	26/01/2021	01/04/2022	12	4	3	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the parameters of the functions. Review will take place in July 22.</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> <p>(i) DHCW's establishment functions and initial set of directions in the form of a letter has been published on the Welsh Government's website, to ensure that DHCW's remit is clear and</p>	12	4	3	4	4	1	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Information - Access and sharing	

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6.3i Appendix A DHCW Corporate Risk Register

Ref	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	Primary Risk Domain	
	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.						transparent. (ii) Welsh Government have informed the Confidentiality Advisory Group (CAG) of DHCW's new statutory status and legal basis for processing data. CAG have confirmed that they are content that we would no longer be requesting section 251 support for the handling of data not related to research. (iii) Welsh Government are planning to issue a new direction for DHCW regarding the collection of prescription data, which will test the process for issuing new directions. (iv) a letter was sent from Ifan Evans to confirm DHCW's functions in response to a request for clarity from the Chair of the Digital Governance and Safety Committee and a deep dive provided at November 2021's meeting.											
DHCW0264	Data Promise IF the national conversation regarding the use of patient data (Data Promise) is delayed, THEN stakeholders and patients will not be assured that the proposed uses of Welsh resident data include sufficient controls to ensure data is treated responsibly, handled securely and used ethically. RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise	26/01/2021	01/04/2022	12	4	3	AIM: REDUCE Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the Data Promise. Review will take place in July 22. ACTIONS TO DATE: The specific responsibilities for implementation of the Data Promise have been given to the Head of Data Policy in Welsh Government, who will be supported by a Data Policy Manager who will focus on delivering the Data Promise. (i) Stakeholder engagement is underway. (ii) The Minister for Health and Social Services has endorsed the proposals to deliver a Data Promise for health and care. (iii) A steering group has been set up to review and comment on Data Promise materials and help to make decisions on the direction of the programme. (iv) Aim of launching	12	4	3	4	4	1	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Information - storing and maintaining	

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6.3i Appendix A DHCW Corporate Risk Register

Ref	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	Primary Risk Domain
	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.						the Data Promise 'publicity' campaign in 2022.										
DHCW0285	Unfunded NI increase IF the additional 1.25% employer NI contributions are unfunded centrally THEN DHCW will have a cost pressure of £319k in 22/23 RESULTING IN DHCW's ability to breakeven.	11/05/2022	11/05/2022	12	3	4	AIM: Reduce Likelihood FORWARD ACTIONS: Monitor financial impact and report to Welsh Government on a monthly basis to ensure that DHCW pressures are represented in the central Risk Register. In that way, any consequential funding will have been identified and made available to the organisation. ACTIONS TO DATE: Forecast submitted to Welsh Government.	12	3	4	6	3	2	Executive Director of Finance	New Risk	Audit and Assurance committee	Financial
DHCW0284	Increased Utility Costs Financial Pressure IF utility costs increase significantly (circa £120k per annum) as expected THEN costs will exceed those normally budgeted for RESULTING IN increased facilities costs and financial pressures	21/10/2021	13/05/2022	12	3	4	AIM: REDUCE Impact FORWARD ACTION: Build potential cost pressures into IMTP assumptions. Continue to report to Welsh Government to ensure DHCW pressure is incorporated within the central risk management and any future consequential funding is secured. ACTIONS TO DATE: Engagement with NWSSP Procurement to confirm All Wales NHS Utilities contract terms Communication with Landlords to understand timing and impact of any change Discussed with Associate Finance Directors and Finance Business Partner	12	3	4	6	2	3	Executive Director of Finance	New Risk	Audit and Assurance Committee	Financial

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6.3II APPENDIX B - RISK MANAGEMENT & BAF MILESTONE PLAN

	TASK	TIMELINE/REVISED DUE DATE	STATUS UPDATE
DHCW Approach to Risk Management and Board Assurance Framework Tolley Laura 05/19/2022 12:16:38	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 June 2021. 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 principal 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 June 2021. The risk narrative and scores were reviewed, and suggestions made at the risk management group on the 1 June 2021 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 principal 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 principal risk analysis for each DHCW Strategic aim.
	6. Assurance and controls mapping exercise undertaken by Directorates based on the principal risks identified and agreed.	22 July 2021 – end of February 2022	The assurance mapping plan was concluded in February as planned but further review and validation work was requested by Directors in readiness for approval by the DHCW SHA Board.
	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 – March 2022	Training was delivered on the Risk and BAF strategy and associated approach to 75% of all 8b's and above. Work will now be undertaken to record the session and shared across the whole organisation.
	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 Jan 2022	Risk appetite has been approved at the January 2022 SHA Board meeting, this will now be included in the final Risk and Board Assurance Framework Strategy and training provided for all Directorates.
	10. Principal risks presented to DHCW Board at the May Board meeting, and first draft Board Assurance Report/update on Board Assurance Report.	May 2022	Principal risks re-drafted and planned for presentation to the May 2022 Board, the proposed Board Assurance Report template was received and endorsed by the Audit and Assurance Committee. Further work is underway to refine this in readiness for approval at the May SHA Board.

6.3II APPENDIX B - RISK MANAGEMENT & BAF MILESTONE PLAN

	11. DHCW risk appetite statement to be presented to Board if ready to go to the November Board.	November 2021	See action point 9.
	12. DHCW risk appetite statement to be added to Risk Management and BAF Strategy.	27 January 2022 or 31 March 2022	This has been completed in readiness for the January SHA Board final approval.
	13. DHCW objectives agreed via the IMTP process for 2022/23 – 2024/25.	March 2022	The objectives(missions) and the vision, mission and core purpose were approved at the March Board Development Session for inclusion in the IMTP 22-25.
	14. Principal 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.

