

# Cyfarfod Bwrdd Iechyd a Gofal Digidol Cymru - Cyhoeddus

Thu 29 September 2022, 10:00 - 14:30

ZOOM - Individual Joining Links in Outlook Invitation

## Agenda

10:00 - 10:00  
0 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

10:00 - 10:10  
10 min

### 2. I'W CYMERADWYO A'I NODI

#### 2.1. Cofnodion Cyfarfod y Bwrdd 28 Gorffennaf 2022 heb eu cadarnhau

I'w Cymeradwyo Cadeirydd

i. Materion yn Codi

2.1 DHCW SHA Board Meeting Minutes 20220728 V2.pdf (21 pages)

#### 2.2. Cofnodion Gweithredu

I'w Nodi Cadeirydd

#### 2.3. Blaengynllun Gwaith

I'w Nodi Ysgrifennydd y Bwrdd

2.3 Forward Workplan Report.pdf (4 pages)

2.3i SHA Board Forward WorkPlan V14.pdf (2 pages)

#### 2.4. Adroddiad Blynyddol Cynllunio ar gyfer Argyfyngau Iechyd 2021-22

I'w Nodi Cyfarwyddwr Gweithredol Strategaeth

2.4 Health Emergency Planning Annual Report.pdf (6 pages)

2.4i Health Emergency Planning Appendix A.pdf (6 pages)

2.4ii Health Emergency Planning Appendix B Summary.pdf (12 pages)

10:10 - 10:40  
30 min

### 3. PRIF AGENDA - I'W DRAFOD

#### 3.1 Cyflwyniad Gwrando a Dysgu ar y Cyd – Canolfan Ragoriaeth

I'w Draffod Cyfarwyddwr Meddygol Gweithredol

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- 3.1 Shared Listening Learning Cover Report - 111 Business Continuity Solution.pdf (4 pages)
- 3.1i Shared Listening and Learning Presentation - 111 Solution review for DHCW Board.pdf (10 pages)

10:40 - 11:00  
20 min

## 4. PRIF AGENDA - I'W ADOLYGU

### 4.1. Adroddiad y Cadeirydd

*I'w Nodi Cadeirydd*

- 4.1 Chair Report July 22 v2.pdf (7 pages)

### 4.2. Adroddiad y Prif Swyddog Gweithredol

*I'w Nodi Prif Swyddog Gweithredol*

- 4.2 CEO Report Sept 22 v1.pdf (8 pages)

11:00 - 11:50  
50 min

## 5. PRIF AGENDA - EITEMAU STRATEGOL

### 5.1. Strategaeth Ymchwil ac Arloesi

*I'w Cymeradwyo Cyfarwyddwr Cyswllt Gwybodaeth, Ymchwil a Deallusrwydd*

- 5.1 RI SHA Board Report Cover Sheet.pdf (5 pages)
- 5.1i DHCW-Research-InnovationStrategy-2022-2025-Final.pdf (21 pages)

### 5.2. Strategaeth Pobl a Datblygu Sefydliadol

*I'w Cymeradwyo Cyfarwyddwr Pobl a Datblygu Sefydliadol*

- 5.2 SHA Board POD Strategy Cover Report SJT.pdf (5 pages)
- 5.2i Appendix One DHCW-People-OD-Strategy-2022-2025.pdf (17 pages)
- 5.2ii SHA BOARD SJT final29092022.pdf (14 pages)

#### 5.2.1.

#### 5.2.2.

### 5.3. Adroddiad Caffael Strategol

*I'w Cymeradwyo Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol*

- 5.3 REP - Strategic Procurement Report September 2022 (SHA Board).pdf (7 pages)
- 5.3i DHCW Board Approval P642.19B Vaccination Programme Notification Service to support Covid-19.pdf (8 pages)
- 5.3ii DHCW Board Approval P785 Google Reseller Framework Agreement .pdf (7 pages)

## **BREAK**

11:50 - 13:25  
95 min

## 6. PRIF AGENDA - LLYWODRAETHU, RISG, PERFFORMIAD A SICRIFYDD

### 6.1. Cymorth DHCW i Staff: Costau Byw

*I'w Draffod Cyfarwyddwr Pobl a Datblygu Sefydliadol*

- 6.1 Cost of Living Report.pdf (5 pages)
- 6.1i DHCW Support to Staff -Cost of Living Appendix.pdf (3 pages)

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## 6.2. Cynllun Tymor Canolig Integredig 2023/26

*I'w Nodi* *Cyfarwyddwr Gweithredol Strategaeth*

- 6.2 REP IMTP 2023-2026 Update.pdf (4 pages)
- 6.2i 2022-08-26 -Digital Health and Care Wales Integrated Plan.pdf (3 pages)

## 6.3. Adroddiad Cyllid

*I'w Nodi* *Cyfarwyddwr Gweithredol Cyllid*

- 6.3 TEM SHA Board Committee September Report Cover F-02.pdf (7 pages)
- 6.3i TEM-DHCW - SHA Board Committee Detailed Finance Report August 2022 Final 6i F-02.pdf (20 pages)
- 6.3ii PRES DHCW Board Financial Briefing Sept 2022 6ii Final F-02.pdf (15 pages)

## 6.4. Adroddiad Perfformiad Sefydliadol Integredig

*I'w Dra fod* *Cyfarwyddwr Gweithredol Strategaeth*

- 6.4 REP-DHCW IOPR Cover Sheet Jul-Aug 2022.pdf (5 pages)
- 6.4i REP-DHCW SHA Board IOPR 2208-Jul-Aug 2022.pdf (21 pages)

## 6.5. Adroddiad y Gofrestr Risgiau Corfforaethol

*I'w Dra fod* *Ysgrifennydd y Bwrdd*

- 6.5 Risk Management Report.pdf (8 pages)
- 6.5i Appendix A Risk and BAF Forward Workplan 202223 V1.pdf (3 pages)
- 6.5ii Appendix B DHCW Corporate Risk Register.pdf (11 pages)

## 6.6. Adroddiad Crynhoi Cynnydd y Pwyllgor Taliadau a Thelerau Gwasanaeth

*I'w Nodi* *Cadeirydd y Pwyllgor*

- 6.6 Remuneration and Terms of Service Committee Highlight Report 20220908.pdf (4 pages)

## 6.7. Adroddiad Crynhoi Cynnydd y Fforwm Partneriaeth Lleol

*I'w Nodi* *Cadeirydd Grŵp Ymgynghorol*

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

## 6.8. Adroddiad Crynhoi Cynnydd Rhwydwaith Digidol Aelodau Annibynnol

*I'w Nodi* *Cadeirydd Rhwydwaith*

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

13:25 - 13:30  
5 min

## 7. MATERION I GLOI

### 7.1. Unrhyw Fater Brys Arall

*I'w Nodi* *Cadeirydd*

### 7.2. Dyddiad y Cyfarfod Nesaf

*I'w Nodi* *Cadeirydd*

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## DHCW SHA Board Meeting – PUBLIC – Unconfirmed minutes

Minutes of the meeting of Digital Health and Care Wales (DHCW) Special Health Authority Board (SHA) held on Thursday 28 July 2022 as a virtual meeting broadcast live via Zoom.



10:00 to 13:30



28 July 2022

Members Present	Initial	Title	Organisation
Simon Jones	SJ	Chair of the Board	DHCW
Ruth Glazzard	RG	Vice Chair of the Board	DHCW
Gareth Davis	GD	Interim Executive Director of Operations	DHCW
Ifan Evans	IE	Executive Director of Strategy	DHCW
Rowan Gardner	RoG	Independent Member	DHCW
Rhidian Hurle	RH	Executive Medical Director	DHCW
Claire Osmundsen-Little	COL	Executive Director of Finance	DHCW
David Selway	DS	Independent Member	DHCW
Helen Thomas	HT	Chief Executive Officer	DHCW
Marian Wyn Jones	MWJ	Independent Member	DHCW

In Attendance	Initial	Title	Organisation
Chris Darling	CD	Board Secretary	DHCW
Andrew Fletcher	AF	Associate Board Member – Trade Union	DHCW
Dr Sharon Hillier	SH	Director, Screening Services (for item 3.1)	Public Health Wales
Nerys Hurford	NH	Translator	Nerys Hurford Translation



Stephen Price	SP	Applications Manager (Corporate) (for item 3.1)	DHCW
Michelle Sell	MS	Director of Planning & Performance and Chief Commercial Officer (for item 6.2)	DHCW
Sarah-Jane Taylor	SJT	Director of People & Organisational Development	DHCW

Apologies	Title	Organisation
There were no apologies for absence.		

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CEO	Chief Executive Officer	DPIF	Digital Priority Investment Fund
AGM	Annual General Meeting	IMTP	Integrated Medium-Term Plan
BAF	Board Assurance Framework	PHW	Public Health Wales
AAA	Abdominal Aortic Aneurysm	WPAS	Welsh Patient Administration System
WIS	Welsh Immunisation Service	SLA	Service Level Agreement
API	Application Programming Interface		

Item No	Item Detail	Outcome	Action
<b>PRELIMINARY MATTERS</b>			
1.1	<p><b>Welcome and Apologies</b></p> <p>The Chair welcomed everyone bilingually to the DHCW SHA Board meeting.</p> <p>The Chair confirmed the meeting was being broadcast live via Zoom, in addition, the recording would be available via the DHCW website for any persons unable to access the meeting live. The Zoom platform was being used to allow for members to be visible throughout the entire meeting and for simultaneous translation to take place, allowing members to engage in the meeting in English or Welsh.</p> <p>The Chair provided some housekeeping notices regarding the technical aspects of live streaming the meeting, the planned breaks, and the use of the consent agenda for items 2.1 to 2.7.</p>	Noted	None to note

	The Chair then outlined the items within the consent agenda and stated that Board members would be given the opportunity to bring any of those items on the main agenda for more full discussion at item 1.4.		
1.2	<b>Apologies for Absence</b> There were no apologies for absence	Noted	None to note
1.3	<b>Declarations of Interest</b> There were no declarations of interest received in relation to the agenda.	Noted	None to note
1.4	<b>Matters Arising</b> There were no items on the consent agenda identified by Board members for moving to the main agenda.	Discussed	None to note
<b>CONSENT AGENDA – FOR APPROVAL AND NOTING</b>			
2.1	<b>Unconfirmed Minutes of the Board meeting held on 26 May 2022</b> The Board resolved to: <b>APPROVE</b> the minutes of the last Board meeting held on 26 March 2022.	Approved	None to note
2.2	<b>Unconfirmed Abridged Minutes of the Private Board meeting held on 26 May 2022</b> The Board resolved to: <b>APPROVE</b> the minutes of the last Board meeting held on 26 March 2022.	Approved	None to note
2.3	<b>Unconfirmed Minutes of the Board meeting held on 14 June 2022</b> The Board resolved to: <b>APPROVE</b> the minutes of the extraordinary Board meeting held on 14 June 2022.	Approved	None to note
2.4	<b>Action Log</b> The Chair invited Sarah-Jane Taylor, Director of People and Organisational Development (SJT) to provide an update on Action 20220331-A01 – Cost of Living. SJT confirmed that the DHCW Health and Wellbeing Group had put together a financial wellbeing page for all staff to access which provided advice and signposting. In addition to this, a number of initiatives were being taken forward, such as lift sharing, to help support staff wellbeing and the impact of the cost-of-living increase. SJT added that the People and Organisational Development team were looking at good practice across the NHS to incorporate themes, actions and learning for DHCW.	Noted	None to note

	<p>The Board resolved to:</p> <p>NOTE the action log and the update provided.</p>		
2.5	<p><b>Forward Workplan</b></p> <p>The Board resolved to:</p> <p>NOTE the contents of the Forward Plan.</p>	Noted	None to note
2.6	<p><b>Welsh Government Decarbonisation Return</b></p> <p>The Board resolved to:</p> <p>APPROVE the Welsh Government Decarbonisation Return.</p>	Approved	None to note
2.7	<p><b>Standing Financial Instruction Report</b></p> <p>The Board resolved to:</p> <p>APPROVE the Standing Financial Instruction Report and the amendments to the Standing Financial Instructions set out.</p>	Approved	None to note

## MAIN AGENDA

### PART 3 – FOR DISCUSSION

3.1	<p><b>Shared Listening and Learning Presentation – Screening Services and How they are Supported</b></p>		
	<p>Rhidian Hurlle, Executive Medical Director (RH) introduced the report and welcomed Stephen Price, Applications Manager (Corporate) (SP) and Dr Sharon Hillier, Director, Screening Services Public Health Wales (SH) to the meeting.</p> <p>RH advised the purpose of screening services was testing asymptomatic people for conditions that could have a significant impact on their lives.</p> <p>RH provided an overview of Abdominal Aortic Aneurysm (AAA) and Bowel Screening Services.</p> <p>SP provided the following highlights from the presentation:</p> <ul style="list-style-type: none"> <li>• The aim of the AAA screening programme was to enable early detection of AAA's in order to monitor or operate on these to reduce the risk of rupture of the AAA and improve mortality;</li> <li>• The aim of the Bowel Screening Service was to detect cancer at an early stage when treatment was more likely to be effective;</li> <li>• The team started developing the Bowel screening service in 2006 and it was launched in 2008, participants invited for screening were men and women aged between 58-74;</li> <li>• Unique feature was it extended into Secondary Care in Health Boards;</li> </ul>	Discussed	None to note

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- Product was hosted within a Public Health Wales (PHW) data centre;
- To date over 1,067, 000 people had been invited onto the screening programme, with on average 6,500 people called per week and 3,000 re called;
- The team started developing the AAA screening in 2011, and software launched in 2013;
- This was the first screening process focused just on men;
- Participants focused on men approaching their 65<sup>th</sup> birthday;
- Walk ins were also accepted for AAA screening;
- Product was also hosted in PHW data centre;
- To date over 200,000 men had been invited onto the programme, with on average, 1,700 invited per month.

Challenges included:

- New screening programme with no parallel running to ensure the programme was running as planned;
- This was a green field development with the opportunity for DHCW to develop a first class product to save lives;
- A key challenge for AAA screening was setting up remote clinics;
- A key challenge for Bowel screening was the new testing from card based to liquid FIT, this was to drive efficiency;
- When the COVID-19 pandemic hit, PHW had asked DHCW to pause the programmes. This was an event that was not anticipated. The programme was paused at the end of March 2020 and restarted in July 2020. The re-start of the programme presented many challenges, including ensuring that the 4 month backlog of patients who had not been screened, did not try to access the service on mass and overwhelm the service.

Lessons learnt included:

- Never to underestimate the level of involvement required from the customer / service user, especially in terms of testing;
- Sometimes less is better – this was learnt via bowel screen participant service codes;
- A proactive incident and problem management plan being required;
- Hosting – Infrastructure was hosted by PHW, therefore the support team needed to consider PHW in all upgrade paths;
- Future products should consider functionality to make it easier

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to pause and restart programmes.

In summary, SP informed the Board that the development team delivered each product on time within budget, the programmes were still running and were being actively developed. The Board was informed that DHCW's bowel screening software was being used by Northern Ireland, and that there was an excellent working relationship with all parties. SP explained all similar screening programmes have the same concept, identify participants, invite them, test them and manage the outcome. However, each screening programme implemented these very differently.

SH commented on the importance of DHCW, as if PHW did not have an IT system, they would not be able to offer screening services to the citizens of Wales.

Following the presentation, the following observations were made:

- How were cohorts designed and considered? SH confirmed that what was offered in Wales is aligned to the National Screening Recommendations, the UK National Screening Centre was a four nations meeting and it had a whole list of conditions that were reviewed on a regular basis and cohorts were based on evidence provided and reduction in mortality;
- SH confirmed when the screening programme started, the fob test moved to fit test as it was simpler and uptake was better especially in those who were more resistant in taking up the screening offer. When the programme started there was a 55% uptake, a lot of work was undertaken to increase this, it was interesting to note when the programme re started in July 2020, the uptake significantly improved to around 68% uptake. Failure rate was also very low which was very positive.
- What were the future opportunities for the solution from a Digital and Service perspective? SP commented that the current programme was looking to migrate onto new hardware, it was hoped that all results could be sent through to the National Data Repository clinicians' portal within PHW, a shared repository would be welcomed which would allow a holistic approach. Work was being undertaken to get letters sent via GP rather than via the service. For Bowel screening, there was a plan in place to fully optimize the programme and the aim was to offer participants aged 50-74, this would take time to implement due to colonoscopy capacity. RH added that the use of the Digital Services for Public and Patients and the NHS App would be key tool for PHW to invite citizens for screening service and to signpost both symptomatic and asymptomatic patients.
- Were reminders sent to people who do not submit tests? SH advised there was an inequity strategy in place within the

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	<p>service and reminders were sent, in addition to GP's being informed if the screening offer had not been taken up. However, it was important to note, screening was voluntary and not mandatory.</p> <p><b>The Board resolved to:</b></p> <p><b>DISCUSS</b> the Shared Listening and Learning Presentation – Electronic Test Requesting</p>		
<b>PART 4 – FOR REVIEW</b>			
4.1	<p><b>Chair's Report</b></p> <p>The Chair outlined the following highlights from within the report: -</p> <ul style="list-style-type: none"> <li>• Grace Quantock had been appointed as Deputy Chair for the Citizens Voice Body, therefore had resigned from her post as Independent Member for DHCW, the Board wished her every success in this role. The Independent Member recruitment process for this vacancy was underway and DHCW were awaiting a Ministerial decision. An announcement would be made in due course;</li> <li>• The Ministerial Meeting relating to the Chairs 2021/22 objectives was very positive. A letter had been received since the meeting praising the work of DHCW over the past 12 months;</li> <li>• The Chairs Objectives for 2022-23 had not yet been received, it was hoped these would be received imminently;</li> <li>• A Board Development session had taken place at which NHS Digital presented. This looked at key elements of transforming health and care through digital in NHS England. This was hugely informative;</li> <li>• A meeting had taken place with Older Persons and Children's Commissioner. This had proven very constructive and useful in terms of joint interests;</li> <li>• On 15<sup>th</sup> July there was an announcement that the Health and Social Care Committee and Public Administration and Public Accounts Committee were going to undertake a joint review into DHCW, this review was very much welcomed.</li> </ul> <p><b>The Board resolved to:</b></p> <p><b>NOTE</b> the contents of the Chair's report.</p>	Noted	None to note
4.2	<b>Chief Executive's Report</b>	Noted	None to

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	<p>HT outlined the key points within the report:</p> <ul style="list-style-type: none"> <li>• Ongoing response to COVID-19, with the current prioritisation being the vaccine booking system for the Autumn booster programme;</li> <li>• Staff Briefing, these continued to have good attendance from the organisation with over 400 DHCW staff tuning in which was fantastic engagement. HT gave thanks to SJT for joining the brief who provided her reflections on joining DHCW and challenges faced at present;</li> <li>• Achievements of staff were commended. The Board in particular extended congratulations to Fran Beadle, Chief Nursing Information Officer who had been shortlisted as one of the 10 finalists for the DigiLeaders 100 'Digital Leader of the Year' Award, and to Claire Osmundsen-Little, Executive Director of Finance who had won the UK prize for the Digital Finance Leader of the Year Award;</li> <li>• The Digital Medicines Portfolio continued to make good progress and this work was recently shared at the Independent Member Digital Network;</li> <li>• The recruitment of Executive Directors were ongoing, with interviews taking place for the Director of Primary, Community and Mental Health Digital Services post and the permanent position for the Executive Director of Operations was currently being advertised;</li> <li>• A meeting had taken place with Harriet Green and Myra Hunt from CDPS which had proven very positive and productive;</li> <li>• A number of speaking engagements had taken place in recent months which had been a pleasure to attend including the HIMSS Conference, TechUK and The Institute of Government &amp; Public Policy's Healthcare Innovation and Technology Show;</li> <li>• The patient information leaflet entitled Your Information, Your Rights which explained how the NHS uses information on members of the public had been revised by the DHCW Information Governance Team. This had been rebranded Your Privacy Your Rights. The Board expressed;</li> <li>• DHCW provided a response to the Health and Social Care Committee's consultation on the Welsh Governments plan for transforming and modernising planned care and reducing waiting lists with the DHCW response focusing on sustainable funding and ensuring digital was at the center of thinking in terms of the recovery.</li> </ul>		note
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	<p><b>The Board resolved to:</b></p> <p><b>NOTE</b> the contents of the Chief Executive's report.</p>		
<b>PART 5 - STRATEGIC ITEMS</b>			
5.1	<p><b>Shared Listening and Learning Annual Review</b></p> <p>RH presented the report and explained the Shared Listening and Learning Stories presented at Board meetings which brought the Board closer to understanding the impact of the work undertaken by DHCW that contributed to the health and wellbeing of the population of Wales.</p> <p>The valuable learning themes that had been identified through the 2021/22 period were:</p> <ul style="list-style-type: none"> <li>• Co-design of systems being identified as a key enabler to the success of system rollout</li> <li>• Early evaluation and engagement</li> <li>• Sustainable funding</li> <li>• Collaboration</li> <li>• Clinical Leadership</li> </ul> <p>It was pleasing to note that four out of the five Shared Listening and Learning presentations included attendance from partner bodies which was an example of DHCW being a key NHS trusted partner with the other key delivery parties.</p> <p>COL commented on how DHCW were enabling Senior Leaders to present to the Board and wider audience on the good work that was being undertaken across the organisation, which was also professionalising and upskilling the organisation.</p> <p>SJ commented on the difficulties in getting more patient stories and the patient voice within the presentations. In response RH confirmed it was hoped with the NHS App would enable this in the near future.</p> <p>Ruth Glazzard, Vice Chair (RG) added it would be positive to see a story on how DHCW engaged with the Welsh Language across digital services and this should be something to strive towards getting.</p> <p><b>The Board resolved to:</b></p> <p><b>APPROVE</b> the Shared Listening and Learning Annual Review.</p>	Approved	None to note
5.3 22/09/2022 17:34:39 riley, Laura	<p><b>Recruitment Taskforce – Lessons Learnt</b></p> <p>SJT presented the report and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The team involved in the group had a lot of activity to identify and track;</li> <li>• Lots of achievements between February 2021 and July 2022</li> </ul>	Noted	None to note



	<p>which included the establishment of key relationships with stakeholders and partners, especially within education this was hugely important and would continue to be taken forward;</p> <ul style="list-style-type: none"> <li>• A key lessons learnt identified was the need for more senior support in the group.</li> </ul> <p>In terms of next steps, there would be a new Strategic Resourcing Group that would be chaired by the Director of People and Organisational Development and supported by the Director of Planning and Performance and Chief Commercial Officer to build on the work of the group. There was a significant amount of work to be done quickly, effectively and sustainability.</p> <p>The Strategic Resourcing Group would meet fortnightly with updates being taken to the Weekly Executive Directors Meeting and to the SHA Board as required.</p> <p>RG advised SJT to use the Independent Members and Board for support in this work to help drive it forward;</p> <p>David Selway, Independent Member (DS) welcomed the establishment of the Strategic Resourcing Group and added that some of the roles DHCW would require going forward would be difficult to recruit to, therefore career pathways / staff development programmes would be an option to consider upskilling the DHCW workforce into these roles.</p> <p>RH questioned how the brand of DHCW could be promoted internally, externally, within and beyond the nation and asked what the vision would be in terms of how DHCW link the strong brand of the NHS to the brand of the organisation? In response, SJT confirmed branding would be a key part of the strategy, which was in development, in addition to an integral part of the Strategic Resourcing Group.</p> <p><b>The Board resolved to:</b></p> <p><b>NOTE</b> the Recruitment Taskforce – Lessons Learnt report.</p>		
	Comfort Break		
<b>PART 6 - GOVERNANCE, RISK, PERFORMANCE AND ASSURANCE</b>			
6.1	<p><b>Finance Report</b></p> <p>COL presented the Finance Report up to the end of June 2022, and highlighted the following:</p> <ul style="list-style-type: none"> <li>• End of the first quarter of financial year and during the period we have seen an uptake in COVID-19 and DHCW and the wider NHS finance community were seeing the implications of the rise in</li> </ul>	Noted	None to report

	<p>inflation;</p> <ul style="list-style-type: none"> <li>• The financial plan had been deployed through relevant governance arrangements and assurance has been received from the Executive team that their individual financial plans will be met during 2022/23;</li> <li>• Revenue: DHCW was reporting an underspend of £0.050m for the period to June 30;</li> <li>• Capital: A small capital underspend of £0.057m had been reported against plan;</li> <li>• The target Public Sector Payment Policy (PSPP): target had been exceeded with 98% of non-NHS invoices being paid within 30 days;</li> <li>• <b>Cash Management</b> - Cash balances stood at £5.1m at the end of June. The intention is to minimise cash balances with an end of year target to a maximum of £2m;</li> <li>• <b>COVID -19 Response Expenditure</b> - The planned revenue spend for 22-23 was £10.258m with £2.658m spend being reported for June (in line with budget).</li> <li>• <b>Digital Priority Investment Fund</b> - Revenue funding of £33.3m and capital funding of £6.7m was expected to be received to support priority digital investment planned for 2022/23;</li> <li>• In relation to IFRS16 – DHCW now had to report anything over £5k as a lease that may be subject to capitalisation, this would move from a revenue reporting expense to a cash balance sheet item and there were a number of items that would fall into this category from DHCW, the revenue and balance sheet implications had been reflected within the accounts;</li> <li>• <b>Financial Risk</b> – There remain several risks and uncertainties, assessments will continue to be refined, mitigating actions would be identified with updates to be provided throughout the year. COL highlighted concern within inflation and supplier cost increases with the finance teams working to evaluate this.</li> <li>• <b>Opportunities</b> – The organisation continues to pursue savings/efficiency opportunities. Possible opportunities have been identified around vacancy management and widened VAT Recovery totalling £11.93m.</li> </ul> <p>After the presentation the following observations were made:</p> <ul style="list-style-type: none"> <li>• It was unusual to not have confirmation of funding to date, this was influenced as there was notification of reduction in capital</li> </ul>		
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	<p>and DPIF funding which was received late at the end of the last financial year, this added to the delay of issuing funding letters;</p> <ul style="list-style-type: none"> <li>• Notable that it was 25% through the year and a number of schemes where clarity on funding was required however assurance was received during DHCW's JET meeting that these would be issued as soon as possible;</li> <li>• Not all Health Boards and Trusts' were undertaken a savings plan; DHCW reported a 1.3m deficit carry over. COL explained DHCW had a responsibility to ensure it operated in an efficient and effective way and drive value for money. There was a non-pay group, who worked together with procurement to look at opportunities for savings. COL added that DHCW were the only NHS Body in Wales who have highlighted a carry-over deficit. DHCW were confident for 2022/23 that a balanced plan would be delivered, however the following year would be a challenge and this had been raised as a concern;</li> <li>• There was a risk around relying on cost savings through vacancies and this needed to be addressed through conversations with Welsh Government.</li> </ul> <p><b>The Board resolved to:</b></p> <p><b>NOTE</b> the Finance Report.</p>		
6.2	<p><b>Integrated Organisational Performance Report</b></p> <p>Ifan Evans, Executive Director of Strategy (IE) introduced the Integrated Organisational Performance Report for the April-June period. IE explained the report had a new, refreshed look and expressed thanks to the Organisational Performance team and wider teams across the organisation on the work to date to update the report. Michelle Sell, Director of Planning &amp; Performance and Chief Commercial Officer (MS) highlighted the following areas:</p> <ul style="list-style-type: none"> <li>• The main changes in the report were aimed to align to organisations performance to the IMTP and strategic missions;</li> <li>• Scorecard gave a snapshot of the organisation as a whole;</li> <li>• For each of the 12 enablers for delivery, more detail has been added for the Board to see what had been delivered during the quarters and identified as benefits and outcomes;</li> <li>• It was proposed the report would be presented to the SHA Board on a quarterly basis going forward;</li> <li>• A balanced position for Q1 was reported;</li> <li>• Some significant achievements during the quarter included: <ul style="list-style-type: none"> <li>- Welsh Patient Administration System (WPAS) roll out in BCU UHB.</li> </ul> </li> </ul>	Discussed	None to note

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- Welsh Immunisation Service developments.
- Two key risks identified were:
  - People, including recruitment, retention and development
  - COVID-19 workload
- 3 ambers on the scorecard:
  - Audit Action outstanding – This had an agreed way forward and would be discussed at the Audit & Assurance Committee;
  - SLA's – Not all meetings with Health Boards had been completed;
  - Appraisals – DHCW were now at 79%, target was 85%

Gareth Davis, Interim Executive Director of Operations (GD) noted that operational performance did decline due to sickness absence in addition to the extended Jubilee weekend in the period. GD added that there was one major IT service incident, this did not breach its SLA. Despite challenges around staffing, customer satisfaction scores had increased which was very positive.

Further to the report the following points were made:

- Congratulations to the WPAS team, with feedback reported as it being the smoothest transition to date which was hugely positive;
- In relation to the Service Desk staff, how were DHCW ensuring that their wellbeing was being looked after as there has been a reduction in numbers due to sickness, yet it was clear that the team were still working very hard. GD confirmed that a Wellbeing survey was completed by the team routinely and feedback has been positive;
- The evolution of the report had been positive to see;
- Research & Innovation Portfolio, this was a positive development within the report;
- A number of good deliverables demonstrated in the report; however, it would be good to see quantified value measurements in relation to deliverables going forward;
- The low sickness rate demonstrated the support that individuals received from Managers and the organisation, this was hugely positive.

**The Board resolved to:**

**DISCUSS** the Integrated Organisational Performance Report.

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<p>6.3</p>	<p><b>Board Assurance Framework Report</b></p> <p>Chris Darling, Board Secretary (CD) presented the Board Assurance Framework Report and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The BAF report was designed to provide the Board with oversight and assurance that the organisation was on track to deliver the organisations strategic missions;</li> <li>• The BAF provided detail on risks and mitigating actions being taken to ensure strategic missions were met;</li> <li>• Included within the report was the initial risk score for the 5 strategic missions and principle risks, along with the target risk scores that were hoped to be achieved;</li> <li>• One minor error within the report was highlighted which was the wording in principle risk 3 where it stated '<i>leading to better health outcomes</i>', however it should state '<i>leading to poorer health outcomes</i>';</li> <li>• At the last Board meeting, the BAF dashboard and templates were agreed;</li> <li>• Additional work had been undertaken to finalise each risk appetite for the strategic missions at the Board Development session on 30 June and individually with Executive leads;</li> <li>• The report outlined the updated risk appetite positions, CD advised these were presented to the Board for approval. The risk appetite levels were:               <ul style="list-style-type: none"> <li>- <b>Strategic Mission 1 - Enabling Digital Transformation supporting joined up consistent care</b> – Cautious risk appetite</li> <li>- <b>Strategic Mission 2 – Delivering high quality technology, data products and services to support efficiencies and improvements in care processes</b> - Cautious risk appetite</li> <li>- <b>Strategic Mission 3 - Expanding the content, availability and functionality of the digital health and care record so that care and treatment quality is improved</b> – Moderate risk appetite</li> <li>- <b>Strategic Mission 4 - Driving value and innovation for better outcomes and Value-Based care</b> – Open risk appetite</li> <li>- <b>Strategic Mission 5 - Becoming the trusted strategic partner and a high performing, inclusive, ambitious organisation supporting our workforce and stakeholders</b> – Moderate risk appetite</li> </ul> </li> <li>• CD explained if the risk appetites were approved by the Board, the Board should see the organisations behaviour</li> </ul>	<p>Approved</p>	<p>None to note</p>
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change to reflect the risk appetite statements;

- Discussions had taken place with Executive owners and Operational leads to finalise the action plans and the detail that sat beneath the BAF;
- A number of additions had been made to the trusted strategic partner mission section of the report, following previous feedback made;
- A number of controls and actions relating to strategic mission 4, particularly around working with Welsh Government around the data promise and establishment of the information asset register had moved from strategic mission 4 to strategic mission 1 following discussion with the Executive leads, to ensure that the alignment was correct;
- Strategic mission 5 Executive owner had changed, this was previously the CEO, however it had moved to COL as Deputy Chief Executive who would lead on this area of work going forward.

IE highlighted the following for strategic mission 1 - ***Enabling Digital Transformation supporting joined up consistent care***

Progress on Action Plan:

- There was a phased plan to address control gaps and then develop reporting which would address related assurance gaps.
- Strategic roadmaps had been developed for elements of the Open Architecture and as part of the NDR Data Strategy.
- APIs will provide access to elements of the Open Architecture and the first of these would be available during Q2.
- The rulebook would authorise access to APIs and will follow by Q4.
- An implementation plan was being developed alongside work on developing our product approach and was due by Q3 2022.
- Good progress made on establishing Information Asset Registers during the period.
- WG continued to work on the Data Promise, with support and input from the DHCW Information Governance team.

RAG Score: Amber – lots of existing controls already in place, but as per action plan some key deliverables to achieve during 2022/23 before moving to Green.

IE highlighted the following for strategic mission 3 - ***Expanding the content, availability and functionality of the digital health and care record so that care and treatment quality is improved***

Progress on Action Plan:

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- Directors are reviewing existing arrangements for user input, including service desk feedback, clinical engagement, clinical informatics.
- Directors are considering options for a User Design team and/or profession within DHCW. If viable and affordable this would provide more assurance than a User Experience Involvement Working Group.
- The strategic approach would be confirmed during Q2.

RAG Score: Amber – additional controls and assurance around user input, clinical engagement and UCD during 2022/23 was needed before moving to Green.

Gareth Davis, Interim Executive Director of Operations (GD) highlighted the following for strategic mission 2 - ***Delivering high quality technology, data products and services to support efficiencies and improvements in care processes***

Progress on Action Plan:

- Product approach high-level plan developed and presented to Management Board in June 2022
- Product approach discussion held at Board Development on 30 June 2022.
- Further directorate planning held on 12 July 2022 in conjunction with Strategy to confirm product structure recommendations and technical approach for the remainder of this year and forecasting for 2023.

RAG Score Assessment – Amber – Although there are significant controls and assurance reporting arrangements in place, there was a gap in consistently embedding feedback on user experience. In addition, a clear product implementation plan was still to be developed, therefore the RAG score was currently amber.

RH highlighted the following for strategic mission 4 - ***Driving value and innovation for better outcomes and Value-Based care***

Progress on Action Plan:

- Continued discussions with Welsh Government colleagues to define the parameters of the DHCW functions during the quarter.
- Work on developing the R&I Strategy continued.
- R&I Strategy updated provided to the DG&S Committee in May 2022 and further update planned for August 2022
- TensTalk provided on the emerging R&I Strategy on 12 July to update the organisation.

RAG Score Assessment – Amber – As DHCW are taking an open risk appetite to this strategic mission and principle risk, you wouldn't expect to see lots of controls. However, there was a need to be clear on the DHCW functions, and this relied on Welsh Government input to

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	<p>take forward. The main control that needed to be put in place that DHCW can control was the R&amp;I Strategy. DHCW undertake R&amp;I work at present, but there was no strategy and associated plan yet, however but work was ongoing to develop this, as a result the RAG assessment was currently Amber until this was developed.</p> <p>COL highlighted the following for strategic mission 5 - <b><i>Becoming the trusted strategic partner and a high performing, inclusive, ambitious organisation supporting our workforce and stakeholders</i></b></p> <p>Progress on Action Plan:</p> <ul style="list-style-type: none"> <li>• People and Organisational Development Strategy was drafted and discussed at a Directors Strategic session in June 2022.</li> <li>• Commercial Workforce Resourcing Task &amp; Finish Group was being established.</li> <li>• DHCW Welsh Language Scheme was out to public consultation (1 July – 30 September 2022)</li> <li>• Long Term Financial Funding approach was being developed and due to be presented to the Executive Team for discussion.</li> <li>• Communications Task &amp; Finish Report was being finalised for discussion with the Executive Team.</li> <li>• Digital Maturity matrix was being explored as an all-Wales NHS Digital metric.</li> </ul> <p>RAG Score Assessment – Amber – For such a broad strategic mission, there were many controls in place, however, the RAG score was amber as there were current gaps that needed to be addressed in order for DHCW to mitigate this risk and achieve the strategic mission. This particularly related to attracting, recruiting and retaining the number of staff needed in the very near future, the strategic resourcing including commercial options, talent management plans, and succession planning all linked to the People and Organisational Development strategy which was yet to be approved with an action plan sitting underneath it. There was also a need to ensure a long-term sustainable funding model was addressed and for DHCW to mitigate this principle risk and move the RAG assessment to Green.</p> <p><b>The Board resolved to:</b></p> <p><b>APPROVE</b> the Board Assurance Framework Report</p>		
6.4	<p><b>Corporate Risk Register Report</b></p> <p>CD reminded the Board of the updated World Economic Forum Long Term Global Risks Landscape (2022) report. It was of particular note that growing digital dependency will intensify cyber threats globally.</p> <p>CD provided an overview of the risk report and advised the following:</p> <ul style="list-style-type: none"> <li>• There were 25 risks on the risk register, of which 15 were</li> </ul>	Discussed and Noted	None to note



	<p>included within the report;</p> <ul style="list-style-type: none"> <li>• 10 risks were classed as private, 9 of which are discussed at every Digital Governance &amp; Safety Committee and 1 discussed at Audit &amp; Assurance Committee</li> <li>• Since the last Board meeting, 4 risks had been added:               <ul style="list-style-type: none"> <li>- DHCW0290 – Private risk</li> <li>- DHCW0291 – Network equipment delays in relation to Data Centre 2 move</li> <li>- DHCW0292 – Insufficient HR capacity in the infrastructure teams to undertake business as usual activity in the 1-year plan</li> <li>- DHCW0293 – DPIF Funding Letters</li> </ul> </li> <li>• Since the last Board meeting, 1 risk had been removed:               <ul style="list-style-type: none"> <li>- DHCW0287 -DPIF Funding</li> </ul> </li> <li>• Since the last Board meeting there had been no changes to current risk scores.</li> </ul> <p><b>The Board resolved to:</b></p> <p><b>DISCUSS</b> and <b>NOTE</b> the Corporate Risk Register Report</p>		
6.5	<p><b>Audit and Assurance Committee Highlight Report</b></p> <p>MWJ, Chair of Audit and Assurance Committee presented the highlight report of the last meeting held on 4 July 2022 and advised:</p> <ul style="list-style-type: none"> <li>• The Committee approved the request for the closure of 29 audit actions on the log. The Committee were pleased to note the progress made on the audit tracker with a further 8 actions on track to be completed within the timeframes.</li> <li>• The Committee noted the Welsh Language Compliance &amp; Improvement Framework and the plans in place to advertise recruitment posts bilingually.</li> <li>• Assurance was received with the Standards of Behaviour Report, and it was noted the progress made to populate the register and the ongoing work underway to raise awareness of the policy within the organisation.</li> <li>• The Committee received Quality &amp; Regulatory Updates, one of which included the first Quality &amp; Regulatory Annual Review and the committee noted the key achievements made during the previous 12 months.</li> <li>• The Committee received an update from Internal Audit which included Audits from Workforce and the Directorate review</li> </ul>	Received for Assurance	None to note

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	<ul style="list-style-type: none"> <li>The Committee received an update to the work undertaken by Audit Wales and were pleased to note the progress being made on the Structured Assessment.</li> <li>The Committee received a number of Local Counter Fraud updates.</li> <li>The Committee endorsed the Standing Financial Instructions and proposed changes to the Board and noted the progress to date in their implementation and compliance.</li> </ul> <p>MWJ expressed thanks on behalf of the Committee to the Executive Director of Finance, Board Secretary and Corporate Governance and Finance teams who support the work of the Committee thoroughly.</p> <p><b>The Board resolved to:</b></p> <p><b>NOTE</b> the Audit and Assurance Committee Highlight Report for <b>ASSURANCE</b>.</p>		
6.6	<p><b>Local Partnership Forum Highlight Report</b></p> <p>Andrew Fletcher (AF), Co-Chair of the Local Partnership Forum provided an overview of the last meeting held on 7 June 2022. The following was highlighted:</p> <ul style="list-style-type: none"> <li>The Forum reviewed the workforce report and dashboard;</li> <li>There was a focus on hybrid working. The Board were assured that a number of conversations were taking place between staff representatives and colleagues to ensure there was a collective and collaborative approach to hybrid working;</li> <li>The Forum received an update from the Health and Wellbeing Group and noted the initiatives being brought in by the group;</li> <li>The Corporate Risk Register was discussed, in particular the risk around Staff Vacancies;</li> <li>Lessons learnt and reflections on the 2022 Staff Conference and Staff Awards was discussed and noted.</li> </ul> <p>AF expressed thanks to the Corporate Governance team for the support that they provide to the Forum.</p> <p><b>The Board resolved to:</b></p> <p><b>NOTE</b> the Local Partnership Forum Highlight Report for <b>ASSURANCE</b></p>	Noted	None to note
6.7	<p><b>All Wales Independent Member Digital Network Highlight Report</b></p> <p>DS, Chair of the Network provided an overview of the last meeting held on 21 July 2022. The following was highlighted:</p>	Noted	None to note

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	<ul style="list-style-type: none"> <li>Aneurin Bevan UHB had appointed an IM to the Network which was positive;</li> <li>Rhian Hamer and Hamish Lang joined to present an update on the Digital Medicines Portfolio, this was very well received;</li> <li>COL joined to provide an update on the Microsoft Contract, the benefits of the contract were discussed.</li> <li>RH and Sally Pritchard joined to share an update on Electronic Test Requesting, the constraints in the take up of this was identified as poor connectivity, and access to hardware and consumables in particular to working printers</li> <li>Stuart Morris the Director of Digital for Cwm Taf Morgannwg (CTM) UHB and Chair of the All-Wales Directors of Digital Peer Group joined the meeting to provide an overview of the Directors of Digital Peer Group. Stuart talked through the focus of this peer group over the coming year and how the group may help bring to the attention of this network relevant agenda items such as sharing of best practice from NHS Wales bodies</li> </ul> <p><b>The Board resolved to:</b></p> <p><b>NOTE</b> the All-Wales Independent Member Digital Network Highlight Report.</p>		
6.8	<p><b>Remuneration and Terms of Service Committee Highlight Report</b></p> <p>The Chair presented the highlight report of the last meeting held on 21 July 2022 and advised the tenure extension of the Associate Board Member – Trade Union to 31 July 2025 had been ratified, a verbal update on the Director of Primary Care, Mental Health and Digital Services and substantive Executive Director of Operations role was received, in addition the Committee discussed and reviewed the objectives of the Executive team.</p> <p><b>The Board resolved to:</b></p> <p><b>NOTE</b> the Remuneration and Terms of Service Committee Highlight Report for <b>ASSURANCE</b>.</p>	Noted	None to note
<b>PART 7 - CLOSING MATTERS</b>			
7.1	<p><b>Any other urgent business</b></p> <p>There was no other urgent business raised.</p>	Discussed	None to note
7.2	<p><b>Date and Time of Next Meeting</b></p> <ul style="list-style-type: none"> <li>Thursday 29 September 2022</li> </ul> <p>The meeting closed at 13:40</p>	Noted	None to note

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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	29 September 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: to <b>NOTE</b> the contents if the report.

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# 1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	Development of the new Digital Organisation
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

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

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

[Workforce EQIA page](#)

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

RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there is no specific research and innovation implications relating to the activity outlined within this report

ACRONYMS			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CEO	Chief Executive Officer		

## 2 SITUATION/BACKGROUND

- 2.1 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.

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

- 3.1 The following items have been added to the Forward Workplan and are due to be presented at the meeting on 29 September

- Research and Innovation Strategy
- Health Emergency Planning Annual Report 2021
- People and Organisational Strategy
- IMTP 2022/25
- DHCW Support to Staff: Cost of Living
- Cyber Action Plan \*Private Agenda Item

- 3.2 In addition, the following items are scheduled to be presented to the November meeting:

- DHCW Estates Plan
- Organisational Policies Update Report
- Data Centre Move
- Equality Monitoring / Strategic Equality Plan

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

- 4.1 Several 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.

- 4.2 The updated Workplan can be found as 2.3i Appendix A.

## 5 RECOMMENDATION

5.1 The Board is being asked to **NOTE** the contents of the report.

## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
SHA Board	November 2021	Noted
SHA Board	January 2022	Noted
SHA Board	March 2022	Noted
SHA Board	May 2022	Noted
SHA Board	July 2022	Noted

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## Digital Health and Care Wales Board Work Programme

Meeting Date	Standing items	Governance	Additional items
29 September 2022	<ul style="list-style-type: none"> <li>Welcome and Introductions</li> <li>Minutes</li> <li>Declarations of interest</li> <li>Action log</li> <li>Forward Work Programme</li> <li>Shared listening and learning – Patient/User Story</li> <li>Chairs Report</li> <li>Chief Executives Report</li> <li>Review of Corporate Risk Register</li> <li>Integrated Organisational Performance Report</li> <li>Committee Highlight Reports</li> <li>Financial Report</li> <li>Risk Management and Board Assurance Framework Report</li> <li>Strategic Procurement Report (including NDR Cloud Procurement)</li> </ul>	<ul style="list-style-type: none"> <li>IMTP Progress Update (Via IOPR)</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Research and Innovation Strategy</li> <li>Health Emergency Planning Annual Report 2021-22</li> <li>People and OD Strategy</li> <li>Cyber Action Plan (PRIVATE)</li> <li>IMTP 2022/25 and accountability conditions</li> <li>DHCW Support to Staff: Cost of Living</li> </ul>
24 November 2022	<div>Tolley, Laura 22/09/2022 17:34:39</div> <ul style="list-style-type: none"> <li>Welcome and Introductions</li> <li>Minutes</li> <li>Declarations of interest</li> <li>Action log</li> <li>Forward Work Programme</li> <li>Shared listening and learning – Patient/User Story</li> <li>Chairs Report</li> <li>Chief Executives Report</li> <li>Review of Corporate Risk Register</li> <li>Integrated Organisational Performance Report</li> <li>Committee Highlight Reports</li> <li>Financial Report</li> <li>Risk Management and Board Assurance Framework Report</li> <li>Strategic Procurement Report</li> </ul>	<ul style="list-style-type: none"> <li>Senior Information Risk Owner Annual Report</li> <li>Half Year Performance Against Plan</li> <li>IMTP Progress Update (Via IOPR)</li> <li>IM Digital Network Highlight Report</li> <li>Policy Update – IP Policy</li> <li>Equality Monitoring / Strategic Equality Plan</li> </ul>	<ul style="list-style-type: none"> <li>Data Centre Move</li> <li>DHCW Estates Plan</li> <li>Welsh Government Digital Health Strategy – via CEO Report</li> <li>Organisational Policies Update Report</li> <li></li> </ul>
26 January 2023	<ul style="list-style-type: none"> <li>Welcome and Introductions</li> <li>Minutes</li> </ul>	<ul style="list-style-type: none"> <li>Audit Wales Structured Assessment and Audit Letter</li> </ul>	<ul style="list-style-type: none"> <li>Communications Strategy 2022-23</li> </ul>

	<ul style="list-style-type: none"> <li>• Declarations of interest</li> <li>• Action log</li> <li>• Forward Work Programme</li> <li>• Shared listening and learning – Patient/User Story</li> <li>• Chairs Report</li> <li>• Chief Executives Report</li> <li>• Review of Corporate Risk Register</li> <li>• Integrated Organisational Performance Report</li> <li>• Committee Highlight Reports</li> <li>• Financial Report</li> <li>• Risk Management and Board Assurance Framework Report</li> <li>• Strategic Procurement Report</li> </ul>	<ul style="list-style-type: none"> <li>• Approach to End of Year Reporting</li> <li>• IMTP Approval</li> <li>• IMTP Progress Update (Via IOPR)</li> <li>• Board Cycle of Business (2023-24)</li> <li>• <a href="#">Board Champion annual review report</a></li> </ul>	
30 March 2023	<ul style="list-style-type: none"> <li>• Welcome and Introductions</li> <li>• Minutes</li> <li>• Declarations of interest</li> <li>• Action log</li> <li>• Forward Work Programme</li> <li>• Shared listening and learning – Patient/User Story</li> <li>• Chairs Report</li> <li>• Chief Executives Report</li> <li>• Review of Corporate Risk Register</li> <li>• Integrated Organisational Performance Report</li> <li>• Committee Highlight Reports</li> <li>• Financial Report</li> <li>• Risk Management and Board Assurance Framework Report</li> <li>• Strategic Procurement Report</li> </ul>	<ul style="list-style-type: none"> <li>• IMTP Approval</li> <li>• IMTP Progress Update (Via IOPR)</li> <li>• Emergency Planning Annual Report</li> <li>• Engagement Strategy</li> <li>• Performance Management Framework</li> <li>• Annual Review of Standing Orders</li> <li>• Board and Committee Effectiveness Self-Assessment</li> <li>• <a href="#">IM Digital Network Highlight Report</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">RISP Programme FBC</a></li> </ul>

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# DIGITAL HEALTH AND CARE WALES

## HEALTH EMERGENCY PLANNING ANNUAL REPORT FOR 2021/22

Agenda Item	2.4
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Name of Meeting	SHA Board
Date of Meeting	29 September 2022

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

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Julie Ash, Head of Corporate Services
Presented By	Ifan Evans, Executive Director of Strategy

Purpose of the Report	For Noting
Recommendation	
<p>The Board is being asked to:</p> <p><b>NOTE</b> the activity undertaken relating to business continuity and emergency preparedness during 2021</p>	

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# 1 IMPACT ASSESSMENT

<a href="#">STRATEGIC OBJECTIVE</a>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
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<a href="#">WELL-BEING OF FUTURE GENERATIONS ACT</a>	A Globally Responsible Wales
If more than one standard applies, please list below:	

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

<a href="#">HEALTH CARE STANDARD</a>	Safe Care
If more than one standard applies, please list below:	

<a href="#">EQUALITY IMPACT ASSESSMENT STATEMENT</a>	Date of submission:
Choose an item.	Outcome:
Statement:	

IMPACT ASSESSMENT	
<a href="#">QUALITY AND SAFETY</a> IMPLICATIONS/IMPACT	Yes, please see detail below The report describes activity undertaken to ensure that appropriate responses are in place to provide continuity of service
<a href="#">LEGAL</a> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<a href="#">FINANCIAL</a> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<a href="#">WORKFORCE</a> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<a href="#">SOCIO ECONOMIC</a> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

## 2 SITUATION/BACKGROUND

- 2.1 The NHS needs to plan for and respond to a wide range of emergency incidences that could affect health or patient care. It has been confirmed that while NHS Wales Special Health Authorities are not currently covered by the provisions of the Civil Contingencies Act 2004, that Welsh Government expects Digital Health Care Wales (DHCW) continued engagement and participation in emergency and contingency planning for Wales, as provided by NHS Wales Informatics Service as a function hosted through Velindre NHS Trust. As such DHCW have been formally Directed (under the powers of the NHS Wales Act) to continue to:
- Undertake risk assessments.
  - Maintain and regularly test emergency response and business continuity management arrangements in line with relevant standards; and
  - Collaborate with other organisations on emergency preparedness and response arrangements.
- 2.2 This means that DHCW is not a responder within the meaning of the Civil Contingencies Act 2004 but which is consistent in the treatment of HEIW as a Special Health Authority.
- 2.3 This is the first report on Business Continuity and Emergency Preparedness Activity produced for the Board covering the initial year of DHCW's operation 2021/22.
- 2.4 Appendix A of this report contains the Welsh Government Annual Return from DHCW.
- 2.5 Appendix B of this report contains the Welsh Government Summary of the Health Emergency Planning Annual Reports for 2021 setting out the collated response from the 7 Health Boards, 3 NHS Trusts and also, for the first time, the completed returns from Digital Health and Care Wales and NHS Wales Shared Services partnership.

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

#### 3.1 Major incident and business continuity plans

DHCW has been operating in business continuity mode since March 2020 at the outset of the Covid-19 Pandemic. This has enabled the majority of staff to work remotely with only essential staff on site and those who unable to work from home. We activated the Gold/Silver/Bronze Command Structure at the outset of the pandemic, initially meeting daily, and it has continued to operate in some form throughout, as at March 2022, with weekly Gold Command Meetings, informed by a weekly Business Continuity Planning Group (formerly Silver Command) who cover operational and staffing issues.

Halfway through 2021-22, DHCW took the decision to implement a full Gold/Silver/Bronze Command Structure On-Call Rota which is used to manage any major incidents that may occur.

During September 2021, a gas leak at one of the DHCW sites prompted evacuation and closure of the office for one day until the situation was made safe.

During February 2022, due to severe weather warning for Friday the 18th, DHCW took steps to invoke further business continuity contingency arrangements to safeguard staff by asking all staff (including those who would normally work from the office) to consider their working arrangements, discuss with their manager and where possible, avoid all unnecessary travel.

#### 3.2 Operational Activity

During this period DHCW attended weekly meetings of the WG HSSG Planning and Co-ordination Group where they received and contributed toward national updates relating to the pandemic.

Throughout the year, the Business Continuity Planning Group have worked with all Departments to establish Team Business Continuity Plans to support the overarching DHCW Business Continuity Plan and the more recently developed DHCW Pandemic Business Continuity Plan. In addition to this, we have commenced a programme of work to put in place Business Impact Assessments for all teams.

DHCW have supported staff with the provision of PPE in-line with national guidance where necessary, for example, where they are required to visit Clinical Settings such as GP Practices, to provide IT Support or Hospital Sites, to provide system training.

DHCW have attended and relayed information from the Emergency Planning Officers meeting regarding the UK situation regarding specific supply chain, PPE advice, and general emergency planning co-ordination and good practice sharing of information to assist the Business Continuity Planning Group in their support of the Gold Command Group.

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### 3.3 Digital Solutions

During our first year as a Special Health Authority, we strengthened partnerships with Welsh Government, local health boards, NHS Trusts, primary care, shared services, local government and other organisations to support the NHS Wales response to the COVID-19 pandemic. Building a platform for rapid development of patient digital services to help to deliver new citizen facing services to transform care pathways.

DHCW has played a digital leadership role in the Welsh Government Test Trace and Protect strategy. This includes the provision of Covid-19 electronic test requesting and results viewing solutions, a case management and contact tracing application, development of a Welsh Immunisation System and the digital Covid Pass. Multiple data integrations have enabled data to flow within Wales, the NHS Covid-19 app, laboratory systems, and other UK locations.

DHCW also provide a Mass Casualties Reporting Tool for use by Health Boards and the Welsh Ambulance Service which determines specialist capacity in a mass casualty situation.

### 3.4 Training and Exercising

Training: Over 50 members of staff have been trained in the JESIP Principles (Gold, Silver, Bronze Command Structure) adapted to suit the needs of the Organisation.

Exercises: We ran the Welsh Government Cyber Security Table Top exercise to test cyber resilience of the Covid vaccination programme on 15th September 2021.

### 3.5 Representation at NHS and Other Agency Groups

As stated above the Covid 19 Command Structure was activated in March 2020 and has continued to run in part throughout 2021-22.

From February 2020, DHCW attended and dialled into Health and Social Services Group (HSSG) Planning & Co-ordination Group on a weekly basis.

There is attendance at the Welsh Government led Emergency Planners Advisory Group.

DHCW have recently been invited to attend the South Wales Local Resilience Forum (LRF).

The DHCW CEO attended the weekly All Wales Covid-19 Planning Chief Executives Call.

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

- 4.1 The post of Emergency Planner is currently vacant, and the work is being picked up via the Business Continuity Planning Group until it is filled. The new postholder is expected to take up post in September 2022 and will then develop the plan for future activities
- 4.2 DHCW Business Continuity arrangements are working effectively, and all teams have now developed their own plans specific to their areas.

## 5 RECOMMENDATION

- 5.1 The Board is being asked to **NOTE** the activity undertaken relating to business continuity and emergency preparedness during 2021.

## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	15 July 2022	Noted

### APPENDIX A: Welsh Government Annual Return from DHCW

### APPENDIX B: Welsh Government Summary of the Health Emergency Planning Annual Reports for 2021

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Llywodraeth Cymru  
Welsh Government

## HEALTH EMERGENCY PLANNING ANNUAL REPORT FOR 2021

Name of NHS  
Organisation

Digital Health & Care Wales

Date

10 February 2022

Signature of Chief  
Executive Officer

### Planning and Preparation

1. Please provide the name and position of your nominated Executive level lead for civil contingency/emergency preparedness arrangements.

Michelle Sell, Chief Operating Officer

2. Please provide the name and position of your nominated Executive level business continuity lead if different from the above.

Claire Osmundsen-Little, Executive Director of Finance (for internal Business Continuity)  
Carwyn Lloyd-Jones, Director of Information Communications & Technology (for system resilience and Cyber Security)

3. Please provide the name and position of your officer(s) who has lead day to day responsibilities for your civil contingencies/emergency preparedness arrangements and, if different, the name and position of the officer with day to day responsibility for your business continuity arrangements.

Emergency Planning Lead position is currently vacant  
Julie Ash, Head of Corporate Services is responsible for internal business continuity arrangements.  
Jamie Graham, Head of Cyber Security for Cyber resilience.

4. Do you have an organisational chart showing how civil contingencies/emergency preparedness responsibilities are allocated in your organisation?

YES ☐ NO ☒

If yes, please attach it

5. Please provide the name and position of the officer in your organisation responsible for PREVENT activities (normally delivered as part of Safeguarding)

Julie Ash, Head of Corporate Services

6. When was your business continuity arrangements for maintaining critical services last considered and adopted by your Executive Board?

A report from the weekly Business Continuity Planning Group is submitted to Management (Executive) Board on a monthly basis

7. Does your organisation have written procedures that may be needed to respond to a change in threat level to critical?

YES ☒ NO ☐

8. When was your organisation's Lock Down arrangements last worked through or tested?

Dates	Details of what was undertaken
October 2021	Our arrangements were reviewed and published as part of our Integrated Management System (for each site)

### **Major Incident/Emergency Plan(s)**

9. When was your Major Incident/Emergency Plan(s) last considered and formally adopted by your Executive level Board?

Organisational Business Continuity Plan was last reviewed and signed off at Executive level in November 2021.  
Cyber Incident Response Plan – review and approved Sept 2022.

10. When was your Major Incident/Emergency Plan(s) last updated to reflect any organisational changes and essential plan contacts updated?

November 2021

11. Do you have resilient activation systems, action cards and suitably trained and equipped staff to provide for a 24 hour emergency response?

YES ☒ NO ☐

If NO, what are the gaps and how are these being addressed?

12. Do your emergency planning arrangements take account of any roles or responsibilities placed on your organisation as set out in the "Mass Casualty Incident Arrangements for NHS Wales" document, agreed by Chief Executives?

YES ☒ NO ☐

If NO, what are the gaps and how are these being addressed?

We support organisations providing direct patient care by the provision of digital solutions but do not provide direct patient facing care ourselves.

We provide a Mass Casualties Reporting Tool for use by Health Boards and Welsh Ambulance to determine specialist capacity in a mass casualty situation.

13. Does your organisation have robust arrangements for reviewing emergency plans that take account of lessons from incidents and exercises (including following the process set out in the NHS Wales Lessons Identified Register)?

YES ☒ NO ☐

## **Training, Testing & Implementing Arrangements**

14. Please provide the dates when your organisation tested its emergency plans, as required, through:

a. Carrying out a communications/activation test every six months. Please provide details below

Dates	Details of communications/activation test undertaken
Ongoing activity	Currently, we are maintaining a 24/7 Gold, Silver, Bronze Command On-Call Rota with dedicated handover slots for communication

b. Carrying out a table top training exercise within the last year. Please provide details below

Dates	Details of table top training exercise
15 <sup>th</sup> September 2021	We ran the Welsh Government Cyber Security Table Top exercise to test cyber resilience of the Covid vaccination programme.

c. Carrying out a major live or simulated exercise within the last three years. Please provide details below

Dates	Details of major live or simulated exercises undertaken
30 <sup>th</sup> June – 1 <sup>st</sup> July 2019	Blaenavon Data Centre outage

15. Apart from COVID-19, have you implemented any of your emergency plans in response to any other incident in 2021?

YES ☒ NO ☐

a. If YES, what was the nature of the incident?

A Gas leak at one of our sites prompted evacuation and complete closure of the office

b. Were post-event reports produced for these incidents? YES ☒ NO ☐

c. If post incidents reports were produced, have these been shared with the health emergency planning network and any lessons identified uploaded on the Wales NHS Lessons Identified Register?

It was reported on Datix, the All Wales system for Incidents, there were no lessons learned for DHCW as an organisation

16. Have you undertaken an assessment of staff training needs in relation to your emergency plans?

YES ☒ NO ☐

If YES, please provide further information

We have reviewed roles that need to be involved in responses to an emergency and identified the need for a new role to lead on Emergency Planning

DHCW have trained a number of staff in the JESIP Principles (Gold, Silver, Bronze Command Structure) adapted to suit the needs of the Organisation.

17. Do you have a staff training programme to support your emergency plans?

YES ☒ NO ☐

If YES, please provide further details eg number of staff trained in Gold, Silver and Bronze roles; emergency planning on line training package.

We have over 50 people trained in JESIP (Gold, Silver, Bronze Command) principles

## **Communications**

18. Have relevant NHS organisations and partner agencies been consulted about any role they may have in your emergency plans?

YES ✓ NO ☐

**19. Is there a mechanism for discussing and co-ordinating health emergency planning arrangements internally within your organisation?**

YES ✓ NO ☐

**20. If yes, please provide details of your internal mechanism for co-ordinating your emergency planning arrangements – for example: contingency/risk group structure, emergency preparedness strategy, EP work plan etc.**

Weekly Business Continuity Planning Group Meetings  
Senior Team Briefings every two weeks  
Risk Management Structure  
Business Impact Assessments  
Cyber Security reporting structure  
Emergency Planning Response Structures (Gold, Silver, Bronze)

**21. Is there a mechanism for discussing and co-ordinating your emergency planning arrangements externally with Wales NHS and with other organisations, including within the LRF area?**

YES ✓ NO ☐

**If YES, please provide further details on how this is done.**

DHCW attend weekly HSSG Planning & Response Group Meetings and Emergency Planners Advisory Group

**21. If applicable, who represents your organisation at the Local Resilience Forum meetings?**

Recently invited to become members of the South Wales Local Resilience Forum (LRF)

## **Assessment**

**22. What more can be done to improve your organisation emergency preparedness arrangements?**

Filling the Emergency Planning Lead vacancy will enhance our ability to put robust preparedness arrangements in place  
Cyber Security incident management processes – under review

**23. Are you satisfied that your organisation is fulfilling principles required by the Civil Contingencies Act 2004 as described below?**

	YES	NO	If no please say why
1) Assess risks to inform your contingency arrangements	✓		
2) Put in place Emergency Plans	✓		
3) Put in place Business Continuity Management arrangements	✓		
4) Share information with other organisations to enhance co-ordination and efficiency	✓		
5) Cooperate with other organisations to enhance co-ordination and efficiency	✓		
6) Have appropriate arrangement to warn, inform and advise the public/others, including in an emergency	✓		No direct service provision to the public

**24. Please include an electronic copy(ies) of your current Major Incident /Emergency Plan(s) when submitting this completed Report**

**Completed and signed Report forms with any attachments to be returned by 10<sup>th</sup> February 2022**

By email to: [UCAI.HEPU@gov.wales](mailto:UCAI.HEPU@gov.wales)

Copied to: [Matthew.Evans027@gov.wales](mailto:Matthew.Evans027@gov.wales)

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Doc Ref: A28332129  
January 2022



Llywodraeth Cymru  
Welsh Government

# HEALTH EMERGENCY PLANNING ANNUAL REPORT FOR 2021

Summary Report

Date

May 2022

## 2021 Summary Breakdown of Questions Asked to All Organisations

		1	2	3	4	5	6	7	8		9	10	11	12
AB	Planning and Preparation	✓	✓	✓	✓	✓	✓	x	✓	Major Incident / Emergency Plans	✓	✓	✓	✓
BC		✓	✓	✓	x	✓	✓	✓	✓		✓	✓	✓	✓
C&V		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
CT		✓	✓	✓	x	✓	✓	✓	✓		✓	✓	✓	✓
DHCW		✓	✓	✓	x	✓	✓	✓	✓		✓	✓	✓	✓
HD		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
NWSSP		✓	✓	✓	x	✓	✓	✓	✓		✓	✓	✓	x
PTHB		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
PHW		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
SBUHB		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
VCC		✓	✓	✓	✓	✓	✓	x	x		✓	✓	✓	x
WAST		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
WBS		✓	✓	✓	✓	✓	✓	x	✓		✓	✓	✓	✓
		13	13	13	9	13	13	10	12		13	13	13	11

Key ✓ - Yes x - No

		13	14			15			16	17		18	19	20	21		22	23	24	25
			a	b	c	a	b	c												
AB	Training, Testing & Implementing Arrangements	✓	✓	x	x	x	x	x	✓	✓	Communications	✓	✓	✓	✓	Assessment	✓	✓	✓	✓
BC		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓
C&V		✓	✓	✓	✓	x	x	x	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓
CT		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓
DH		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓
CW		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓
HD		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓
NW		x	✓	✓	✓	✓	x	✓	x	x		✓	✓	✓	✓		✓	✓	✓	✓
SSP		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓
PTHB		✓	✓	✓	✓	✓	x	x	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓
PHW		✓	✓	✓	✓	✓	x	x	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓
SBUHB		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓
VCC		✓	✓	x	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓
WAST		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓
WBS		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓
		12	13	11	12	12	8	9	13	13		13	13	13	13		13	13	13	13

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## **Planning and Preparation**

- 1. Please provide the name and position of your nominated Executive level lead for civil contingency/emergency planning arrangements.**

100%

All organisations were able to provide named Executive level leads that have responsibility for civil contingency/emergency planning arrangements.

- 2. Please provide the name and position of your nominated Executive level business continuity lead if different from the above.**

100%

All organisations were able to provide named Executive level business continuity leads if different from the above

- 3. Please provide the name and position of your emergency planning officer(s) who has day to day responsibilities for civil contingencies/emergency planning/business continuity arrangements.**

100%

All organisations were able to provide details of their emergency planning officers with day to day responsibilities for civil contingencies/emergency planning/business continuity arrangements.

- 4. Do you have an organisational chart showing how civil contingencies/emergency preparedness responsibilities are allocated in your organisation?**

69.24%

4 organisations have not reported having an organisational chart. (In 2019 all organisations reported having an organisational chart):

- Betsi Cadwaladr report that they do not have a chart. The organisation is currently undergoing a restructure and following an external review of the organisation's emergency preparedness arrangements, a key recommendation was to move the EPRR agenda to an operational setting.
- Cwm Taf UHB
- Digital Health & Care
- NHS Shared Services Partnership

- 5. Please provide the name and position of your officer responsible for PREVENT activities (normally delivered as part of Safeguarding)**

100%

All organisations have named staff with specific responsibility for contributing to the Counter Terrorism Prevent Strategy, with some organisations sharing the responsibility with a number of staff across different directorates.

- 6. When was your business continuity arrangements for maintaining critical services last considered and adopted by your Executive Board?**



100%

All organisations have indicated that their business continuity arrangements are current, with several organisations having recently completed a review process.

**7. Does your organisation have written procedures that may be needed to respond to a change in threat level to critical?**

**76.93% YES ☒ NO ☒ 23.07%**

3 organisations (23.07%) noted that they do not currently have a written procedure to respond to a change in threat level to critical.

- AB UHB stated that they have procedures in place to Warn & Inform staff and raise site security through heightened vigilance.
- The two groups within Velindre NHS Trust - VCC and WBS – also noted that they do not have written procedures in place.

(In 2019, 1 organisation (Velindre) reported not having developed these procedures).

**8. When was your organisation's Lock Down arrangements last worked through or tested?**

- 2022: 1 organisation (7.69%) – Aneurin Bevan UHB - noted that Lock Down arrangements were tested in 2022
- 2021: 5 organisations (38.45%) noted that Lock Down arrangements were reviewed in 2021. These were through a mixture of test scenarios and responses to live emergencies.
- 2020: 1 organisation (7.69%) – NHS Shared Services Partnership – noted their Lock Down arrangements are being tested from 2020 onwards, with the comment that 'the organisation operates and provides services from a number of sites across Wales. Staff have been working from home (where possible) for a number of months and the organisation has continued to provide all services without disruption.'
- 2019: 2 organisations (15.38%) – Hywel Dda UHB and Swansea Bay UHB – undertook Lock Down testing arrangements in 2019. Swansea UHB also noted however that ED Lock Down testing was carried out in 2021, and that Wales Extreme Counter Terrorism Unit (WECTU) training is scheduled for 2022.
- 2017: 1 organisation (7.69%) – Powys Teaching HB – noted that it last undertook a Health Board-wide formal lockdown of facilities in response to a raise in threat level to 'Critical' in September 2017. Site level lockdown arrangements have been initiated during 2021 in response to local incidents. Departments are currently being encouraged to validate and test their local lockdown arrangements, following the recent publication of the revised PTHB Security Protective Measures Policy.
- Public Health Wales noted that 'Following the development of draft written procedures for the Public Health Wales response to a change in threat level (informed by identified learning), revised lock down arrangements will be developed in 2022 /2023.
- Velindre NHS Trust noted that Lock Down procedures were not tested at Welsh Blood Service or

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Velindre Cancer Centre in 2021. These procedures were not tested in 2017 or 2018. Plans are currently under development.

- BCUHB noted that 'a full review of the lockdown plan was undertaken following an incident in Wrexham Maelor Hospital in April. This plan is awaiting approval from the Boards Health & Safety Committee.'
- Cardiff & Vale UHB noted that there is no complete site lockdown procedure but there is 'ongoing development, review and testing of risk assessed key areas e.g. Children's Hospital / Emergency Unit / Critical Care / Theatres'.

## **Major Incident / Emergency Plans**

### **9. When was your Major Incident/Emergency Plan(s) last considered and formally adopted by your Executive Board?**

100%

11 organisations noted that their MI and EP were last considered and formally adopted by their Executive Boards updated between 2020 and 21.

- WBS submitted Mass Casualty Arrangements V3 (current version) to its Executive Board in 2019.
- Velindre Cancer Centre (VCC) noted that 'through managing services for Covid 19, it has submitted service impact assessments / Business Continuity plans through its Silver command to its Clinical Advisory Group and up to the Trust Gold Command.'

### **10. When was your Major Incident Plan/Emergency Plan(s) last updated to reflect organisational changes and are essential supporting contact updated?**

100%

All Health Boards were able to state when their Major Incident Plan/Emergency Plan(s) were last updated to reflect organisational changes. The majority of these updates were in 2021 or early 2022.

- AB UHB updated their MIP/MEP in 2020 to reflect the opening of the Grange Hospital in late 2020, and that is has become the Boards only main casualty receiving hospital in the event of a Major Incident.
- Welsh Blood Service (WBS) noted that their MIP/MEP was last updated in July 2018 and is reviewed annually, with no organisational changes identified during previous reviews. A DRAFT Major Plan update is currently under formal review and approval process.

### **11. Do you have resilient activation systems, action cards and suitably trained and equipped staff to provide for a 24 hour major incident response?**

YES ☒ 100%

All 13 organisations were able to indicate that they had a resilient activation system, action cards and suitably trained staff to provide a 24 hour response. Many provided additional evidence on how they can demonstrate this.

**12. Do your Major Incident/Emergency Plan(s) take account of the roles and responsibilities of your organisation set out in the “Mass Casualty Incident Arrangements for NHS Wales” document, agreed by Chief Executives?**

84.62% YES ☒ NO ☒ 15.38%

- 11 organisations indicated that their Major Incident/Emergency Plan(s) did take account of the roles and responsibilities set out in the ‘Mass Casualty Incident Arrangements for NHS Wales’ document.
- NSWSP stated that they have limited involvement in the Mass Casualty incident arrangements. However, its Procurement/Health Courier Service help manage the mass Casualty bag deployment across Wales and within each of the HBs and the local NWSSP Procurement teams would be engaged should any major incident be declared. The supply chain and HCS teams would be available to support any incident should this be required, and these teams have also participated in the various Welsh Government exercises that have taken place over the past few years.
- Velindre Cancer Centre note they are not a category one responder so do not have formal role in the mass casualty arrangements.

**Training, Testing & Implementing Arrangements**

**13. Does your organisation have robust arrangements for reviewing its emergency plans that also take account of lessons from incidents and exercise following the process set out in the Wales NHS Lessons Identified Register?**

92.31 % YES ☒ NO ☒ 7.69%

- 12 organisations indicated that they have robust arrangements for reviewing emergency plans and taking account of lessons from incidents and exercises.
- NHS Shared Services Partnership note that they do not have such arrangements.

**14. Please provide the dates when your organisation tested its emergency plans, as required, through:**

**a. Carrying out a communications/activation test every six months. Please provide details below**

Dates	Details of communications/activation test undertaken
92.31%	<ul style="list-style-type: none"> <li>• 12 organisations were able to demonstrate that they carry out a communications and activation tests.</li> <li>• 6 organisations indicated that they had also participated in joint WAST communications activation tests.</li> <li>• 2 participated in Exercise Wales Connect.</li> <li>• NWSSP note that the organisation has throughout the Covid pandemic been developing and refining its staff and customer communication plans. Periodic “online coffee mornings” have formed a key part of this approach to</li> </ul>

	communication along with newsletters and other initiatives. The organisation is currently developing an online App to further support the communication to staff.
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**b. Carrying out a table top training exercise within the last year. Please provide details below**

Dates	Details of table top training exercise
92.31%	<ul style="list-style-type: none"> <li>12 organisations were able to demonstrate that they had carried out training within the last year.</li> <li>1 organisation – Aneurin Bevan UHB – noted they have not carried out a table top exercise within the last year.</li> </ul>

**c. Carrying out a major live or simulated exercise within the last three years. Please provide details below**

Dates	Details of major live or simulated exercises undertaken
92.31%	<ul style="list-style-type: none"> <li>12 organisations were able to demonstrate that they had carried out training within the last year.</li> <li>1 organisation – Aneurin Bevan UHB -- noted they have not carried out a major live or simulated exercise within the last three years.</li> </ul>

**15. Have you implemented any of your emergency plans in response to an incident in 2021?**

76.93 % YES ☒ NO ☒ 23.07%

**a. If YES, what was the nature of the incident?**

<ul style="list-style-type: none"> <li>10 organisations (76.93%) were able to indicate that they had implemented their emergency plans in response to an incident during 2021. (This figure was 80% in 2018, measured against a total of 10 organisations).</li> <li>3 organisations did not implement emergency plans: Aneurin Bevan UHB, Cardiff &amp; Vale UHB, Public Health Wales (the latter two also did not implements plans in 2018)</li> <li>All organisations that implemented plans did so in response to a number of different incidents, from fire evacuation, bomb hoaxes, and loss of telecoms, to floods and broken boilers.</li> </ul>
--

**b. Were post-event reports produced for these incidents?**

<ul style="list-style-type: none"> <li>Post-event reports and/or debriefs were produced in 8 of the organisations that implemented their EPs in 2021.</li> <li>NWSSP and PTHB did not produce post-event reports.</li> </ul>
--

**c. If post incidents reports were produced, have these been shared with the health emergency planning network and any lessons identified uploaded on the Wales NHS Lessons Identified Register?**

100%

All organisations that implemented their Emergency Plans in response to an incident in 2021 produced incident reports.

**16. Have you undertaken an assessment of staff training needs in relation to your emergency plans?**

92.31 % YES ☒ NO ☒ 7.69%

**If YES, please provide further information**

- 12 organisations indicated that they had undertaken staff training needs assessments and were able to provide additional information to support this.
- NWSSP stated that they have not undertaken an assessment of staff training needs. They note that 'this is recognised as an area which requires further development across specific areas of NWSSP. Colleagues within Procurement and HCS have training and experience of both running test events as well as live scenarios. A wider pool of staff has also taken part in these events and have consequently gained some practical experience.'

**17. Do you have a training programme relating to your emergency plans?**

92.31 % YES ☒ NO ☒ 7.69%

**If YES, please provide further details of your training programme**

- 12 organisations indicated that they had undertaken staff training needs assessments and were able to provide additional information to support this.
- NWSSP could not provide details of their training programmes.

**Communications**

**18. Have all relevant NHS organisations and partner agencies been consulted about their role in your emergency plans?**

100% YES ☒ NO ☐

All organisations indicated that they have consulted relevant NHS organisations and partner agencies about their role in emergency plans.

**19. Is there a mechanism for discussing and co-ordinating health emergency planning arrangements internally within your organisation?**

100%

All organisations were able to demonstrate that they had a mechanism for discussing and coordinating health emergency planning arrangements internally.

**20. If yes, please provide details of your internal mechanism for co-ordinating your emergency planning arrangements – for example: contingency/risk group structure, emergency preparedness strategy, EP work plan etc.**

100%

All organisations were able to note details of their internal mechanisms for co-ordinating their emergency planning arrangements. All provided brief overviews of their processes, and Betsi Cadwaladr and Hywel Dda provided copies of organisational structure plans.

**21. Is there a mechanism for discussing and co-ordinating health emergency planning with the emergency plans of other organisations serving the Local Resilience Forum area?**

100%

YES ☒

**If YES, please provide further details on how this is done.**

All organisations indicated that they have a mechanism for discussing and co-ordinating health emergency planning with other organisations serving the LRF area.

This is done through various LRF sub groups and many have specifically indicated the Health sub groups.

**22. Who represents your organisation at the Local Resilience Forum meetings?**

100%

- All organisations were able to provide details of their representatives on their LRF, except NWSSP who are not represented at LRF meetings.
- NWSSP have requested that 'consideration needs to be given to how our views are reflected in these forums. NWSSP would welcome the opportunity to provide an input into respective and appropriate forums.'

**Assessment**

**23. What more can be done to improve your organisation emergency preparedness and business continuity arrangements?**

100%

All organisations were able to indicate what could be done to improve their organisation's emergency preparedness and business continuity arrangements. All provided details of how this could be done, ranging from additional recruitment and improved engagement, to improvements to infrastructure, such as IT-system resilience.

**24. Are you satisfied that your organisation is fulfilling the 6 key principles indicated under the Civil Contingencies Act 2004?**

	YES	NO	If no please say why
1) Assess risks to inform your contingency arrangements	100%		SBUHB : Evidenced in points 6,8,13,20,21
2) Put in place Emergency Plans	100%		Powys Teaching HB noted:  Further work is now required to communicate recent changes in the Health

			<p>Board's revised emergency response plans and review internal civil contingencies training, to recommence training and exercise</p> <p>SBHUB: Evidenced in points 6,7,8,9,10,12</p>
<b>3) Put in place Business Continuity Management arrangements</b>	<b>100%</b>		<p>BC UHB noted there are still some business continuity plans outstanding and this will be the focus of the new BC Manager. Work was undertaken to revise plans taking into consideration the learning from Covid-19 and the subsequent Omicron wave and this will need to be progressed. The exercise schedule is also being revised.</p>
<b>4) Share information with organisations to enhance co-ordination and efficiency</b>	<b>100%</b>		<p>NWSSP noted: although as above, this is an area where more can and needs to be done.</p>
<b>5) Cooperate with other organisations to enhance co-ordination and efficiency</b>	<b>100%</b>		<p>NWSSP noted: although as above, this is an area where more can and needs to be done.</p> <p>SBUHB: Evidenced in points 6,8,12,13, 21</p>
<b>6) Have appropriate arrangement to warn, inform and advise the public/others, including in an emergency</b>	<b>84.62%</b>	<b>15.38%</b>	<p>DHCW – have no direct service provision to the public.</p> <p>NWSSP – largely not applicable for most of their services.</p> <p>SBUHB - Evidenced in point 20. The Health Board Communications Team are members of the SWLRF Warning and Informing sub group and during the pandemic there has been a well-established and effective communications cell as part of the regional TTP. There is work on going to have ready prepared communications for common emergencies such as adverse weather, this work is being picked up at a regional level and will be included within the HB.</p>

**25. Please include an electronic copy(ies) of your current Major Incident /Emergency Plan(s) when submitting this completed Report**

100% All organisations provided electronic copies of their current Major Incident/Emergency Plans.

**END**

### 2021 Nominated Exec Level Emergency Planning Leads

<b>Aneurin Bevan UHB</b>	Nicola Prygodzicz – Director of Planning, Digital and IT
<b>Betsi Cadwaladr UHB</b>	Gill Harris, Executive Director of Nursing and Midwifery
<b>Cardiff &amp; Vale UHB</b>	Mrs Abigail Harris – Executive Director, Planning
<b>Cwm Taf UHB</b>	Linda Prosser. Executive Director of Strategy & Transformation
<b>Digital Health and Care Wales</b>	Michelle Sell, Chief Operating Officer
<b>Hywel Dda UHB</b>	Ros Jervis, Director of Public Health (currently on sick leave so portfolio being covered by Alison Shakeshaft, Executive Director of Therapies and Health Sciences)
<b>NHS Shared Services Partnership</b>	Alison Ramsey, Director of Planning, Performance, and Informatics
<b>Powys Teaching HB</b>	Stuart Bourne, Director of Public Health
<b>Public Health Wales</b>	Dr Fu-Meng Khaw National Director, Health Protection and Screening Services Executive Medical Director
<b>Swansea Bay UHB</b>	Siân Harrop-Griffiths, Executive Director of Strategy
<b>Velindre Cancer Centre part of Velindre NHS Trust</b>	Cath O'Brien - Chief Operating Officer
<b>Welsh Ambulance Services NHS Trust</b>	Lee Brooks, Director of Operations
<b>Welsh Blood Service part of Velindre University NHS Trust</b>	Cath O'Brien - Chief Operating Officer

### 2021 Nominated Executive Level Business Continuity Leads

<b>Aneurin Bevan UHB</b>	As above
<b>Betsi Cadwaladr UHB</b>	As above
<b>Cardiff &amp; Vale UHB</b>	Caroline Bird – Chief Operating Officer
<b>Cwm Taf UHB</b>	As above
<b>Digital Health and Care Wales</b>	Claire Osmundsen-Little, Executive Director of Finance (for internal Business Continuity)  Carwyn Lloyd-Jones, Director of Information, Communications & Technology (Cyber Security)
<b>Hywel Dda UHB</b>	As above
<b>NHS Shared Services Partnership</b>	N/A



<b>Powys Teaching HB</b>	<p>Stuart Bourne, Director of Public Health is the designated Executive Lead with delegated responsibility for Civil Contingencies Planning within PTHB.</p> <p>In line with the PTHB Business Continuity Policy, all Directors are responsible for ensuring Business Continuity Planning within their respective portfolio areas. The Director of Finance has additional responsibility for ensuring that Information, Communication and Technology (ICT) Disaster Recovery Plans are developed, implemented, and maintained and for cyber security.</p>
<b>Public Health Wales</b>	As above
<b>Swansea Bay UHB</b>	As above
<b>Velindre Cancer Centre part of Velindre University NHS Trust</b>	As above
<b>Welsh Ambulance Services NHS Trust</b>	As above
<b>Welsh Blood Service part of Velindre University NHS Trust</b>	N/A

**2021 Nominated officers with day-to-day responsibilities for civil contingencies/emergency preparedness arrangements**

<b>Aneurin Bevan UHB</b>	<p>Wendy Warren – CCA Lead  Andrew Goodenough – BCP Lead  Sara Goode – Lead Nurse Emergency Planning &amp; MERIT</p>
<b>Betsi Cadwaladr UHB</b>	<p>Emma Binns, Head of Emergency Preparedness &amp; Resilience</p> <p>Emma Lenegan-Edwards, Business Continuity Manager</p>
<b>Cardiff &amp; Vale UHB</b>	Angela Stephenson – Head EPRR
<b>Cwm Taf UHB</b>	<p>Andrew Francis. Emergency Preparedness Response and Recovery – reporting to:</p> <p>Claire Nelson. Assistant Director of Planning and Performance.</p>
<b>Digital Health and Care Wales</b>	Emergency Planning Lead position is currently

	<p>vacant</p> <p>Julie Ash, Head of Corporate Services is responsible for internal business continuity arrangements.</p> <p>Jamie Graham, Head of Cyber Security for Cyber resilience.</p>
<b>Hywel Dda UHB</b>	Sam Hussell, Head of Emergency Preparedness, Resilience & Response
<b>NHS Shared Services Partnership</b>	Peter Stephenson, Head of Finance and Business Development
<b>Powys Teaching HB</b>	Donna Bale, Civil Contingencies Manager
<b>Public Health Wales</b>	Andrew Jones – Deputy Director of Health Protection and Screening Services Daniel Rixon – Interim Senior Emergency Planning Office
<b>Swansea Bay UHB</b>	Karen Jones, Head of EPRR Jocelyn Jones, EPRR Manager
<b>Velindre Cancer Centre part of Velindre University NHS Trust</b>	<p>The operational responsibilities for VCC are:</p> <p>Velindre Cancer Centre: Lisa Miller – Head of Operational Services and Delivery, reporting to Paul Wilkins – Director of Cancer Services, VCC</p>
<b>Welsh Ambulance Services NHS Trust</b>	<p>Judith Bryce, Assistant Director of Operations – National Operations &amp; Support</p> <p>Chris Sims, Head of Service – EPRR &amp; Specialist Operations</p> <p>Clare Langshaw, Service Manager – EPRR &amp; Specialist Operations</p>
<b>Welsh Blood Service part of Velindre University NHS Trust</b>	Alan Prosser – WBS Director

Tolley, Laura  
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# DIGITAL HEALTH AND CARE WALES

## SHARED LISTENING AND LEARNING

### PRESENTATION – CENTRE OF EXCELLENCE

Agenda Item	3.1
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Name of Meeting	SHA Board
Date of Meeting	28 July 2022

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Lyn Rees, Head of Microsoft 365 Services Damian Mayer, TPXimpact
Presented By	Lyn Rees, Head of Microsoft 365 Services Damian Mayer, TPXimpact

Purpose of the Report	For Discussion/Review
<b>Recommendation</b> The Board is being asked to:  <b>DISCUSS</b> the Shared Listening and Learning Presentation.	

Tolley, Laura  
22/09/2022 17:34:39

# 1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	N/A
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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 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.	

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

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

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

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CoE	Centre of Excellence		

## 2 SITUATION/BACKGROUND

- 2.1 Digital Health and Care Wales (DHCW) 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.
- 2.2 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.