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DIGITAL HEALTH AND CARE WALES SENIOR INFORMATION RISK OWNER (SIRO) ANNUAL REPORT

Agenda Item	6.4
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Name of Meeting	SHA Board
Date of Meeting	26 May 2022

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

Executive Sponsor	Gareth Davis, Interim Executive Director of Operations
Prepared By	Carwyn Lloyd-Jones, Darren Lloyd, Rachael Powell, Jamie Graham, Sian Evans
Presented By	Carwyn Lloyd-Jones, Director of ICT

Purpose of the Report	For Approval
Recommendation	
The SHA Board is being asked to APPROVE the Senior Information Risk Owner (SIRO) Annual Report	

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05/05/2022 12:16:38

1 PURPOSE

This report has been prepared for the DHCW board to provide assurance relating to the policies and procedures that the Special Health Authority has in place to manage information risks. This is the first Senior Information Risk Owner (SIRO) report for DHCW.

In particular, the report provides:

- Introduction to the Information Risk Management Approach in DHCW.
- A summary of key developments relating to improving Information Risk Management since DHCW was formed.
- Information on relevant audits which provide assurance relating to Information Risk Management
- Information and data relating to Information Risk Management

The report concludes with the forward plan of activities which aim to deliver further improvements in Information Risk Management.

2 APPROACH TO INFORMATION RISK MANAGEMENT IN DHCW

This section describes the approach for Information Risk Management in DHCW.

2.1 Structures

The structure for Information Risk Management within DHCW is as follows:

- The Accountable Officer for Information Risk Management is the Chief Executive Officer (CEO)
- The Senior Information Risk Owner (SIRO) is the Executive Director of Operations. An interim Executive Director of Operations has been appointed, but the person has not yet started in the role. The interim SIRO is the Director of ICT and Digital Business. The SIRO acts as an advocate for information risk on the board and in internal discussions.
- The Caldicott Guardian is the Executive Medical Director. This position is responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.
- Information Asset Owners. These are responsible for:
 - identifying information assets,
 - ensuring these are recorded on the Information Asset Register,
 - understanding and addressing risks to these information assets.
- Data Protection Officer – This is the Associate Director for Information Governance and Patient Safety. This role is responsible for carrying out certain tasks in relation to personal data (as defined in Article 39 of the UK General Data Protection Regulation).
- Information Governance Team – supporting the work of the Data Protection Officer.
- Cyber Security Team. Providing advice, guidance, tools and services to identify cyber vulnerabilities and coordinating the response to cyber-attacks.

2.2 Oversight and Assurance

Oversight and assurance for Information Risk Management is provided by the following:

- Digital Governance and Safety (DG&S) Committee. The committee provides oversight and assurance for the following:
 - Information Governance,

- Information Services,
- Cyber Security,
- Notifiable Events, including those relating to Clinical, Technical, Cyber-Security, Information Governance, Health and Safety and Business Continuity,
- Incident Review and Learning,
- Welsh Informatics Assurance processes.
- Audit and Assurance Committee (A&A) Committee. In this context (Information Risk Management) the Audit and Assurance Committee provides oversight and assurance for the following:
 - DHCW Risk Management,
 - Outcomes of various audits – tracking the progress of any audit actions. These include ISO27001 (Information Security Management) and BS10008 (Evidential Weight and Legal Admissibility of Electronic Information),
 - DHCW Quality Management Systems.

2.3 Processes and Controls

Within DHCW, there are a number of processes and controls that are in place to assist with Information Risk Management.

- Information Governance Strategy for DHCW
- Data Privacy Impact Assessments, linking in to the DHCW Welsh Informatics Assurance (WIA) process
- Information Asset Policy.
- Information Sharing Agreements.
- Cyber Security Policies, Processes and Controls

2.4 Tools

The following digital tools are used to help reduce risks relating to information assets.

- The National Integrated Intelligent Auditing Service (NIIAS). The digital systems that DHCW operate generate audit logs when users access patient identifiable information. These are fed into the NIIAS, along with information relating to the person that accessed that information. The system identifies potential suspicious activities which can then be manually checked.
- Cyber security tools. DHCW utilise several cyber security tools to identify vulnerabilities and to detect intruders/attacks on our systems.
- Secure File Sharing Portal. This is a system which allows the secure transfer of sensitive information to recipients inside or outside the NHS Network.

3 UPDATES ON KEY DEVELOPMENTS RELATING TO INFORMATION RISK MANAGEMENT

This section describes some of the key developments relating to Information Risk Management

3.1 Risk Appetite

A new risk management framework and risk appetite were approved by the DHCW Board in November 2021. The risk appetite for the domains relating to Information Risk Management are as follows.

Domain	Definition	Appetite	Articulated Statement
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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
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.
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.
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.

The tolerance level for risks are detailed in the table below. The risk rating is determined using the formula:

- Impact [1 – 5] x Likelihood [1 – 5]

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Approach	Tolerance
Adverse	Risks with rating 9 or above are reported to the Board
Cautious	Risks with rating 12 or above are reported to the Board
Moderate	Risks with rating 15 or above are reported to the Board
Open	Risks with rating 20 or above are reported to the Board
Hungry	Risk with rating 25 or above are reported to the Board

3.2 Development of an improved Information Asset Register (IAR)

A project has been established to develop and improve the Information Asset Register (IAR) for DHCW. The IAR helps DHCW better manage Information Assets and informs DHCW of the impact of incidents affecting these Information Assets. The build of the IAR is complete and identified Information Asset Owners (IAO) have completed the required training. The capturing of Information Assets has been completed by 95% of identified IAOs.

3.3 Improvements in IT Asset Management

The Client Services Team have procured a new IT asset management system to help track physical IT assets (PCs, Laptops, SmartPhones, etc). Work has started in migrating assets (computers, monitors, docking stations) into the system with planned completion for DHCW in Spring 2022.