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

- 3.1 The presentation for the September Board meeting is from the Microsoft 365 Centre of Excellence (CoE) and focuses on the Business Continuity solution the CoE developed for the 111 Out of hours Service in response to a loss of service through a cyber-attack against a supplier.
- 3.2 The presentation highlights key lessons learnt including:

- Rapid solution development with Microsoft 365 and the Power Platform
- Rapid solution development in collaboration with clinicians
- Benefits of a Once for Wales approach
- Delivery of the solution in collaboration with colleagues in DHCW Business Change

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

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

## 5 RECOMMENDATION

5.1 The Board is being asked to **DISCUSS** the Shared Listening and Learning Presentation.

## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Rhidian Hurle	September 2022	Approved

Tolley, Laura  
22/09/2022 17:34:39

# M365 Centre of Excellence

## 111 business continuity solution

SHA Board Oct 2022



GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

Tolley, Laura  
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# Background

- **Adastra: supplied by Advanced**, is a Clinical Patient Management system, used by NHS Wales to route and manage 111 calls between the Welsh Ambulance Service Trust (WAST) and the Health Boards
- 111 provides **Out of Hours** clinical services
  - ~600-2000 calls managed daily
- Advanced were subject to a **cyber attack** on the 4<sup>th</sup> Aug
- Adastra system shut down as a precaution
- **Manual Business Continuity** (BC) procedures enacted
- WAST **emailing 111 calls** to individual Health boards
  - Significant admin overhead / clinical risk to email and safe acknowledgement
- Health boards manually logging cases and **emailing GPs**
  - High risk of cases being mis assigned or getting “lost”
- **Significant reduction in capacity** to process 111 cases

Tolley, Laura  
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# Timeline

- **05 Aug** – Aadastra taken out of service and Welsh Ambulance Service Trust (WAST) implement Business Continuity (BC) procedures
- Cwm Taff Morgannwg (CTM) 111 Clinical Director for Urgent Primary Care, **Dr Owen Weeks**, approached NHS Wales Microsoft Centre of Excellence (CoE) for support
- CoE develops initial **Proof Of Concept** with CTM health board
  - SharePoint list to enable tracking
  - List item created – manual population of data
- 08-12 Aug – Working with **one local health board** on local solution
- 13-14 Aug – CoE recommended pivot to all Wales solution
- 15-19 Aug – Develop **All Wales solution** – Ready by 18 Aug
- **22 Aug** 13:00 – **111 Solution live**
  - 22-26 Aug – CoE Support 111 solution
  - 29 Aug – 02 Sept CoE final enhancements

2022						
August						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

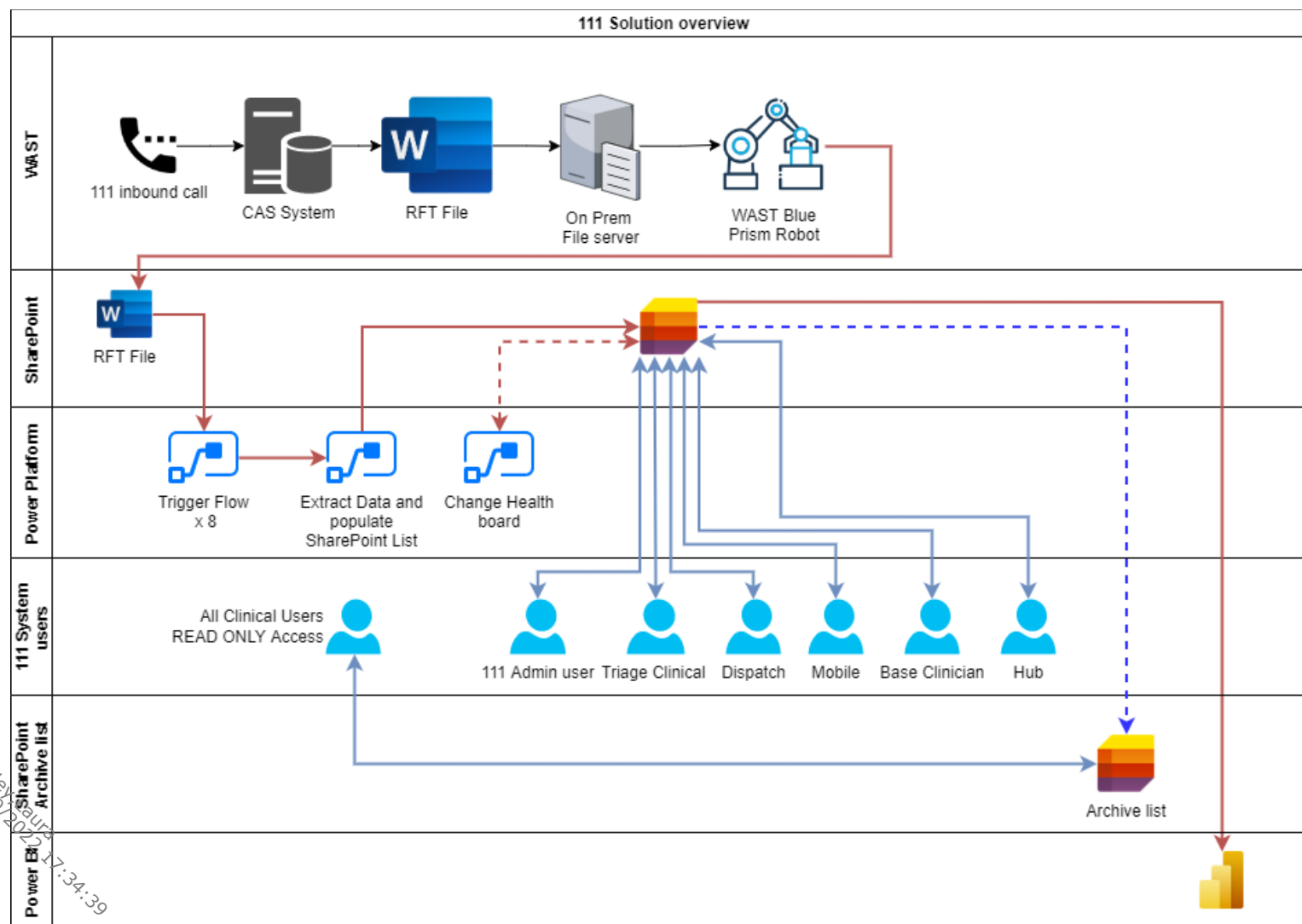
Tolley, Laura  
22/09/2022 17:34:58

# Once for Wales – Benefits

- **ALL Wales View:** Delivered solution enabled all health boards to maintain visibility on all cases – mitigating the risk of cases being lost or mis-assigned.
- **Automation:** Solution auto-populates data into the tracking list using advanced Power Platform capabilities reducing manual processes.
- **Integration:** rapid Power Platform with Welsh Demographic Service.
  - provided NHS numbers into the tracking list
  - Enhancing patient identification and safety avoiding manual look up manually.
  - 20% of cases with NHS number prior to integration over 90% post integration)
- **Continuity of Care:** CoE provisioned Power Platform capability to provide a single file record of the case on closure for loading into Patient Record.

Tolley, Laura  
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# Solution Overview



- WAST automation to move records to SharePoint online
- Power Platform automations to extract data from WAST file, lookup NHS number and populate list
- List worked on by Clinicians
- Cases reported via Power BI
- Cases Archived to maintain performance

Tolly Rea  
22/09/2022 17:34:39

# Collaboration: DHCW & Stakeholders

- Solution developed by CoE resources in DHCW **working closely with** clinicians in all health boards, Trusts and third party supplier (TPX Impact)
- **Specific elements** in the solution to support Cardiff and Vale (CAV) and Powys
  - CAV – continued to use a Standalone on premise Adastra solution
  - Powys – OOH service delivered by NHS England resources with no access to NHS Wales Tenant
- Significant contribution from **DHCW business change** creating training material and video guides over a weekend


Tolley, Laura  
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# Solution UI


## Landing Pages


### Health Boards


  
Aneurin Bevan


  
Betsi Cadwaladr

  
Cardiff and Vale


  
Cwm Taf Morgannwg


  
Hywel Dda


  
Powys


  
Swansea Bay

### HUBs

  
HUB

  
HUB North

  
HUB East

  
HUB West

## List views


National OOH Tracking System ☆


Title ▾	NHS ▾	Surname ▾	First Name ▾	DOB ▾	Postcode ▾	Location ▾	Initial Priority ▾
48556225						New	1 hour
48556227						New	1 hour
48556246						New	1 hour
48555918						New	1 hour
48556223						New	4 hour
48556263						New	2 hour
48556286						New	4 hour
48555962						New	4 hour
48556320						New	1 hour
48556319						New	20 min
48555067						New	1 hour
48556333						New	1 hour


Aneurin Bevan


## Health Board Workflow


### Views


  
Initial Admin


  
Triage Clinician

  
Despatch

  
Mobile

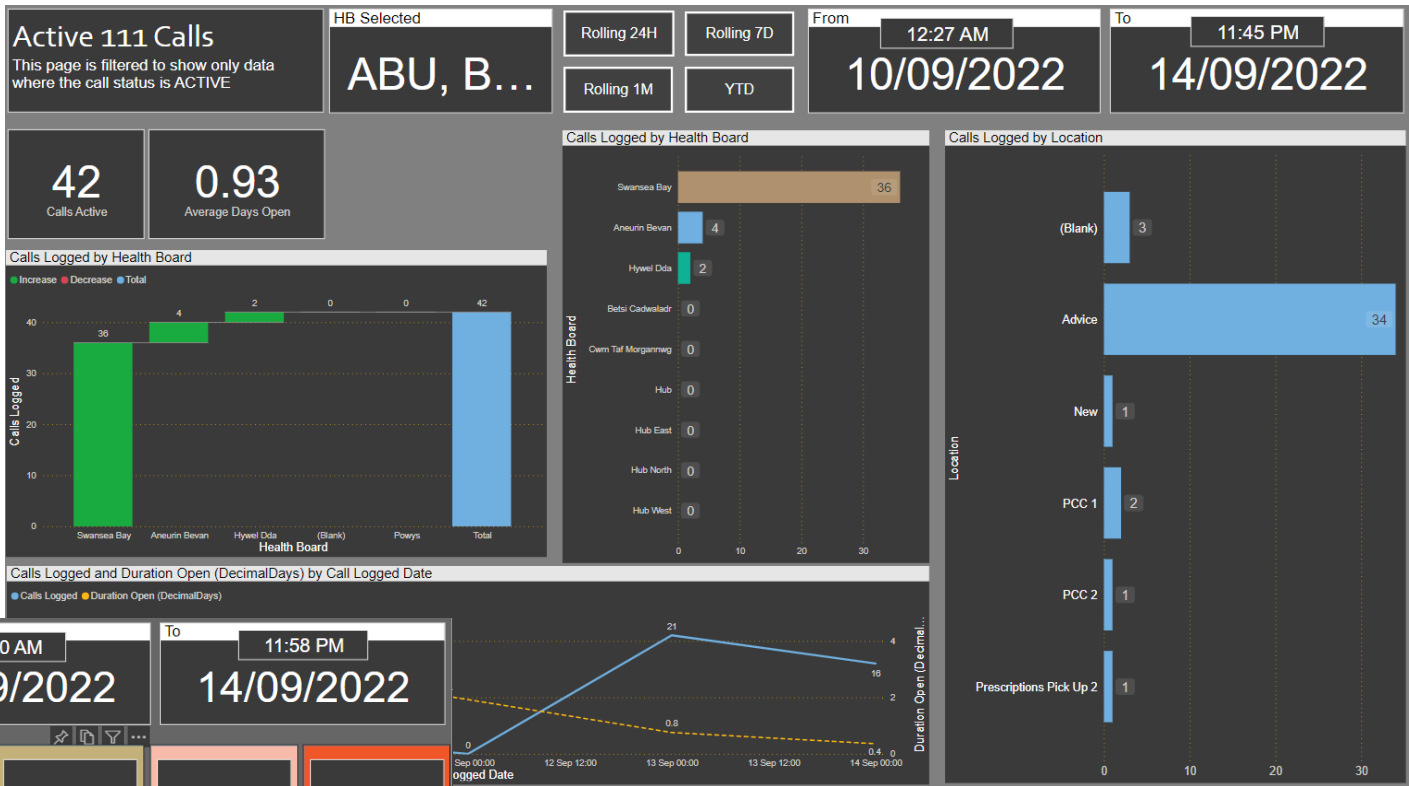
  
Base Clinician

  
All Cases

  
Closed Cases

Tolley, Laura  
22/09/2022 17:34:39

# Power BI – 111 Dashboards



Tel: 01492 221111  
22/09/2022 17:34:39

# What we learnt

- Building on previous NHS Wales investment
- Partnership working Key – clinical champions
- Keeping users front and centre – listening to user needs
- Keeping it simple – clean & simple UI designed logical workflow
- Engaging Information Governance teams early
- Transparent progress with users and digital leaders
- Business Change support critical

Tolley, Laura  
22/09/2022 17:34:39

# Thank you (s)

Tolley, Laura  
22/09/2022 17:34:39



Ymddiriedolaeth GIG  
Gwasanaethau Ambiwlans Cymru  
Welsh Ambulance Services  
NHS Trust

Cadeirydd  
Chair: Martin Woodford  
Prif Weithredwr  
Chief Executive: Jason Killens

## Chair and Chief Executive's Office

Ref: JK108/22

6th September 2022

Dear Colleague

### BUSINESS CONTINUITY SOLUTION FOR THE GP OUT OF HOURS SERVICES

On behalf of NHS Wales, we would like to pass on our sincere thanks and gratitude to all those who have worked extended hours over recent weeks in the creation of the interim business continuity solution following the cyber-attack. This enabled service continuity for the essential out-of-hours GP services. We understand this solution mitigates one of the key risks that the cyber-attack on OneAdvanced, who provide the Adastra patient management system normally used by out-of-hours GP services across Wales had created.

It has been an excellent example of how colleagues from Health Boards, Trusts, DHCW and key commercial partners can work collaboratively, supported by strong clinical leadership to provide a rapid solution to support urgent care for the people of Wales.

We have been briefed that many colleagues have worked long hours and weekends to achieve this during the traditional seasonal break, and we are very grateful to all those involved. It is also good to see how our investment in the Microsoft 365 Platform and the accompanying Centre of Excellence have enabled such a rapid development of a solution which will allow out-of-hours services to continue to provide safe care while OneAdvanced recover their Adastra systems.

The collective achievement of everyone involved in recent weeks is something that you should rightly be proud of, thank you.

Yours sincerely

Judith Paget

Judith Paget  
Chief Executive  
NHS Wales

Jason Killens

Jason Killens  
Chief Executive  
Welsh Ambulance  
Service/SRO Microsoft  
365 Centre of Excellence

Claire Osmundsen-Little

Claire Osmundsen-Little  
Deputy Chief Executive  
DHCW/Deputy SRO  
Microsoft 365 Centre of  
Excellence

Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg  
neu'r Saesneg, ac na fydd gohebu yn Gymraeg yn arwain at oedi  
The Trust welcomes correspondence in Welsh or English, and  
that corresponding in Welsh will not lead to a delay

[www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)

Pencadlys Rhanbarthol  
Ambiwlans a Chanolfan  
Cyfathrebu Clinigol

Regional Ambulance  
Headquarters and  
Clinical Contact Centre

Tŷ Vantage Point  
Vantage Point House Tŷ  
Coch Way Cwmbran  
NP44 7HF

Ffôn/Tel  
01633 626262



# DIGITAL HEALTH AND CARE WALES

## CHAIR'S REPORT

Agenda Item	4.1
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Name of Meeting	SHA Board
Date of Meeting	29 September 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: <b>NOTE</b> the contents of the report.	

Tolley, Laura  
22/09/2022 17:34:39

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

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

# 1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
-------------------------------------	--

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

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

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

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

[Workforce EQIA page](#)

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

RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there is no specific research and innovation implications relating to the activity outlined within this report

Acronyms			
DHCW	Digital Health and Care Wales	AW	Audit Wales
SHA	Special Health Authority	IA	Internal Audit
SOP	Standard Operating Procedure	NCSC	National Cyber Security Centre
SO	Standing Orders	KPI	Key Performance Indicator
WCVA	Wales Council for Voluntary Action		

## 2 SITUATION/BACKGROUND

- 2.1 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.

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

### 3.1 DHCW Independent Member Vacancy

As previously updated we have been working closely with the Public Bodies Unit over the past five months to recruit to the two DHCW Independent Member vacancies. I am delighted that the Minister has approved the appointment of Marilyn Bryan-Jones and Alistair Klass Neill GM. Their combined knowledge and experience will offer a huge amount of value and expertise for DHCW. More information on Marilyn and Alistair can be found on the DHCW website: [Meet the Board - Digital Health and Care Wales \(nhs.wales\)](https://www.nhs.uk/about-us/meet-the-board/)

### 3.2 Consultation on Additional Public Bodies Subject to the Well-being Duty (Part 2) of the Well-being of Future Generations (Wales) Act 2015

On the 14 July Welsh Government launched a consultation on additional Public Bodies subject to the Well-being Duty (Part 2) of the Well-being of Future Generations (Wales) Act 2015. Welsh Government propose to extend the Act to eight public bodies, one of which is DHCW.

DHCW welcomes the proposals within the consultation to extend the Act to include DHCW and the other seven public bodies listed and have recently responded to the formal consultation. For more information on this consultation please see: [Additional public bodies subject to the](#)

[well-being duty \(Part 2\) of the Well-being of Future Generations \(Wales\) Act 2015 | GOV.WALES](#)

### 3.3 Engagement with the Service Desk

On the 20 July I was joined by Rowan Gardner, Independent Member to observe and discuss the work of the DHCW service desk. The time spent provided great insight into the challenges and opportunities. The service desk provides support to over 100 IT systems 365 days a year, with 247,000 support requests in 2021 and receiving on average 7000 telephone calls a month. I would like to thank all the staff from the service desk for their time, including the discussions following the observations, and in particular Tracy Norris, the Service Desk Team Leader for the preparatory work to ensure a hugely helpful session with the team.

### 3.4 The Senedd Health and Social Committee and Public Administration and Public Accounts Committee Joint Consultation into Digital Health and Care Wales

As I updated at the last Board meeting, on the 15 July the Senedd Health and Social Committee and Public Administration and Public Accounts Committee announced that they would be undertaking a joint scrutiny session into Digital Health and Care Wales.

Written evidence from DHCW has now been provided to the inquiry, with the oral hearing taking place on the 26 October.

The Committees will consider:

- The process of establishing DCHW and progress in the first year, progress achieved and outstanding challenges.
- Progress on recommendations of **Fifth Senedd Public Accounts Committee reports**.
- Prioritisation and manageability of the work programme and change agenda, including workforce, skills issue and any areas of particular pressure or concern.
- Relationship with local health boards, NHS trusts, local authorities, social services providers, and other key stakeholders including patient and patient groups.
- Workforce and skills capacity within other health and care bodies; whether they have sufficient capacity to engage and potential impact on delivery of DHCW priorities.
- Assessing the impact of DHCW's work and whether it's achieving its objectives.
- Data transparency, accessibility, quality, and comparability with health and social care data and key

The inquiry provides a fantastic opportunity to demonstrate all of DHCW's achievements to date and highlight the importance of digital in health and care for the people of Wales, now and in the future. The inquiry will also allow consideration and discussion on the challenges and opportunities that lie ahead for DHCW and the wider health and care system in Wales.

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### 3.5 Meeting with the Citizen Voice Body (CVB) Chair

On the 27 July I had an introductory meeting with Medwin Hughes the Chair of the Citizen Voice Body. We had a good discussion on the establishment and work of the Citizen Voice Body, and the role of digital in health and care.

### 3.6 End of Year Chief Executive Review

On the 16 August myself and Judith Paget, NHS Wales Chief Executive and Director General for Health and Social Care Services met with Helen Thomas to undertake her end of year review for 2021/22. The review meeting provided an excellent opportunity to reflect on the work Helen and the organisation more broadly have achieved to-date, the areas of focus moving forward, challenges and opportunities.

### 3.7 Meeting with Social Care Wales (SCW)

On the 18 August myself and Helen Thomas had our regular Chair and Chief Executive engagement meeting with the Chair and Chief Executive of Social Care Wales, Mick Giannasi and Sue Evans.

### 3.8 DHCW, Cwmpas, Wales Council for Voluntary Action (WCVA) Digital Summit

On the 27 September DHCW will be jointly hosting a Digital Summit with Cwmpas and WCVA with the aim of Connecting health, care and the voluntary sectors to share views and knowledge on how digital tools can support and enable service inclusion. The summit will explore how sectors can work together effectively to support the digital agenda and, more specifically, how DHCW and the wider health and care digital community can work with and through the voluntary sector to ensure equity of access and quality of health and care. Numerous speakers are attending from across the third and public sector to share views and understanding.

### 3.9 Tender for a Board Development Partner

DHCW established on the 1 April 2021 but have not had a full SHA Board of Executives and Independent Members since its establishment. I very much hope that from late 2022 the Board will be fully formed with all Executive and Independent Member roles appointed to. As a result, work has been carried out over the past few months to tender for an organisation to partner with DHCW to provide a Board Development programme bespoke to the DHCW Board and our needs, building on the good work to date in establishing robust governance systems and processes. The focus of the work will be on leadership, and the people side of governance development. On the 1 September presentations and a questions and answers session took place with prospective partners. I am pleased to say that we have now formally partnered with

Tolley, L. J.  
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Deloitte as our Board Development partner and the programme of work is being developed with Deloitte and our Corporate Governance team.

### 3.10 Board Development and Board Briefing

Since the last public Board meeting, we have held two Board Development sessions, the first of which took place on the 8 September where the Board had a briefing session on the People and OD Strategy and action plan, this strategy is included within Board papers today for formal approval.

On the 15 September a full day's Board Development session took place which was held in person. The session focused on the work to prepare for the Senedd Health and Social Committee and Public Administration and Public Accounts Committee Joint Consultation into Digital Health and Care Wales, the IMTP accountability conditions received from Welsh Government and the DHCW response as well as a discussion on the proposed approach to the 2023-26 IMTP. The afternoon focused on the emerging DHCW Research and Innovation Strategy. I would like to thank Board members for their engagement and discussion on each of the topics covered.

### 3.11 Ministers Meeting with NHS Chairs

On the 22 September the Minister for Health and Social Care met with NHS Wales Chairs to discuss a number of areas including current delivery pressures including building system resilience for Winter and the Cost of Living Crisis. I was unable to attend this meeting therefore Ruth Glazzard, Vice Chair attended the session to represent DHCW.

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

4.1 There are no risks to escalate from this report.

## 5 RECOMMENDATION

5.1 The SHA Board is being asked to **NOTE** the content of the report.

## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chair	September 2022	Approved.

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# DIGITAL HEALTH AND CARE WALES

## CHIEF EXECUTIVE OFFICER REPORT

Agenda Item	4.2
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Name of Meeting	SHA Board
Date of Meeting	29 September 2022

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

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

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

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

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



# 1 IMPACT ASSESSMENT

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

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

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

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

[Workforce EQIA page](#)

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

RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there is no specific research and innovation implications relating to the activity outlined within this report

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CEO	Chief Executive Officer	IMTP	Integrated Medium Term Plan
UHB	University Health Board	WIS	Welsh Immunisation System
ePMA	their Electronic Prescribing and Medicines Administration		

## 2 SITUATION/BACKGROUND

- 2.1 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.
- 2.2 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.

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

### 3.1 Covid-19

I advised at our last Board meeting that as has been the case throughout the pandemic we are working hard to respond to an ever-changing public health landscape and work was being prioritised to ensure the Welsh Immunisation System (WIS) vaccine system release is ready to support the Covid-19 Vaccine Autumn Booster programme. I am pleased to say that the changes required to the Welsh Immunisation System were made in readiness for the Autumn 2022 booster campaign which has recently commenced supported by the WIS. I would like to express my thanks to all the DHCW staff who have had to work extremely hard throughout the summer months to ensure the system was ready and in place to support this campaign.

### 3.2 Staff Briefing

Our most recent virtual staff briefing session was held on the 9 August with over 500 DHCW staff tuning in to hear the live-streamed event, this has been the highest number of staff attending the session which is great engagement. I was joined by Ifan Evans, Sarah-Jane Taylor and Gareth

Davis at the session, and we discussed the Pay Award Update, the next step in the engagement on 'Shaping our new Values' with the People and OD team extracting the five most popular values with descriptors from our virtual staff conference in April 2022 and sharing these via questionnaire for all staff to further feedback and engage on.

In addition, we provided an update on progress in delivering against the DHCW IMTP 2022-25 and priorities moving forward, discussed how DHCW staff can be supported with the rise in cost of living and introduced Gareth Davis, Interim Executive Director of Operations. Gareth talked about his background, his reflections on joining DHCW and his priorities over the coming months.

As always, there was excellent engagement and questions and answers for myself and members of the Executive team during the session, I am very grateful to all those who joined and interacted in the session.

### 3.3 Executive Team Recruitment

I am pleased to confirm the successful appointment into the Director of Primary, Community and Mental Health Digital Services role as Sam Hall, who will join DHCW in November 2022. Sam brings great experience and fresh perspectives and will play a major role in helping DHCW take forward our ambition focusing on out of hospital services.

I advised at the last Board meeting that the permanent Executive Director of Operations position was being advertised imminently, I am pleased to update you this permanent post is progressing well with the Stakeholder Panel being held on 22 September and interviews on 26 September 2022.

This permanent appointment will be the final appointment to the executive team structure which is a great milestone for the organisation.

### 3.4 Welsh Government Joint Executive Team Meeting

A meeting with the Joint Executive Team in Welsh Government took place on 27 July 2022. The discussions covered the topics set out below:

- Governance and the development of the SHA Board
- This year's plan (2021/22), performance, risks, and challenges
- IMTP 2022/25 development
- DHCW's role supporting recovery
- The data promise
- The DHCW funding position

The DHCW Senior Leadership team in attendance shared the achievements of 2021/22 and progress in 2022/23 to date, gave an overview of the current position including our key Projects and Programmes, the key challenges, and risks for the organisation and the emerging IMTP priorities for 2022/25. Overall, the feedback was positive and encouraging.

### 3.5 Health Board Strategic Engagement Sessions

On the 20 July the DHCW Senior Leadership team met with colleagues from Hywel Dda University Health Board, we also held another Strategic Engagement Session on the 27 July with colleagues from Cwm Taf Morgannwg University Health Board.

Both sessions were attended by members from the Health Boards Executive and Senior Leadership team, we discussed key strategic priorities, our strategic alignment and how DHCW can best support Hywel Dda UHB and Cwm Taf Morgannwg UHB over the coming months and years.

### 3.4 Strategic Programme for Primary Care Strategic Discussion

The DHCW Executive Team and staff supporting primary care services and members of the national Strategic Programme for Primary Care including Alan Lawrie and Sue Morgan met on the 21 July to receive an update on the Strategic Programme for Primary Care and digital priorities. We heard about the strategic priorities for 2022/23 and the four key programmes of work being delivered through coordinated activity - Mental Wellbeing, Community Infrastructure, Urgent Primary Care and Accelerated Cluster Development. This is an important programme which will deliver many benefits including delivering care closer to home for Welsh citizens.

### 3.5 Meeting with Jonathon Cameron, Interim Director of Digital, NHS Scotland

I was pleased to have my quarterly catch up with Jonathon Cameron, Interim Director of Digital Health and Care, Scotland on the 22 July 2022. We have agreed to explore options for a joint Board Development Session between DHCW, NHS Scotland and NHS Northern Ireland which would look at the current landscape for Digital Health, strategic priorities, and opportunities for shared learning.

### 3.6 Meeting with Simon Bolton, Interim Chief Executive, NHS Digital

The recent meeting with Simon Bolton held on the 9 September covered several areas where joint work is progressing, in particular we discussed current workforce challenges and system pressures and our joint working on the Electronic Prescription Service, with Simon expressing his full support to deploy the service into Wales. We also discussed the formal agreement between our organisations.

### 3.7 DHCW Response to the Welsh NHS Confederation

DHCW along with other NHS bodies provided information to the Welsh NHS Confederation regarding actions taken to mitigate pressures in the health and social care system.

We highlighted the work that DHCW have undertaken by investing in digital infrastructure, expanding the use of core national systems and supporting targeted digital services.

The collated feedback was shared with Chairs and Chief Executives early in September.

### 3.8 OneAdvanced Cyber Incident

Board members will be aware of the cyber incident which caused an outage of the computer system for NHS 111 and GP out of hours services. The incident which affected all four UK nations has involved extensive close working with NHS partner organisations and the National Cyber Security Centre (NCSC) with DHCW playing a system leadership role for NHS Wales.

The Welsh Ambulance Service, health boards and Digital Health and Care Wales have worked collaboratively to deploy plans to continue to deliver services overnight and at weekends. This involved development of a new digital solution to support services in this interim period. Due to the hard work of all organisations involved in particular the 111 and out of hours teams there has been minimal disruption in Wales.

Although the cyber incident has not had a major impact on NHS Wales, the incident provides a crucial reminder of being as vigilant as possible and the importance of cyber in the context of service availability.

### 3.9 Leadership Development Day 14 September

On the 14 September circa 85 leaders from across DHCW's directorates came together at the principality stadium for a Leadership Development Day. The day focused on key elements of the People and OD strategy, the DHCW values as well as looking ahead and understanding the strategic approach moving forward. Most importantly it provided DHCW staff with face to face time to network and discuss key issues affecting the organisation. This is the start of a series of Leadership Development Days and I look forward to future sessions.

### 3.10 Centre for Digital Public Services (CDPS) Wales Partnership Agreement

A three-year partnership agreement was approved at the DHCW Management Board in September 2022 between DHCW and CDPS. The strategic partnership agreement has the aim of transforming digital services which are being deployed across NHS Wales and the wider public sector on a phased basis in accordance with Welsh Government Policy and the Healthier Wales Strategy. The overarching principles include:

- Supporting the digital transformation of public services to ensure that Digital Service Standards for Wales are designed, adopted, promoted, and sustained

This partnership agreement demonstrates the close working between DHCW and the CDPS.

### 3.11 Update on Digital Medicines Portfolio

Good progress continues to be made across all elements of the Digital Medicines Portfolio, including:

**Primary Care:**

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- There has been good initial engagement with GP suppliers to agree contract changes and engagement with Community Pharmacy Wales (CPW). In addition, the team have been progressing user research with support from the Centre for Digital Public Services (CDPS).
- Community Pharmacy supplier event held at the Life Sciences Hub. A supplier forum will be established to take forward changes needed to support the adoption of the Electronic Prescription Service (EPS).
- Senior Responsible Officer appointed: Jenny Pugh-Jones

#### Secondary Care:

- The multi-vendor framework is scheduled to be awarded in October 2022. Readiness work is being taken forward with health boards and Velindre Cancer Centre.
- Funding letters for health boards to recruit their ePMA pre-implementation teams issued to AB, BC, CTM, CAV and HD University Health Boards.
- Engagement continuing with Powys tHB, SB UHB and Velindre to submit their Electronic Prescribing and Medicines Administration (ePMA) pre-implementation funding requests.

#### Shared Medicines Record:

- The provisional architectural design has been completed with learning taken from others who have developed shared medicines record capability within England, Denmark and Spain.

#### Patient Access:

- The patient access project is being taken forward in partnership with Digital Services for Patients and the Public programme (DSPP) with focus on digital medicines functionality within the NHS Wales App.
- User research is being supported by the Centre for Digital Public Services (CDPS) with a focus on (1) ordering and the management of repeat prescriptions, (2) recording the community pharmacy of patient choice for dispensing.

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

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

## 5 RECOMMENDATION

- 5.1 The SHA Board is being asked to **NOTE** the content of the report.

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## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chief Executive Officer	September 2022	Approved

Tolley, Laura  
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# DIGITAL HEALTH AND CARE WALES

## RESEARCH AND INNOVATION STRATEGY

Agenda Item	5.1
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Name of Meeting	SHA Board
Date of Meeting	29 September 2022

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Rachael Powell, Associate Director of Information, Intelligence & Research
Presented By	Rachael Powell, Associate Director of Information, Intelligence & Research

Purpose of the Report	For Approval
Recommendation	
The Board is being asked to: <b>APPROVE</b> the DHCW Research and Innovation Strategy	

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# 1 IMPACT ASSESSMENT

<b>STRATEGIC OBJECTIVE</b>	All Objectives apply
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<b>CORPORATE RISK</b> (ref if appropriate)	
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<b>WELL-BEING OF FUTURE GENERATIONS ACT</b>	A Prosperous Wales
If more than one standard applies, please list below: A Resilient Wales, A Healthier Wales, A Wales of Cohesive Communities, A Globally Responsive Wales	

<b>DHCW QUALITY STANDARDS</b>	N/A
If more than one standard applies, please list below: ISO 27001, ISO20000, ISO90001, ISO 14001, ISO13845, BS10008	

<b>HEALTH CARE STANDARD</b>	Choose an item.
If more than one standard applies, please list below: Safe Care, Effective Care, Governance, Leadership and Accountability	

<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: September 2022
Yes, applicable	Outcome: Approved
Statement: Our approach to Research and Innovation Strategy will focus on ensuring a holistic evidence-based approach to health informatics and the technology that we deploy, this to help ensure that digital solutions and services provided are highly effective on behalf of the citizens in Wales, including potentially disadvantaged patient or staff groups.	

IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below A key strategic objective is to improve the quality and impact of our research and innovation activities and to positively embed evidence-based practices across all of DHCW's business activities.
<b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL</b> IMPLICATION/IMPACT	Yes, please see detail below Committing to an R&I approach will require investment (core roles to be consumed within CD budget) and an understanding of funding opportunities and appropriate charging models for ongoing activities.
<b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below

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	The approach and proposals described in this strategy have been aligned with those Key Themes and People Priorities included within the recently published People and Organisational Development Strategy – especially so regarding facilitating leadership, cultural change and investment in DHCW’s own staff (‘Grow your own’)
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	<p>Yes, please detail below</p> <p>A robust R&amp;I approach will impact positively on the citizens of Wales through better health outcomes and improved service provision. By developing strong and productive digital R&amp;I partnerships with Welsh industry, academia and other organisations, employment, investment and other socio-economic opportunities within local communities may also follow.</p>
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	<p>Yes, please see detail below</p> <p>This is the strategy which will drive and facilitate R&amp;I activities within DHCW</p>

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
R&I	Research and Innovation	MoU	Memorandum of Understanding
IMTP	Integrated Medium Term Plan		

## 2 SITUATION/BACKGROUND

- 2.1 Research and Innovation lies at the heart of, and is central to, the DHCW journey. The need for digital modernisation, improvement and change based on evidence-based knowledge of health informatics is the driving force behind many, if not all, of the proposed deliverables listed in the IMTP. Furthermore, our IMTP has signalled our renewed focus in this area and our commitment to derive value from data.
- 2.2 This paper introduces the proposed R&I strategy, which sets out an overarching vision and four supporting aims. Underpinning these aims are a series of actions and commitments for DHCW to deliver between 2022-2025.
- 2.3 The strategy intends to build on the organisation’s well-established role of working in partnership with other NHS organisations, Universities, Welsh Government and other bodies to enable (i.e. through expertise, data and infrastructure) high profile projects and activities. It also looks to establish robust R&I process and governance, and to cement our commitment as a learning organisation where R&I is embedded and actively supported.

Tolley, L. J.  
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### 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 In January 2022, DHCW board members were briefed on progress against the R&I strategy that was being developed. There was broad support for the themes that were discussed, including: a need to develop further and strengthen key partnerships; to co-ordinate and expand R&I activities; to ensure that robust processes, tools and governance are in place to facilitate and support these activities.
- 3.2 The need for further consideration and requirements gathering was, however, also flagged. Engagement events and 1:1 meetings with internal and external stakeholders have consequently followed, the outcomes of which have been included within the strategy.
- 3.3 Four key aims were tested with stakeholders in support of the overarching vision which was also shared and discussed.

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

- 4.1 The publication of this Strategy will enable all key stakeholders, both internal and external, to have a clear and consistent understanding of DHCW's R&I ambition, intent and approach.
- 4.2 It will also help to strengthen existing and develop new R&I partnerships with academia, industry and other organisations in response to national policy and IMTP requirements, whilst at the same time confirming our commitment to investing in our own staff and expertise.

### 5 RECOMMENDATION

- 5.1 The Board is being asked to **APPROVE** the DHCW Research and Innovation Strategy

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## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group plan for R&I Strategy Approval		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
WEDS – approval of vision/scope and themes/objectives	7/9/2022	Approval of overarching vision and aims.
Board Development Day – approval of vision/scope and themes/objectives	15/9/2022	Overall support of scope of strategy. Suggested amendments to overarching vision and aims.
Management Board – approval of R&I strategy	16/9/2022	Following BDD session, delegated final approval of strategy to Weekly Executive Directors meeting on 21/09/22
Weekly Executive Directors	21/09/2022	Approved
SHA Board	29/9/2022	
DG&S Committee	03/11/2022	

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GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

## DIGITAL HEALTH AND CARE WALES

### RESEARCH AND INNOVATION

STRATEGY

2022 - 2025

## WORKING WITH OTHERS TO DEVELOP KNOWLEDGE, INNOVATION AND INSIGHT - FOR SERVICE IMPROVEMENT, TRANSFORMATION AND BETTER HEALTHCARE OUTCOMES



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## CONTENTS

### FORWARD

### INTRODUCTION

### OUR VISION FOR RESEARCH AND INNOVATION

**R&I STRATEGIC AIM 1:** Deliver the assets and resource to facilitate the Research and Innovation environment across Wales

**R&I STRATEGIC AIM 2:** Focus on quality and the impact of our research and innovation

**R&I STRATEGIC AIM 3:** Identify, develop and nurture effective partnerships

**R&I STRATEGIC AIM 4:** Develop a culture of innovation that promotes creativity, learning, encouragement and support

### DELIVERING OUR STRATEGY

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# FORWARD



PROFESSOR HELEN THOMAS, CHIEF EXECUTIVE OFFICER

**ESTABLISHED AS A SPECIAL HEALTH AUTHORITY IN APRIL 2021, DIGITAL HEALTH AND CARE WALES IS THE NATIONAL DIGITAL ORGANISATION FOR NHS WALES AND HAS A KEY ROLE ENSURING WALES' HEALTH SYSTEM IS FIT FOR THE FUTURE.** As part of our vision 'to provide world leading digital services, empowering people to live healthier lives', we've set ourselves a strategic mission to drive value and innovation and this Research and Innovation (R&I) Strategy, very much sets out our commitment and our approach to drive this forward.

Research and Innovation lies at the heart of, and is central to, the DHCW journey. The need for digital modernisation, improvement and change based on evidence-based knowledge of health informatics is the driving force behind many, if not all, of the proposed deliverables listed in our Integrated Medium Term Plan (IMTP).

As a statutory body charged with leading on digital health and care for all of Wales, DHCW recognises it has a key role to play in taking forward national R&I strategy and policy in related areas. With common data standards, technical toolsets, infrastructure and systems architecture, as well as our role in driving the key transformative programmes, DHCW is well placed as both a system leader and an enabler that can support our partners.

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These skills and resources are also required by others to support broader research, health and policy challenges and strategic requirements dependent on DHCW R&I support. Examples here include:

- A Healthier Wales (2021)
- Future Generations (2020)
- Support for National Clinical Research Strategy and Delivery (2022)
- Clinical Safety, Value in Health NHS Wales Quality and Safety Framework (2021)
- The Six Goals for Urgent and Unscheduled Care Programme (2022)
- The 'triple challenge' to health inequalities (Covid 19, post-Brexit economy and climate change)
- The Goldacre Review ('Better, Broader, Safer: Using Health Data for Research and Analysis')
- Duty of Quality and Engagement Act
- WG Innovation Strategy

Our Research and Innovation Strategy 2022 – 2025 sets out a renewed vision, explaining how we want to lead and expand our research and innovation portfolio whilst ensuring that we maximise the quality and impact of our work in this area. We also describe our plans for strengthening our partnership arrangements and distinguishing ourselves as a Trusted R&I partner in areas where data and digital expertise are required. Finally, we recognise that for us to truly commit to this area and embed this approach throughout our organisation, then we must invest in our people and equip them with the knowledge, skills and resources to support and lead on areas of research and innovation.

I look forward to seeing the impact of this strategy and welcome the opportunity it brings to elevate our role within Wales and further afield.



**Professor Helen Thomas, Chief Executive Officer**

Tolley, Laura  
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# INTRODUCTION

**RHIDIAN HURLE, EXECUTIVE MEDICAL DIRECTOR**



**IT GIVES ME GREAT PLEASURE TO WELCOME THE PUBLICATION OF THIS RESEARCH AND INNOVATION STRATEGY. RESEARCH AND INNOVATION (R&I) IS THE CATALYST FOR CHANGE AND CREATIVITY WITHIN OUR OWN ORGANISATION AND THE 'GLUE' FOR SUCCESSFUL COLLABORATIONS AND PARTNERSHIPS WITH OTHERS.**

With the acceleration in technology and the vast and accumulating volumes of health and care data, combined with processes such as AI, robotics, genomics, precision medicine and so forth, we must work with trusted stakeholders to deliver the value and benefits from the opportunities in front of us. The workforce and the ever-growing clinical demands that our health and care services face require us to collaborate to deliver understanding of what services deliver, the value added and the impact on users. DHCW must lead the way and set an ambitious R&I agenda that will explore these improvement opportunities and deliver real impactful positive change.

Within clinical practice, an evidence-based approach is the foundation through which we choose to operate and as Executive Medical Director, I want to ensure that this ethos is embedded within our organisation. It is important that we recognise where there are gaps in our knowledge or unanswered questions and that we seek to address those through a schedule of R&I activity. We will work with partners to explore innovative solutions which seek to address the real issues faced by the health and care services in Wales.

Central to this strategy is the need to build skills and to identify, break-down and pragmatically mitigate the potential barriers and challenges to R&I that can distract, discourage or stifle. Having proposals to establish robust governance, business and engagement processes for all R&I managed activities is essential, as well as clear priorities so that we can plan our limited resources in the right way to deliver for the people of Wales. I welcome this document which sets the compass in the right direction.

Tolley, Laura  
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# OUR VISION FOR RESEARCH AND INNOVATION

As a learning organisation, lead and enable, high quality health and care, through world-leading data and digital research and innovation.

## THE FOUR STRATEGIC AIMS

### R&I Strategic Aim 1



Deliver the assets and resource to facilitate the Research and Innovation environment across Wales

### R&I Strategic Aim 2



Focus on quality and the impact of our research and innovation

### R&I Strategic Aim 3



Identify, develop and nurture effective partnerships

### R&I Strategic Aim 4



Develop a culture of innovation that promotes creativity, learning, encouragement and support

GOVERNANCE - PROCESS - ENGAGEMENT - DELIVERY - EVALUATION - INSIGHT - OUTCOMES

Tolley, Laura  
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## R&I STRATEGIC AIM 1: DELIVER THE ASSETS AND RESOURCE TO FACILITATE THE RESEARCH AND INNOVATION ENVIRONMENT ACROSS WALES

We aim to deliver to the people of Wales, world-class digital health and care services which will enable more effective, efficient and safer decision making, by providing access to content-rich, person focused health and care data and information. We believe this depends on a rich environment of research and innovation that explores and proposes transformative solutions.

DHCW currently holds over 30 years' worth of healthcare data sets from across a range of systems. We are also a key partner and contributor to the SAIL (Secure Anonymised Information Linkage) databank, which holds a wealth of population-scaled data (over 10 billion anonymised, person-based data records available) to enable important questions to be comprehensively answered. We will continue to work with SAIL and others in providing safe access to this data and expanding our offering through the provision of new datasets, in our role as SAIL's Trusted Third Party (TTP), through the process of anonymisation of personally identifiable data from non-NHS organisations.

DHCW aspires to be an active R&I organisation in respect of its contribution to a thriving foundational economy. Our research and innovation strategy covers the breadth of DHCW and will represent key strategic challenges and opportunities that impact our service.

Tolley, Laura  
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## CHALLENGES TO ADDRESS

- Navigating the ecosystem and understanding what DHCW can offer.
- Priorities are not defined, leading to a reactive approach.
- Limited capacity and resources to lead and support.