3.4 Cyber Security Assessment

The DHCW Cyber Security team engaged with a specialist third-party organisation to undertake a ransomware risk assessment in October 2021. The risks have been grouped into relevant categories and added to the corporate risk register. The actions arising from that assessment are being taken forward in a Cyber Security Service Improvement Project.

3.5 Retirement of legacy infrastructure

DHCW operational services teams have removed a considerable amount of legacy infrastructure in the past year. This helps reduce the likelihood of data loss or interruption to data services due to failure of old infrastructure. This work continues as additional equipment reaches the end of its life. Extended Security Updates are procured where necessary to reduce associated Cyber Security risks when running legacy infrastructure.

3.6 Accreditation with NHS Digital's Secure Email Standard

DHCW have achieved accreditation with NHS Digital's Secure Email Standard (DCB1596). This means that users of the NHS Wales email service can now exchange sensitive information, including Patient Identifiable Information, with users of NHSmail (NHS England's email service)

3.7 Digital Economy Act Processor Accreditation

The application for Accreditation under the Digital Economy Act (for our role as a trusted third party to SAIL¹) was approved by the Research Accreditation Panel (RAP) in February. This process involved an audit of a series of security controls specific to the area of data handling related to the provision of a service to Swansea University. DHCW will now be accredited to receive additional datasets in its role as a Trusted Third Party to SAIL (Swansea University) allowing them to expand their research capabilities.

¹ <https://sail.databank.com/>

4 AUDITS

This section provides summary information on audits related to Information Assets / Information Risks

4.1 ISO27001 (Information Security Management System)

DHCW had a surveillance visit for the ISO27001 accreditation in November 2021. 10 previous minor non-conformities were closed, and no new non-conformities were identified.

4.2 BS10008

The DHCW Information Governance team manages application of British Standard 10008 (BS10008): Evidential Weight and Legal Admissibility of Electronic Information. The scope of the standard currently covers the DHCW's national data repositories, namely the Welsh Care Records Service (WCRS) and Welsh Results Reporting Service (WRRS). The standard was initially achieved in November 2019, with reaccreditation granted via annual external audits in 2020 and 2021.

On December 13th, 2021, DHCW completed its most recent external audit. The report concluded the audit objectives have been achieved and the certificate scope remains appropriate. Whilst no non-conformities were identified two opportunities for improvement were outlined. These small improvements will be incorporated into 2022's programme of work for BS10008. The next assessment will be held in November 2022.

4.3 Internal Cyber Security Audit

In March 2021, Internal Audit (NHS Wales Shared Services Partnership) undertook a Cyber Security Audit. Due to the nature of the report (sensitive cyber-security information), this report was received by the Private part of the Audit and Assurance Committee in May 2021.

4.4 Audit Wales

In September 2021, Audit Wales undertook an audit of Nationally Hosted IT Systems. Due to the nature of the report (sensitive cyber-security information), this report was received by the Private part of the Audit and Assurance Committee in October 2021.

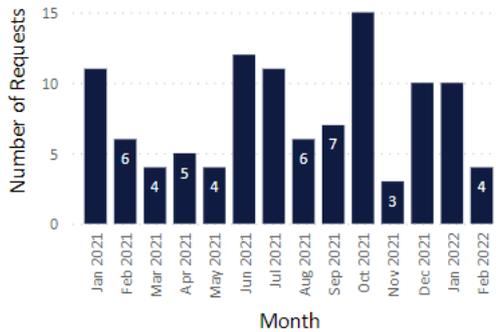
5 INFORMATION / DATA

5.1 Freedom of Information Requests

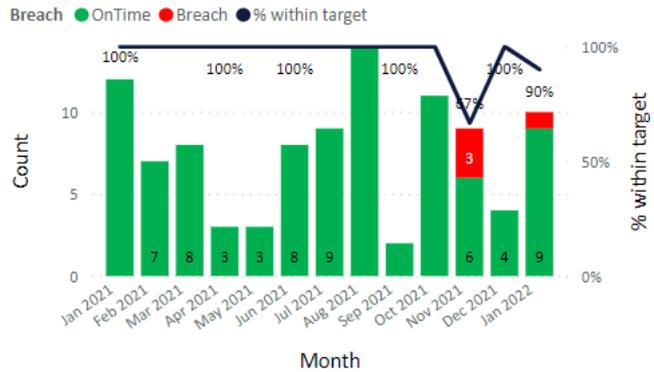
Under the Freedom of Information Act 2000, members of the public can request information held by public authorities. The DHCW Information Governance team manage the process for handling these requests and ensure DHCW responds to any requests in line with the requirements of the legislation.

A summary of the number of requests received per month and the response rates are provided below (as of 17/02/22):

Requests Received



Response

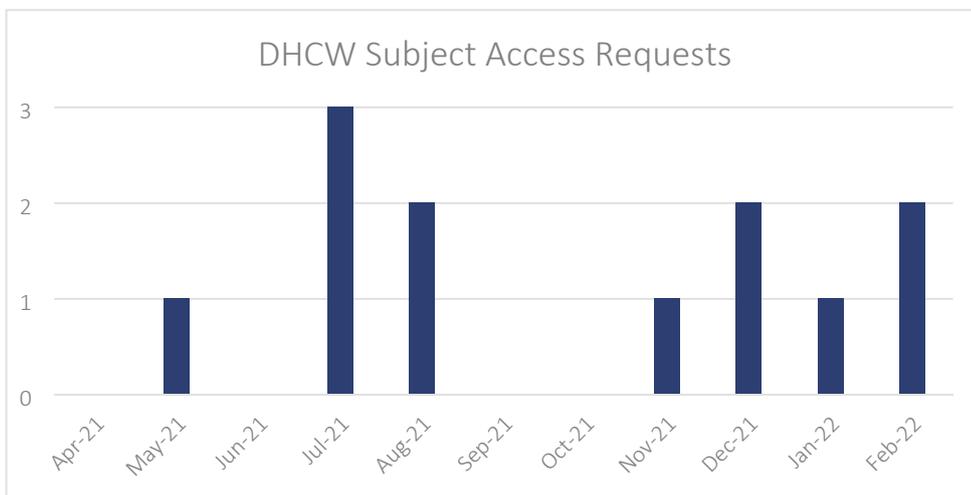


Further detail on Freedom of Information Act requests is provided as part of the Information Governance Assurance Report provided to the Digital Governance and Safety Committee and as part of monthly Management Board reports.

5.2 Subject Access Requests

Under the UK General Data Protection Regulation, members of the public have the right to access and receive a copy of personal data about them. This is known as a Subject Access Request. The Information Governance team manage the process for handling these requests and ensure DHCW responds to any requests in line with the requirements of the legislation.

A summary of the number of requests received per month are provided below (as of 17/02/22).



Further detail on Subject Access Requests is provided as part of the Information Governance Assurance Report provided to the Digital Governance and Safety Committee and as part of monthly Management Board reports.

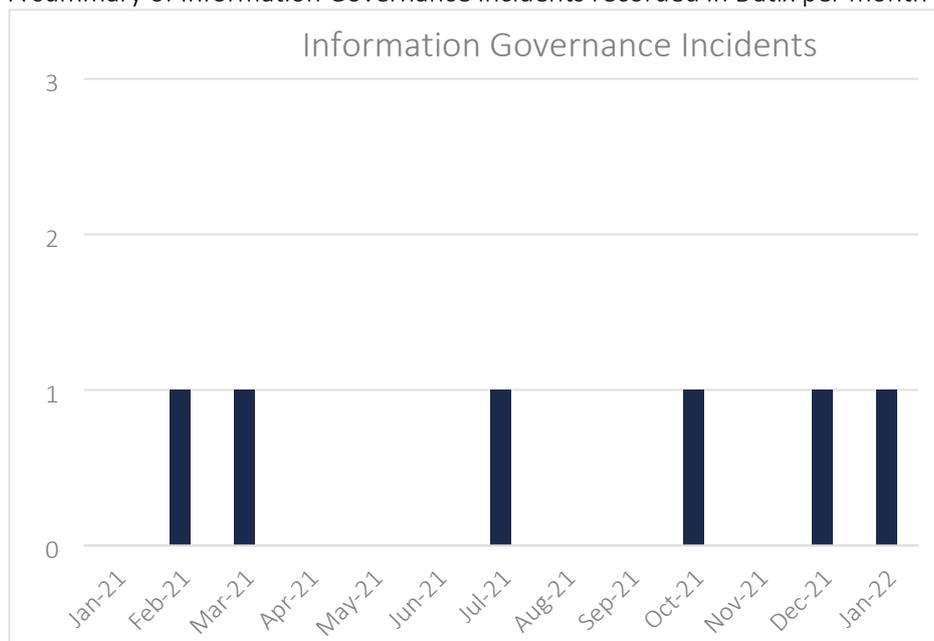
5.3 Incidents/Breaches relating to Information

Tolley, Lanya
05/16/2022 12:16:38

A personal data breach means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data. This includes breaches that are the result of both accidental and deliberate causes.

DHCW staff are required to report data breaches to the Information Governance team as soon as they are aware of it via the Datix system. The Information Governance team will then investigate the breach and consider whether the Information Commissioner’s Office or the individuals affected by the breach need to be informed (in line with Articles 33 and 34 of UK GDPR).

A summary of Information Governance incidents recorded in Datix per month is provided below.



Further detail on Information Governance incidents is provided as part of the Information Governance Assurance Report provided to the Digital Governance and Safety Committee and as part of monthly Management Board reports.

5.4 Complaints relating to Information

No complaints have been received relating to Information

5.5 Information Risks

The following Information Related Risks are on the Corporate Risk Register as at the end of January 2022. Further information on these can be found in the papers for the Digital Governance and Safety Committee or the DHCW Board, both of which are available on the DHCW website.

- Risk ID DHCW0263. IF directions from Welsh Government do not provide a sound legal basis for the collection, processing and dissemination of Welsh resident data, THEN (i) partners, such as NHS Digital, may stop sharing data, (ii) DHCW may be acting unlawfully if it continues to process data RESULTING IN (i) DHCW being unable to fulfil its intended functions regarding the processing of data, or, in the case of continued processing, (ii) legal challenge, or (iii) the need to submit a further application to the Confidentiality Advisory Group (which may not be successful) to assess the public interest in processing confidential data without a legal basis or consent.

Tolley, Laura
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- Risk ID DHCW0264. IF the national conversation regarding the use of patient data (Data Promise) is delayed THEN stakeholders and patients will not be assured that the proposed uses of Welsh resident data include sufficient controls to ensure data is treated responsibly, handled securely and used ethically. RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding ‘data and collaboration’ (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government’s Digital Strategy.
- Risk ID DHCW0269. 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.

There are also 8 risks relating to Cyber Security. Details of these are withheld for security reasons.

5.6 Training Statistics for DHCW

Below are the compliance levels for IG training and Cyber Security training, as at the end of February 2022. Both training modules are mandatory for DHCW employees.

Cyber Awareness	92.8%
Information Governance (Wales)	88.3%

6 PLANNED ACTIVITY FOR THE COMING YEAR

Below is a list of the key activities relating to Information Risk Management, which are in the first year of DHCW Integrated Medium Term Plan (IMTP).