## THIS WILL BE ACHIEVED BY

- Building on DHCW's legacy of supporting research and innovation across Wales, we will strengthen the mechanisms for the provision of data for research, increasing the breadth and frequency of data available via the National Data Resource (NDR) and its associated Secure Research Environments (SREs), including the UK SeRP platform. Through strong branding and a clear offering of how we can facilitate and support R&I through the provision of data and insight, we will clearly establish our role within the ecosystem.
- Embedding a systematic approach to identifying key R&I priority areas, aligned with our annual planning cycles, ensuring that our limited resources are contributing to the key healthcare challenges (i.e. the Life Sciences Vision Healthcare Missions). As part of this, we will develop impact assessments to support the selection of our R&I activities based on areas of greatest need and potential impact.
- Work with partners to maximise horizon scanning of opportunities and collectively contribute to a thriving ecosystem, with clarity on our contributions and roles as part of this ecosystem. In addition, we will leverage additional funding to support mutual aims e.g. EPSRC (Engineering & Physical Sciences Research Council) Digital Health Hub proposal scheme; NIHR, UKRI and the Office for Life Sciences have provided funding for some of our most successful programmes. By developing our approach for identifying R&I priorities, so that they are aligned with key healthcare challenges and demonstrate a collaborate approach working with key partners, we will be strengthening our chances at leveraging funding and building our R&I portfolio.

Tolley, Laura  
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## ENABLING DATA DRIVEN INNOVATION: INNOVATION IN DATA TO EVOLVE AGREEMENTS THAT ENHANCE PATIENT HEALTH OUTCOMES (IDEATE) PROJECT

IDEATE, a cross-organisation collaboration, set out to transform future design and implementation of patient-centred outcomes-based agreements (OBAs) for medicines, initially in the area of metastatic breast cancer. DHCW, Swansea University and Pfizer, did this by creating a retrospective learning environment that explored: how to establish a core set of agreed outcomes; the difficulties of setting up the data infrastructure required and how to adapt procurement systems to OBA needs.

IDEATE used the Swansea University UK SeRP environment to securely hold and access the datasets required for the outcomes of interest. DHCW worked with the Health Boards and Chemocare to ensure that necessary datasets were made available in the UKSeRP environment, with secure access given to the secure environment in order to apply the data model. Only approved, aggregated anonymised data was exported, in order to drive the financial contracts. No permission was given to 'remove' data from the UKSeRP environment.

Outputs from this project have been used to build proposals for how OBAs could be implemented with future phases planned for exploring further the feasibility of implementing OBA's in other clinical areas. Learning from this project is being shared at renowned international conferences.



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## R&I STRATEGIC AIM 2: FOCUS ON QUALITY AND THE IMPACT OF OUR RESEARCH AND INNOVATION

In order to achieve the greatest impact in terms of improved services and health outcomes for the people of Wales, the research and innovation activities that we support and lead must be high quality and relevant to the greatest needs of the service. We need to ensure that our activities follow established prioritisation policies, so that we are committing our resources to the areas of greatest need and impact. We also need to ensure that we follow robust governance processes, to improve the confidence that others will have in what is discovered through these activities.

Alongside this however, it is also imperative that we develop an effective approach to translating the knowledge and learning gained through research and innovation into practice. We must embed an approach that is informed and knowledge-based wherever possible, whilst also creating optimum conditions to innovate and explore.

Tolley, Laura  
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### CHALLENGES TO ADDRESS

- Co-ordination of R&I activities within DHCW.
- Impact is not always measured nor fully understood.
- Translation of knowledge.

### THIS WILL BE ACHIEVED BY

- A core R&I function for DHCW or 'front door', which will make us visible and accessible. As part of this, we will ensure that the R&I activities that we support and lead will follow established policies and good governance.
- As part of our R&I approach, embed measurements of system value and benefit delivered by DHCW systems (e.g. more research embedded within our product roadmap approach that explores the impact of digital solutions we have implemented) and the measurement of system value potential and benefit delivered by 3rd party solutions.
- Encourage and embed evidence-based practices and knowledge translation throughout all of DHCW's business activities. We will commit to publish and share the learning from our activities, raising awareness of the role of DHCW in the R&I ecosystem, through regular updates and ongoing communications (e.g. joint publications and presentation of abstracts at conferences, creation of case studies for public and teaching purposes, press releases, dissemination events and activities, recognition awards, etc).

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## MEASURING RESEARCH AND EVALUATION: CHOOSE PHARMACY

**Choose Pharmacy** is a platform, developed by DHCW, that supports the provision of extended services by community pharmacists in Wales. From 2018, we started to evaluate the services provided and recorded in Choose Pharmacy, exploring whether the services available through the community pharmacy contract framework and delivered using the Choose Pharmacy platform are valued by the public/reduce demand on other NHS services.

*“The ability to collect, interrogate and analyse structured data is critical to understanding the real world impact of policy decisions. Encouraging high impact research into the effectiveness of community pharmacy services is of fundamental importance to good policy making but in the past there has been limited research into the longer term outcomes of pharmacy services. This is one of the reasons why Digital Health and Care Wales’ Choose Pharmacy application and the team’s commitment to research is so important. Consistent data collection supported by academic expertise is helping produce high impact peer reviewed evidence, ensuring we get policy right, and demonstrating how community pharmacy is making a positive impact for people in Wales.”*

Andrew Evans, Chief Pharmaceutical Officer for Wales



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## R&I STRATEGIC AIM 3: IDENTIFY, DEVELOP AND NURTURE EFFECTIVE PARTNERSHIPS

DHCW is a key part of the national transformation programme to makes Wales' health system fit for the future. As such, DHCW has a unique role as a leading data and digital organisation, who, along with other NHS organisations, academia and industry, is part of an important ecosystem.

We recognise that the most impactful research and innovation depends on strong and effective partnerships. By investing in our partnerships, moving from transactional relationships to long-term mutually beneficial partnerships, with organisations with shared values and goals, this will support DHCW 's ambition to co-develop and co-deliver effective innovative solutions.

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## CHALLENGES TO ADDRESS

- Lack of awareness of assets and strengths across the ecosystem that could support R&I in Wales.
- Lack of formal arrangements or dedicated function within DHCW, to enable partners to understand, engage and support our aims and ambitions.
- Lack of established frameworks within Wales to facilitate engagement with industry and academia, in order to develop and test products and enable spread and scale of innovative solutions and approaches.

## THIS WILL BE ACHIEVED BY

- As part of our stakeholder engagement plans, we will identify and prioritise relevant organisations including public, private and third sector e.g. Life Sciences Hub, Digital Health Ecosystems Wales, Health Technology Wales, Welsh Government, industry, health and care organisations, academia, etc. We will identify and catalogue the strengths of our partners and use this intelligence to consider research and innovation opportunities where it is mutually beneficial.
- We will also clearly set out our key aims and ambitions so that our partners have the opportunity to engage and support us in these areas. As well as a dedicated R&I function, we will facilitate ongoing, effective communication with our partners through formal partnership boards where there are opportunities for mutual exploration of key challenges and opportunities.

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## OUR ACADEMIC PARTNERSHIPS

- We will develop strategic relationships with key university partners, signalled through a Memorandum of Understanding (MOU) which sets out shared values and goals, our aims and ambitions and agreed ways of working. Underpinning these MOU's, we will co-develop partnership plans with key deliverables and performance measures, with progress formally monitored at our strategic academic partnership boards. These partnerships will:
  - Improve and strengthen our awareness and alignment to the expertise and facilities offered by universities, e.g. the Data Science and National Software Academies and Digital Transformation Innovation Institute at Cardiff University; the School of Management and the Computational Foundry at Swansea University; the Wales Institute for Digital Information (WIDI).

## OUR INDUSTRY PARTNERSHIPS

- Create a partnership framework to facilitate working with industry partners that includes appropriate commercial rules of engagement. The aim will be to develop relationships that embed trust and honesty to create shared visions, that foster transparent working across our ecosystem.
- Increase our engagement and visibility within the ecosystem to encourage partners with potential solutions to come forward e.g. supporting and sponsoring challenge development approaches.
- Improve our understanding and awareness of industry partners' offers and solutions and how these can support our aims.

## OTHER KEY PARTNERSHIPS AND NETWORKS

- Through our data and digital expertise and infrastructure, continue to support key partnerships and draw upon the expertise of our partners. Key partnerships include: the Bevan Commission, Health and Care Research Wales, Health Technology Wales, the Life Sciences Hub, TEC Cymru, etc.
- Ensure DHCW is plugged into key networks (including international and global networks) to share knowledge and maximise R&I opportunities within Wales.

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## SUCCESSFUL PARTNERSHIPS: WELSH VALUE IN HEALTH CENTRE (WVHC)

DHCW is a committed partner of the WVHC, where it's recognised that implementing value-based healthcare across a system is a long-term endeavour. Strategic partnerships are necessary and helpful to create momentum for change and to provide support for overcoming barriers to delivering value, which may be universal. There are still many unknowns worldwide regarding the implementation of value-based healthcare. In Wales, we are well placed to collaborate academically and conduct research into multiple aspects of value-based healthcare.

This is important both to ensure we take an evidence-based approach to the implementation of all aspects of value-based healthcare in Wales and to maintain Wales' reputation as a leader in this field. A key part of value-based healthcare is the optimum positioning of drugs and medical devices to support pathways of care. In an ideal world, procurement of these products should be based on the outcomes delivered. This is a true aspiration across Wales but turning enthusiasm into commitment is a problem that is being grappled with around the world.



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## R&I STRATEGIC AIM 4: DEVELOP A CULTURE OF INNOVATION THAT PROMOTES CREATIVITY, LEARNING, ENCOURAGEMENT AND SUPPORT

The conduct and support of high-quality research and innovation requires DHCW to foster and embed a culture of innovation, that encourages and supports our own staff and sets the tone for our engagement with stakeholders. The conduct of high-quality research and innovation, requires DHCW staff to have the appropriate skills, expertise and access to resources, alongside the capacity to support and lead such activities.

We recognise that through effective partnerships and investment in a core research and innovation function, we want to develop and support our staff across the organisation and to encourage active participation in R&I activities.

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## CHALLENGES TO ADDRESS

- Difficulties in accessing specialist R&I knowledge and capacity within DHCW.
- Recruitment and retention difficulties in specialist roles.
- Lack of leadership to drive and enable innovation.

## THIS WILL BE ACHIEVED BY

- Through our Research and Innovation Strategy and our People and OD Strategy, we will:
  - Influence educational programmes to equip our current and future workforce with the skills and expertise required to drive our data and digital agenda. e.g. keeping abreast of the required data and digital skills to deliver transformational change.
  - Develop extraordinary and compassionate leaders to enable innovation and continuous improvement.
  - Create opportunities for successful career pathways, enhanced by participation in R&I.
  - Increasing the number of studentships and academic qualifications for our staff that are aligned to DHCW's overall strategic priorities, as signalled through our Integrated Medium-Term Plan (IMTP).
  - Provide a platform to share and promote opportunities and raising awareness of the work of DHCW to identify and attract the best talent.
  - Support collaborative outreach and engagement activities to raise the profile of digital healthcare careers to encourage a diverse and inclusive approach e.g. creating role models and ambassadors, bursary programmes, apprenticeships, schools engagement etc.

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## WALES INSTITUTE OF DIGITAL INFORMATION (WIDI): PROFESSIONALISM, SKILLS AND ACADEMIC DEVELOPMENT

DHCW is a founding partner of WIDI, with a key aim to enable digital technology to be used to its full potential with the development of digital skills and professional standards for the current workforce and those up and coming. WIDI is committed to inspiring and encouraging the establishment of professional standards in the field of Health Informatics, developing academic qualifications and personal development opportunities for full time and part time digital degree students. Opportunities have led to professional digital courses and accredited qualifications being developed from Level 2 Health Informatics right through to PhDs in specialised career-based doctorates. All these are delivered by world leading teaching staff within the WIDI partnership.

Not only does WIDI support those already working with digital technology, we are also supporting those whose roles are evolving following the implementation of digital systems into their daily tasks. We support the development of our fulltime students, who are our workforce of the future. It is vital that we aspire to share individual practice, international experience and expertise of those currently working with our partnership organisations from a local and national perspective.



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## DELIVERING OUR STRATEGY

Alongside this strategy, we have developed a three-year plan that breaks down how we aim to achieve the high-level priorities detailed under each of our Strategic R&I Aims. We will embed these actions within our corporate planning process.

We will also publish an Annual Report detailing our R&I activities, celebrating our achievements and provide the opportunity to reflect to help shape our strategy and plans going forward.

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# DIGITAL HEALTH AND CARE WALES

## PEOPLE AND ORGANISATIONAL DEVELOPMENT STRATEGY

Agenda Item	5.2
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Name of Meeting	SHA Board
Date of Meeting	29 September 2022

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

Executive Sponsor	Sarah-Jane Taylor, Director of Workforce and Organisational Development
Prepared By	Shikala Mansfield, Head of People & OD
Presented By	Sarah-Jane Taylor, Director of Workforce and Organisational Development

Purpose of the Report	For Approval
Recommendation	
The Board is being asked to:	
The Board is asked to <b>APPROVE</b> the DHCW People & Organisation Development Strategy	

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# 1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	Development of the new Digital Organisation
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Prosperous Wales
If more than one standard applies, please list below: All Well-Being of Future Generation Act standards applies	

<u>DHCW QUALITY STANDARDS</u>	BS 76005
If more than one standard applies, please list below: BS76000	

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

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

[Workforce EQIA page](#)

IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL</b> IMPLICATION/IMPACT	Yes, please see detail below Financial cost to implement actions
<b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below Affects all workforce
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	Yes, please detail below Recruitment and development opportunities
<b>RESEARCH AND INNOVATION</b>	Yes, please see detail below

IMPLICATION/IMPACT	Sponsorship opportunities
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Acronyms			
DHCW	Digital Health & Care Wales	DDaT	Digital Data and Technology
IMTP	Integrated Medium Term Plan	POD	People and Organisational Development

## 2 SITUATION/BACKGROUND

- 2.1 The purpose of this report is to present the new People and Organisational Development Strategy for Digital Health and Care Wales.
- 2.2 The People and Organisational Development Strategy identifies the workforce priorities required to support the delivery of the Digital Health & Care Wales strategic ambitions, vision and priorities ensuring that DHCW values are embedded in the organisation.
- 2.3 Values have positive impact on our identity both internal and external and is critical to shaping DHCW culture. The values shown in the Strategy have been as a result of 'Shaping our Values' workshop held as part of the DHCW Staff Conference in April 2022, feedback from organisation wide surveys and Senior Leadership Event held during September 2022.
- 2.4 The Strategy describes our current position, where we aim to be and the plans to achieve these priorities. See Appendix One for a Copy of the Strategy.

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

- 3.1 As a newly formed organisation, DHCW will build strong foundation to be a learning organisation and an Employer of Choice. This is the first Digital Health and Care Wales (DHCW) People and Organisational Development Strategy covering three-year period from 2022 to 2025 with a vision to establish DHCW as a **'great place to work – where our people are fully engaged, high performing and embody DHCW Values and Behaviours'**.
- 3.2 The delivery of high quality digital services depends on a workforce being engaged, happy and appreciated with a good understanding of how they contribute to the organisation and the wider NHS in Wales.
- 3.3 In addition, the Prudent Healthcare Principles in A Healthier Wales and the Wellbeing of Future Generations Act 2015 states that a sustainable, motivated and highly skilled workforce is required.

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3.4 The Strategy has been developed taking into consideration both the national and the local context, referring to the key All Wales Strategies, Plans and Legislation such as:-

- the Prudent Healthcare Principles
- A Healthier Wales: Our Plan for Health and Social Care
- A Healthier Wales: Our Workforce Strategy for Health and Social Care (October 2020)
- The Healthier Working Relationships
- The Wellbeing of Future Generations Act 2015
- DHCW Integrated Medium Term Plan (IMTP)
- The findings from the All-Wales Digital Profession Workforce Review

The key themes from the above documents are aligned and integrated within the Strategy.

3.5 The Strategy includes six key themes. These are broken down into high level people priorities to ensure the delivery of the DHCW objectives and the development of the new Digital Organisation enabling workforce transformation by increasing the capability and capacity.

Key Themes	People Priorities
Extraordinary Leadership	Leadership Management Training & Development Talent Management Succession Planning
Great Organisation to Work	Culture and Organisation Development Diversity/Equality/Inclusion/Welsh Language Values & Behaviours Thriving Research & Innovation agenda
Strategic Workforce Planning	Resourcing - Recruitment & Retention Changing the Shape of the Workforce Workforce Review – Implementation DDaT Plus Framework across Wales for digital professions
Grow Our Own	Growing our own Career Pathways Partnership & Collaborative Working
Wellbeing & Engagement	Wellbeing & Engagement
New Ways of Working	Technology & New Ways of Working

3.6 The Strategy also includes the specific measurable actions to achieve each of the people priorities.

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

- 4.1 The publication of this Strategy will enable all key stakeholders, both internal and external, to have a clear and consistent understanding of DHCW's people priorities to support the delivery of DHCW's objectives.
- 4.2 The Strategy will also confirm our commitment to the investment and development of our people and the digital profession in NHS Wales. This approach will support the attraction and retention of our talent.

## 5 RECOMMENDATION

- 5.1 The Board is asked to **APPROVE** the DHCW People and Organisational Development Strategy.

## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Weekly Directors Meeting	9 <sup>th</sup> June 2022	Update to the Strategy
Management Board Meeting	25 <sup>th</sup> August 2022	Approved

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GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

## DIGITAL HEALTH AND CARE WALES

### PEOPLE AND ORGANISATIONAL

DEVELOPMENT STRATEGY



2022 - 2025

## our vision

A **great place to work** where our people are fully engaged, high performing and embody our values and behaviours.

We will achieve this by joining these **six themes** to shape our workforce.

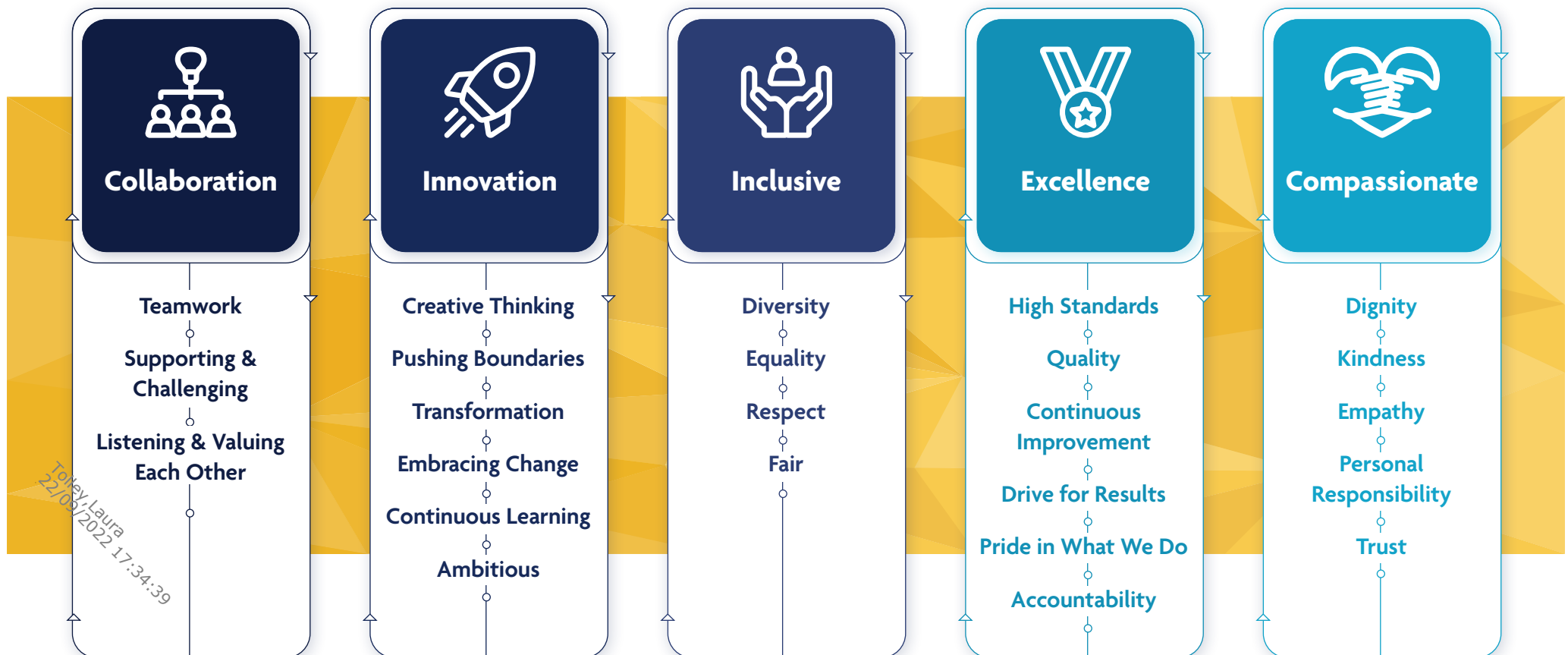


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## our values

We believe that values are integral to everything we do and should reflect in all interactions with colleagues, stakeholders, and current and perspective customers. Values have positive impact on our identity both internal and external and is critical to shaping DHCW culture. It is important that DHCW's values are embedded in all that we do. The values shown below are as a result of 'Shaping our Values' workshop held as part of the DHCW Staff Conference in April 2022 and feedback from surveys.





### TO DEVELOP EXTRAORDINARY LEADERSHIP:

Our leaders will embrace change, enable innovation and continuous improvement to deliver our services, inspiring and encouraging teams to deliver a great performance.



### TO CREATE A GREAT ORGANISATION TO WORK:

Our people will have a great experience at work. An inclusive and diverse culture where our people are supported by their managers and their colleagues and feel confident that their voice is heard.



### TO IMPLEMENT STRATEGIC WORKFORCE PLANNING:

We will model, predict, prioritise and implement workforce strategies to deliver our organisation strategy and accelerate recruitment activity through innovative campaigns to fill vacancies.

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### TO DEVELOP AND GROW OUR OWN:

As a learning organisation, we will develop schemes to grow the future generation of talent, develop the people we have now, supporting learning and development at all career stages.



### TO SUPPORT WELLBEING AND ENGAGEMENT:

Our people will develop emotional intelligence, well-being and personal skills. They will develop lifelong learning and be an inspiration to colleagues, partners, clients, families, and communities.



### TO IMPLEMENT NEW WAYS OF WORKING:

We will continue to build on the new model of working to optimise the opportunities that technology, innovation and digitalisation bring. Embracing difference and including everyone as a fundamental part of developing a future ready mind-set so we stay ahead of the game.

## INTRODUCTION

**The People and Organisational Development strategy** identifies the workforce priorities required to support the delivery of the Digital Health & Care Wales strategic ambitions, vision and objectives whilst demonstrating that our values are embedded in everything that we do.

We aim to deliver to the people of Wales world-class digital health and care services which will enable more effective, efficient, safer decision-making by providing access to content-rich, person-focused health and care data and information.

As a newly formed organisation, we will build strong foundations to be an Employer of Choice by retaining and growing our existing people as well as attracting candidates from diverse backgrounds and at all levels of career stages. We will achieve this through inclusive organisation culture, leadership style, and employee engagement whilst offering new ways of working options.

We will embrace a compassionate and an inclusive culture, where people feel valued and have the space and opportunity to develop digital capability and capacity. Through our Organisational Development team, we will ensure that our people are trained, supported and are performing to the best of their ability whilst demonstrating the core values and behaviours so that Digital Health & Care Wales is known as a learning organisation and a great place to work.

The strategy describes our current position, where we are aiming to be and our plan to achieve our objectives.

## NATIONAL AND LOCAL CONTEXT

**The delivery of high-quality digital services depends on a workforce** being engaged, happy and motivated in work, supported and appreciated with a good understanding of how they contribute to the organisation and the wider NHS in Wales. A sustainable, motivated and highly skilled workforce is required to deliver the prudent healthcare principles as described in *A Healthier Wales: our plan for Health and Social Care* and the seven Well-being goals set out in the *Wellbeing of Future Generations (Wales) Act 2015*.

*A Healthier Wales: Our Workforce Strategy for Health and Social Care* (October 2020) sets out an approach to the creation of an NHS which has workplaces where staff experience compassionate, healthy and fair behaviours. There are many opportunities to influence this change which includes leadership development and changing how colleagues experience work and refocussing how people policies are designed and used.

The Healthier Working Relationships approach developed, in partnership with NHS, trade unions and Welsh Government are currently being implemented across NHS Wales and will clearly influence our approach in DHCW. Healthier Working Relationships is about changing what's expected of our people in NHS Wales and

taking responsibility for our relationships. It is taking time to listen, recognise, value and know each other as better relationships means better care.

Following the completion of the All Wales Digital Profession workforce review in April 2022, DHCW will lead on the strategic digital workforce planning and development of the informatics profession. DHCW will continue to work in partnership with the wider NHS Wales family, public sector colleagues, academia and industry. Collaboration and co-production will ensure that our strategy supports the integration, innovation and modernisation of the workforce.

As the first organisation in the UK to achieve certification against the BS 76000, the British Standard for Valuing People - our commitment to people practices are principled, relevant and developmental. BS76000 is a standard that requires clear understanding of the purpose of and vision for our organisation, thoughtful execution and a commitment to excellence via continuous learning and development. This standard is all about our people and developing the organisation to be the best it can be, through reflection, recognition, appreciation and improvement of people practices and we will continue to build on this good work.

## STRATEGY ALIGNMENT

**A HEALTHIER WALES:** *Workforce Strategy for Health & Social Care* (NHS Wales) has seven themes establishing the workforce priorities and these are set out below:

- An Engaged, Motivated & Healthy Workforce
- Attraction & Recruitment
- Seamless Workforce Models
- Building a Digitally Ready Workforce
- Excellent Education & Learning
- Leadership & Succession
- Workforce Supply & Shape

These workforce strategic aims are focussed on delivering improvements in each of the following areas:

- Wellbeing & Engagement
- Equality & Inclusion
- Strategic Workforce Planning
- Culture & OD
- Training & Development
- Talent & Leadership
- Resourcing

The above stated aims and themes are aligned both to the DHCW People and OD Strategy and DHCW Organisation strategic priorities.

### DIGITAL HEALTH AND CARE WALES STRATEGIC PRIORITIES

- Becoming the trusted strategic partner and a high performing, inclusive, ambitious organisation.
- Driving value and innovation
- Expanding the content, availability and functionality of the digital health and care record
- Delivering high quality technology, data products and services
- Enabling Digital Transformation



## DHCW PEOPLE PLAN

This is centred around six key themes.

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### 1. EXTRAORDINARY LEADERSHIP

Our leaders are emotionally intelligent and embrace change, enabling innovation and continuous improvement to deliver the outcomes our partners and users value and want, inspiring and encouraging their teams to do the same. Challenging the status quo to deliver great performance, supported by focussing on personal resilience, resourcefulness and agility, so their teams are equipped to deliver high quality services.

### 2. GREAT ORGANISATION TO WORK FOR

All of our people have a great experience at work and they understand the part they play to achieve our vision, outcomes and to deliver an unrivalled user experience. DHCW will have an inclusive and diverse culture where our people are supported by their managers and feel confident that their voice is heard. As a learning organisation, we want everyone to thrive at work and feel empowered to be the best they can be.

### 3. STRATEGIC WORKFORCE PLANNING

Incorporating findings and recommendations of the All Wales Digital Workforce Review which established the picture of the current digital workforce in health in Wales and what digital workforce will be needed in ten years, we will model, predict, prioritise and implement workforce strategies to ensure we interpret workforce requirements to deliver our overall organisation strategy. This will include targeted strategies to reduce inequality across protected characteristics and any other significant workforce development needs. These plans will be developed with, and owned by key leaders in the organisation, supported by the People and OD team. In addition, to meet the pace of digital change and growth, an accelerated recruitment plan will be implemented to ensure we have the appropriate skills and resources to deliver our objectives.

## DHCW PEOPLE PLAN

### 4. GROW YOUR OWN

As a learning organisation, we will develop DHCW research & innovation agenda and schemes which translate strategic workforce planning into targeted action, inspiring talent and promoting diversity and inclusion. These schemes will grow the future generation of talent, develop the people we have now, supporting learning and development at all life stages. It will enable us to develop the skills and capabilities we need now as well as in the future, creating opportunities in our communities to secure our future talent, whilst supporting our industry to promote Digital and Information Technology as careers of choice.

### 5. WELL-BEING AND ENGAGEMENT

Every individual in DHCW will be confident to play their part in delivering best in class service, through excellence in their technical competence and developing emotional intelligence, well-being and personal skills. They will reach their potential by developing lifelong learning skills and be an inspiration to colleagues, partners, service users, families and communities whilst supporting organisational approach to work life balance.

### 6. NEW WAYS OF WORKING

Our world is changing exponentially; we have demonstrated that we can adapt to work very differently in challenging circumstances and will continue to build on this model in the next twelve months to optimise the opportunities that technology, innovation and digitalisation bring. Embracing difference and including everyone is a fundamental part of developing a future ready mind-set so we stay ahead of the game.

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## OUR PEOPLE PRIORITIES

Each of our six themes are broken down into **high-level priorities** to ensure that we are delivering the DHCW objectives, namely the development of the new Digital Organisation enabling workforce transformation by increasing the capability and capacity. These key priorities will focus on delivering improvements in each of the following areas.

KEY THEMES	PEOPLE PRIORITIES
Extraordinary Leadership	Leadership & Management Training & Development Talent Management Succession Planning
Great Organisation to Work	Culture & Organisational Development Diversity/Equality/Welsh Language Thriving Research & Innovation agenda
Strategic Workforce Planning	Resourcing – Recruitment & Retention Changing the shape of the workforce Work force review - implement DDaT Plus Framework across Wales for digital professions
Grow Our Own	Growing Our Own Career Pathways Partnership and Collaborative Working
Wellbeing and Engagement	Wellbeing and Engagement
New Ways of Working	Technology & New Ways of Working

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We will achieve these priorities by focussing on specific measurable actions.

## RESOURCING

### RECRUITMENT

To be an employer of choice by attracting the best people which reflects the communities we work in and makes the most of all the advantages that diversity brings to DHCW. Establish DHCW brand and maximising digital marketing opportunities and tools, utilising innovative selection methods of on boarding whilst offering attractive, flexible and competitive benefits to be a digital employer of choice.

To achieve this we will:

- Create DHCW brand and digital marketing to raise the profile of DHCW showcase the total rewards package which includes non-financial awards to become an externally recognised employer of choice.
- Increase apprenticeship and graduate schemes.
- Maximise use of social media tools to increase interest and number of applicants as well as support open days, career fairs, running assessment and development centres.
- Explore a range of resourcing options including developing and implementing a commissioning strategy. This will also include the DHCW collaborative bank.
- Partnership working with WIDI, schools, universities, community and special interest groups such as veterans, disability, gender, ethnicity to increase talent pool.
- Encourage staff and partners to promote opportunities within DHCW and across NHS Wales.

### INDUCTION AND ON-BOARDING

Innovative and informative induction and on-boarding processes which enables new starters to contribute quickly and effectively and feel part of the DHCW family.

To achieve this we will:

- Develop a comprehensive staff induction programme with a blended approach which is interactive and engaging.
- Deliver a management induction which enables the new manager to quickly grasp the process, procedures and expectations of the DHCW organisation.
- Implement a refresher programme and provide tools and guidance for managers to support on boarding.
- Implement networking group from corporate induction cohort to support and grow relationships.

## LEADERSHIP & MANAGEMENT

### TALENT & SUCCESSION PLANNING

To ensure DHCW has critical talent within a culture of diversity, equality and inclusion, to future proof our workforce. We will identify, develop and grow our current people and the next generation of talent within DHCW and across digital teams in NHS Wales - paying particular attention to critical roles to ensure organisation continuity and to minimise single point of failure.

To achieve this we will:

- Develop a strategy for Talent Management and outline the DHCW approach
- Implement a system to capture performance, potential, aspirations, readiness and development.
- Map existing critical roles.
- Understand the current baseline position of our people and gap challenges.
- Implement development centres to identify potential and address development gaps.
- Implement a Success Profile Framework for Senior Leadership roles.
- Evaluate the Talent Management and succession planning using KPIs and reviewing progress against the all Wales Talent Management diagnostic tool.

### LEADERSHIP DEVELOPMENT

Develop the DHCW Extraordinary and Compassionate Leadership Programme which will equip existing and future leaders to successfully lead the organisation by embracing and embedding compassionate leadership principles so their teams are equipped to deliver high quality services.

To achieve this we will:

- Embed compassionate leadership culture through the development, delivery and evaluation of a bespoke DHCW leadership programmes at all stages of the career cycle.
- In collaboration with Health Education and Improvement Wales (HEIW), Universities and other partners, offer wider learning and network opportunities including qualifications and sponsorship.

## LEADERSHIP & MANAGEMENT

### MANAGEMENT DEVELOPMENT

Confident and capable managers equipped with the knowledge, skills and relevant tools to effectively manage and develop their teams.

To achieve this we will:

- Develop a DHCW Leadership Model and the roadmap to support the implementation of the leadership programme which demonstrates how individuals can grow and progress at each stage of their management and leadership career up to Chief Executive.
- Develop a maturity matrix and map existing management roles which are aligned to DDaT Plus Framework.
- Identify, develop, deliver and evaluate core management modules.

## TRAINING & DEVELOPMENT

### CONTINUOUS LEARNING

To become a learning organisation where our people are pro-actively seeking learning and development opportunities using a variety of learning methods and transferring their new acquired skills and knowledge to improve organisational performance.

To achieve this we will:

- Ensure embedded sustainable model to enable sharing of experience, knowledge and skill in DHCW to deter single point of failure.
- Develop a catalogue of potential ways to fill training/development needs identified. Promoting blended learning , creating a 'thirst' for learning and identifying learning champions.
- Explore externally funded programmes to gain academic qualifications.
- Undertake Training Needs Analysis to understand current gap challenge.

## CULTURE & ORGANISATION DEVELOPMENT

### VALUES AND BEHAVIOURS

Continuing to be recognised and recommended as a great place to work where our values and behaviours are developed with our people and embedded in everything we do.

To achieve this we will:

- Develop and implement a new values and behaviours framework in partnership with staff, union colleagues and the DHCW Board to support the evolution of DHCW Culture.

## NEW WAYS OF WORKING

### MAXIMISE NEW WAYS OF WORKING

For both employee and employer.

To achieve this we will:

- Develop and implement a hybrid way of working framework.
- Develop a good performance guidance framework for all our people.
- Develop guidance and support for managers and people.
- Develop and deliver training to support new ways of working.

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## GROWING OUR OWN

### INCREASE CAPACITY

Create a continuous pipeline of people to meet the growing demand of the DHCW and the digital workforce in NHS Wales through integrated workforce planning, partnership working and collaboration.

To achieve this we will:

- Increase apprenticeship programme pathways and the number of apprentices across DHCW and NHS Wales.
- Increase graduate programmes and placements within the organisation by maximising DHCW offering across a number of professions. E.g.. Summer placements, Student Internships, etc and by working with university partners to recruit graduates to ensure DHCW becomes the digital employer of choice.
- Explore sponsorship of a Research & Innovation graduate.
- Engage with local communities and schools to promote DHCW as a preferred digital employer of choice.
- Promote relationship with the education sector to influence and promote course content and outcomes and to secure talent pipeline in the digital space.

### CAREER PATHWAYS

Develop a model which demonstrates how individuals can grow and progress at each stage of their career.

To achieve this we will:

- Define career pathways and refreshing our approach to the provision of Apprenticeships, working in partnership with Wales Institute of Digital Information (WIDI) and other education providers to increase apprenticeship programme pathways.
- Develop a maturity matrix and mapping of the existing workforce.
- Develop of a catalogue of potential ways to fill training/development needs identified.
- Explore externally funded programmes to increase academic qualifications.

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## WELLBEING & ENGAGEMENT

### CONTINUE TO BUILD ON THE INITIATIVES INTRODUCED DURING THE PANDEMIC

With particular focus on resilience and wellbeing. Provide appropriate sign post of information and support for both the manager and staff member by maximising various channels of communication within DHCW.

This will be achieved by:

- Maintain current standards for good people practice such as the Gold Corporate Health Standard, BS76000 and BS76005.
- Roll out of Respect and Resolution framework in partnership with Union colleagues.
- Explore virtual wellbeing support for managers and staff members.
- Evaluate existing initiatives and training to continuously improve support.

## DIVERSITY, EQUALITY & INCLUSION

### TO HAVE AN INCLUSIVE AND DIVERSE CULTURE

Where people are supported and feel confident and valued for their unique contribution and in which their voice is heard. We want everyone to thrive at work and feel empowered to be the best they can be.

To achieve this we will:

- Agree Diversity, Equality and Inclusion strategy which includes targeted plans and stakeholder matrix to attract a diverse workforce for DHCW.
- Roll out awareness sessions to enable common understanding of Diversity, Equality and Inclusion and why it matters to DHCW.
- Explore and work closely with existing partners to attract a more diverse workforce.
- Evaluate and measure the impact of equality and inclusive initiatives through a range of methods.
- Engage and encourage DHCW staff to learn Welsh.

## SHAPE OF THE WORKFORCE

### TO DEVELOP NEW WORKFORCE MODELS

Which support future direction of the DHCW organisation and the Digital profession across NHS Wales.

To achieve this we will:

- Adopt DDaT Plus framework to support immediate and long-term workforce plans within directorates in DHCW and across digital teams in Wales ensuring NHS Wales has the right people with the right values, behaviours, skills and confidence.
- Collaborate with Digital profession across NHS Wales to develop a national immediate and long-term workforce plan which aligns with the National Digital Strategy and the DDaT Plus Framework.
- Develop for the digital profession recruitment strategy to improve the supply pipeline by building on the academic partnership, increasing apprenticeship and graduate schemes across Wales.
- Implement digital workforce systems to predict future workforce requirements through data analysis, modelling and horizon scanning through partnership working.
- Prioritise and interpret data to better inform workforce strategies and targeted interventions.





# The People and OD Strategy 2022-2025

**SHA Board – 29<sup>th</sup> September 2022**

**Sarah-Jane Taylor – Director of People & OD**



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## Background and building blocks

As a relatively newly formed organisation, DHCW is building a very strong foundation to be a **learning organisation** and an Employer of Choice. This is the first Digital Health and Care Wales (DHCW) People and Organisational Development Strategy covering three-year period from 2022 to 2025 with a vision to establish DHCW as a **'great place to work – where our people are fully engaged, high performing and embody DHCW Values and Behaviours'**.

The delivery of high quality digital services **depends on a workforce being engaged, happy and appreciated with a good understanding of how they contribute to the organisation and the wider NHS in Wales.**

In addition, the Prudent Healthcare Principles in A Healthier Wales and the Wellbeing of Future Generations Act 2015 states that a **sustainable, motivated and highly skilled workforce is required.** These key themes are aligned and integrated within the Strategy.



## Development of the strategy – key considerations

The draft People & OD Strategy has been developed in partnership with internal workforce representatives and external stakeholders and has taken into consideration both the national and the local context, referring to the key all Wales Strategies, Plans and Legislation

- ☐ the Prudent Healthcare Principles
- ☐ A Healthier Wales: Our Plan for Health and Social Care
- ☐ A Healthier Wales: Our Workforce Strategy for Health and Social Care (October 2020)
- ☐ The Healthier Working Relationships
- ☐ The Wellbeing of Future Generations Act 2015
- ☐ DHCW Integrated Medium Term Plan (IMTP)
- ☐ The findings from the All Wales Digital Profession Workforce Review



# Overview of the People and OD Strategy

## NATIONAL AND LOCAL CONTEXT

THE DELIVERY OF HIGH-QUALITY DIGITAL SERVICES DEPENDS ON STAFF being engaged, happy and motivated in work, supported and appreciated and understanding how they contribute to the organisation and the wider NHS in Wales.

A sustainable, motivated and highly skilled workforce is required to deliver the prudent healthcare principles in A Healthier Wales: our plan for Health and Social Care and the seven Well-being goals set out in the Wellbeing of Future Generations (Wales) Act 2015.

**A Healthier Wales: Our Workforce Strategy for Health and Social Care** (October 2020) sets out an approach to the creation of an NHS which has workplaces where staff experience compassionate, healthy and fair behaviours. There are many opportunities to influence this change which includes leadership development and changing how colleagues experience work and refocussing how people policies are designed and used.

The Healthier Working Relationships approach developed, in **partnership** with NHS, trade unions and Welsh Government, and currently being implemented across NHS Wales will clearly influence our approach in DHCW. Healthier Working Relationships is about changing what's expected of our people in NHS Wales and taking responsibility for our relationships. It is taking time to listen, recognise, value, know and like each other as better relationships means better care.

Following the completion of the **All Wales Digital Profession workforce review**, DHCW will continue to work in partnership with the wider NHS Wales family, public sector colleagues, academia and industry. Collaboration and co-production will ensure that our strategy supports the integration, innovation and modernisation of the workforce.

DHCW – as the first organisation in the UK to achieve certification against the **BS 76000, the British Standard for Valuing People** - our commitment to people practices are principled, relevant and developmental.

**BS76000** is a standard that requires clear understanding of the purpose of and vision for our business, thoughtful execution and a commitment to excellence via continuous learning and development.

This standard is all about our staff and developing the organization to be the best it can be, through reflection, recognition, appreciation and improvement of people practices and we will continue to build on this good work.

## Development of the strategy and alignment to the organisational context

- ❑ The People and Organisational Development Strategy identifies the workforce priorities required to support the delivery of the Digital Health & Care Wales strategic ambitions, vision and priorities ensuring that **DHCW values are embedded**
- ❑ The Strategy describes our current position, where we aim to be and the plans to achieve these priorities
- ❑ There is a keen focus on **values, development, resourcing, strategic workforce planning, health and wellbeing, leadership, talent and equality, diversity and inclusion** – it is bespoke to the organisation and supportive of the DHCW commitment to **developing the new digital organisation and being a digital employer of choice**



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# The People and OD Strategy

## STRATEGY ALIGNMENT

**A HEALTHIER WALES:** Workforce Strategy for Health & Social Care (NHS Wales) has seven themes establishing the workforce priorities and they are set out below:

- An Engaged, Motivated and Healthy Workforce
- Attraction and Recruitment
- Seamless Workforce Models
- Building a Digitally Ready Workforce
- Excellent Education and Learning
- Leadership and Succession
- Workforce Supply and Shape

**THESE HEALTHIER WALES:** Workforce Strategic aims are focussed on delivering improvements in each of the following areas:

- Wellbeing and Engagement
- Equality & Inclusion
- Workforce Planning
- Culture & OD
- Training & Development
- Talent & Leadership
- Resourcing

The above stated aims and themes are aligned both to the 'Our People and OD Strategy' and DHCW Organisation strategic objectives.



### DIGITAL HEALTH AND CARE WALES STRATEGIC OBJECTIVES

- Mobilising Digital Transformation
- Expanding the content, availability and functionality of the Digital Health & Care Record
- Delivering High Quality Digital Services
- Big Data Analysis for better outcomes and value based care
- Development of the New Digital Organisation





## Shaping the Workforce

The publication of this Strategy will enable all key stakeholders, both internal and external, to have a **clear and consistent understanding of DHCW's people priorities to support the delivery of DHCW's objectives.**

We will promote a **compassionate and inclusive culture, where people feel valued and have the space and opportunity to develop digital capability and capacity.** Through our workforce development we will ensure that our people are trained, supported and performing to the **best of their ability whilst demonstrating the core values and behaviours** so that Digital Health & Care Wales is known as a **great place to work.**

The Strategy will also confirm our commitment to the investment and development of our **people and the digital profession in NHS Wales.** This approach will **support the attraction and retention of key talent.**

The Strategy includes **six key themes.** These priorities are essential to ensure the delivery of the DHCW objectives and the development of the new Digital Organisation enabling workforce transformation by increasing the capability and capacity.