- The DHCW Cyber Security Service Improvement Project. This project is implementing improvements to mitigate risks identified in the Cyber Security Assessment described in Section 3.4.
- Developing a Security Incident and Event Management (SIEM) strategy and Business Case to enable the replacement of the current SIEM solution
- Recertification for ISO27001. The three-year accreditation life-cycle ends in mid-2022 and DHCW will be renewing this certification.
- Releasing a new Welsh Information Governance Toolkit platform
- Making the Wales Accord on the Sharing Personal Information (WASPI) an Information Commissioners Office approved Code of Conduct under article 40 of the UK GDPR
- Developing a Business Case and procuring a replacement National Intelligent Integrated Audit Solution (NIIAS)
- Improving the information captured in the Information Asset Register.

7 RECOMMENDATION

SHA Board is being asked to APPROVE the Senior Information Risk Owner (SIRO) Annual Report.

Tolley, Laura
05/19/2022 12:16:38

8 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	Delivering High Quality Digital Services
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CORPORATE RISK (ref if appropriate)	DHCW0263, DHCW0264, DHCW0269
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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>	ISO 27001
If more than one standard applies, please list below: BS10008	

<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:
No, (detail included below as to reasoning)	Outcome:
Statement: This is an annual report	

[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	21/04/2022	ENDORSED

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

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To: Laura

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

Tolley, Laura
05/19/2022 12:16:38



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Digital Health and Care Wales

Senior Information Risk Owner Report

Carwyn Lloyd-Jones

26th May 2022

Tolley, Laura
05/19/2022 12:16:38

Agenda

- Purpose
- Structures
- Oversight
- Key development in 2021-22
- Audits
- Planned activity
- Discussions / Questions

Tolley, Laura
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Purpose

- To provide assurance relating to the policies and procedures that the Special Health Authority has in place to manage information risks
- In particular, the report describes
 - An introduction to the Information Risk Management Approach in DHCW.
 - A summary of key developments relating to improving Information Risk Management since DHCW was formed.
 - Information on relevant audits which provide assurance relating to Information Risk Management
 - Information and data relating to Information Risk Management



Tolley Laura
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Structures

- The Accountable Officer for Information Risk Management is the Chief Executive Officer (CEO)
- The Senior Information Risk Owner (SIRO) is the Executive Director of Operations.
- The Caldicott Guardian is the Executive Medical Director. This position is responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.
- Information Asset Owners / Information Asset Register
- Data Protection Officer, supported by Information Governance Team
- Cyber Security Team. Providing advice, guidance, tools and services to identify cyber vulnerabilities and coordinating the response to cyber-attacks



Oversight and Assurance – DHCW Committees

- Digital Governance and Safety (DG&S) Committee. The committee provides oversight and assurance for the following:
 - Information Governance,
 - Information Services,
 - Cyber Security,
 - Notifiable Events, including those relating to Clinical, Technical, Cyber-Security, Information Governance, Health and Safety and Business Continuity
 - Incident Review and Learning,
 - Welsh Informatics Assurance processes.



Tolley Laura
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Oversight and Assurance – DHCW Committees

- Audit and Assurance Committee (A&A) Committee. In this context (Information Risk Management) the Audit and Assurance Committee provides oversight and assurance for the following:
 - DHCW Risk Management,
 - Outcomes of various audits – tracking the progress of any audit actions.
 - These include ISO27001 (Information Security Management) and BS10008 (Evidential Weight and Legal Admissibility of Electronic Information),
 - DHCW Quality Management Systems



Tolley Laura
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Some key developments in 2021-22

- A new risk management framework and risk appetite

Domain	Definition	Appetite	Articulated Statement
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
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.
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.
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.



Some key developments in 2021-22

- Improved Information Asset Register and supporting processes
- Improvement in IT Asset Management
- Ransomware assessment
- Removal of legacy infrastructure
- Accreditation with NHS Digital's Secure Email Standard
- Digital Economy Act Processor Accreditation



Tolley Laura
05/19/2022 12:16:38

Audits undertaken during the year

- ISO27001 (Information Security Management System)
 - Surveillance visit in November 2021
- BS10008 (Evidential Weight and Legal Admissibility of Electronic Information)
 - Recertification in December 2021
- Internal Audit (Undertaken by NHS Wales Shared Services Partnership)
 - March 2021
- Audit Wales – Nationally Hosted IT Systems
 - October 2021



Tolley, Laura
05/19/2022 12:16:38

Planned activity for coming year

- DHCW Cyber Security Service Improvement Project
 - Resolve issues identified in the Ransomware assessment
- SIEM (Security Incident and Event Management) Strategy and Business Case
- Recertification for ISO 27001
 - May 2022
- Releasing a new Welsh Information Governance Toolkit platform
- Wales Accord on the Sharing Personal Information (WASPI)
 - Making this an Information Commissioners Office approved Code of Conduct under article 40 of the UK GDPR
- Developing a Business Case and procuring a replacement National Intelligent Integrated Audit Solution (NIAS)
- Improving the information captured in the Information Asset Register



Tolley/...
05/19/2022 12:16:38

Thank you

- Any Questions



Tolley Laura
05/19/2022 12:16:38

ALL WALES INDEPENDENT MEMBER DIGITAL NETWORK HIGHLIGHT REPORT

Date of Board Meeting	26 May 2022
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Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Name of Meeting	All-Wales Independent Member Digital Network
Chair of Network	David Selway, DHCW Independent Member
Vice Chair of Network	Maynard Davies, Hywel Dda Independent Member
Date of Last Meeting	27 April 2022
Prepared By	Chris Darling, Board Secretary
Presented By	David Selway, DHCW Independent Member

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

Tolley, Laura
 05/19/2022 12:16:38

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
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CORPORATE RISK (ref if appropriate)	N/A
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WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

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

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
David Selway, Independent Member, DHCW	May 2022	APPROVED

Tolley, Laura
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IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below The 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			
DHCW	Digital Health and Care Wales	IM	Independent Member
SHA	Special Health Authority	RAG	Red, Amber, Green
CDPS	Centre for Digital Public Services	ICT	Information Communication Technology
HD	Hywel Dda	UHB	University Health Board

Summary of Key matters considered by the committee and any relevant decisions made:
<p>Forward Workplan</p> <p>Additional topics for the forward workplan identified during the meeting were:</p> <ul style="list-style-type: none"> • Cyber Resilience Unit • Presentation on SAIL • NDR Data strategy • AI and Research and Innovation <p>Terms of Reference</p> <p>The Network considered the Terms of Reference which were tabled at the last meeting and recirculated outside of the meeting to Network Members and the Board Secretaries network for</p>

feedback. The Network noted and welcomed the confirmation that David Selway would continue as Chair for a 12-month period and Maynard Davies was confirmed as Vice Chair. Members provided some minor further changes before approving the Terms of Reference.

Cyber Security

The Network received an informative presentation including a video relating to a cyber-attack in Ireland from Carwyn Lloyd Jones the DHCW Director of ICT and Jamie Graham, DCHW Interim Head of Cyber Security. The presentation included some suggestions for reflection within the Network member organisations and encouragement to have conversations about Cyber Security at Board level. Cyber considerations were made for each NHS Wales organisation to consider, in relation to local business continuity plans.

DHCW IMTP 2022-25

The Network welcomed Ifan Evans, DHCW Executive Director of Strategy to provide an update on DHCW's IMTP 2022/25. The opportunities for efficiencies and improved outcomes through working together across the health and care system was a focus in the presentation and discussion. The benefits and impact of this demonstrated by the recent rapid progress achieved through the pandemic and the existing national systems which DHCW provide to support patients and professionals. The Network discussed the issue of funding models and agreed that the digital transformation required can only be successfully delivered across Wales if there are appropriate funding models in place.

Welsh Government Health and Care Digital Strategy

Representatives from Gartner joined the meeting to provide a presentation on the work they are undertaking for Welsh Government to develop a Welsh Government Health and Care Digital Strategy including the principles of the strategy:

- User Centre Design
- Access to information
- Resilient Secure Infrastructure
- Cloud-First
- Use of Data Insights
- Cyber Secure
- Use of Digital Standards

Artificial Intelligence

The Network were encouraged to reach out to their organisations and seek examples and case studies to inform discussions at a future meeting.

Tolley, Laura
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Key risks and issues/matters of concern of which the board needs to be made aware:

Not all NHS Bodies have an Independent Member with a lead for Digital, however, any nominated Independent Member can attend the IM Digital Network to ensure each body is represented.

Date of next network meeting:

20 July 2022

Tolley, Laura
05/19/2022 12:16:38

DIGITAL HEALTH AND CARE WALES LOCAL PARTNERSHIP FORUM HIGHLIGHT REPORT

Date of Board Meeting	26 May 2022
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Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Name of Committee	Local Partnership Forum
Chair of Committee	Helen Thomas, Chief Executive Officer, Andrew Fletcher Associate Board Member (Trade Union),
Lead Executive Director	Helen Thomas, Chief Executive Officer and Chris Darling, Board Secretary
Date of Last Meeting	5 April 2022
Prepared By	Chris Darling, Board Secretary
Presented By	Helen Thomas, Chief Executive Officer

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

Tolley, Laura
 05/19/2022 12:16:38

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
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CORPORATE RISK (ref if appropriate)	N/A
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WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
If more than one standard applies, please list below:	

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

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	05.04.2022	The Chair summarised the key items to highlight at the end of the meeting which were supported.

Tolley, Laura
05/19/2022 12:16:38

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
FEDIP	The Federation for Informatics Professional in Health and Care	DDaT	Digital, Data and Technology

Summary of Key matters considered by the committee and any relevant decisions made:
<p>Simon Jones DHCW Chair The Local Partnership Forum were delighted to welcome Simon Jones to the meeting. Simon provided a brief outline of his background working with the Trade Unions and answered questions from members.</p> <p>Risk Management Report The Local Partnership Forum discussed the Risk Management Report and received an update from Workforce relating to risk DHCW0259 – Staff Vacancies.</p> <p>Workforce Performance Report The Local Partnership Forum noted the Workforce Performance Report / Dashboard and the reduction in sickness absences from last month.</p> <p>Policy Update</p>

The Local Partnership Forum **noted** there were no new policies and **received** an update on the status of policies out to consultation and discussed the feedback on the Respect and Resolution Policy which was launched in June 2021.

Update from Trade Unions

The Local Partnership Forum **noted** the pay review body were not providing their report until May/June.

New Ways of Working – Hybrid Working

The Local Partnership Forum **received** the update relating to new ways of working – taking a hybrid approach, which will be introduced into DHCW from 11 April and **discussed** ways in which to ensure flexibility for staff.

Executive Structure

The Local Partnership Forum **noted** the role of Director of Primary, Community and Mental Health Digital Services would be advertised shortly, and due to the withdrawal of the Director of Operations successful candidate, an Interim Director of Operations would be appointed for a six-month period.

Digital Workforce Review

The Local Partnership Forum **discussed** the Digital Workforce Review which has been undertaken in two phases along with the Federation for Informatics Professionals in Health and Care.

National Cyber Security Centre (NCSC) Message

The Local Partnership Forum **noted** and **agreed** that DHCW should start to phase out some commonly used phrases which had connotations for some of the population.