# The People and OD Strategy 2022-2025

## our vision

A GREAT PLACE TO WORK WHERE OUR PEOPLE ARE FULLY ENGAGED, HIGH PERFORMING AND EMBODY OUR VALUES AND BEHAVIOURS.

We will achieve this by joining these six themes to shape our workforce.



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# Overview of the People and OD Strategy

## 1. Extraordinary Leadership

Our leaders are:

- Emotionally intelligent
- Embrace and lead change
- Enabling innovation and continuous improvement
- Inspiring and encouraging their teams and working in partnership
- Challenge the status quo to deliver great performance
- Focused on personal resilience, resourcefulness and agility



## 2. Great Organisation to Work

- People have a great experience at work and they understand the part they play
- An inclusive and diverse culture where all are supported by managers and feel
- Confident that their voice is heard and a partnership working is embedded
- Research and Innovation encouraged, an organisation where everyone thrives at work and feels empowered to be their best





## 3. Strategic Workforce Planning

We will model, predict, prioritise and implement workforce strategies to ensure we meet workforce requirements. This includes:

- ☐ strengthening targeted strategies to tackle our gender pay gap
- ☐ reducing inequality of outcomes and any other significant workforce development needs.
- ☐ Develop and deliver resourcing solutions to support demand and work closely with education centre and wider partners

☐ All the features of the strategy



## 4. Grow Our Own

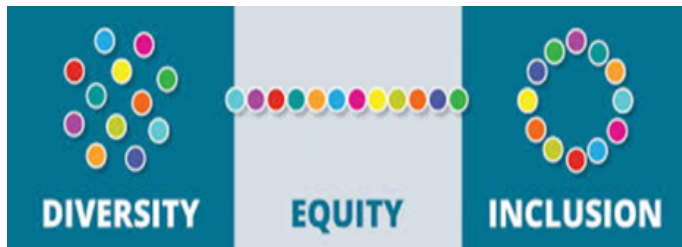
Develop schemes which translate strategic workforce planning into targeted actions. These schemes will:

- ☐ Grow the future generation of talent
- ☐ Develop the people we have here now
- ☐ Support learning and development
- ☐ Enable us to develop the skills and capabilities for now and future
- ☐ Create opportunities for future talent – including graduates/apprenticeships/talent programmes
- ☐ Support our industry to promote Digital and Information Technology careers



## 5. Well-Being and Engagement

Every individual will be confident to play their part in delivering world class service, through excellence in their technical competence, and developing emotionally intelligent, well-being and personal skills. They will reach their potential by developing their skills continually with lifelong learning, as an inspiration to colleagues, partners and families whilst in parallel supporting wellness and work life balance. **\*Finalists now September 2022 for Wellness**



## 6. New Ways of Working

We have demonstrated that we can adapt to work very differently in challenging circumstances and will continue to build on this model in the next twelve months. Innovation and digitalisation bring.



# DHCW VALUES and BEHAVIOURS – Hot off the press September 2022

Values are integral to everything we do and should be reflected in all interactions with colleagues, stakeholders and current and prospective customers. It is essential that our organisation's values are embedded in all elements of the employment lifecycle from the first time a candidate considers our roles in job descriptions and adverts to the interviews, onboarding, Induction Appraisals, Training, Policies and procedures and more until the point that people exit the organisation. The Strategy has the values integral and will signal the formal launch and communication of them.

## COLLABORATION



Teamwork  
Supporting & Challenging  
Listening  
Valuing Each Other

## INNOVATION



Creative Thinking  
Pushing Boundaries  
Transformation  
Embracing Change  
Continuous Learning  
Ambitious

## INCLUSIVE



Diversity  
Equality  
Respect  
Fair

## EXCELLENCE



High Standards  
Quality  
Continuous Improvement  
Drive for Results  
Pride in What We Do  
Accountability

## COMPASSIONATE



Respect  
Dignity  
Kindness  
Empathy  
Personal Responsibility  
Trust

## The Pledge

*Rwy'n addo:*

*Byw yn ôl y Gwerthoedd,  
Model Rôl Ymddygiad priodol,*

*Hyrwyddo a sbarduno diwylliant cadarnhaol yn DHCW.*

*I pledge to:*

*Live by the Values,*

*Role Model appropriate Behaviour,*

*Promote and Drive positive culture in DHCW*

*Signature*



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## Any Questions



## DIGITAL HEALTH AND CARE WALES STRATEGIC PROCUREMENT REPORT

Agenda Item	5.3
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Name of Meeting	SHA Board
Date of Meeting	29 September 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
Presented By	Michelle Sell, Director of Planning & Performance / Chief Commercial Officer

Purpose of the Report	For Approval
Recommendation	
The Board is being asked to: <b>APPROVE</b> the Contract Awards as detailed in Appendix 1 and <b>NOTE</b> the specific activity in relation to the “call off” for Microsoft Azure Services under the existing TrustMarque Agreement.	

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Acronyms	
DHCW	Digital Health & Care Wales
GCP	Google Cloud Platform
MEAT	Most Economically Advantageous Tender
NDR	National Data Resource
NPS	National Procurement Services
PCR2015	Public Contract Regulations 2015
SFI	Standing Financial Instructions
SHA	Special Health Authority
SO	Standing Orders
STA	Single Tender Action
VAT	Value Added Tax
WG	Welsh Government
VEAT	Voluntary Ex-Ante Transparency Notice

## 1. IMPACT ASSESSMENT

<b>STRATEGIC OBJECTIVE</b>	All Objectives apply
<b>CORPORATE RISK</b> (ref if appropriate)	Not Applicable
<b>WELL-BEING OF FUTURE GENERATIONS ACT</b>	A healthier Wales
If more than one standard applies, please list below:	
<b>DHCW QUALITY STANDARDS</b>	N/A
If more than one standard applies, please list below:	
<b>HEALTH CARE STANDARD</b>	N/A
If more than one standard applies, please list below:	
<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: Not applicable
No, (detail included below as to reasoning)	Outcome: Not applicable
Statement: Not applicable	

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

## 2. SITUATION/BACKGROUND

- 2.1 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.
- 2.2 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.

## 3. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 Appendix 1 sets out 2 Contract Award Approvals for the consideration of the Board. An overview of the contractual activity requiring approval is provided below:

P642.19B Vaccination Programme Notification Service to support Covid-19  
P785 Google Reseller Framework Agreement

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The report also notes specific activity in relation to the “call off” for Microsoft Azure Services under the existing TrustMarque Agreement.

## (i) P642.19B Vaccination Programme Notification Service to support Covid-19

**Contractor:** The Cabinet Office  
**Term:** 1<sup>st</sup> October 2022 to 30<sup>th</sup> September 2023. Please Note: The term of the contract may need to flex based on the Welsh Governments policy in relation to the Vaccination Programme.  
**Value:** £2,500,000.00 ex VAT (this is the anticipated maximum contract value)  
**Approval Requested:** Single Tender Action Contract Award

### Context/Background

Digital Health and Care Wales (DHCW) requires an Agreement to be executed to continue the use of UK Gov Notify – the UK government’s messaging platform. The use of this platform ensures that critical messages (letters/texts) are delivered smoothly and efficiently from each Health Board to its patients.

In 2020 when the pandemic was at its peak, DHCW did not have the internal skillset to be able to develop a messaging platform internally and within the timescales required to meet the emergent needs of the pandemic. It was on this basis that an agreement was executed in December 2020 to enable DHCW to utilize the UK Gov Notify messaging platform.

The term of the last contract expired on 30 April 2022. However, with Covid still prevalent within society, the use of the UK Gov Notify message platform was still needed for the support of the vaccination service and its booster programmes.

As the vaccination and booster programmes are still ongoing and likely to continue for as a minimum the next twelve (12) months, it was essential that continued contract coverage is in place. As such it is essential that a new contract is required to be executed from October 2022.

The contract will be underpinned by a Memorandum of Understanding (“MOU”) between NHS Wales and the Cabinet Office.

## (ii) P785 Google Reseller Framework Agreement

**Contractor:** Computacenter (UK) Ltd  
**Term:** 1<sup>st</sup> October 2022 to 30<sup>th</sup> September 2026  
**Value:** £10,000,000.00 ex VAT  
**Approval Requested:** Contract Award

### Context/Background

NHS Wales in collaboration with Social Care Wales and Welsh Government is in the process of building a new national data platform to help make better use of health and care data in Wales, including giving health and care professionals access to better information about NHS Wales services

and deliver on the requirements of A Healthier Wales. The platform is known as the All-Wales Data & Analytics Platform and is being delivered by DHCW's National Data Resource ("**NDR**") programme.

Based on current strategy and policy DHCW was required to procure appropriate cloud services to support the design, implementation and ongoing development of the All-Wales Data Platform. A robust technical justification process has been undertaken including an independent review commissioned by DHCW to assess the best fit of cloud data solutions and services based on the NDR's Data Strategy. The review established that Google Cloud Platform ("**GCP**") was the best fit and on that basis a decision was reached to undertake an appropriate agreement to meet the organisation's business needs for the short and medium term.

The establishment of a Framework Agreement was agreed as the most appropriate contractual form since it would allow the NDR programme to call off their requirements on an ad hoc basis in accordance with the iterative technological needs of the programme and NHS Wales strategic business needs. The framework will not only facilitate calling off technical requirements but also specialist resource requirements and support if required

Google was not able to bid directly for the work, but competition has been derived via a competitive procurement process with Google's "reseller" partners. This approach satisfies Standing Financial Instructions and Public Contract Regulations (2015) ("**PCR2015**") requirements with regards to competing requirements in the marketplace.

A formal contract management process will be implemented to ensure that the contract delivers the intended deliverables and benefits, and that knowledge is transferred from the supplier to the Authority during the term of the Framework Agreement.

The term of the Framework Agreement is for four (4) years and the anticipated maximum contract value is £10,000,000.00. Governance procedures have been adhered to via the Welsh Government's briefing/notification process.

### (iii) Azure Services

For the information of the Board, the Management Board has also agreed to enter into a 3-year Microsoft Customer Agreement (MCA) via TrustMarque for Azure hosting services, committed expenditure of circa £5m inc. VAT. This will be executed as a call off under the Microsoft Enterprise Agreement, approved by the Board in May. This will give the following benefits:

- Financial savings (e.g., £43,000 over the term based on a £5m inc. VAT annual expenditure (this includes the more preferential charges of the MCA plus factors in DHCW migration costs from the Licensing Servicing Partner Agreement)
- Operationally, DHCW can raise support tickets directly with Microsoft for both proactive and reactive support, through the utilisation of an existing Unified Support Agreement.

The expenditure will be closely managed through the Cloud Council Group.

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## 4. KEY RISKS/MATTERS FOR ESCALATION TO BOARD

4.1 Appendix 1 includes 2 Contract Award recommendations for the Board's approval relating to:

P642.19B Vaccination Programme Notification Service to support Covid-19 Agreement 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, as assured by DHCW's Executive Director of Finance.
- (iii) A Voluntary Ex Ante Transparency ("VEAT") notice has been issued via sell2wales to inform the market of the Authorities STA activity.
- (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.

P785 Google Reseller Framework Agreement 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
- (v) 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 Programme Director for the National Data Resource.
- (vi) Under the Framework Agreement there is no commitment to spend. The NDR programme will be required to seek budgetary approval of any expenditure via a Procurement Approval Form prior to drawing down on the Framework Agreement. The Framework value of £10,000,000.00 excluding VAT sets out the maximum sum which may be spent in total for DHCW.
- (vii) 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.

## 5. RECOMMENDATION

- 5.1 The Board is being asked to: **APPROVE** the Contract Awards as detailed in Appendix 1 and **NOTE** the specific activity in relation to the "call off" for Microsoft Azure Services under the existing TrustMarque Agreement.

## 6. 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	07.09.2022	Approved
Julie Francis – Head of Commercial Services	07.09.2022	Approved
Michelle Sell – Director of Planning & Performance / Chief Commercial Officer	16.09.2022	Approved
Claire Osmundsen-Little – Executive Director of Finance	16.09.2022	Approved
Helen Thomas – Chief Executive Officer	16.09.2022	Approved

### APPENDIX 1: Key Procurement Documents for Approval

- i. P642.19B Vaccination Programme Notification Service to support Covid-19
- ii. P785 Google Reseller Framework Agreement

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East, Cardiff  
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## COMMITMENT OF EXPENDITURE EXCEEDING CHIEF EXECUTIVE'S LIMIT / BUSINESS JUSTIFICATION

<b>Scheme Title</b>	Welsh Immunisations System ("WIS") – Vaccination Programme to support Covid-19
<b>Supplier</b>	The Cabinet Office
<b>Terms and Conditions</b>	The contract will be underpinned by a Memorandum of Understanding ("MOU") between Digital Health and Care Wales and the Cabinet Office.
<b>Contract Awarded for Use by</b>	Digital Health and Care Wales ("DHCW")
<b>Prepared By</b>	Laura Panes, Strategic Procurement and Contracts Manager
<b>Date Prepared</b>	30 August 2022
<b>Scheme Sponsor</b>	Claire Osmundsen-Little, Executive Director of Finance

All proposals must be consistent with the strategic and operational plans of DHCW.

### 1. DESCRIPTION OF GOODS / SERVICES / WORKS

Digital Health and Care Wales (DHCW) requires an Agreement to be executed to continue the use of UK Gov Notify – the government's messaging platform. The platform has been developed by Central Government for use by all parts of the public sector to deliver urgent messages/texts. It has been a vital platform in managing the messages for the Covid vaccination from each Health Board in Wales to its patients since December 2020.

Given that the vaccination and booster programmes are still ongoing and likely to continue for as a minimum the next twelve (12) months, it is essential that continued contract coverage is in place. The previous contract did not have any extension provisions, so it is essential that a new contract is required to be executed from October 2022.

<b>1.1 Nature of contract:</b> 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:

<b>Expected Start Date of Contract</b>	October 2022
<b>Expected End Date of Contract</b>	September 2023

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

Twelve (12) months – Please Note: The term of the contract may need to flex based on the Welsh Governments policy in relation to the Vaccination Programme.

## 2. STRATEGIC FIT

### 2.1 VISION AND OUR STRATEGIC PILLARS

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

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

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

### 2.2 INTEGRATED MEDIUM-TERM PLAN

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

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

As previously indicated this requirement is due to the emergent policy and public health needs to manage the Covid Pandemic.

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### 2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES

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

Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways.	<input 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 type="checkbox"/>	Collaboration	<input type="checkbox"/>	Involvement	<input type="checkbox"/>
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Contributing to the Foundational Economy (Wales) – Not Applicable

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Tŷ Glan-yr-Afon  
21 Cowbridge Road  
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### 3. PROCUREMENT ROUTE

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

##### Competition

Three (3) Quotes ☐

Formal Tender Exercise ☐

Mini Competition ☐

Find a Tender ☐

(replaces OJEU, Public Contract Regulations 2015  
still apply)

##### Single source

Single Quotation Action ☐

Single Tender Action ☒

Direct call off Framework ☐

All Wales contract ☐

#### 3.2 Please outline the procurement procedure.

This procurement will be undertaken via a Single Tender Action ("STA"). The Agreement is underpinned by an MOU with the Cabinet Office.

Given the time constraints in relation to the delivery of the COVID Vaccine IT System by December 2020, a proven service was required to assist in the management of the vaccination programme. DHCW selected to use UK Gov Notify platform as it was one that was designed and already in use within the Public Sector for managing communications letters, emails and texts) and had been advocated by the Government for the largescale management of messages and letters for the vaccination programme. Additionally, the team at the Cabinet Office were very quickly able to draw up an agreed Appointment Letter template following consultation with DHCW and PHW that could be deployed immediately. The continuation of this service is critical to ensure messages are delivered without disruption to the citizens of NHS Wales.

#### 3.3 What has been the approximate timeline for procurement?

Activity	Date
Single Tender Approval	1 <sup>st</sup> September 2022
Procurement Approval Form Approval	1 <sup>st</sup> September 2022
Board Paper Approval by Commercial Services	3 <sup>rd</sup> September 2022
Board Paper Approved by DHCW Board	29 <sup>th</sup> September 2022
Welsh Government Approval	29 <sup>th</sup> September 2022
Contract Commencement Date	October 2022

Contract award is anticipated immediately after DHCW Board Approval is received.

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#### 4. BENEFITS (Quantifiable / Non-Quantifiable)

##### 4.1 Outline benefits of preferred option

There are a number of transactional/process driven benefits together with VFM benefits as set out below:

Since December 2020, the system has enabled transactional communications (letters, emails and text messages) to be sent in large numbers, as required to support the Vaccination programme. An agreed Appointment Letter template is already established and in use and can continue to be deployed, without any interruption to the service.

Finally, it has been further developed in response to the COVID pandemic as the “go to” platform for using in respect of managing the risks of COVID.

An ‘invite to attend’ letter is the initial use case of this. Use of the service has also significantly reduced the administrative burden on either UHBs or DHCW to print and send these letters. The service also enables the sending of SMS or emails and therefore supports the patient’s preference when it comes to contact.

Value for money has also been taken into consideration, with the UK Gov Notify solution offering significant savings when compared to other private sector contracts. As an example, a current contract for the Test Trace Protect service (“TTPs”), where SMS were issued as a part of the contract and the charge per SMS was £0.065.

#### 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
<p>This service will need to be available as soon as possible to enable support to continue for the Welsh Government’s Covid-19 Vaccination Service including booster campaigns.</p> <p>If this agreement is not executed immediately, it will have a direct impact on the Covid-19 Vaccination Programme and the ability to continue the immunisation of the citizens of Wales against Covid-19.</p>	<p>Not applicable for the reasons outlined</p>

## 6. FINANCIAL ANALYSIS

<b>Maximum expected whole life cost relating to the award of contract</b>	<b>Excluding VAT (£)</b> <b>£2,500,000</b>	<b>Including VAT (£)</b> <b>£3,000,000</b>		
<b>The nature of spend</b>	<b>Capital</b> <input type="checkbox"/>	<b>Revenue</b> <input checked="" type="checkbox"/>		
<b>How is the scheme to be funded?</b> Please mark with a (x) as relevant.				
Existing budgets	<input type="checkbox"/>			
Additional Welsh Government funding	<input checked="" type="checkbox"/>			
Other	<input type="checkbox"/>			
<b>[If you have selected 'Other' – please provide further details]</b>				
<b>EXPENDITURE CATEGORY</b>	<b>Year 1 (exc. VAT) £</b>	<b>Year 2 (exc. VAT) £</b>	<b>Total (exc. VAT) £</b>	<b>Total (inc. VAT) £</b>
Revenue	2,500,000	N/A	2,500,000	3,000,000
Overall Total	2,500,000	N/A	2,500,000	3,000,000

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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:**

X

Julie Francis  
Head of Commercial Services

**Date:**

### 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:**

Claire Osmundsen-Little, Executive Director of Finance

**Signature:**

See signature in 7.3 below

**Directorate:**

Finance and Business Assurance

**Date:**

See date in 7.3 below

### 7.3 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:**

X

Claire Osmundsen-Little  
Executive Director of Finance

**Directorate:**

Finance and Business Assurance

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CF11 9AD

## 8. APPROVALS AND ASSURANCE RECEIVED

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

	Date of Meeting	Outcome
Management Board	16 September 2022	TBC
DHCW Board	29 September 2022	TBC

## 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 31<sup>st</sup> March 2022.

Chair of DHCW Board:

Signature:

X

Chair of the DHCW Board

Independent Member:

Signature:

X

Independent Member

Chief Executive Officer:

Helen Thomas

Signature:

X

Helen Thomas  
CEO

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

<b>Scheme Title</b>	Google Reseller Framework Agreement
<b>Supplier</b>	Computacenter (UK) Limited
<b>Contract Awarded for Use by</b>	Digital Health and Care Wales
<b>Date Prepared</b>	01/09/2022
<b>Prepared By</b>	Nathan Beynon
<b>Scheme Sponsor</b>	Rebecca Cook National Data Resource Programme Director

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

### 1. DESCRIPTION OF GOODS / SERVICES / WORKS

In 2018, Welsh Government ("WG") commissioned a parliamentary review of the Long-Term Future of Health and Social Care in Wales. "A Healthier Wales" strategy document was published in response to that review, setting out a ten-year plan for developing a whole system approach to health and care delivery in Wales. Improved use of data is a strategic imperative for Welsh Government and underpins the health and care service transformation set out in the plan. NHS Wales in collaboration with Social Care Wales and Welsh Government is in the process of building a new national data platform to help make better use of health and care data in Wales, including giving health and care professionals access to better information about NHS Wales services and deliver on the requirements of A Healthier Wales. The platform is known as the All-Wales Data & Analytics Platform and is being delivered by DHCW's National Data Resource ("NDR") programme. Digital Health and Care Wales ("DHCW") has been tasked by Welsh Government to procure the cloud services required to support the design, implementation and ongoing development of the All-Wales Data Platform. A robust technical justification process has been undertaken including an independent review commissioned by DHCW to assess the best fit of cloud data solutions and services based on the NDR's Data Strategy. The review established that Google Cloud Platform ("GCP") was the best fit and on that basis a decision was reached to undertake an appropriate agreement to meet the organisation's business needs for the short and medium term.

The establishment of a Framework Agreement was agreed as the most appropriate contractual form since it would allow the NDR programme to call off their requirements on an ad hoc basis in accordance with the iterative technological needs of the programme and NHS Wales strategic business needs. The framework will not only facilitate calling off technical requirements but also specialist resource requirements and support if required

Google was not able to bid directly for the work, but competition has been derived via a competitive procurement process with Google's "reseller" partners. This approach satisfies Standing Financial Instructions and Public Contract Regulations (2015) ("PCR2015") requirements with regards to competing requirements in the marketplace.

The scope of the Framework Agreement is for the provision of Google cloud services to acquire, organise, analyse, deliver, govern and secure data from systems across Health and Care in Wales. This will satisfy the following key strategic objectives:

Health and Care professionals and analysts across Wales can use this information to better understand the full picture of the nation's health and make more informed decisions about care based on the data using shared analysis, shared findings and clearer insights.

The platform will also provide the data to a wide range of applications and enable a better digital health and care record for Wales, as well as providing significant opportunities to support research in Wales.

A formal contract management process will be implemented to ensure that the contract delivers the intended deliverables and benefits, and that knowledge is transferred from the supplier to the Authority during the term of the Framework Agreement.

The term of the Framework Agreement is for four (4) years and the anticipated maximum contract value is £10,000,000.00. Governance procedures have been adhered to via the Welsh Governments Ministerial notification process.

Nature of contract: Please indicate with a (x) in the relevant box	First time	<input checked="" type="checkbox"/>	Contract Extension	<input type="checkbox"/>	Contract Renewal	<input type="checkbox"/>
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Period of contract including extension options:

Expected Start Date of Contract	1st October 2022
Expected End Date of Contract	30th September 2026
Contract Extension Options (E.g. maximum term in months)	N/A

## 2. STRATEGIC FIT

### 2.1 VISION AND OUR STRATEGIC PILLARS

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

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

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

## 2.2 INTEGRATED MEDIUM-TERM PLAN

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

**Yes**

**No**

☒

☐

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

## 2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES

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

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

☒

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

☒

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

☒

Deliver bold solutions to the environmental challenges posed by our activities.

☐

Bring communities and generations together through involvement in the planning and delivery of our services.

☐

Demonstrate respect for the diverse cultural heritage of modern Wales.

☒

Strengthen the international reputation of the SHA as a centre of excellence for teaching, research and technical innovations whilst also making a lasting contribution to global well-being.

☒

## 2.4 FIVE WAYS OF WORKING (SUSTAINABLE DEVELOPMENT PRINCIPLES) CONSIDERED

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

Click [here](#) for more information

Prevention

☐

Long Term

☒

Integration

☒

Collaboration

☒

Involvement

☒

## 3. PROCUREMENT ROUTE

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

#### Competition

Three (3) Quotes

☐

Formal Tender Exercise

☐

Mini Competition

☐

Find a Tender

☒

(replaces OJEU, Public Contract Regulations 2015 still apply)

#### Single source

Single Quotation Action

☐

Single Tender Action

☐

Direct call off Framework

☐

All Wales contract

☐

### 3.2 Please outline the procurement procedure.

In order to secure an appropriate supplier for this procurement, a Contract Notice ("**Notice**") was issued on 21st June 2022, in the Find a Tender Service ("**FTS**"), reference: 2022-122071. In accordance with the Open Procedure, as set out in Regulation 27 of the Public Contract Regulations (2015), the Invitation to Tender ("**ITT**") was issued in parallel with the Contract Notice.

The contract is underpinned by the NHS Wales Standard Terms and Conditions for Provision of Goods and Services (May 2018).

### 3.3 What has been the approximate timeline for procurement?

Date	Activity
20 <sup>th</sup> June 2022	PCR15 Contract Notice, SPD and ITT published
6 <sup>th</sup> July 2022	Closing date for suppliers to submit clarification questions
11 <sup>th</sup> July 2022	Closing date for clarification responses
21st July 2022	Tender Closing date
21 <sup>st</sup> July - 14 <sup>th</sup> August 2022	Stage 1 Selection Evaluation and sign off
15 <sup>th</sup> August- 06 <sup>th</sup> September 2022	Stage 2 Award Evaluation and sign off

## 4. BENEFITS (Quantifiable / Non-Quantifiable)

### 4.1 Outline benefits of preferred option

The provision of the Google Cloud Platform Reseller Framework Agreement will bring a number of benefits, as detailed below:

- Support the establishment of the NDR Data Platform
- Upskilling of DHCW staff/resources to support Google Cloud Services
- Comprehensive Financial Operations ("**FinOps**") service that will support DHCW with financial forecasting and spend analysis of Google Cloud Platform products and services
- Continued development and support to meet Cloud Technology best practices
- Maximising the use and functionality of Google Cloud Products
- Support the delivery of the NDR Strategy across NHS Wales
- Support the delivery of the DHCW's Cloud Strategy

## 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 NDR programme will not be able to build and deliver the All-Wales Data & Analytics Platform within its required timescales using the Google Cloud technology identified as part of the technical justification.	NDR would need to consider other technology options such as Microsoft which could be drawn down on via the existing Microsoft contract.
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## 6. FINANCIAL ANALYSIS

<b>Maximum expected whole life cost relating to the award of contract</b>	<b>Excluding VAT</b> <b>£10,000,000.00</b>	<b>Including VAT</b> <b>£12,000,000.00</b>		
<b>The nature of spend</b>	<b>Capital</b> <input type="checkbox"/>	<b>Revenue</b> <input checked="" type="checkbox"/>		
<b>How is the scheme to be funded?</b> Please mark with a (x) as relevant.				
Existing budgets <input checked="" type="checkbox"/>				
Additional Welsh Government funding <input type="checkbox"/>				
Other <input checked="" type="checkbox"/>				
Under the Framework Agreement there is no commitment to spend.				
The NDR programme will be required to seek budgetary approval of any expenditure via a Procurement Approval Form prior to drawing down on the Framework Agreement.				
The Framework value of £10,000,000.00 excluding VAT sets out the maximum sum which may be spent in total for DHCW.				
<b>EXPENDITURE CATEGORY</b>	<b>Year 1 (exc. VAT)</b> £k	<b>Year 2-4 (exc. VAT)</b> £k	<b>Total (exc. VAT)</b> £k	<b>Total (inc. VAT)</b> £k
Not applicable to be determined at the point of call off				
<b>Overall Total</b>	The total contract value will not exceed £10,000,000.00 excluding VAT			

## 7. DECLARATION OF COMPLIANCE

<b>7.1 Procurement Approval</b>	
The Head of Commercial Services / Delegated Authority has approved the procurement route and confirms that policies and procedures have been followed.	
<b>Head of Commercial Services:</b>	Julie Francis
<b>Signature:</b>	 <hr/> Author
<b>Date:</b>	06 September 2022

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### 7.1 Director Approval

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

<b>Lead Director Name:</b>	
<b>Signature:</b>	
<b>Directorate:</b>	
<b>Date:</b>	

### Executive Director of Finance Approval

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

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

## 8. APPROVALS AND ASSURANCE RECEIVED

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

	Date of Meeting	Outcome

## 9. CONFIRMATION OF DHCW BOARD APPROVAL

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

The Digital Health and Care Wales Board has approved the award of this agreement for the durations and values (including extensions and options) as set out in this paper at its meeting of 29th September 2022.

<b>Chair of DHCW Board:</b>	
<b>Signature:</b>	
<b>Date:</b>	
<b>Independent Member:</b>	
<b>Signature:</b>	
<b>Date:</b>	

Chief Executive Officer:	
Signature:	
Date:	

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# DIGITAL HEALTH AND CARE WALES

## DHCW SUPPORT TO STAFF: COST OF LIVING

Agenda Item	6.1
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Name of Meeting	SHA Board
Date of Meeting	29 September 2022

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

Executive Sponsor	Sarah-Jane Taylor, Director of People and Organisational Development
Prepared By	Joanne Jamieson, Senior People Business Partner
Presented By	Sarah-Jane Taylor, Director of People and Organisational Development

Purpose of the Report	For Discussion/Review
Recommendation	The Board is being asked to: <b>DISCUSS</b> the contents of the report

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## IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	Delivering High Quality Digital Services
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Prosperous Wales
If more than one standard applies, please list below: A Healthier Wales and a more equal Wales as the cost-of-living crisis may impact on individuals Health & Wellbeing dependent on their personal circumstances.	

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

<u>HEALTH CARE STANDARD</u>	Staff & Resources
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: Not applicable to this area of discussion	

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<u>LEGAL</u> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<u>FINANCIAL</u> IMPLICATION/IMPACT	Yes, please see detail below
<u>WORKFORCE</u> IMPLICATION/IMPACT	This discussion paper is highlighting any support we are providing for employees during this cost-of-living crisis
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	Yes, please see detail below
	The impact of the cost-of-living crisis will affect all employees in different ways.
	Yes, please detail below
	The impact of the cost-of-living crisis will affect all employees in different ways.

RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

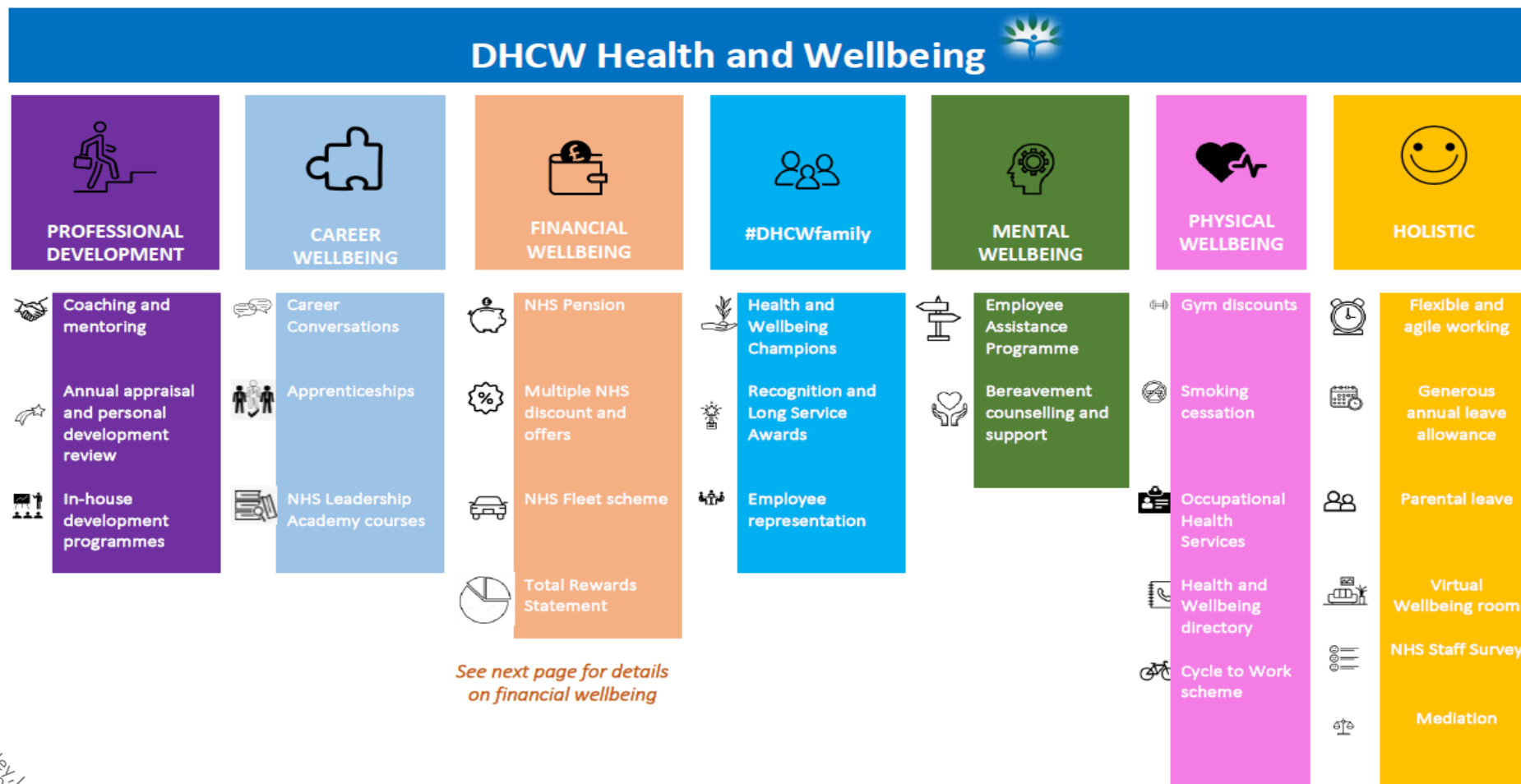
## 2. SITUATION/BACKGROUND

- 2.1 As the board is aware, the UK cost of living challenges has been a key media focus and indeed workers from across Private and Public sector and local communities have raised that there is concern that this winter is going to be particularly tough on everyone.
- 2.2 As a supportive employer DHCW is aware that both financial and wellbeing maybe impacted across our workforce and their families. As a support measure DHCW (Health and Wellbeing Group and Trade Unions) have jointly put together information and support to signpost anyone that this is impacting on.

## 3. SPECIFIC MATTERS FOR CONSIDERATION

- 3.1 DHCW has adopted a hybrid way of working and one of the benefits of hybrid working is a potential saving on travel costs. However, if a member of staff wants to work in the office this is fine as there is no obligation to be working from home, the only de minimis that applies is for staff to come into the office for meetings/work “with purpose” that needs to be done face to face so the choice is very much with the employee to work from home or in the office whichever works best for them.
- 3.2 On the DHCW Health & Wellbeing site available on Share point a Financial-Wellbeing page has been launched. This was communicated to all employees during the Chief Executives Staff Briefing by the Director of People and Organisational Development in August 2022. The details are contained below.

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- 3.3 On the People and OD share point site there is signposting to a range of support, this includes Debt advice, Money helper (through Money and Pensions Service), Step Change and Citizens Advice etc.
- 3.4 All employees have access to the Employee Assistance Programme (EAP), which includes counselling, guidance on work and personal matters, daily living and support details.
- 3.5 Information on the iConnect app which provides a range of articles and wellness resources is provided.
- 3.6 There is a promotion of the Blue Light Card, salary sacrifice schemes, gym membership discounts.

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

- 4.1 DHCW will continue to monitor any potential impacts as the winter months unfold and this will be raised and discussed at Executor Director meeting which occur on a weekly basis.

#### 5 RECOMMENDATION

- 5.1 The Board is being asked to **DISCUSS** the contents of the report

#### APPROVAL / SCRUTINY ROUTE

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

#### Appendix 1 – People Services Wellbeing Support

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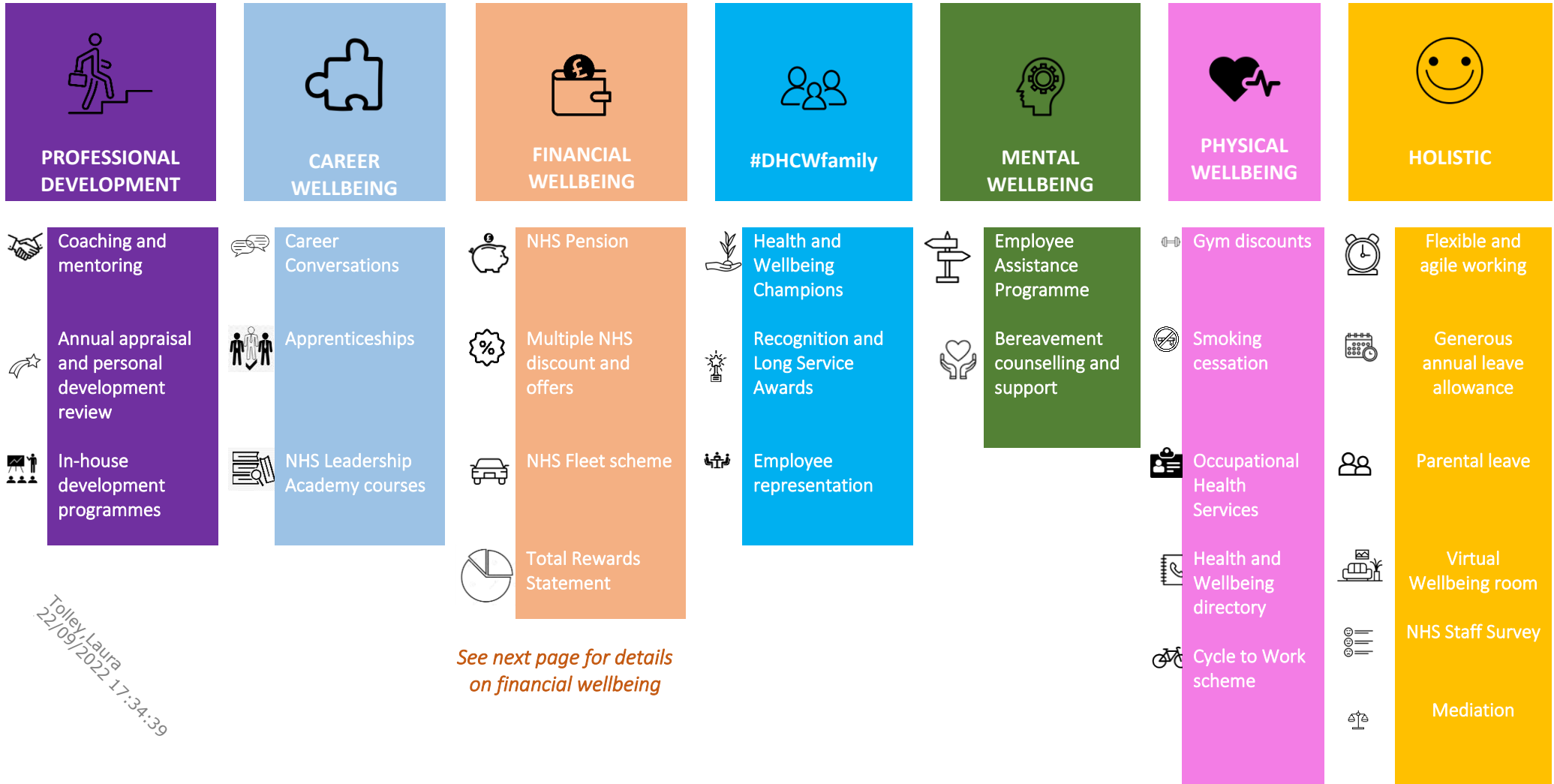
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# DHCW Health and Wellbeing



See next page for details  
on financial wellbeing

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# Financial Wellbeing Care pathway

If financial concerns are impacting your emotional wellbeing, please visit the SharePoint page [Health & Wellbeing \(sharepoint.com\)](#)

## I am in financial difficulty and need help



### Managing Debt

Support and advice to help you take control of debt, and information on how to borrow affordably, is available at <https://www.moneyhelper.org.uk/en/money-troubles/dealing-with-debt>

This shows you how to speak to the people you owe money to and gives tips to help you pay back your debts in the right order. If you need help to find free advice on managing debt, a debt advice locator is available here:

<https://www.moneyhelper.org.uk/en/money-troubles/dealing-with-debt/debt-advice-locator>

The Welsh Parliament have published guidance for those who are struggling with the rising cost of living which can be accessed here:

<https://research.senedd.wales/media/evfp0x/support-with-cost-of-living-pressures-updated-eng.pdf>

### Struggling to pay bills

The Citizens Advice Bureau provide specific support and advice on what to do if you are struggling to pay your bills, are behind with rent or mortgage payments or have credit card debts. This can be found here:

<https://www.citizensadvice.org.uk/debt-and-money/budgeting/budgeting/get-help-with-bills/>

### Support from Trade Unions

If you are member of a trade Union, help may be also available to you in the form of a grant. The following organisation provides hardship schemes.

**Unison:** <https://www.unison.org.uk/get-help/services-support/there-for-you/>

**Unite:** <https://www.unitetheunion.org/why-join/member-offers-and-benefits/member-offers/benevolent-fund/>

### Food Bank

If you are crisis and are struggling to provide food for yourself or your family, then please call 0802082138 for free (open Monday to Friday – 9am-5pm) to talk confidentially with trained Citizens Advisor.

If needed, they'll issue you with a voucher so you can get an emergency food parcel from your local food bank. More information on food banks can be found by visiting <https://www.trusselltrust.org/>

## I need some guidance on managing my finances



### Free and impartial advice for NHS staff

NHS people can call this support line, provided by the MoneyHelper Service, for free and impartial money guidance. Monday to Friday, 8am to 6pm. NHS telephone support line **0800 448 0826**

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# Financial Wellbeing Care Pathway

If financial concerns are impacting your emotional wellbeing, please visit the SharePoint page [Health & Wellbeing \(sharepoint.com\)](#)

I want to  
maximise my  
income



## DHCW Employee Benefits

[Employee Benefits \(sharepoint.com\)](#)

## Claiming state benefits

Information and advice about claiming benefits you might be entitled to, online advice and tools are available:

<https://www.entitledto.co.uk/>

<https://www.turn2us.org.uk/>

Financial support for people living with long term physical and mental health condition: <https://www.gov.uk/pip>

Financial support and advice for Carers: <https://www.gov.uk/browse/benefits/help-for-carers>

I want to learn how  
to manage my  
finances well



## Free courses and tools

Money Helper's Couch to Financial Fitness.  
Flexible ten-week plan to help you build your  
confidence to manage your money.

<https://couchtofinancialfitness.moneyhelper.org.uk/>

Online course which explains the basics around  
employment, understanding tax and national  
insurance, employment benefits and salary  
sacrifice schemes:

<https://www.moneyhelper.org.uk/en/work/employment>

## Budgeting support

Guidance on saving money on household bills to  
live on a budget:

<https://www.moneyhelper.org.uk/en/everyday-money/budgeting/budget-planner>

If worried about rising cost of energy bills

<https://www.moneyhelper.org.uk/en/everyday-money/budgeting/what-to-do-if-worried-about-energy-bills-rising>

Personal circumstances change:

<https://www.moneyhelper.org.uk/en/family-and-care>

## Pensions Advice

Information about NHS Pensions scheme:

[Employee section | NHSBSA](#)

Alternative Pensions Advice available here:

<https://www.moneyhelper.org.uk/en/pensions-and-retirement>

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# DIGITAL HEALTH AND CARE WALES

## INTEGRATED MEDIUM TERM PLAN

### 2023-2026

Agenda Item	6.2
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Name of Meeting	SHA Board
Date of Meeting	29 September 2022

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

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Ruth Chapman, Assistant Director of Planning
Presented By	Ifan Evans, Executive Director of Strategy

Purpose of the Report	For Noting
Recommendation	The Board is being asked to: <b>NOTE</b> the start of the Integrated Medium Term Plan 2023-2026 development cycle.

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# 1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	N/A
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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:	

<u>HEALTH CARE STANDARD</u>	N/A
If more than one standard applies, please list below: This is not a policy but a planning framework.	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission:
No, (detail included below as to reasoning)	Outcome:
Statement: This is not a policy but a planning document.	

[Workforce EQIA page](#)

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

Acronyms			
IMTP	Integrated Medium Term Plan	DHCW	Digital Health and Care Wales
PPMG	Planning and Performance Management Group		

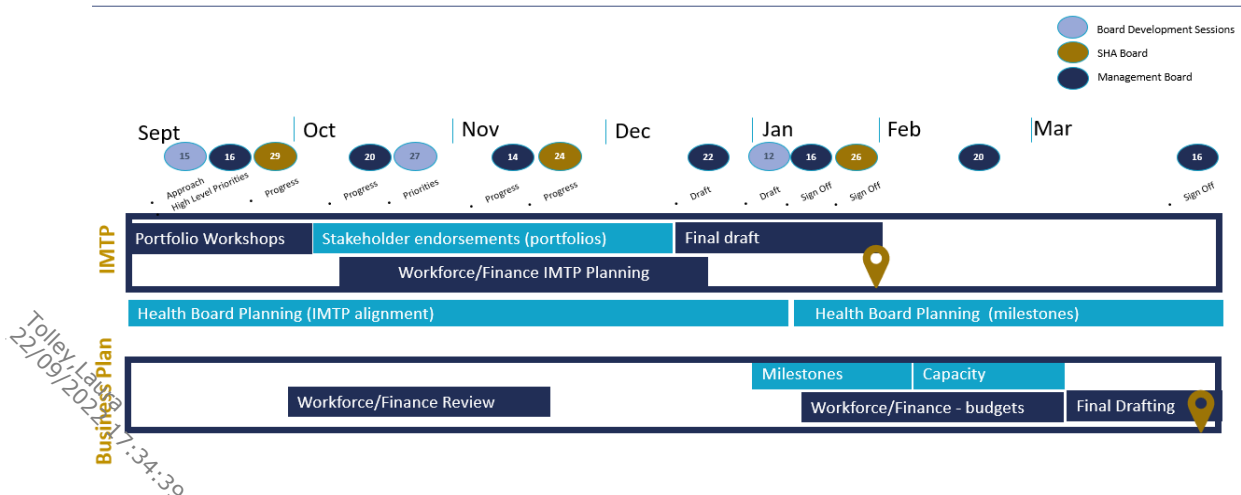
## 2 SITUATION/BACKGROUND

- 2.1 This document notes the start of the Integrated Medium Term Plan development cycle for 2023-2026.
- 2.2 The Welsh Government have indicated that the IMTP for 2023-2026 needs to be submitted on 31<sup>st</sup> January 2023 following approval by the DHCW Board. This is two months earlier than the previous year's plan. The main drafting of the plan would need to be completed by the end of December 2022 to enable Board sign off mid-January 2023.
- 2.3 The Welsh Government determine the priorities, timing and general format of the IMTP, and issue guidance via a Planning Framework document during the Autumn.
- 2.4 For reference, see Appendix for IMTP accountability conditions clarification letter provided by WG for 2022-2025.

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

- 3.1 This is the second year of IMTP submission as a Special Health Authority and the working assumption is to broadly stick to the objectives agreed with the DHCW Board during the last cycle. Significant engagement took place during the year culminating in an agreed approach signed off just six months ago. Therefore, the same missions and portfolio approach will generally continue.
- 3.2 The diagram below shows the high-level plan of both the three year IMTP and the DHCW Annual Business Plan. The dates of further discussion and reporting to the DHCW Board are noted in the timeline.

### IMTP AND BUSINESS PLAN TIMELINE



- 3.3 Opportunities will be looked at to streamline and simplify the plan and to accommodate shifting priorities through the three-year period of the plan.

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

- 4.1 The earlier date announced for submission, in the absence of the planning guidance, means a shorter development period and the risk that the format and priorities will be confirmed late in the process.

## 5 RECOMMENDATION

- 5.1 The Board is being asked to: **NOTE** the start of the Integrated Medium-Term Plan 2023-2026 development cycle.

## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Weekly Executive Team Meeting	03/08/2022	Noted

## 7 APPENDIX

- 7.1 The IMTP accountability conditions clarification letter provided by Welsh Government for 2022-2025 is included at item 6.2i.

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Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/  
Prif Weithredwr GIG Cymru  
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/  
NHS Wales Chief Executive  
Health and Social Services Group



Llywodraeth Cymru  
Welsh Government

Helen Thomas  
Chief Executive  
Digital Health & Care Wales

Our Ref: JP/PH/SB

26 August 2022

Dear Helen

### Digital Health and Care Wales Integrated Plan

Thank you for taking the time to meet with Welsh Government colleagues to discuss the accountability conditions attached to your plan.

I understand that it was a helpful meeting and I attach the Accountability Conditions by way of clarification.

If you have any further questions please contact Samia Edmonds.

Yours sincerely

**Judith Paget CBE**

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BUDDSODDWYR | INVESTORS  
MEWN POBL | IN PEOPLE

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Judith.Paget001@gov.wales

Gwefan • website: [www.wales.gov.uk](http://www.wales.gov.uk)



## Annex 1

### DHCW - Integrated Medium-Term Plan 2022-2025

#### Requirements and Accountability Conditions

The following requirements and accountability conditions should form the basis of the discussions at JET meetings and other planning and delivery meetings throughout the year as well as your internal monitoring and Board assurance.

#### General requirements

- The **'Five Ways of Working'** and the Well-being of Future Generations Act should be central to the organisation's approach. It is essential that your organisation continues to build on the progress made to utilise the five ways of working, sustainable development principles, to deliver your integrated plan. The organisation should ensure its well-being objectives are consistent with and continue to be supported by its planning arrangements.
- The **Plan must be published** on your organisation's public facing website.
- **Reporting** must be submitted quarterly to provide an update on the plan. There should be reporting against the key milestones associated with that quarter, any slippage against the plan, next milestones and the mitigation of any new/emerging risks. Details of the reporting arrangements will be circulated in due course.
- The **Minimum Data Set (MDS)** must be refreshed on a quarterly basis.

#### Accountability Conditions

##### 1. Cancer

- a) Ensure delivery of DHCW's accountabilities for the approved Cancer Information System, ensuring that funding within the control of DCHW is used appropriately to mitigate risks where possible and support the delivery of the solution. The funding expires in this financial year
- b) Work with the wider NHS to towards the introduction of phases two and three of the Cancer Information System; including the establishment of funded service level agreements with NHS bodies to mitigate risks and to sustain the new solution.

##### 2. Capital investment

- a) Demonstrate how capital investment in DHCW is supporting delivery of the plan and implement mitigating actions as and when required where challenges around delivery such as revised funding occur.
- b) Identify opportunities for DHCW to utilise revenue instead of capital for strategic developments and develop a revenue-based delivery model to offset the capital challenges in conjunction with partners across the wider NHS.

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### **3. Workforce**

- a) Demonstrate how recruitment will be achieved and develop mitigating actions to ensure that planned recruitment is successful and supports IMTP delivery by the active recruitment, use and retention (as appropriate) of a diverse staffing model including temporary technical resource as needed. You are required to notify Welsh Government & Finance Delivery Unit promptly of any impact on the organisations financial forecast.

### **4. Digital priorities**

- a) Ensure the use of the Digital Priorities Investment Fund is supporting delivery of the plan and work with NHS partners to develop mitigating actions as required (including options for alternative sources of funding) for scenarios where DPIF investment is not available.

### **5. Collaboration**

- a) Ensure the work plan is prioritised with Welsh Government and key partners to ensure digital transformation agenda, across Health and Social Care in Wales, is delivered.

### **6. Centre for Digital Public services**

- a) Demonstrate engagement and collaboration and joint delivery, as appropriate, with the Centre for Digital Public Services (CDPS).

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# DIGITAL HEALTH AND CARE WALES

## FINANCE REPORT FOR THE PERIOD ENDED 31<sup>st</sup> AUGUST 2022

Agenda Item	6.3
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Name of Meeting	SHA Board
Date of Meeting	29 September 2022

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

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

Purpose of the Report	For Noting
Recommendation	
The Board is being asked to: <b>DISCUSS</b> the contents of this finance report for 31st August 2022 and <b>NOTE</b> the forecast year end achievement of key financial targets.	

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# 1 IMPACT ASSESSMENT

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

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

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

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

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

To: [redacted]  
From: [redacted]  
Date: 2022-17:34:39

RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SLA	Service Level Agreement	PSPP	Public Sector Payment Policy
DPIF	Digital Priority Investment Fund	VAT	Value Added Tax
IFRS	International Financial Reporting Standards	HMRC	His Majesty's Revenues & Customs
RRL	Revenue Resource Limit	CRL	Capital Resource Limit

## 2 SITUATION/BACKGROUND

2.1 The purpose of this report (supplemented by detailed report appendix 6i and slide pack appendix 6ii) 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 of the current financial year to August 31<sup>st</sup>, 2022. The report sets out the financial position as at the end of August 2022 against current budgets.

2.2 DHCW receives funding to support 3 main activities:

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

2.3 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 (RRL)
- To remain within its Capital Resource Limit (CRL)

Additional financial targets are:

Public Sector Payment Policy (PSPP): The objective for the organisation All NHS Wales

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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.

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

#### 3.1 2022/23 Financial Performance Overview

DHCW's financial performance sits within the broader context of material financial pressures being experienced across NHS Wales, this may have the effect of funding reviews being actioned throughout the remainder of the year alongside explicit guidance relating to the treatment of in year opportunities (identified within section 7 of appendix 6i).

The organisation is reporting achievement of all financial duties for period and for the end of year forecast.

Covid work and support continues with focus on Welsh Government defined priorities centred on the Vaccine system developments. Test, Trace & Protect system has seen a downturn in licensing volumes as the requirements is response to the pandemic decrease (which will also see a review of resourcing levels with possible redeployment of staff).

During August Welsh Government Digital leads directed all NHS Wales Organisations to review DPIF funded programmes & projects to identify any releasable funding for 2022/23 that could be returned to Welsh Government. Impact assessments were carried out with a proposal incorporating options to return or reprofile £3.2m of funding. At time of writing Welsh Government have indicatively assessed £0.9m to be returned with the remainder subject to feedback from finance leads. Until final confirmation has been received DHCW has prudently revised its financial plan to assume full recovery of the £3.2m.

#### 3.2 Summary Of Performance Against Key Financial Targets

**3.2.1 Core Operations Revenue:** DHCW is reporting a revenue underspend of £0.141m for the period to August 31<sup>st</sup>.

- **The target Public Sector Payment Policy (PSPP)** of 95% has been exceeded with 98% of non-NHS invoices being paid within 30 days.
- **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 successful risk mitigation where necessary.

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- **Public Sector Payment Policy (PSPP):** DHCW is reporting a figure of 98% achievement against a target of 95%.
- **Cash Management** - The cash balances at the end of August amounted to £12.4m. This is higher than typical balances because of management of significant Microsoft License payments and other recurrent commitments. The balance will continue to be reviewed particularly in terms of marrying cash requirement with material expenditure items. As of August 31st, the debtors total stood at £31.2m with no disputes lodged and no aged debt exceeding 90 days. The intention is to minimise cash balances with an end of year target to a maximum of £2m.
- **Financial Risk** – There are several financial risks identified to the achievement of key financial targets remaining within 22/23 revenue and capital resource limits. Mitigating actions continue to be identified and initiated.
- **Opportunities** – The organisation continues to pursue savings/efficiency opportunities. Possible opportunities have been identified around vacancy management and accountancy gains (such as VAT recovery reviews).

**3.2.2 COVID-19 Revenue:** The planned revenue spend for 22-23 is £9.976m with £3.988m spend being reported to August (in line with budget). The forecast is to remain within the funding envelope subject to any major developments in immunisation requirements and possible reductions in Test, Trace & Protect expenditure after resource review.

**3.2.3 Digital Priority Investment Fund Revenue:** Of the anticipated directly funded DPIF revenue allocation of £30.7m, £7.1m revenue has been spent to the end of August leaving a residual balance of £23.6m (77% of the allocation). Delays in receiving funding letters has led to spend being profiled into later months particularly in relation to disbursements, a total of £6.5m is forecast to be issued to NHS organisations this financial year.

### 3.3 Capital Plan Performance

DHCW is reporting a small underspend of £0.067m against discretionary capital spend plan for period. The current Capital Resource Limit (CRL) totals £8.372m which is forecast to be spent by year end allowing DHCW to remain within its CRL.

### 3.4 Risks & Opportunities

The organisation has identified several corporate level risks with associated mitigating actions relating to areas such as energy and national insurance cost increases. The identified opportunities will be pursued and will be incorporated within the financial forecast once certain.

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

**4.1 Period developments of note:** DHCW supported the NHS Wales response to the recent national

cyber incident involving the redivert of resources to support and develop the necessary response. The additional costs are being finalised but are not expected to add additional risk to the DHCW position.

**4.2 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 £0.330m has been forecast with £0.135m actual recorded to August 31st.
- Energy increases - Estimates energy increases across facilities and datacentres were provided for totalling £0.624m. DHCW has made efficiencies in the CDC Data Centre to date 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. A working group has been established to explore mitigating actions. The group consists of representatives from Estates, Data Centre Services, Commercial and Finance Teams and will look not only to minimize costs but also support the decarbonisation agenda.

**4.2 Financial Planning 2023/24:** DHCW will lay out the underpinning financial assumptions to support completion of the IMTP. Material future pressures to be addressed during the planning term include:

- Funding current service delivery and growth
- Exceptional cost pressures (Energy)
- Digital inflation cost pressures
- Data Centre migration costs
- Cyber Security Improvements
- DPIF service delivery costs
- Cloud Adoption cost pressures

**4.2.1 Immediate Actions – Business As Usual:** Identify final probable case requirement for 2023/24 and secure funding to address:

1. Balancing the national product costs with the income
2. Recognition of the digital inflation impact
3. Unavoidable requirements – Cyber /NDC
4. Data growth within cloud environment

**4.2.2 Ongoing Sustainability Actions:**

1. Pursue decision on approach and governance on DPIF developments. Secure commissioning of a review exercise sponsored by Welsh Government and stakeholder organisations.

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2. Establish preferred funding flow mechanism to be agreed (WG/Top Sliced or Current Mix) and implementation process (immediate/tapered).
3. Agree transparent charging mechanism with stakeholders (inclusive of provision for development, growth, innovation and newly emerging variable costs (e.g., cloud consumption recharges). This will be used to inform the “top slice” amount per organisation.
4. Implement revised arrangements in place for 2024/25.

## 5 RECOMMENDATION

The Board are requested to **NOTE** the contents of the financial report for August 31st, the forecast year end achievement of key financial targets and the opportunities identified.

## 6 APPROVAL / SCRUTINY ROUTE

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

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# DIGITAL HEALTH AND CARE WALES

## SHA BOARD DETAILED FINANCE REPORT FOR THE PERIOD ENDING 31<sup>st</sup> AUGUST 2022

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## 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 of the current financial year to August 31<sup>st</sup>, 2022. The report sets out the financial position as at the end of August 2022 against current budgets. DHCW receives funding to support 3 main activities:

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

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

The two key statutory financial duties are:

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

Additional financial targets are:

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

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## 1.1 General Performance – August 31<sup>st</sup> 2022

### 2022/23 Financial Performance Overview

DHCW's financial performance sits within the broader context of material financial pressures being experienced across NHS Wales, this may have the effect of funding reviews being actioned throughout the remainder of the year alongside explicit guidance relating to the treatment of in year gains (such as Microsoft VAT recovery).

During August Welsh Government Digital leads directed all NHS Wales Organisations to review DPIF funded programmes & projects to identify any releasable funding for 2022/23 that could be returned to Welsh Government. Impact assessments were carried out with a proposal incorporating options to return or reprofile £3.2m of funding. At time of writing Welsh Government have indicatively assessed £0.9m to be returned with the remainder subject to feedback from finance leads. Until final confirmation has been received DHCW has prudently revised its financial plan to assume full recovery of the £3.2m.

DHCW supported the NHS Wales response to the recent national cyber incident involving the redirect of resources to support and develop the necessary response. The additional costs are being finalised but are not expected to add additional risk to the DHCW position.

Payments for the first year under the All-Wales Microsoft Licensing Agreement have been made to the supplier with the appropriate recharges being levied on participating NHS Wales Organisations.

Covid work and support continues with focus on Welsh Government defined priorities centered on the Vaccine system developments. Test, Trace & Protect system has seen a downturn in licensing volumes as the requirements in response to the pandemic decrease (which will also see a review of resourcing levels with possible redeployment of staff).

- **Core Operations:** DHCW is reporting a revenue underspend of £0.141m for the period to August 31<sup>st</sup>.
  - **The target Public Sector Payment Policy (PSPP)** of 95% has been exceeded with 98% of non-NHS invoices being paid within 30 days.
  - **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 successful risk mitigation where necessary.
  - **Cash Management** - Cash balances stood at £12.4m at the end of August. The intention is to minimise cash balances with an end of year target to a maximum of £2m.
  - **Financial Risk** – There are several financial risks identified to the achievement of key financial targets remaining within 22/23 revenue and capital resource limits. Mitigating actions continue to be identified and initiated (see section 7).
  - **Opportunities** – The organisation continues to pursue savings/efficiency opportunities. Possible opportunities have been identified around vacancy management and accountancy gains (such as VAT recovery reviews).

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- **COVID-19:** The planned revenue spend for 22-23 is £9.976m with £3.988m spend being reported to August (in line with budget). The forecast is to remain within the funding envelope subject to any major developments in immunisation requirements and possible reductions in Test, Trace & Protect expenditure after resource review.
- **Digital Priority Investment Fund:** Revenue funding of £30.7m and capital funding of £6.4m is anticipated from Welsh Government (subject to the outcome of the budget review exercise). Whilst a significant amount of funding letters have been received since the last reporting period, funding letters for two schemes (Digital Maternity Cymru - £0.7m & Digital Change Network – funding to be finalised) remain outstanding.

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## 2 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
<b>Revenue Breakeven</b> (To secure that the organisations expenditure does not exceed aggregated income)	£0.141m Underspend increased from £0.094m  Movement	£0.0m Breakeven  Movement	Small period operational surplus of £0.141m. DHCW is forecast to breakeven by the end of the financial year.
<b>Remain within Capital Expenditure Limit</b> (To ensure net Capital Spend does not exceed the Capital Expenditure Limit)	£0.067m Underspend from breakeven  Movement	Breakeven  Movement	DHCW is reporting a £1.218m capital spend to date (representing a small period underspend of £0.067m against initial plan). The current capital funding envelope is £8.372m with the expectation that this will be increased once additional DPIF funding has been formally approved.
<b>Public Sector Payment Policy</b> (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%.
<b>Cash Balances</b> Appropriate balances to meet creditor requirements	£12.4m  Movement	Positive Cash Balance  Movement	Cash balance has increased from £5.1m to £12.4m. DHCW has ensured it has enough cash balances to support the settlement of the Microsoft invoice and other obligations. Cash balances will be managed down to the end of year target of £2m.

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## Recommendation

The board are requested to note the contents of the financial report for August 31<sup>st</sup> and the forecast year end achievement of key financial targets.

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### 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

#### 2.1 SUMMARY OF PERFORMANCE AGAINST KEY FINANCIAL TARGETS

##### 2.1.1 August Revenue Performance

**Core Operations:** The organisation is reporting a revenue surplus of £0.141m for the period to August 31<sup>st</sup> 2022 with a forecast breakeven position at year end (assuming central pay award funding and dependent upon the outcome of the key issues listed below). The underspend reflects the ongoing lag in recruitment offset by the ongoing pressures within the Infrastructure & Communications Technology Directorate.

Key issues impacting on the core end of year position (and future years assessment) will be developments surrounding the following areas:

- Core Vacancy Position & Recruitment
- Cloud Adoption (Preparation)
- Product Centred Approach (Preparation)
- Exceptional Cost Pressures (Energy cost increase)
- Microsoft Enterprise Agreement (VAT treatment)
- Outcome of identified risks & opportunities

**DPIF Schemes:** . A total of £7.1m revenue has been spent to August 31<sup>st</sup> . Delays in receiving funding letters has led to spend being profiled into later months particularly in relation to disbursements, a total of £7.8m is forecast to be issued to NHS organisations this financial year.

**COVID-19 Spend:** At the end of August the cumulative spend for Covid is £3.988m. Covid spend outlook is in line with the budget, subject to any changes in government policy. Vaccines related spend remains particularly sensitive to impactors upon volumes and changes in Health Board scheduling.

Table 2: Summary of Revenue Performance by Area

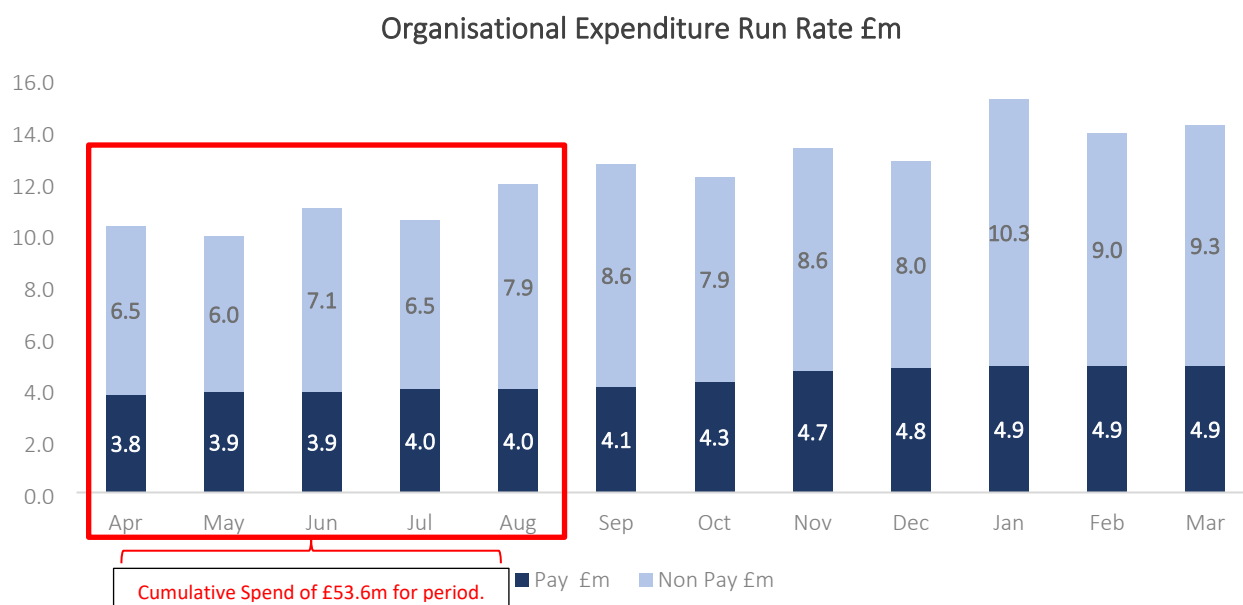
	Period Plan £000's	Period Actual £000's	Underspend/- Overspend £000's
Income			
Core Organisational	42,636	42,636	0
COVID-19 Response	3,988	3,988	0
Digital Priority Investments	7,646	7,100	546
<b>Total</b>	<b>54,270</b>	<b>53,724</b>	<b>546</b>
Expenditure			
Core Organisational	42,636	42,495	141
COVID-19 Response	3,988	3,988	0
Digital Priority Investments	7,646	7,100	546
<b>Total</b>	<b>54,270</b>	<b>53,583</b>	<b>687</b>
<b>Period Surplus/(Deficit)</b>	<b>0</b>	<b>141</b>	<b>141</b>



### 3.2.1 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



DHCW supported the NHS Wales response to the recent national cyber incident, the rediret of resources to support and develop the necessary response. The additional costs are being finalised but are not expected to add additional risk to the DHCW position. March non pay forecast expenditure excludes the impact from the All-Wales Microsoft Enterprise Agreement VAT recovery which (as currently directed) will be repatriated to Welsh Government and have a neutral effect on the organisations bottom line position.

Material peaks in forecast non pay spend relate to anticipated Digital Priority Investment Fund expenditure are summarised below:

Table 3: Material DPIF Spend Profile

	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m
Welsh Community Care Information Solution - Priority Implementation	1.1	0.1	0.1	0.1	0.1	0.1	0.1
Digital Services for Patients & Public	0.8	1.1	0.0	0.0	1.2	0.0	0.6
Digital Medicines Transformation Programme	0.0	0.0	0.0	0.3	0.0	0.0	0.6
National Data Resource	0.2	0.2	0.2	0.2	0.6	0.6	0.6
Welsh Patient Administration Service Standardization	0.2	0.2	0.2	0.2	0.2	0.2	0.2
<b>Total</b>	<b>2.3</b>	<b>1.6</b>	<b>0.5</b>	<b>0.8</b>	<b>2.1</b>	<b>0.9</b>	<b>2.1</b>

## 2.2.2 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.

## 2.2.3 August Capital Performance

DHCW has recorded £1.218m of capital spend against a current allocated allowance of £8.372m leaving a residual balance of £7.154m to be spent before the end of the financial year.

Table 4: Capital Plan Performance

Scheme	Annual Forecast £000's	Period Plan £000's	Period Actual £000's	Under/- Overspend £000's	Residual Spend £000's
Discretionary					
Infrastructure Communications Technology	1,966	166	99	67	1,867
Estates & Facilities	50	0	0	0	50
<b>Total Discretionary</b>	<b>2,016</b>	<b>166</b>	<b>99</b>	<b>67</b>	<b>1,917</b>
Digital Priority Investment					
Digital Services for Patients & Public	2,700	0	0	0	2,700
Digital Medicines Transformation Portfolio - National Portfolio Team Funding	22	0	0	0	22
Cancer Informatics Solutions	998	746	746	0	252
National Data Resource	800	43	43	0	757
Digital Intensive Care Unit	1,200	148	148	0	1,052
WPAS Standardisation	136	0	0	0	136
<b>Total Digital Priority Investment</b>	<b>5,856</b>	<b>937</b>	<b>937</b>	<b>0</b>	<b>4,919</b>
Covid-19					
Test, Trace & Protect	500	182	182	0	318
<b>Total Covid-19</b>	<b>500</b>	<b>182</b>	<b>182</b>	<b>0</b>	<b>318</b>
<b>Total Capital Plan</b>	<b>8,372</b>	<b>1,285</b>	<b>1,218</b>	<b>67</b>	<b>7,154</b>

## 2.2.4 Capital Forecast

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

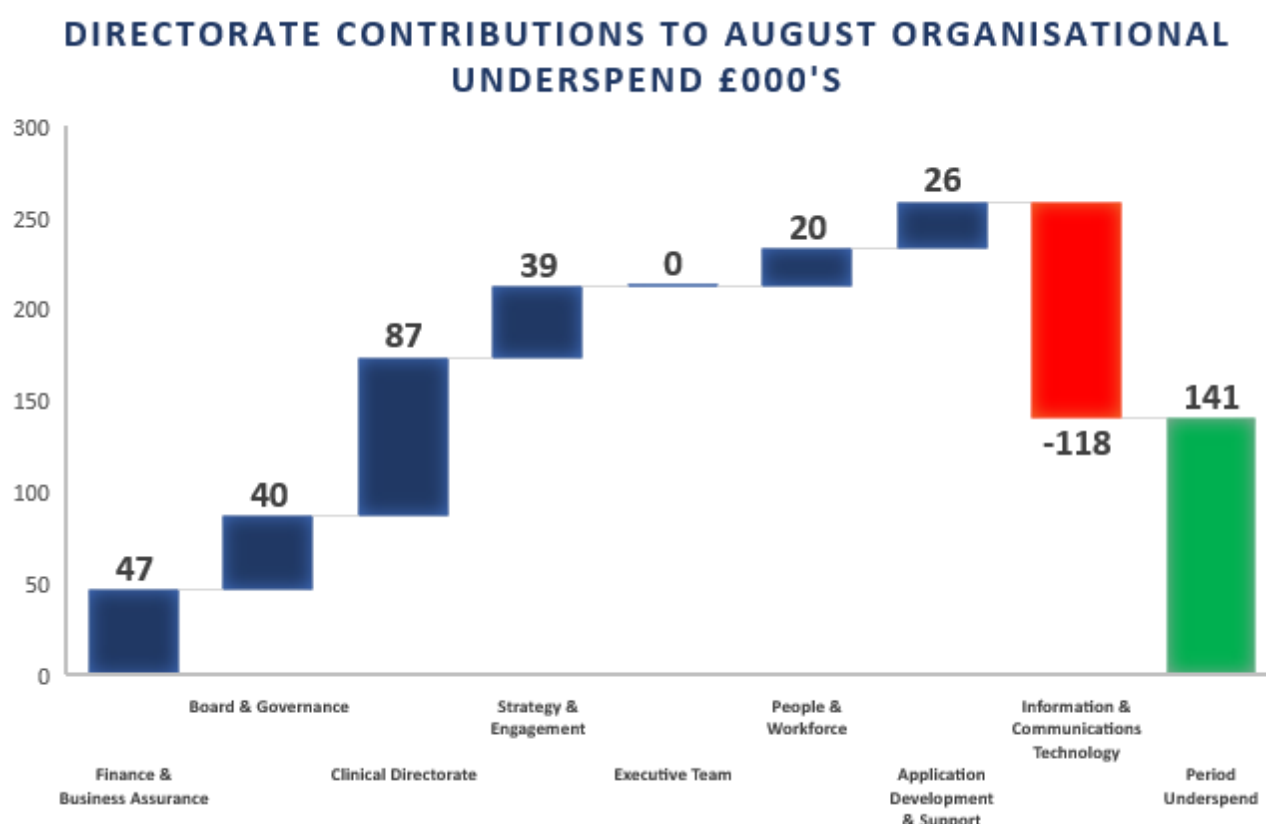
### 3 DETAILED PERFORMANCE

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 £0.141m against plan predominately as a result of pay variances.

Figure 2: Core Activity Directorate Performance



- Information Communications Technology Directorate** - The directorate is reporting an overspend of £118k. This is driven by variance against budget of £131k in pay to date whilst there is a small offsetting non pay underspend. The requirement to manage this ongoing pressure is reflected within the planned savings target.

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### 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 £0.33m has been forecast with £0.135m actual recorded to August 31<sup>st</sup>.

- **Energy increases**

Estimates energy increases across facilities and datacenters were provided for totaling £0.624m. DHCW has made efficiencies in the CDC Data Centre to date 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. A working group has been established to explore mitigating actions. The group consists of representatives from Estates, Data Centre Services, Commercial and Finance Teams and will look not only to minimize costs but also support the decarbonisation agenda.

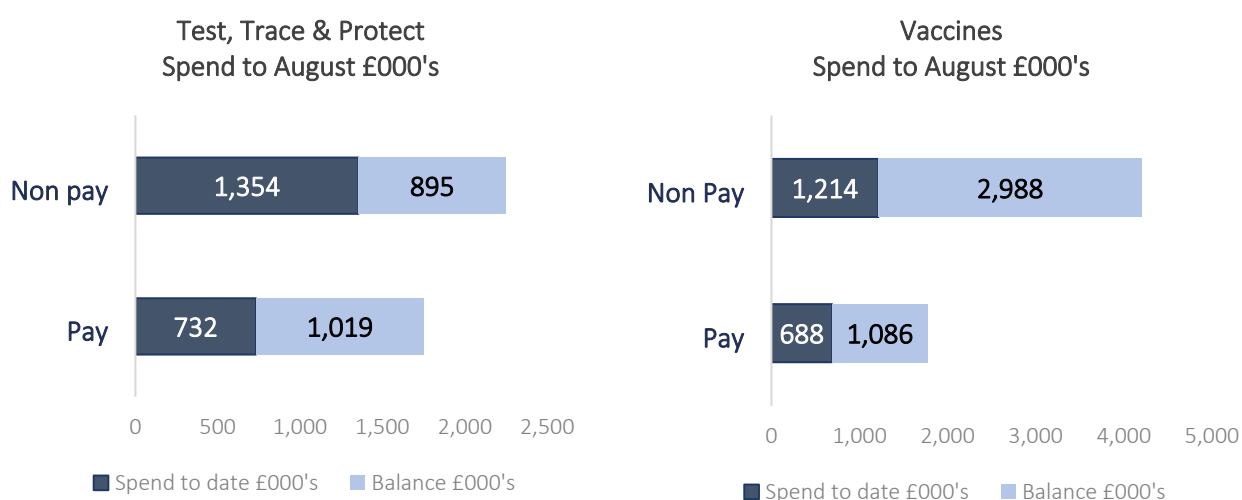
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### 3.3 COVID-19 Response Financial Performance

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 £9.976m for the financial year. At the end of August, the cumulative spend for Covid activity is £3.988m.

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



The forecast is to remain within the funding envelope. however, DHCW will continue to review possible areas of cost reduction and is finalizing an exercise to identify staff resources that can be deployed elsewhere. This will be completed by September 30th with any financial impact incorporated within the mid-year review forecast.

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### 3.3.1 Test, Trace & Protect

Key Reduction in licensing came into effect from July onwards. Final Microsoft license reduction to 750 will impact in September.

Figure 3: Test, Trace & Protect Run Rate £m

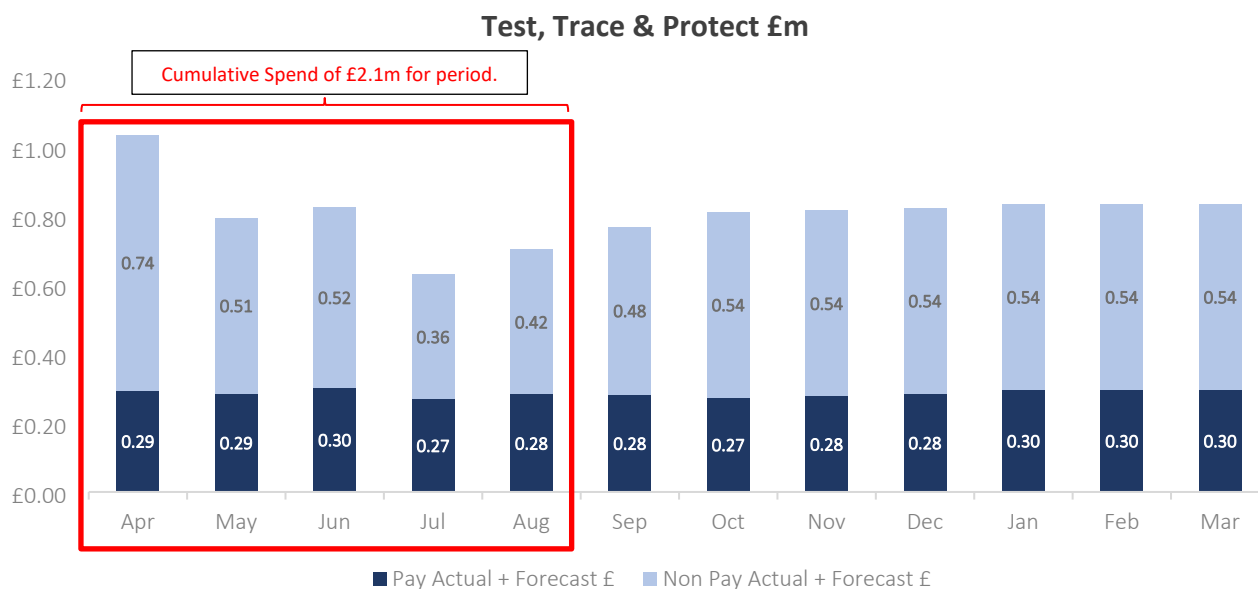
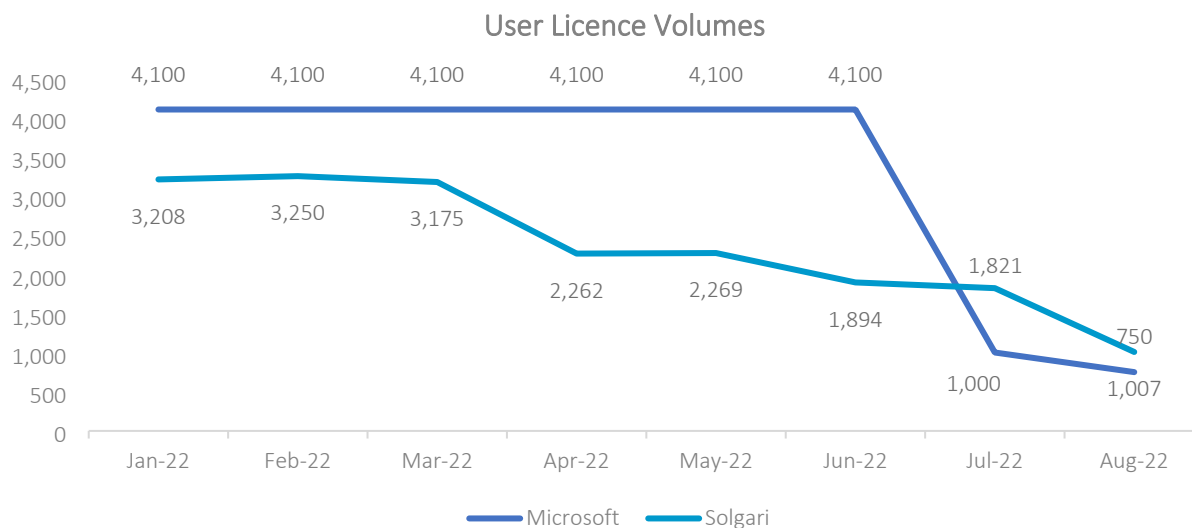


Figure 4 :Key Variable Run Rate - Licences



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### 3.3.2 Vaccines

Text & letter volumes remain relatively low. However, these will be materially affected by new cohorts, boosters, and the Autumn programme.

Figure 5: Vaccines Run Rate £m

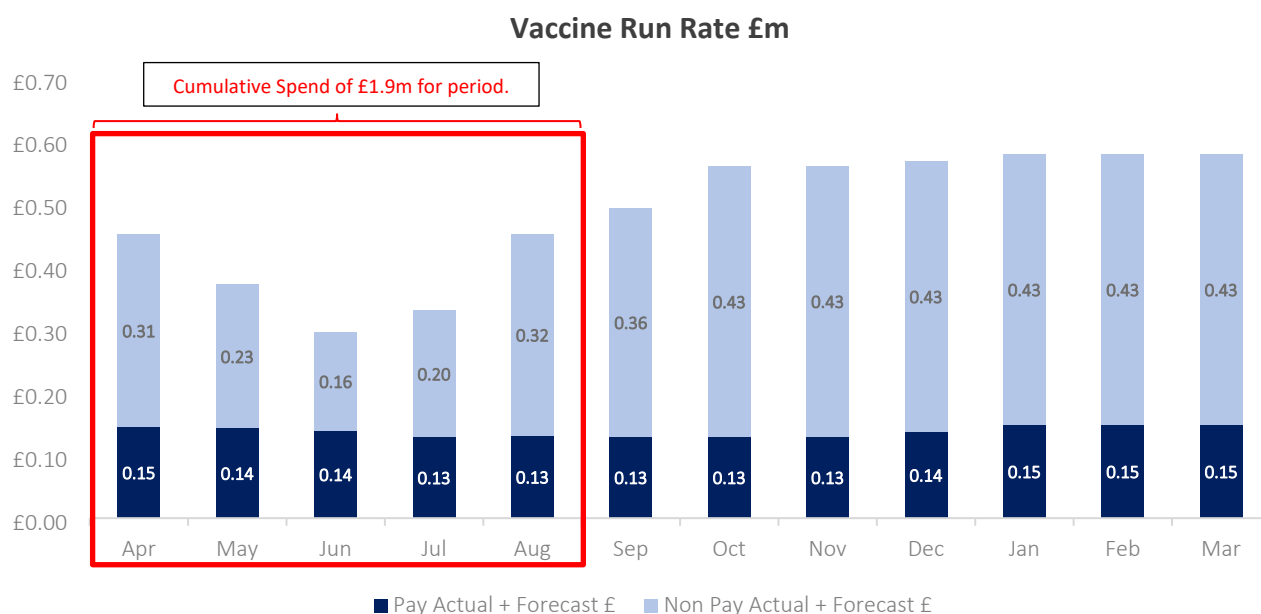
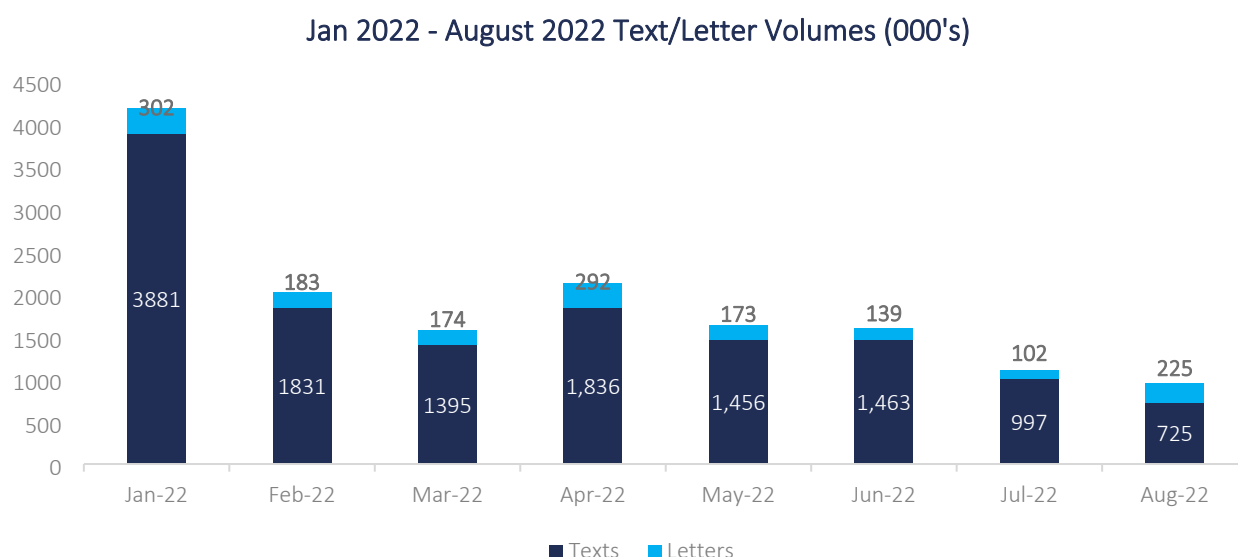


Figure 6: Key Variable Rub Rate - Vaccines Scheduling Text/Letter Volumes



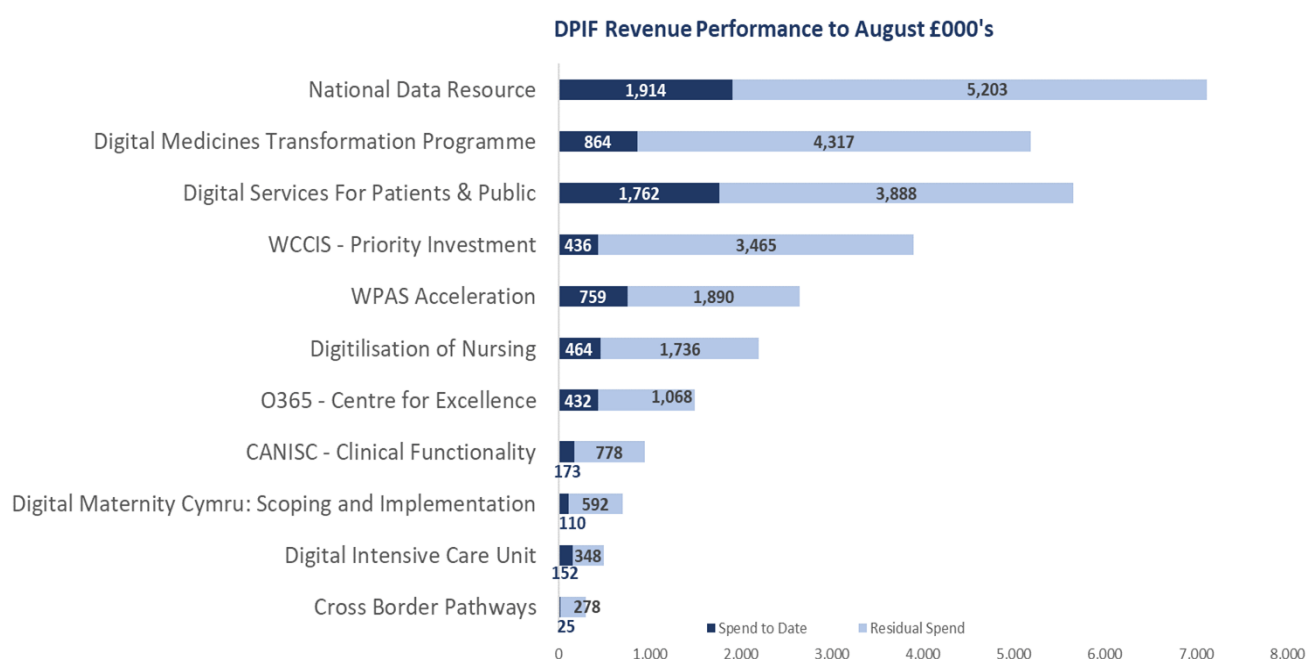
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### 3.4 Digital Priority Investment

DHCW has completed its submission to Welsh Government Digital Team as part of the second review of DPIF funded programmes in order to identify any releasable funding for 2022/23. WG DPIF leads have identified two possible levels of recovery (“Tranche 1” and “Tranche 2”) with Tranche 1 being considerably less (£2.2m) than the amount identified by DHCW scheme leads (£3.1m). Whilst the exercise is to conclude, and formal notification of final confirmed scheme reductions is yet to be issued, DHCW has prudently incorporated the full reduction within its financial plan. Spend plans will be revisited upon confirmation of the exercise results.