Local Partnership Forum Membership

The Local Partnership Forum **discussed** the membership of the Group and **received** suggestions on ways in which colleagues could encourage membership numbers primarily from Trade Union representation.

Key risks and issues/matters of concern of which the board needs to be made aware:

There are no items for escalation.

Delegated action taken by the Local Partnership Forum:

N/A

Date of next committee meeting:

7th June 2022

Tolley, Laura
05/19/2022 12:16:38

DIGITAL HEALTH AND CARE WALES

DIGITAL GOVERNANCE AND SAFETY

COMMITTEE HIGHLIGHT REPORT

Date of Board Meeting	26 May 2022
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Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Name of Committee	Digital Governance and Safety Committee
Chair of Committee	Rowan Gardner, Independent Member 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	12 May 2022
Prepared By	Carys Richards, Corporate Governance Coordinator
Presented By	David Selway, Independent Member and Vice Chair of Digital Governance and Safety Committee

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

Tolley, Laura
 05/19/2022 12:16:38

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	12.05.2022	It was agreed by the Committee that there weren't any key items to be escalated to the Board, other than the items to note.

Tolley, Laura
05/19/2022 12:16:38

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Should the appropriate assurance not take place, there could be unforeseen quality and safety implications to the DHCW services provided
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Acronyms			
DHCW	Digital Health and Care Wales	POSA	Provision of Service Agreement
SHA	Special Health Authority	DG&S	Digital Governance and Safety
SAIL	Secure Anonymised Information Linkage	IP	Intellectual Property
OSB	Operational Service Board	MOU	Memorandum of Understanding
IMTP	Interim Medium-Term Plan	R&I	Research & Innovation
WEDS	Welsh Emergency Department System	WCCIS	Welsh Community Care Information System
NPT	Neath, Port Talbot	SB	Swansea Bay
ETR	Electronic Test Requesting	ICT	Information, Communication & Technology
ToR	Terms of Reference	WG	Welsh Government
DPIF	Digital Priorities Investment Fund		

Tolley, Laura
05/19/2022 12:16:38

Summary of Key matters considered by the committee and any relevant decisions made:

Update from the Chair

Rowan Gardner, Chair (RG) welcomed everyone to the first recorded Committee meeting, noting that it will be published on DHCW's website after closing.

Consent Agenda

To allow dedicated time and focus on main agenda items, the Committee made use of the Consent Agenda, there were no queries addressed prior to the meeting, with the following outcomes noted below:

The Digital Governance and Safety Committee resolved to:

- **Note** the Internal Audit Report 'DHCW data centre project move – and the substantial assurance received
- **Note** the Senior Information Risk Owner Annual Report

Main agenda

Research & Innovation Strategy an update was provided on the progress of the emerging strategy with a view for the work and strategy to be completed by September 2022

Corporate Risk Register – There are currently 16 risks on the Corporate Risk Register, of which 13 are assigned to the Committee and were considered during the meeting. Of these risks 5 are risks considered in the public domain, with the further 8 risks classified as private due to their sensitivity and were considered in detail in the private session of the Committee.

- a number of new risks were added and received in the private session
- a number of risks were removed from the risk register that have been assigned to this Committee, these risks were noted, and the mitigating action taken

Incident Review and Organisational Learning report was presented for assurance, and it highlighted that within quarter 4 2021/22:

- no national reportable incidents had taken place
- The group had undertaken 11 incident reviews during the quarter with 49 incident reviews having taken place during the course of the year 2021/22
- over the last year 27 of the incident reviews had been completed and closed
- 5 complaints/concerns were noted for the quarter
- The incident report actions and recommendations were noted by the Committee

Assurance Reports the Information Governance, Informatics and Information Services Assurance Reports were received and noted for assurance, including the Welsh Information Governance Toolkit.

Digital Programme Overview Update was provided to the Committee noting:

- CANISC has a new go live date of November 14th 2022

- Welsh Hospital Pharmacy Stock system has been removed as this service is now fully implemented and supported by the applications team.
- It was noted the impact of any potential decrease in DPIF funding might have on certain programmes, with a funding review needed.

Patient Identity Report was discussed as a topic proposed from a DG&S Committee development session, noting the fundamental requirement in understanding a patient’s identity in providing treatment and developing a consistent approach across all Trusts and Health boards in achieving, potentially, one uniformed system across Wales.

Private Session

DHCW Cyber Security Report including Corporate Risk Register – Cyber Security Risks

The private risks were discussed. It was agreed that further narrative will be provided going forward on aspects of the Cyber Assurance report to enable the Committee to spot trends from any potential patterns emerging in the data provided.

Incident Review and Organisational Learning Report - PRIVATE item

The Committee agreed the additional information in the private session was useful but needed further context to highlight trends.

Key risks and issues/matters of concern of which the board needs to be made aware:

There were no key risks / matters of concern of which the Board needed to be made aware of.

Delegated action taken by the committee:

N/A

Date of next committee meeting:

4 August 2022

Tolley, Laura
05/19/2022 12:16:38

DIGITAL HEALTH AND CARE WALES REMUNERATION AND TERMS OF SERVICE COMMITTEE HIGHLIGHT REPORT

Date of Board Meeting	26 May 2022
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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	19 May 2022
Prepared By	Chris Darling, Board Secretary
Presented By	Simon Jones, Chair of the DHCW Board

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

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
RATS Committee Chair	19/05/22	Supported

Tolley, Laura
05/19/2022 12:16:38

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 Approval of the interim Executive Director of Operations remuneration.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Appointment to the interim Executive Director of Operations.
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:

All members of the Executive Team will have a behaviour / values objective included within their objectives for 2022/23.