Of the anticipated directly funded DPIF revenue allocation of £30.7m, £7.1m revenue has been spent to the end of August leaving a residual balance of £23.6m (77% of the allocation).

Figure 7: Digital Priority Investment Spend



Key DPIF issues:

1. Multi Year Programmes & Projects: A key issue remains the acquisition of resource into time limited posts particularly where funding is only approved on an annual basis.
2. Sustainable Funding: The ongoing operational funding post transition requires a strategic view rather than the current piecemeal approach.
3. Run Rate: With only 23% spend being recorded thus far, both pay and non-pay run rates now submitted by Programme Directors present an ambitious profile (see 2.2.1). Whilst £7.6m relates to disbursement payments to other NHS organisations, spend progress will be continually monitored with corrective actions agreed and implemented as necessary in order to achieve the planned end of year position.

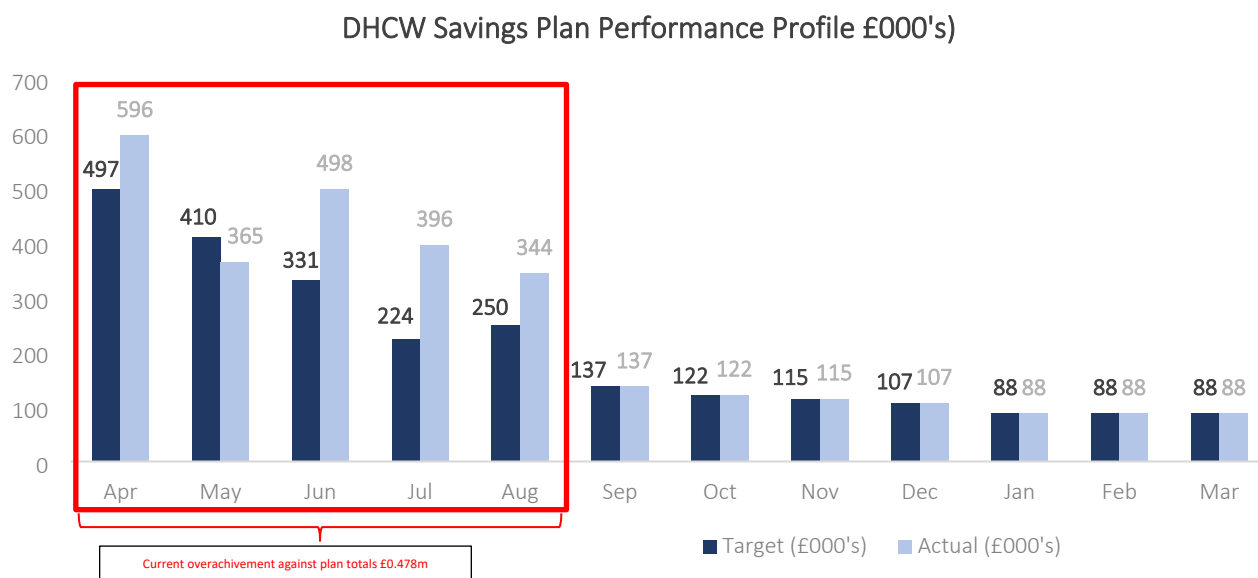
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## 4 SAVINGS

The annual plan presents 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 8: Savings Plan Profile

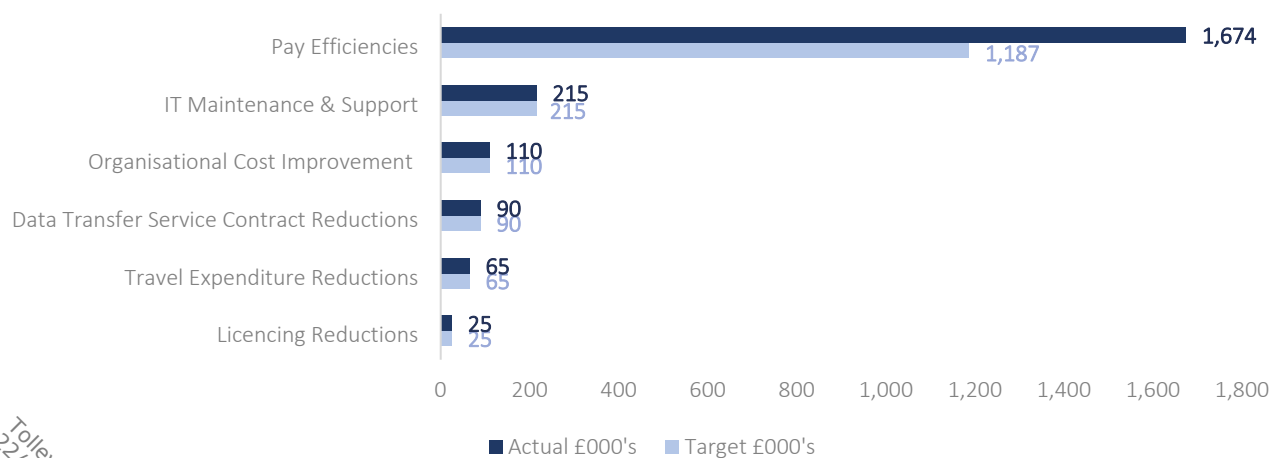


The non-pay savings schemes include:

- Generalised costs improvement targets applied to discretionary budgets
- Travel & Facilities cost reductions
- IT Maintenance & Support and licensing requirement cost reductions
- Data Transfer Services cost reduction (anticipated for August)

Figure 9: Detailed Savings Plan Performance

### April - August Savings Plan Performance



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 (PSPP)

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

## 6 CASH

The cash balances at the end of August amounted to £12.4m. This is higher than typical balances because of management of significant Microsoft License payments and other recurrent commitments. The balance will continue to be reviewed particularly in terms of marrying cash requirement with material expenditure items. As of August 31<sup>st</sup>, the debtors total stood at £31.2m with no disputes lodged and no aged debt exceeding 90 days.

## 7 BALANCE SHEET

The Balance Sheet, or Statement of Financial Position, reports the assets, liabilities, and reserves of the organisation on August 31<sup>st</sup>.

Table 5: Balance Sheet as at 31/8/22

	Opening Balance 01/04/2022	Movement	Closing Balance 31/08/2022
	£'000	£'000	£'000
<b>Non-Current Assets</b>			
Property, plant and equipment	12,170	1,764	13,934
Intangible assets	17,763	0	17,763
Trade and other receivables	371	7,399	7,770
<b>Non-Current Assets sub total</b>	<b>30,304</b>	<b>9,163</b>	<b>39,467</b>
<b>Current Assets</b>			
Inventories			
Trade and other receivables	13,707	17,541	31,248
Cash and cash equivalents	1,546	10,834	12,380
<b>Current Assets sub total</b>	<b>15,253</b>	<b>28,375</b>	<b>43,628</b>
<b>TOTAL ASSETS</b>	<b>45,557</b>	<b>37,538</b>	<b>83,095</b>
<b>Current Liabilities</b>			
Trade and other payables	15,677	13,313	28,990
Provisions	267	8,620	8,887
<b>Current Liabilities sub total</b>	<b>15,944</b>	<b>21,933</b>	<b>37,877</b>
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>29,613</b>	<b>15,605</b>	<b>45,218</b>
<b>Non-Current Liabilities</b>			
Trade and other payables		2,828	2,828
<b>Non-Current Liabilities sub total</b>	<b>0</b>	<b>2828</b>	<b>2828</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>29,613</b>	<b>12,777</b>	<b>42,390</b>
<b>FINANCED BY:</b>			
<b>Taxpayers' Equity</b>			
General Fund	29,580	12,761	42,341
Revaluation Reserve	33	16	49
Other reserve			
<b>Total Taxpayers' Equity</b>	<b>29,613</b>	<b>12,777</b>	<b>42,390</b>

- **Non-Current Assets:** The movement in Property, Plant and Equipment is due to the implementation of IFRS16 and the capitalisation of leases formerly reported in revenue. Trade and other receivables show an Increase in Prepayments in relation to the period from 1st April 2023 (Over 12 Months) due to the Microsoft Office 365 invoice.
- **Trade and Other receivables:** Increases are related to the prepayment of invoices and invoices raised by DHCW. In particular the prepayment of the Microsoft invoice from Sept-April and one outstanding Microsoft income bill. Cash and Cash equivalents were at the highest following prompt payment from Health Boards and drawing down in advance from Welsh Government to ensure sufficient coverage to pay Microsoft.
- **Current Liabilities:** Matching increase in deferred income as a result of the National License income also in Debtors above. Trade and other payables include income billed in advance to Health Boards for Microsoft Office 365. Provisions denote the provision raised against NHS digital and Office 365 Vat recovery.
- **Non-Current liabilities: Trade** and other payables - The figure concerns lease payables greater than a year.
- **Financed by: Taxpayers Equity:** Movement relates to current underspend and is mainly the difference between Welsh Government planned and received income in the month.

## 8 RISKS AND OPPORTUNITIES

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

### 8.1 Corporate Financial Risks

DHCW financial risks are summarised below.

- **Exceptional Costs – Energy (across 3 sites):** A potential cost pressure of £0.120m 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 £0.33m has been identified which is currently being mitigated via agreed monitoring and central management through Welsh Government at all Wales level.
- **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.

### 8.2 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 quarter one. 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.
- **VAT Recovery:** Discussions with HMRC are ongoing. At present DHCW is recovering VAT on 21/22 & 22/23 payments (totaling £8.5m) with a compensating provision being held within the accounts until a formal decision is reached by HMRC. The remaining “protected” pre 21/22 amount of £2.8m will be reclaimed once agreed. It should be noted that (as directed by Welsh Government) DHCW continues to assume central recovery by Welsh Government with no disbursement to participating NHS organisations.
- **Unwinding of Provisions** – DHCW will shortly receive direction from Welsh Government relating to provisions held within the DHCW balance sheet which may be released (which would present a significant underspend). This exercise is expected to be agreed by Velindre NHS Trust to enable reporting within September reports.

## 9 ADDITIONAL INFORMATION

### 9.1 Financial Planning 2023/24

DHCW will lay out the underpinning financial assumptions to support completion of the IMTP. Material future pressures to be addressed during the planning term include:

- Funding current service delivery and growth
- Exceptional cost pressures (Energy)
- Digital inflation cost pressures
- Data Centre Migration costs
- Cyber Security Improvements
- DPIF service delivery costs
- Cloud Adoption cost pressures

**Immediate Actions – Business As Usual:** Identify final probable case requirement for 2023/24 and secure funding to address:

1. Balancing the national product costs with the income
2. Recognition of the digital inflation impact
3. Unavoidable requirements – Cyber /NDC

#### 4. Data growth within cloud environment

#### Ongoing Sustainability Actions:

1. Pursue decision on approach and governance on DPIF developments. Secure commissioning of a review exercise sponsored by Welsh Government and stakeholder organisations.
2. Establish preferred funding flow mechanism to be agreed (WG/Top Sliced or Current Mix) and implementation process (immediate/tapered).
3. Agree transparent charging mechanism with stakeholders (inclusive of provision for development, growth, innovation and newly emerging variable costs (e.g., cloud consumption recharges). This will be used to inform the “top slice” amount per organisation.
4. Implement revised arrangements in place for 2024/25.

## 10 RECOMMENDATION

The board are requested to note the contents of the financial report for August 31<sup>st</sup>, the forecast year end achievement of key financial targets and the opportunities identified.

Tolley, Laura  
22/09/2022 17:34:39

# SHA Board Briefing

## Financial Performance: Period to August 31st

Claire Osmundsen Little  
September 2022

Tolley, Laura  
22/09/2022 17:34:39



lechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales



# CONTENTS

## 2022/23 Financial Performance

- Summary Performance
- Revenue Performance
  - Organisational Run Rate
  - Core Directorate Performance
  - Savings Performance
  - COVID Response
  - Digital Priorities Investment
- Capital Programme
- Balance Sheet
- Additional Information
- Risks & Opportunities
- Recommendations



## FINANCIAL UPDATE | OVERVIEW

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 of the current financial year to August 31st 2022.

- The report sets out the financial position as at the end of August 2022 against current budgets. DHCW receives funding to support 3 main activities:
  1. Ongoing provision of core services via Welsh Government & NHS organisation's (which is delegated to directorate budgets).
  2. COVID-19 Response systems & activity (supported as agreed with Welsh Government) and
  3. Welsh Government Digital Priority Investment Fund allocations to support discrete development and implementation programmes & projects.
- DHCW's financial performance sits within the broader context of material financial pressures being experienced across NHS Wales. This may have the effect of funding reviews being actioned throughout the remainder of the year alongside explicit guidance relating to the treatment of in year gains (such as Microsoft VAT recovery).









Tolley, Laura  
22/09/2022 17:34:39



# FINANCE UPDATE | 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
<b>Revenue Breakeven</b> (To secure that the organisations expenditure does not exceed aggregated income)	£0.141m Underspend increased from £0.094m  Movement	Breakeven  Movement	Small period operational surplus of £0.141m. DHCW is forecast to breakeven by the end of the financial year.
<b>Remain within Capital Expenditure Limit</b> (To ensure net Capital Spend does not exceed the Capital Expenditure Limit)	£0.067m Underspend from breakeven  Movement	Breakeven  Movement	DHCW is reporting a £1.218m capital spend to date (presenting a small period underspend of £0.067m against initial plan). The current capital funding envelope is £8.372m with the expectation that this will be increased once additional DPIF funding has been formally approved.
<b>Public Sector Payment Policy</b> (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%.
<b>Cash Balances</b> Appropriate balances to meet creditor requirements	£12.4m  Movement	Positive Cash Balance  Movement	Cash balance has increased from £5.1m to £12.4m. DHCW has ensured it has enough cash balances to support the settlement of the Microsoft invoice and other obligations. Cash balances will be managed down to the end of year target of £2m.

SUMMARY:

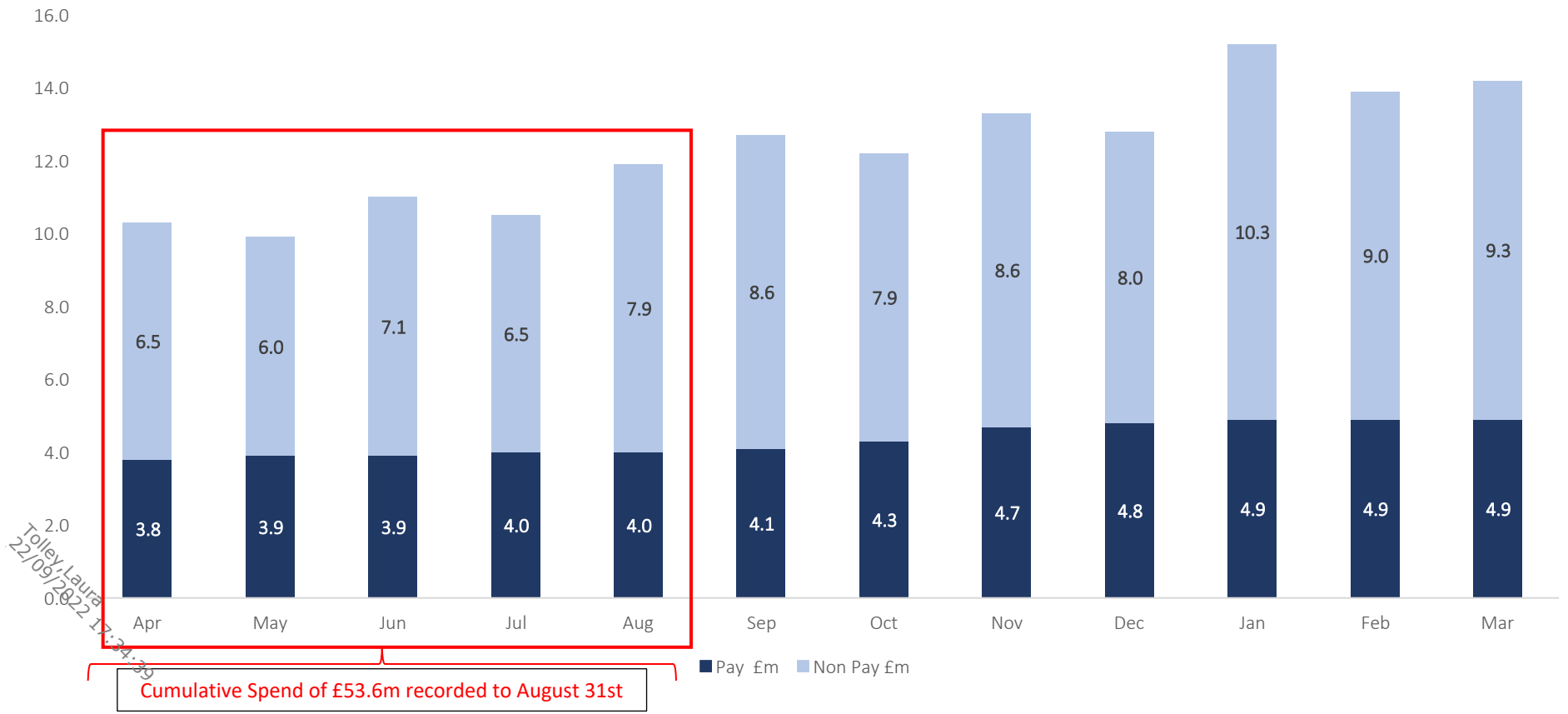
- DHCW is reporting a small revenue underspend of £0.141m and a year end forecast of breakeven.
- Capital spend to date totals £1.218m (an underspend of £0.067m from plan) against a current capital resource limit of £8.372m.
- PSPP target met @ 98%
- Cash balance increased due to prompt payment of Microsoft from Health Boards.

Tovey, Laura  
22/09/2022 13:39

# FINANCE UPDATE | REVENUE RUN RATE

The run rate for the year is materially affected by the latest DPIF expenditure profiles. At present the initial plan includes major spend items relating to contractual payments and NHS disbursements. The upturn in September reflects onboarding of additional staff in Digital Programmes and in the last quarter in relation to the Digital Schemes. (Ref Figure 1, Page 8).

Organisational Expenditure Run Rate £m



## Material impactors upon run rate

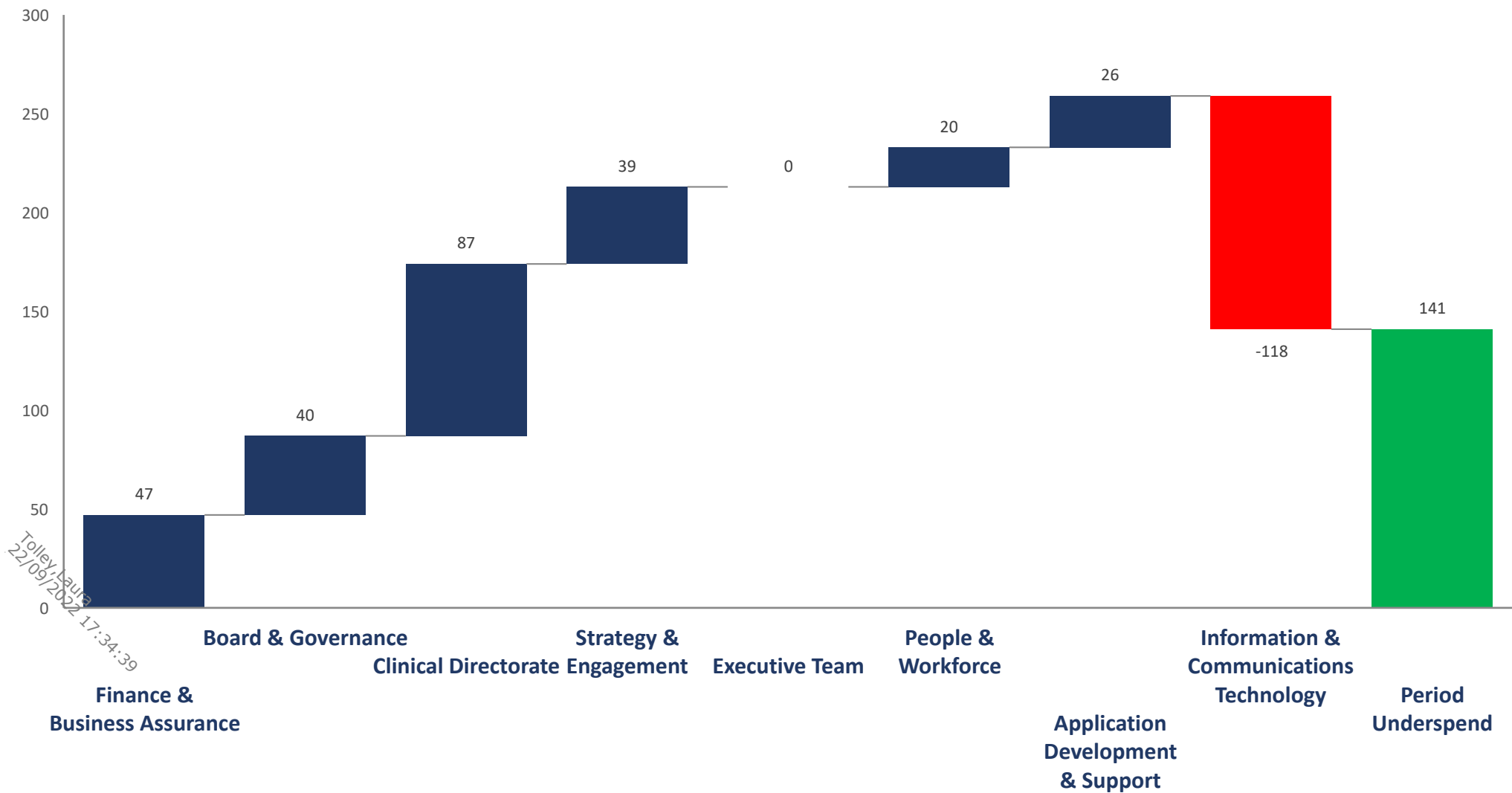
- Increase in Sept**
- WCCIS planned disbursements of £1.1m.
  - DSPP WP3 & WP4 planned spend £0.8m
- Increase in Oct**
- DSPP WP4 spend £1.1m
- Increase in Jan**
- DSPP WP5 spend £1.2m
- Increase in March**
- DMTP planned spend £0.6m & DSPP planned spend of £0.6m .

- Core and DPIF related pay costs may flex between payroll and third party supplier subject to resourcing strategy.
- March non pay forecast excludes All Wales Microsoft Enterprise Agreement VAT recovery which at present is assumed will be repatriated to Welsh Government.

# FINANCIAL UPDATE | CORE REVENUE PERFORMANCE

To August 31<sup>st</sup> DHCW is reporting an underspend of £0.141m, predominantly due to pay savings offsetting corresponding pressures within the ICT Directorate (*Ref Figure 3, page 10*)

Directorate Contributions to AUGUST organisational Underspend £000's



**Material Directorate Variances:**

**Clinical Directorate** – The Directorate is reporting an underspend of £0.087m. This is due to vacancies which are expected to be filled as the year progresses. This together with the timing of the procurement requirement of electronic journals may affect the final outturn position.

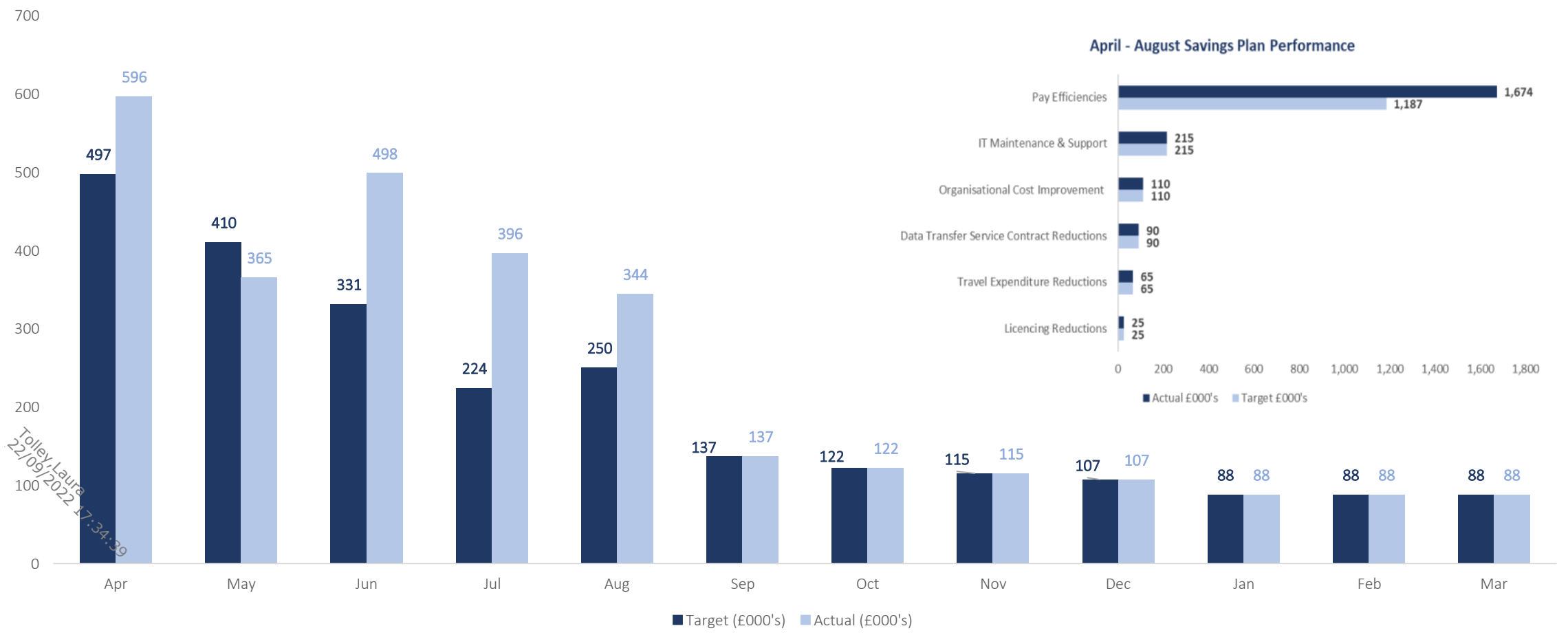
**Information & Communications Technology Directorate** - The directorate is reporting an overspend of £0.118m.

Tolley, Laura  
22/09/2022 17:34:39

# FINANCIAL UPDATE | SAVINGS PLAN PERFORMANCE

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 overachieved. The targeted pay efficiencies are being exceeded by £0.487m for the period. *(Ref Page 16, Figures 8 & 9).*

DHCW Savings Plan Performance Profile £000's)



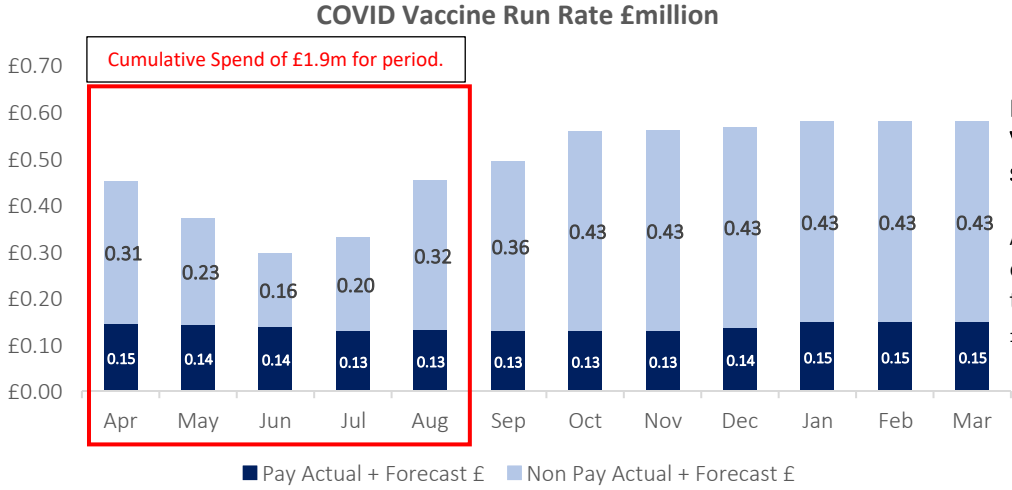
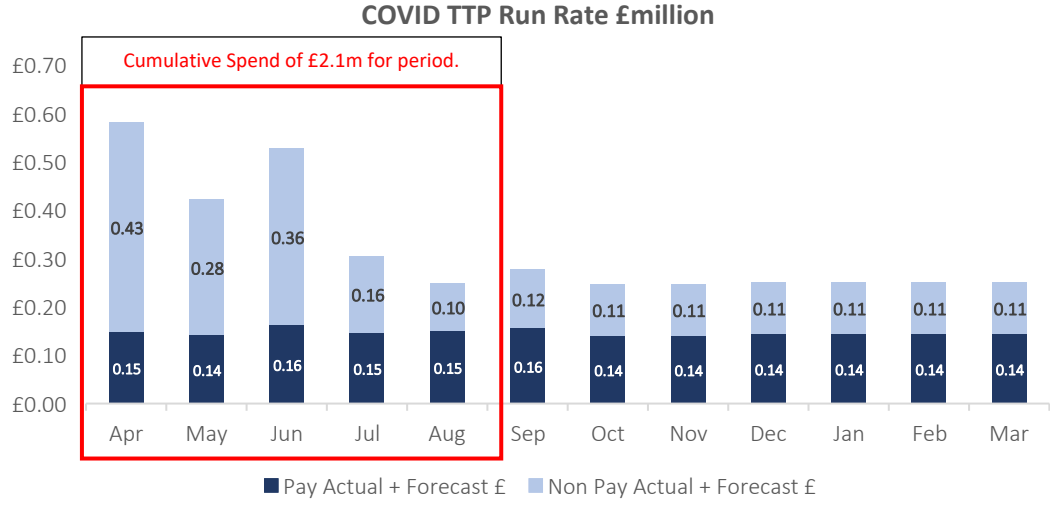
Tolley, Laura  
22/09/2022 17:34:39

# FINANCE UPDATE | COVID 19 REVENUE PERFORMANCE

At the end of August the cumulative revenue spend for Covid is £3.988m *(Ref page 13 & 14, fig 3,4,5,6)* the current outlook is to meet the current allocation of £9.976m. A considerable element of non pay revenue spend is variable in nature and directly impacted by volume. The forecast spend will be reassessed for increased vaccine scheduling.

## Test, Trace & Protect spend:

Apr-Aug expenditure totalling £2.1m, non pay run rate forecast to decrease by £0.180m per month due to licence reductions.

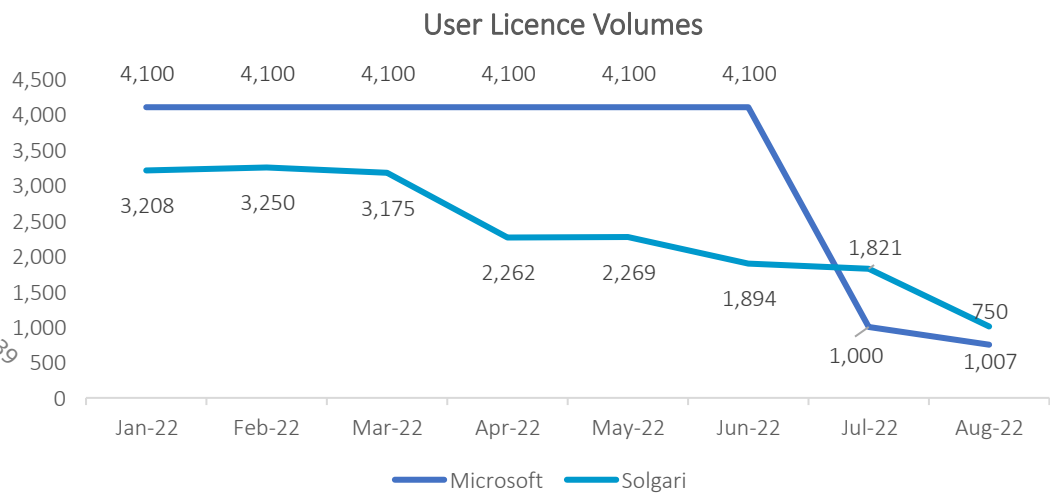


## Mass Vaccination spend:

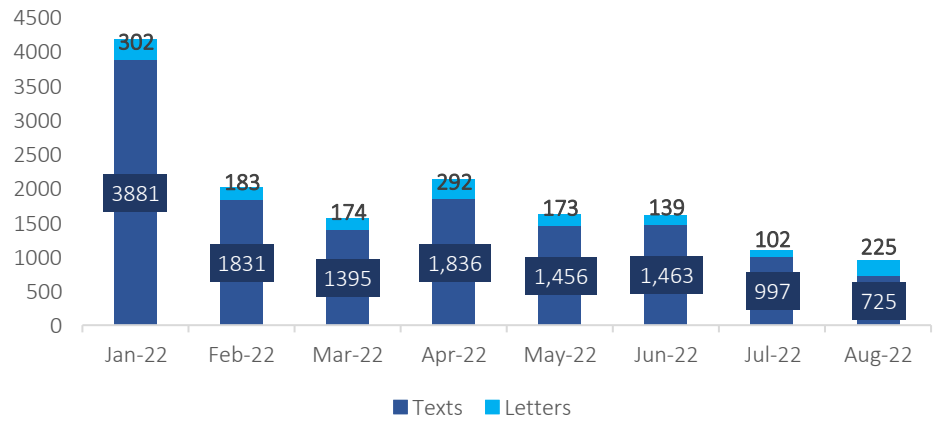
Apr-Aug expenditure totalling £1.9m.

## Key Variable Spend:

Reduction in licencing come into effect July onwards. Final Microsoft reduction to 750 impact in September



## Jan 2022 - August 2022 Text/Letter Volumes (000's)



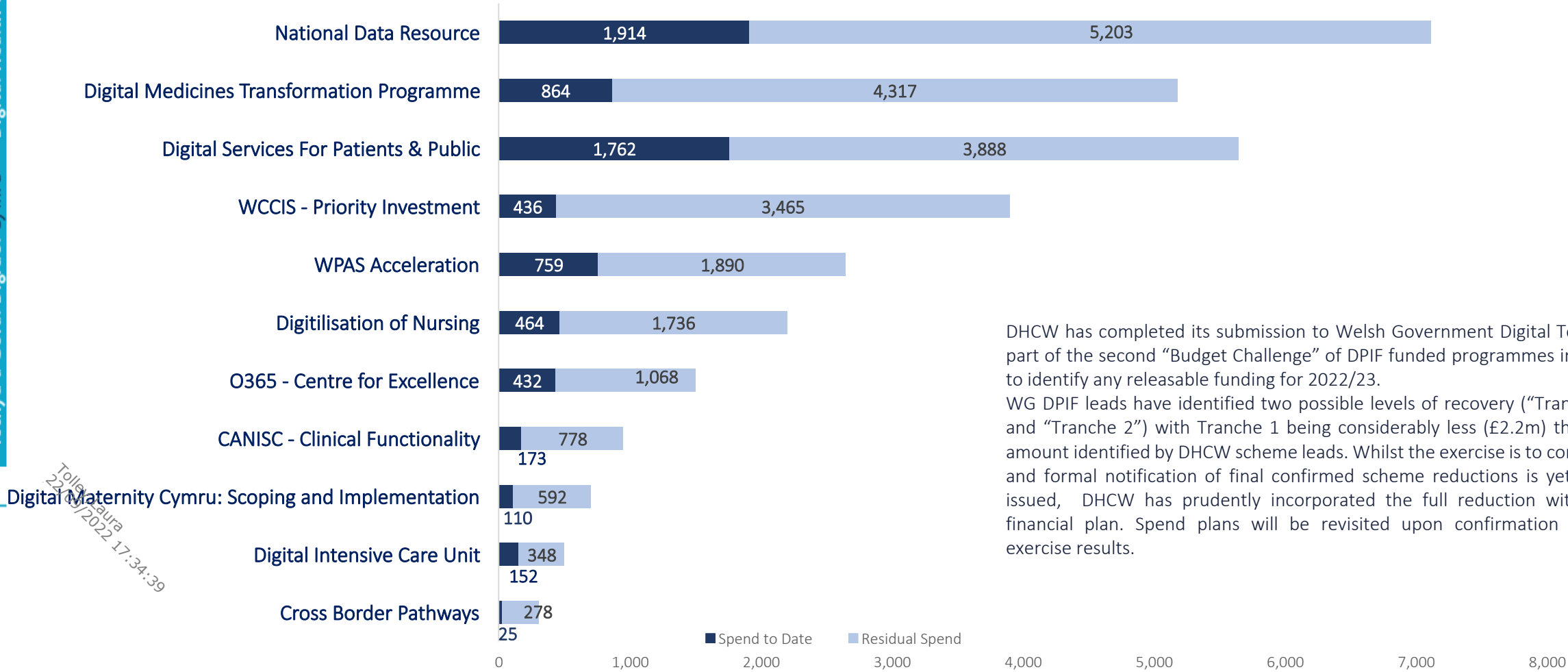
## Key Variable Spend:

Text & letter volumes remain relatively low. However these will be materially effected by new cohorts, boosters and the Autumn programme.

# FINANCE UPDATE | DPIF REVENUE PERFORMANCE

Of the anticipated directly funded DPIF revenue allocation of £30.7m, £7.1m revenue has been spent to the end of August leaving a residual balance of £23.6m (77% of the allocation). *(Ref page 15, fig 7).*

DPIF Revenue Performance to August £000's



DHCW has completed its submission to Welsh Government Digital Team as part of the second “Budget Challenge” of DPIF funded programmes in order to identify any releasable funding for 2022/23.

WG DPIF leads have identified two possible levels of recovery (“Tranche 1” and “Tranche 2”) with Tranche 1 being considerably less (£2.2m) than the amount identified by DHCW scheme leads. Whilst the exercise is to conclude, and formal notification of final confirmed scheme reductions is yet to be issued, DHCW has prudently incorporated the full reduction within its financial plan. Spend plans will be revisited upon confirmation of the exercise results.

Tolley, Laura  
22/09/2022 17:34:39

# FINANCE UPDATE | CAPITAL SPEND PERFORMANCE



DHCW has recorded £1.218m of capital spend against a current allocated allowance of £8.372m leaving a residual balance of £7.154m to be spent before the end of the financial year. <sup>(Ref Table 4, Page 9).</sup>

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	166	99	67	1,867
Estates & Facilities	50	0	0	0	50
<b>Total Discretionary</b>	<b>2,016</b>	<b>166</b>	<b>99</b>	<b>67</b>	<b>1,917</b>
Digital Priority Investment					
Digital Services for Patients & Public	2,700	0	0	0	2,700
Digital Medicines Transformation Portfolio - National Portfolio Team Funding	22	0	0	0	22
Cancer Informatics Solutions	998	746	746	0	252
National Data Resource	800	43	43	0	757
Digital Intensive Care Unit	1,200	148	148	0	1,052
WPAS Standardisation	136	0	0	0	136
<b>Total Digital Priority Investment</b>	<b>5,856</b>	<b>937</b>	<b>937</b>	<b>0</b>	<b>4,919</b>
Covid-19					
Test, Trace & Protect	500	182	182	0	318
<b>Total Covid-19</b>	<b>500</b>	<b>182</b>	<b>182</b>	<b>0</b>	<b>318</b>
<b>Total Capital Plan</b>	<b>8,372</b>	<b>1,285</b>	<b>1,218</b>	<b>67</b>	<b>7,154</b>

Discretionary ICT includes the following investment schemes:

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

Risks to delivery:

- Networking equipment supply
- General supply chain issues/component shortages

Digital Priority Investment Fund:

Additional funding to be confirmed

- Welsh Emergency Department System £0.550m

COVID Response

- Capital spend in relation to TTP Development totals £0.182m from an annual allocation of £0.500m. TTP Development Pathway to be confirmed with Welsh Government.
- Vaccines Requirement also to be confirmed

# FINANCE UPDATE | BALANCE SHEET



The Balance Sheet, or Statement of Financial Position, reports the assets, liabilities and reserves of the organisation at a specific point in time *(ref Table 5 Page 17).*

## Non-Current Assets

The movement in Property, Plant and Equipment is due to the implementation of IFRS16 and the capitalisation of leases formerly reported in revenue. Trade and other receivables show an increase in prepayments in relation to the period from 1st April 2023 (Over 12 Months) due to the Microsoft O365 invoice.

## Trade and Other receivables

Increases are related to the prepayment of invoices and invoices raised by DHCW. In particular the prepayment of the Microsoft O365 invoice from Sept-April and one outstanding Microsoft income bill.

Cash and Cash equivalents were at their highest following prompt payment from Health Boards and drawing down in advance from Welsh Government to ensure sufficient coverage to pay Microsoft.

## Current Liabilities

Matching increase in deferred income as a result of the National Licence income also in Debtors above.

Trade and other payables include income billed in advance to Health Boards for Microsoft O365. Provisions denote the provision raised against NHS digital and O365 Vat recovery.