Interim Executive Director of Operations Appointment, Remuneration and Terms of Service

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

Key risks and issues/matters of concern of which the board needs to be made aware:

The Interim Executive Director of Operations is an interim post until the substantive role is appointed into.

Delegated action taken by the committee:

Appointment of the Interim Executive Director of Operations

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

Date of next committee meeting:

To be confirmed

Tolley, Laura
05/19/2022 12:16:38

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

Date of Board Meeting	26 May 2022
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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	03 May 2022
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.	

Tolley, Laura
05/19/2022 12:16:38

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	05.05.22	The Chair summarised the key items to highlight at the end of the Committee meeting which were supported.

Tolley, Laura
05/19/2022 12:16:38

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	KPI	Key Performance Indicators

Summary of Key matters considered by the committee and any relevant decisions made:
<p>Internal Audit Update The Committee received the update on activity and future planned work from Internal Audit for assurance. Members were informed the Head of Internal Audit Opinion had been drafted and demonstrated a positive outcome in terms of a strong reasonable assurance. Internal Audit Reports received by the Committee during the meeting included:</p> <p>Data Centre Project Move The Audit and Assurance Committee received the review of the audit undertaken on the Data Centre Project Move for assurance. The review received a Substantial assurance rating.</p> <p>Governance Arrangements (Part 2) The Committee received the Governance Arrangements (Part 2) audit for assurance. The Committee were pleased to note the review received a Reasonable assurance rating.</p> <p>System Development Members received the System Development audit. Members were again pleased to note the</p>

review received a **Reasonable** assurance rating.

Core Financials

The Audit and Assurance Committee **received** Core Financials report for **assurance**. Members were pleased to note the audit received a **Reasonable** assurance rating.

Internal Audit 2022/23 Plan

The Audit and Assurance Committee **received** and **approved** the Internal Audit 2022/23 Plan, noting the early engagement with Internal Audit on the plan for 2022/23 as it was developed.

Internal Audit KPI Overview

The Committee **received** the Internal Audit KPI Review and were pleased to note a Business Support Manager had been appointed who will link in with DHCW on key themes.

Audit Wales Committee Update Report

The Committee **received** an update to the work undertaken by Audit Wales and were pleased to note the positive working relationship that has formed between Audit Wales and DHCW during the last twelve months.

Audit Wales 2022 Audit Plan

The Committee **received** the Audit Wales 2022 Audit Plan which was **approved**. The Committee noted the programme of work and that the Structured Assessment included in the plan would build on work done through Baseline Governance Review.

DHCW Audit Report Themes Review

The Committee received and **noted** the DHCW Audit Report Themes Review which was produced following a request at the October Audit and Assurance meeting. The Committee noted the difficulties in identifying themes due to the breadth of audits undertaken but noted as more audits were undertaken this would become a more useful tool.

DHCW Audit Tracker

The Committee **approved** the request for the closure of 17 audit actions on the log that are now complete. The Committee noted 13 of the remaining audit actions are now closed with the remaining three currently on track for delivery within the timeframes.

Counter Fraud Update

Members **received** the Counter Fraud Progress Report. The Committee were informed the new Head of Counter Fraud will be liaising with key personnel in DHCW to identify where the key risks were and in order to determine where best to focus training.

Annual Accounts update

The Committee **noted** the progress made on the Annual Accounts which had been submitted to Welsh Government within the reporting deadline.

Risk Management including Corporate Risk Register

The Risk and Board Assurance milestone plan against key milestones was **noted**. Members noted there were 21 risks on the Corporate Risk Register; 10 were reviewed in the public session and 11

risk relating to cyber were considered at the Digital Governance and Safety Committee. The Committee received **updates** on the three risks assigned to the Committee.

Welsh Language Compliance

The Committee **received** for assurance the Welsh Language Compliance Report and noted the progress made in compliance since the Welsh Language Services Manager had been in post.

Declarations of Interests, Gifts and Hospitalities Report

The Committee **noted** continued progress on the work being done to capture all Declarations of Interests for staff band 8a and above with a 87% rate for the 2021/22 period. The Committee were assured that the relevant communication was provided to staff regularly to remind them of their statutory duties with regard to the Standards of Behaviour Policy including Gifts and Hospitality.

High Value Purchase Order Report

The Audit and Assurance Committee **received** the High Value Purchase Order Report noting the inclusion of the cumulative high value contracts information.

Losses and Special Payments Update

Members **received** the first report of Losses and Special Payments and received assurance that the appropriate processes were taking place.

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.

Quality and Regulatory Compliance Update Report

The Committee **noted** the Quality and Regulatory Update to include the two external International Standardisation Organisation (ISO) quality audits this period.

Baseline Governance Review Action Plan Report

The Committee **received** the Baseline Governance Review Action Plan Report and **noted** the key areas of progress made on the recommendations.

Estates and Compliance Report

The Audit and Assurance Committee **received** the Estates and Compliance Report. Members were pleased to **note** the areas of improved performance.

Contract Extension Standard Operating Procedure

The Audit and Assurance Committee **received** for **noting** the Contract Extension Standard Operating Procedure.

COVID-19 Inquiry Update Report

The Committee **noted** the latest position on a UK inquiry into Covid-19 and noted for **assurance** the work taking place to prepare for a UK wide Covid-19 Inquiry which may require input from DHCW.

Standing Orders Annual Review Report

The Audit and Assurance Committee **received** the Standing Orders Annual Review report and noted the changes made therein.

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 17 actions on the log now complete.

Internal Audit 2022/23 Plan

The Committee **approved** the Internal Audit 2022/23 Plan.

Audit Wales 2022 Audit Plan

Members **approved** the Audit Wales 2022 Audit Plan.

Date of next committee meeting:

04 July 2022

Tolley, Laura
05/19/2022 12:16:38