## Non Current liabilities

Trade and other payables - The figure concerns lease payables greater than a year.

## Financed by: Taxpayers Equity

Movement relates to current underspend and is mainly the difference between Welsh Government planned and received income in the month.

	Opening Balance 01/04/2022	Movement	Closing Balance 31/08/2022
	£'000	£'000	£'000
<b>Non-Current Assets</b>			
Property, plant and equipment	12,170	1,764	13,934
Intangible assets	17,763	0	17,763
Trade and other receivables	371	7,399	7,770
<b>Non-Current Assets sub total</b>	<b>30,304</b>	<b>9,163</b>	<b>39,467</b>
<b>Current Assets</b>			
Inventories			
Trade and other receivables	13,707	17,541	31,248
Cash and cash equivalents	1,546	10,834	12,380
<b>Current Assets sub total</b>	<b>15,253</b>	<b>28,375</b>	<b>43,628</b>
<b>TOTAL ASSETS</b>	<b>45,557</b>	<b>37,538</b>	<b>83,095</b>
<b>Current Liabilities</b>			
Trade and other payables	15,677	13,313	28,990
Provisions	267	8,620	8,887
<b>Current Liabilities sub total</b>	<b>15,944</b>	<b>21,933</b>	<b>37,877</b>
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>29,613</b>	<b>15,605</b>	<b>45,218</b>
<b>Non-Current Liabilities</b>			
Trade and other payables		2,828	2,828
<b>Non-Current Liabilities sub total</b>	<b>0</b>	<b>2828</b>	<b>2828</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>29,613</b>	<b>12,777</b>	<b>42,390</b>
<b>FINANCED BY:</b>			
<b>Taxpayers' Equity</b>			
General Fund	29,580	12,761	42,341
Revaluation Reserve	33	16	49
Other reserve			
<b>Total Taxpayers' Equity</b>	<b>29,613</b>	<b>12,777</b>	<b>42,390</b>



# FINANCE UPDATE | RISKS & OPPORTUNITIES

DHCW Financial Risks and Opportunities are summarised below. *(ref Pages 18 & 19).*

## Financial Risks

- **Exceptional Costs – Energy (across 3 sites):** A potential cost pressure of £0.120m 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 £0.330m has been identified which is currently being mitigated via agreed monitoring and central management through Welsh Government at an All Wales level.
- **Digital Inflation & Supplier Cost increases:** Supply chain issues such as the chip shortage and underlying digital price pressures and contract renewals may have a negative impact upon prices and as a consequence there will be additional price increases in equipment maintenance contract costs. The underlying digital price pressures will need to be identified, quantified and managed. However, for specific contracts DHCW will continue to look to mitigate by negotiation, competitive procurement and changes in requirement where appropriate.

## Financial Opportunities

- **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.
- **VAT Recovery:** DHCW has reviewed its recovery position and is progressing additional VAT recovery (totalling £11.9m )for the items below:

National Licences (Prior Year)	£6.50m
National Licences (current year)	£4.80m
DPIF & Primary Care	£0.29m
Core	£0.34m

- **Unwinding of provisions:** In line with guidance, DHCW entered accounting balances at year end to reflect carried forward annual leave. Balances remained high due to the two-year COVID 19 flexibility. Welsh Government direction on the release of this provision alongside other organisational balances would present an accounting gain this financial year should additional resource not be contracted. An amount totalling £1m has been initially estimated.

Tolley, Laura  
22/09/2022 17:34:39

# FINANCE UPDATE | ADDITIONAL INFORMATION

Material future pressures to be addressed during the IMTP planning term *(ref Pages 19 & 20).* :

## Unavoidable Pressures



**Service Delivery & Growth....** RIGHTSIZING OF RECHARGES TO CURRENT SERVICE PROVISION.



**Digital Inflation....** SECTOR SPECIFIC FUTURE COST PRESSURES.



**Exceptional Costs....** REQUIREMENT TO MITIGATE ENERGY COST INCREASES.



**Datacentre Migration Project....** NON RECURRENT FUNDING REQUIREMENT TO SUPPORT ACTIVITY RESOURCING.

## Necessary Investments



**Cyber Security Improvements....** NEW AND STRENGTHENED CYBER POSTURE (POTENTIAL NATIONAL PERSPECTIVE).



**Digital Priority Investment Fund – Service Delivery....** THE ONGOING PROVISION OF SERVICES ONCE IMPLEMENTED.

## Service Development Choices



**Cloud Adoption....**SUPPORTING THE LONG-TERM OBJECTIVE OF TRANSITION AWAY FROM CAPITAL TO REVENUE SUPPORTED SERVICE MODELS.



**Capital Investment....** SUPPORTING SERVICE DELIVERY AND IMPROVEMENT.

Tolley, Laura  
22/09/2022 17:34:33

## FINANCE UPDATE | ADDITIONAL INFORMATION

### IMMEDIATE – BUSINESS AS USUAL:

1. Identify final probable case requirement for 2023/24 and secure funding to address:
  1. Balancing the national product costs with the income
  2. Recognition of the digital inflation impact
  3. Unavoidable requirements – Cyber /NDC
  4. Data growth within cloud environment

### ONGOING SUSTAINABILTY - DEVELOPMENT

1. Decision on approach and governance on DPIF developments. Secure commissioning of a review exercise sponsored by Welsh Government and stakeholder organisations.
2. Preferred funding flow mechanism to be agreed (WG/Top Sliced or Current Mix) and implementation process (immediate/tapered).
3. Agree transparent charging mechanism with stakeholders (inclusive of provision for development, growth, innovation and newly emerging variable costs (e.g. cloud consumption recharges). This will be used to inform the “top slice” amount per organisation.
4. Revised arrangements in place for 2024/25.

## FINANCE UPDATE | RECOMMENDATIONS

DHCW Board are requested to:

- Note the contents of the financial report for August 31st and the forecast year end achievement of key financial targets.
- Note the identified financial risks and opportunities.
- Note the future financial pressures.

Tolley, Laura  
22/09/2022 17:34:39

# DIGITAL HEALTH AND CARE WALES

## INTEGRATED ORGANISATIONAL PERFORMANCE REPORT

Agenda Item	6.4
-------------	-----

Name of Meeting	SHA Board
Date of Meeting	29 September 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	Ifan Evans, Executive Director of Strategy

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

Tolley, Laura  
22/09/2022 17:34:39

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

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

# 1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
----------------------------	----------------------

CORPORATE RISK (ref if appropriate)	n/a
-------------------------------------	-----

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

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

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: n/a
Choose an item.	Outcome: n/a
Statement: Organisational performance reporting equally effects all. An EQIA is not applicable.	

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

--	--

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IOPR	Integrated Organisational Performance Report		

## 2 SITUATION/BACKGROUND

- 2.1 This document provides a summary of the quarterly Digital Health and Care Wales (DHCW) Integrated Organisational Performance Report (IOPR). A similar report is presented to DHCW Management Board monthly where Management Board attendees present and discuss performance and resulting actions or risks.
- 2.2 The Board IOPR is published to Board on a bi-monthly basis in arrears. Updates on DHCW's plan are included in the Board IOPR on a quarterly basis in arrears, so that progress is aligned to DHCW's published plan.

The Board IOPR contains a Score Card which provides an indication on the four operational domains of Finance & Workforce, Governance & Quality, Operational Service Delivery and Engagement & Feedback.

Each page of the Board IOPR contains an icon which references the associated strategic mission. These are explained in more detail on page 4 of the Board IOPR.

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

- 3.1 Working with Welsh Government, the National Cyber Security Centre and colleagues across NHS Wales, we continue to review and monitor our cyber security measures in light of current threats, to protect our national digital systems.

### 3.2 Score card

The Scorecard provides an 'at a glance' indicator of performance in key areas. As DHCW further develops and refines performance indicators in line with strategy, further indicators will be included, and others will be refined. The details below highlight areas monitored in the

Tolley, Lauren  
22/09/2024 11:04:39

Scorecard as a summary:

**Operational Service Support = AMBER.** This indicator now combines all Service Support metrics, including Major IT Service Incidents which was previously an individual indicator in the dashboard.

There were seven Major IT Service Incidents in July, (one of which breached its SLA target). This related to a network issue which affected PACS users' ability to use a third party digital dictation service – this service was disrupted on three separate occasions and additional work is planned to improve resilience in this area.

There were three Major IT Service Incidents in August, none of which breached their SLA targets.

**Audits = AMBER.** There are now two audit actions which have not met their target resolution dates and remain ongoing.

- Replacement of legacy Windows Server and SQL Server 2008 operating Systems. Progress has been made, a meeting is scheduled with Audit Wales to discuss the point of closure.
- People & OD Appraisal Policy is under review and is awaiting formal consultation via the Policy Review process.

**Strategic Engagement Meetings = AMBER.** Some of the planned meetings for the period and future periods have been cancelled by stakeholders. DHCW continues to work on the schedule with stakeholders.

**Service Level Agreement meetings = AMBER.** Some of the planned meetings for the period have been cancelled by stakeholders. DHCW continues to work on the schedule with stakeholders.

**Sickness Absence = GREEN.** Sickness is at 1.63%, which is well below the national NHS Wales threshold.

**Personal Development Appraisals Compliance = AMBER.** Performance is at 77.8% against a target of 85%. Work is ongoing to support an improvement in this indicator, including monthly management review and six-monthly directorate reviews.

**Statutory and Mandatory Training = GREEN.** Compliance is at 93.9% against a target of 85%.

### 3.3 Workforce

DHCW's recruitment approach continues to make a positive impact on recruitment, although the volume of work remains a challenge. The Recruitment Task Force has now been replaced with a Strategic Resourcing Group which is responsible for the wider development of DHCW's resourcing rather than specifically concentrating on recruitment.

Tolley, Laura  
22/09/2022 11:34:39



As at 5<sup>th</sup> September 2022 there were 50 vacancies in the recruitment process, and there were eighty people waiting to join DHCW.

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

4.1 There are no matters for escalation to the Board in this period.

## 5 RECOMMENDATION

5.1 The Board is asked to:

**DISCUSS /REVIEW** the report as representative of the performance of the organisation for the period July - August 2022.

## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
DHCW Management Board	16 September 2022	DISCUSSED/REVIEWED

Tolley, Laura  
22/09/2022 17:34:39

# DIGITAL HEALTH AND CARE WALES

## BOARD PERFORMANCE REPORT: AUGUST 2022

Tolley, Laura  
22/09/2022 17:34:39



## INTRODUCTION

This Integrated Organisational Performance Report provides evidence of performance against key indicators across Digital Health and Care Wales (DHCW) and is linked to the Strategic Missions defined within our Integrated Medium Term Plan (IMTP).

Performance is monitored and managed at various levels throughout the DHCW governance structure, with final oversight through Management Board and then our Special Health Authority (SHA) Board.

## CONTENTS

- Organisational Scorecard
- Financial Performance
- People and Organisational Development
- Commercial Services
- Operational Service Management
- Clinical Assurance and Information Governance
- Governance and Quality
- Engagement



## SCORE CARD

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

This month there are five indicators which are AMBER, and are being addressed as detailed in later sections.

### Operational Measures:

- **Operational Service Support** – This indicator now combines all Service Support metrics. This includes seven Major IT service Incidents in July and three in August; one incident in July breached its SLA resolution target.
- **Audits** – Two actions remain incomplete; replacement of Windows and SQL 2008 legacy Servers and People & OD – Review of the Appraisal Policy – August 22.
- **Service Level Agreement meetings** – some of the planned meetings for the period have been cancelled by stakeholders.
- **Strategic Engagement meetings** – some of the planned and future meetings have been cancelled by stakeholders.

### Workforce Measures:

- **Sickness Absence** – Decreased to 1.63%. This figure includes 11 Covid-19 related absences; a decrease of 8 cases.
- **Appraisal compliance** – Increased slightly from 77.5% to 77.8%.
- **Statutory and Mandatory Training** – above target at 93.9%.

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%)	Two audit actions have not met their target dates; all other actions on track to be completed by their target date	
WORKFORCE	Sickness absence (actual 1.63%)	Appraisals compliance target = above 85% (achieved 77.8%)	Statutory and Mandatory Training compliance target = above 85% (achieved 93.9%)	Clinical Risk Management	Corporate Risk Management
OPERATIONAL SERVICE DELIVERY	Commercial Services contract management compliant with KPI	Operational Service Support includes some areas which need attention. 10 Major IT Service Incidents; one of which breached SLA target	Continue to support NHS Wales recovery	Service Level Agreement performance meetings with stakeholders conducted to schedule	Strategic engagement meetings with NHS Wales partners conducted to schedule
	Clinical Assurance and Information Governance requests and incidents resolved within KPI	Other metric under development	Other metric under development	Customer Satisfaction Feedback to Local Service Desk target = above 93% (actual 96%)	Other metric under development
OPERATIONAL SERVICE DELIVERY			ENGAGEMENT & FEEDBACK		229/282



## MISSIONS

FOUR OVERARCHING NATIONAL MISSIONS DIVIDED INTO 12 PORTFOLIOS  
ONE ORGANISATIONAL MISSION DIVIDED INTO SIX OBJECTIVES

### 1 ENABLING Digital Transformation

1 Information Availability and Flow

2 Protecting Patient Data

3 Sustainable Infrastructure

### 2 DELIVERING HIGH QUALITY technology, data products and services

6 Public Health

7 Primary, Community and Mental Health

8 Planned and Unscheduled Care

9 Diagnostics

10 Digital Medicines

### 5 BECOMING THE TRUSTED STRATEGIC PARTNER and a high performing, inclusive, ambitious organisation

1 Continue to embed organisation governance and leadership roles

2 Strategic roadmap

3 Develop our Digital capability and capacity

4 Welsh Language

5 Quality, Regulation and Service Improvement

6 Strengthening Stakeholder Relationships

### 3 EXPANDING THE CONTENT, AVAILABILITY AND FUNCTIONALITY of the Digital Health and Care Record

4 Digital Healthcare Professional Empowerment

5 Digital Patient Empowerment

### 4 DRIVING VALUE AND INNOVATION for better outcomes and value based care

11 Research and Innovation

12 Value from data

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 £0.141m after applying the savings target profile.
- Capital – Current Spend of £1.218m against Capital Resource Limit (CRL) of £8.372m
- Public Sector Payment Policy (PSPP) – DHCW have paid 98% of non-NHS invoices within 30 days.

INDICATOR	RESULT	SUMMARY
<b>Revenue Breakeven</b>  (To secure that the organisations expenditure does not exceed aggregated income)		Small operational surplus of £0.141m.
<b>Remain within Capital Resource Limit</b>  (To ensure net Capital Spend does not exceed the Capital Resource Limit CRL)		£1.038m spend for period against a capital limit of £5.514m
<b>Public Sector Payment Policy</b>  (To pay a minimum of all non NHS creditors within 30 days of receipt of a valid invoice)		PSPP target achieved  98% achieved against a target of 95%
<b>Bank</b>  Sufficient bank balances		Balance as at 31/08 £12.4m

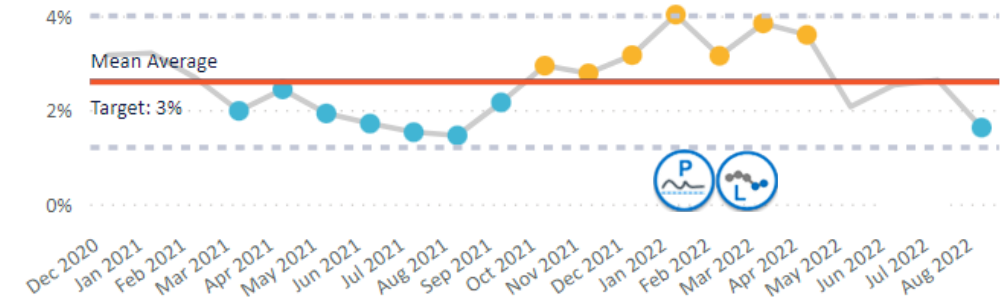
SUMMARY:

- The organisational month end revenue underspend is currently £0.141m against a forecast of breakeven.
- Capital spend to date is £1.218m of the total CRL of £5.514m. (£0.021m underspend against plan)
- PSPP target exceeded
- Cash balance of £12.4m from settlement of all Microsoft Health Board invoices.

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SICKNESS ABSENCE

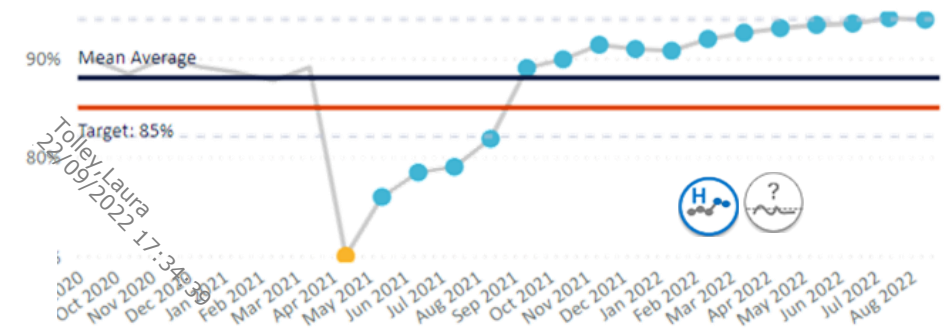


**Sickness absence** is 1.63%, a decrease of 1%. This figure includes 11 recorded COVID-19 related cases a decrease of 8 this month.

Long term sickness is 1% decreased by 0.22%. There were 12 long term sickness cases of which 3 have returned.

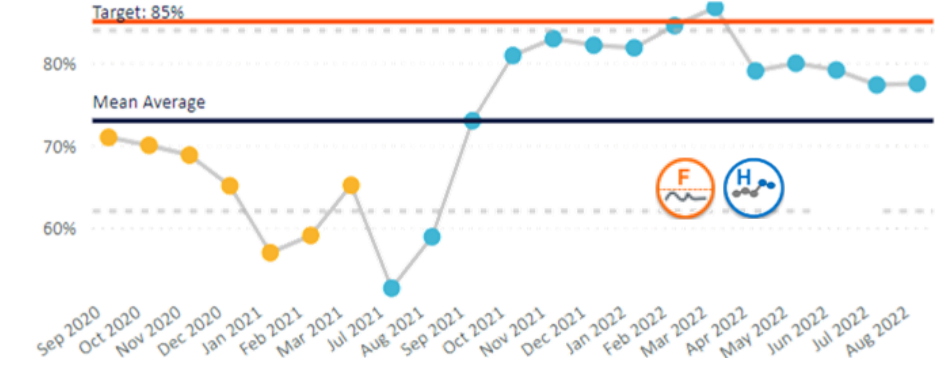
Short term sickness is 0.6% a decrease of 0.8%.

STATUTORY AND MANDATORY TRAINING



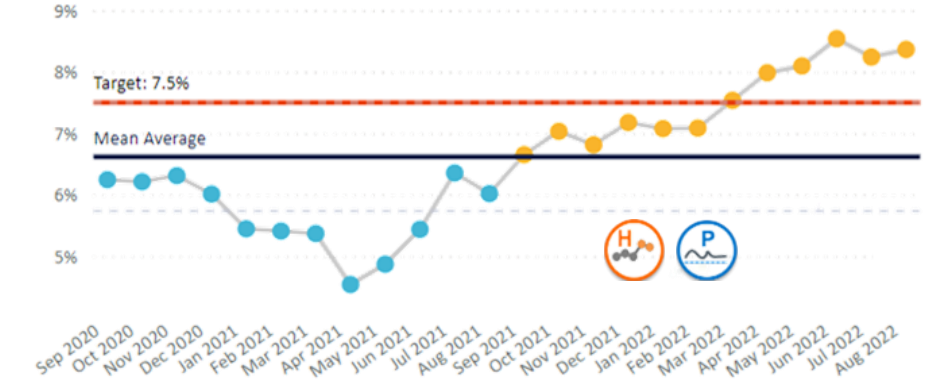
**Statutory and Mandatory Training** is 93.9% a slight decrease of 0.2% on last month and is above the Welsh Government target of 85% for NHS Wales.

APPRAISALS



**Appraisal** completion rate is 77.8% which is a slight increase from last month 77.5%. This is below the Welsh Government target of 85% for NHS Wales.

TURNOVER



**Turnover** is 8.36% (8.24% last month), a slight increase from last month.

**VARIATION**

- Special Cause Concerning variation
- Special Cause Improving variation
- Common Cause

**ASSURANCE**

- Consistently fail target
- Consistently hit target
- Hit and miss target subject to random

Legend:

- Target
- Average
- Process Limits





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
NDR Data Platform	DHCW Internal	Provision of a Google Cloud Solution Partner to provide the Authority with Google cloud products and services to support the development and implementation of the NDR Data Platform.	£12m	2+1+1	03/10/2022	29/09/2022	To be presented to SHA Board 29/09/2022
EPMA	All Wales	Provision of a framework for Electronic Prescribing Systems for Health Boards in Wales.	£120m	4+2	01/11/2022	27/10/2022	Procurement underway
Data Centre 2	All Wales	Provision of a second Data Centre service to host NHS Wales Services and Infrastructure	£4.8m	5	01/02/2023	24/11/2022	Tender Issued
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.	£7.2m	3+1+1	15/04/2023	30/03/2023	In plan
Radiology Imaging System	All Wales	Digital solution to store, access, review and report radiology images	£60m	10	15/04/2023	30/03/2023	Progressing to plan
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 NDR programme.	£5.5m	3+1+1	TBC	TBC	Procurement planning stage- defining a route to market

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## OPERATIONAL PERFORMANCE | SERVICE SUPPORT DASHBOARD

**SUMMARY:** Service Support is AMBER, and there are some areas which require focused attention; these include 6 services whose incident and/or service request management is being monitored, and the ongoing challenge in maintaining the Abandoned Calls target.

Domain	RAG	Commentary	Follow-on Actions in QIAL
Incident & SR Management	●	Performance for National Services for August remains green across all four areas with the number of calls resolved also increasing.	n/a
Major IT Service Incidents	10 ●	<p>Seven IT Service Incidents reported in July, one of which breached its SLA target. WPAS was unavailable in Cwm Taf Morgannwg due to disk errors; Secure File Sharing Portal firewall issue; a Network issue caused disruption to the third party Digital Dictation software (Nuance) for PACS managers on three separate days; TTP and mail routing experienced slow performance – this network issue was fixed outside the agreed SLA target.</p> <p>Three Major IT Incidents reported in August, none of which breached the SLA targets. One related to WRIS being unavailable in ABUHB; the second related to Choose Pharmacy being unavailable across multiple pharmacy sites in Wales; the third was with CEGEDIM, one of the GP suppliers.</p>	Mitigations planned for the network issue which caused service disruption to PACS managers on three occasions.
Service Desk	●	Customer and employee satisfaction above target. The team has the skills to take on more complex work which will reduce the workload of 2 <sup>nd</sup> and 3 <sup>rd</sup> line teams. Service desk are working with Client Services, Microsoft 365 and ISOC (Infrastructure Monitoring/Management) to implement their shift left strategy.	Put in place a plan for service desk to take on more complex first time fixes. Ian Cox will provide details on top three services and their requirements i.e. training
Abandoned Calls	●	Abandoned calls are now within target and have decreased from 6.9% to 4%. Department turnover and vacancies continue to remain a challenge.	Review the timings to report on abandoned calls and supplement with average speed of answer to avoid false positives.

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# OPERATIONAL PERFORMANCE | INCIDENT & SERVICE REQUEST MANAGEMENT

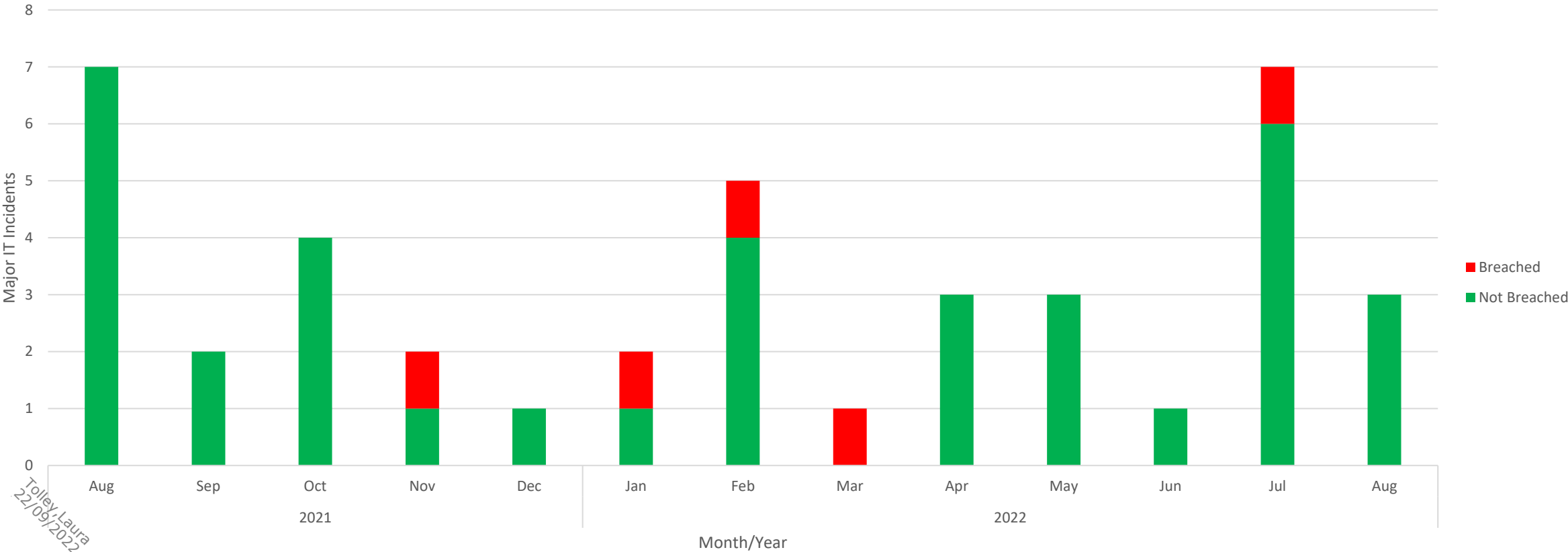
PERFORMANCE AREA	METRIC	AUG-21	SEPT-21	OCT-21	NOV-21	DEC-21	JAN-21	FEB-21	MAR-22	APR-22	MAY-22	JUNE-22	JUL-22	AUG-22
National Services - Critical (Excluding GP Services)	Score denotes % of <b>Incidents</b> resolved within the SLA target *(Resolved total can include Incidents logged outside the month)	2085 (95%)	1901 (90%)	1990 (94%)	1526 (92%)	1446 (95%)	1484 (95%)	1701 (94%)	1286 (95%)	1632 (95%)	1301 (94%)	1063 (93%)	1127 (95%)	1204 (96%)
	Score denotes % of <b>Service Requests</b> resolved within the SLA target *(Resolved total can include SRs logged outside the month)	6254 (97%)	6117 (96%)	7107 (98%)	7087 (98%)	6634 (98%)	5989 (97%)	6479 (97%)	5432 (97%)	5322 (97%)	5809 (97%)	5276 (97%)	5777 (98%)	5643 (98%)
National Services – Standard	Score denotes % of <b>Incidents</b> resolved within the SLA target *(Resolved total can include Incidents logged outside the month)	419 (97%)	419 (96%)	392 (99%)	284 (98%)	293 (97%)	369 (97%)	367 (97%)	343 (98%)	441 (99%)	403 (96%)	322 (98%)	390 (95%)	453 (98%)
	Score denotes % of <b>Service Requests</b> resolved within the SLA target *(Resolved total can include SRs logged outside the month)	1273 (93%)	1288 (96%)	1278 (96%)	1295 (97%)	1059 (96%)	1226 (97%)	1269 (96%)	1331 (92%)	1128 (97%)	1191 (97%)	1026 (98%)	1222 (98%)	1384 (97%)
Desktop Support Service - Critical	Total <b>Incidents</b> Resolved (% resolved within timescale)	1274 (91%)	1461 (97%)	1448 (96%)	1350 (97%)	1276 (96%)	1389 (97%)	1374 (96%)	1263 (97%)	1160 (97%)	1251 (97%)	1261 (94%)	1033 (97%)	1259 (95%)
	Total <b>Service Requests</b> Resolved (% resolved within timescale)	1111 (92%)	1147 (97%)	1098 (96%)	1071 (96%)	1030 (96%)	1071 (96%)	1050 (95%)	1021 (96%)	1138 (96%)	903 (96%)	975 (96%)	902 (96%)	848 (96%)

PERFORMANCE AREA	METRIC	AUG-21	SEPT-21	OCT-21	NOV-21	DEC-21	JAN-22	FEB-22	MAR-22	APR-22	MAY-22	JUN-22	JUL-22	AUG-22
National GP Services - Critical - Cegedim	Calls Logged as <b>Incidents</b> (% resolved within timescale)	455 (98%)	562 (99%)	547 (99%)	587 (100%)	510 (99%)	615 (99%)	565 (99%)	596 (99%)	454 (100%)	446 (99%)	550 (99%)	437 (99%)	TBC
	Calls Logged as <b>Service Requests</b> (% resolved within timescale)	178 (100%)	194 (99%)	227 (100%)	242 (99%)	224 (100%)	184 (99%)	177 (99%)	131 (99%)	141 (99%)	128 (100%)	251 (100%)	248 (100%)	TBC
National GP Services - Critical - EMIS	Calls Logged as <b>Incidents</b> (% resolved within timescale)	217 (96%)	203 (98%)	175 (94%)	212 (92%)	153 (95%)	259 (97%)	186 (93%)	201 (98%)	165 (98%)	199 (99%)	182 (97%)	293 (97%)	TBC
	Calls Logged as <b>Service Requests</b> (% resolved within timescale)	41 (98%)	114 (98%)	41 (98%)	38 (95%)	44 (93%)	47 (89%)	31 (84%)	58 (94%)	37 (97%)	28 (97%)	43 (99%)	60 (99%)	TBC

**SUMMARY:** Performance for National Services for August remains green across all areas with the number of calls resolved also increasing.



Major IT Incidents



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OPERATIONAL PERFORMANCE | MAJOR IT INCIDENTS (JULY) (1/3)



SERVICE(S) AFFECTED	WELSH PATIENT ADMINISTRATION SYSTEM (WPAS)	SERVICE LEVEL: CLINICAL CRITICAL	P2	1 <sup>ST</sup> P2 LOGGED 7738407 PROBLEM REF 27250
DATE/TIME LOGGED	06/07/2022 16:51	DATE/TIME RESOLVED	06/07/2022 17:11	Time to resolution: 30 minutes Incident <b>did not breach</b> the 8 hour SLA target
DESCRIPTION	Users in Cwm Taf Morgannwg UHB reported that WPAS was not responding. Initial investigations were inconclusive. However, a switchover to the secondary data centre was undertaken as a precaution, which restored connectivity. Further investigations identified multiple disk errors on the database server which caused the connection to become unstable. The service was unavailable for 30 minutes and resulted in one Priority 2 Incident being received by the National Service Desk.			
SERVICE(S) AFFECTED	SECURE FILE SHARING PORTAL	SERVICE LEVEL: INFRASTRUCTURE CRITICAL	P2	1 <sup>ST</sup> P2 LOGGED 7739217 PROBLEM REF 27255
DATE/TIME LOGGED	07/07/2022 09:32	DATE/TIME RESOLVED	07/07/2022 10:41	Time to resolution: 69 minutes Incident <b>did not breach</b> the 8 hour SLA target
DESCRIPTION	Data Centre Services support identified that there was an operational issue with the Azure firewall, which was causing connectivity problems with services hosted in the DMZ including the Secure File Sharing Portal. A workaround was applied which triggered the Azure Firewall to start processing traffic. The incident was resolved in 1 hour and 9 minutes and resulted in three internal DHCW calls.			
SERVICE(S) AFFECTED	NETWORK SERVICES NUANCE*	SERVICE LEVEL: INFRASTRUCTURE CRITICAL	P2	1 <sup>ST</sup> P2 LOGGED 7751682 PROBLEM REF 27291
DATE/TIME LOGGED	13/07/2022 10:01	DATE/TIME RESOLVED	13/07/2022 13:28	Time to resolution: 207 minutes Incident <b>did not breach</b> the 8 hour SLA target
DESCRIPTION	PACS Managers across Wales reported that they were unable to use voice recognition software (Nuance) at all sites across Wales. The supplier had checked their systems and confirmed services were running in AWS but they were not receiving data from any Welsh site. Investigations identified that a firewall Change (109313) had been undertaken, which had caused issues with site to site VPN access. The VPN connection to the Nuance application experienced a rooting loop due to the site-to-site VPN traffic routing not failing back to its primary data centre. Digital dictation was not working for circa three hours.  The Change Management governance process has been amended to ensure additional reviews and approvals are undertaken for all changes both from a technical and service management perspective.			

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SERVICE(S) AFFECTED	NETWORK SERVICES NUANCE*	SERVICE LEVEL: INFRASTRUCTURE CRITICAL	P2	1 <sup>ST</sup> INCIDENT LOGGED 7760178 PROBLEM REF 27313
DATE/TIME LOGGED	16/07/2022 10:24	DATE/TIME RESOLVED	16/07/2022 12:08	Time to resolution: 104 minutes Incident <b>did not breach</b> the 8 hour SLA target
DESCRIPTION	Radiology Departments across Health Boards reported that they had lost access to Dictation Services within their systems. Investigations identified that the VPN of the affected third party supplier had failed over to the secondary data centre site but had not failed back. The automatic failover was caused by a routing protocol (BGP) drop, and root cause investigations suggest a possible configuration issue with the VPN routing. As a workaround the VPN configuration was disabled to force routing back to the primary data centre - this however presented a risk state until the routing issue was investigated and resolved. This resulted in four calls being raised with the service being unavailable for 1 hour 44 minutes.  The root cause has been identified and remediation work is scheduled to correct the routing configuration issue.			
SERVICE(S) AFFECTED	NETWORK SERVICES MAIL ROUTING SERVICES TEST, TRACE, PROTECT (TTP) NUANCE*	SERVICE LEVEL: INFRASTRUCTURE CRITICAL/ADMIN CRITICAL	P1	1 <sup>ST</sup> P2 LOGGED 7760686 PROBLEM REF 27315
DATE/TIME LOGGED	18/07/2022 08:11	DATE/TIME RESOLVED	18/07/2022 17:22	Time to resolution: 551 minutes Incident <b>breached</b> the 4 hour SLA target
DESCRIPTION	Users across NHS Wales reported slow performance with remote VPN access and Internet facing services from one data centre. Investigations identified an issue with the Internet firewalls, and a failover of the network routing to the other data centre was undertaken. This restored services for the majority of users, however it caused disruption to digital dictation (Nuance) which became unavailable for Picture Archiving and Communications System (PACS) Services across NHS Wales. Remediation work completed by DHCW support teams on the affected firewall cluster allowed failback to the first data centre to be undertaken, which restored connectivity to Nuance. Services were unavailable for a period of time, however Nuance was particularly affected and was unavailable for over 9 hours. In total 100 calls were received by the National Service Desk.  Root cause investigations have been completed and a plan put in place to implement vendor recommended actions. Additional work is planned to ensure resilience to the Nuance service is improved across both Data Centres.			

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SERVICE(S) AFFECTED	WELSH CLINICAL PORTAL (WCP) WELSH PATIENT ADMINISTRATION SYSTEM (WPAS) WELSH NURSING CARE RECORD (WNCR)		SERVICE LEVEL: CLINICAL CRITICAL/CLINICAL STANDARD P2	1 <sup>ST</sup> P2 LOGGED 7772631 PROBLEM REF 27335, 27336.
DATE/TIME LOGGED	21/07/2022 16:12	DATE/TIME RESOLVED	21/07/2022 16:52	Time to resolution: 40 minutes Incident <b>did not breach</b> the 8 hour SLA target
DESCRIPTION	Users in Hywel Dda reported that Welsh Patient Administration System (WPAS) was unavailable, which impacted on both the Welsh Clinical Portal (WCP) and Welsh Nursing Care Record (WNCR). Investigations identified a local server failure in Hywel Dda. Local IT brought the server back online, which restored service and connectivity. This resulted in 11 calls being raised and the service was unavailable for 40 minutes.			

SERVICE(S) AFFECTED	GP TEST REQUESTING (GPTR)		SERVICE LEVEL: CLINICAL STANDARD P2	1 <sup>ST</sup> P2 LOGGED 7780494 PROBLEM REF 27347
DATE/TIME LOGGED	26/07/2022 10:44	DATE/TIME RESOLVED	26/07/2022 11:51	Time to resolution: 72 minutes Incident <b>did not breach</b> the 36 hour SLA target
DESCRIPTION	Users across Wales reported that the GP Test Requesting (GPTR) application was unavailable, and that they were unable to access core functionality. Investigations identified that one server out of three had become unresponsive following the automatic application of Windows Updates and automatic reboot of the servers. A manual reboot of the server was undertaken which restored accessibility. Root cause investigations are underway to identify why the Windows Updates caused the server to fail and why the service did not failover to another server. The application was unavailable for 1 hour 12 minutes and resulted in 28 calls being raised with the National Service Desk.			

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OPERATIONAL PERFORMANCE | MAJOR IT INCIDENTS (AUGUST)

SERVICE(S) AFFECTED	INPS (CEGEDIM) VISION 360	SERVICE LEVEL: CLINICAL CRITICAL	P2	1 <sup>ST</sup> P2 LOGGED 1:41PM PROBLEM REF PRB00295
DATE/TIME LOGGED	24/08/2022 13:41	DATE/TIME RESOLVED	24/08/2022 17:28	Time to resolution: 3 hours 47 minutes Incident <b>did not breach</b> the 8 hour SLA target
DESCRIPTION	Practices across Wales were unable to access the Cegedim hosted environment. Investigations identified that a specific patch update caused the outage. When this was updated a loss of connectivity was experienced by all affected machines and a reboot was required in order to restore connectivity. The Windows Automatic Maintenance feature was disabled on the servers to prevent any future business hours installs being attempted. The Service was unavailable for 55 practices for a period of 3 hours and 47 minutes.			

SERVICE(S) AFFECTED	WELSH RADIOLOGY INFORMATION SYSTEM (WRIS)	SERVICE LEVEL: CLINICAL CRITICAL	P2	1 <sup>ST</sup> P2 LOGGED 7837597 PROBLEM REF 27480
DATE/TIME LOGGED	18/08/2022 15:00	DATE/TIME RESOLVED	18/08/2022 15:19	Time to resolution: 19 minutes Incident <b>did not breach</b> the 8 hour SLA target
DESCRIPTION	Radiology in Aneurin Bevan University Health Board raised a call to advise that local Welsh Radiology Information System (WRIS) was unavailable. Users received an error message stating 'Unable to connect to database - please try again later'. A recent issue on the feed server required a restart, which was undertaken and restored access to the service. The service was unavailable in ABUHB for 19 minutes and resulted in two calls being raised. WRIS is a locally hosted service.			

SERVICE(S) AFFECTED	CHOOSE PHARMACY	SERVICE LEVEL: CLINICAL CRITICAL	P2	1 <sup>ST</sup> P2 LOGGED 7792258 PROBLEM REF 27382
DATE/TIME LOGGED	01/08/2022 10:05	DATE/TIME RESOLVED	01/08/2022 11:31	Time to resolution: 86 minutes Incident <b>did not breach</b> the 8 hour SLA target
DESCRIPTION	Pharmacies across Wales reported that they were unable to set the Pharmacy Location in Choose Pharmacy and couldn't then log in.  Users were presented with an application error. Investigations identified a blocking transaction issue, which is a known issue in Choose Pharmacy, and the documented workaround was applied, which restored connectivity to the application. The Service was unavailable for 1 hour and 26 minutes and resulted in 71 calls to the Service Desk.			

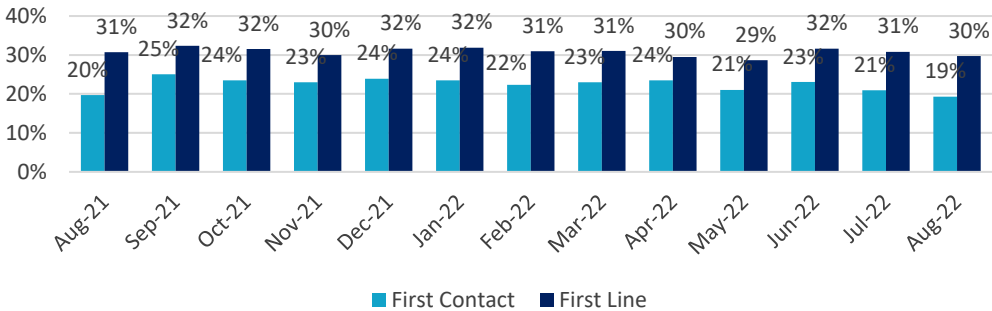


	AUG-21	SEP-21	OCT-21	NOV-21	DEC-21	JAN-22	FEB-22	MAR-22	APRIL-22	MAY-22	JUN-22	JUL-22	AUG-22
Total Number of calls logged	18017	21266	18694	17915	17542	19580	18302	15390	16704	17427	16698	17170	17688
Total Number of TTP Calls Logged	1157	1312	1478	1614	1865	1616	1362	939	1122	828	559	826	549
% All Abandoned Calls (Threshold 5%)	1.4%	1.0%	0.5%	1.2%	1.5%	1.4%	1.9%	7.1%	6.5%	3.9%	10.4%	6.9%	4.0%

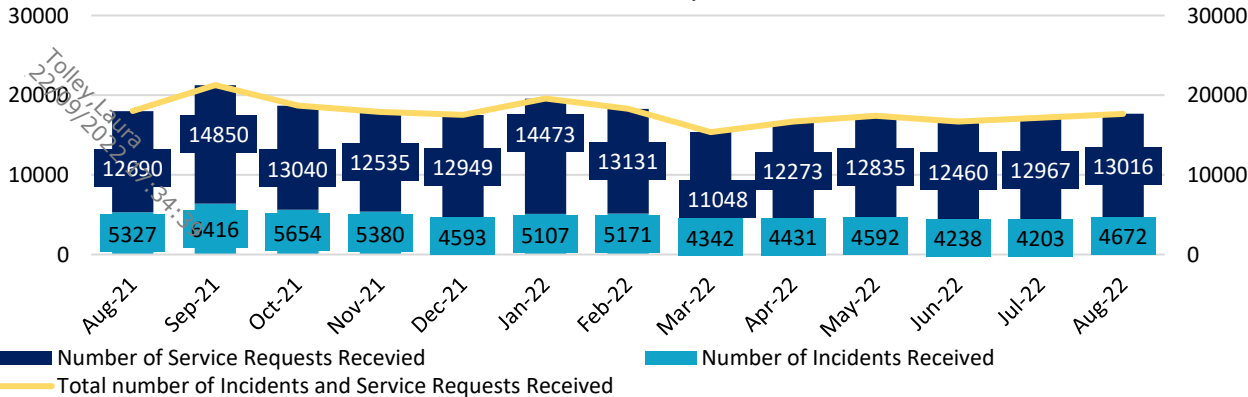
SUMMARY:

- August has seen a improvement in abandoned call rates from the previous months. A major incident experienced on 18<sup>th</sup> July which affected VPN and the Telephony System was a contribution factor to the call abandoned rates. The average speed of answer in August was 10.5 seconds, higher than July which was 10 seconds.
- Customer satisfactions levels remains above target at 96% in August and 95% in July.
- Employee satisfaction levels continue to remain above target at 93%.
- Plans to improve first contact and first line fix rates are under development.

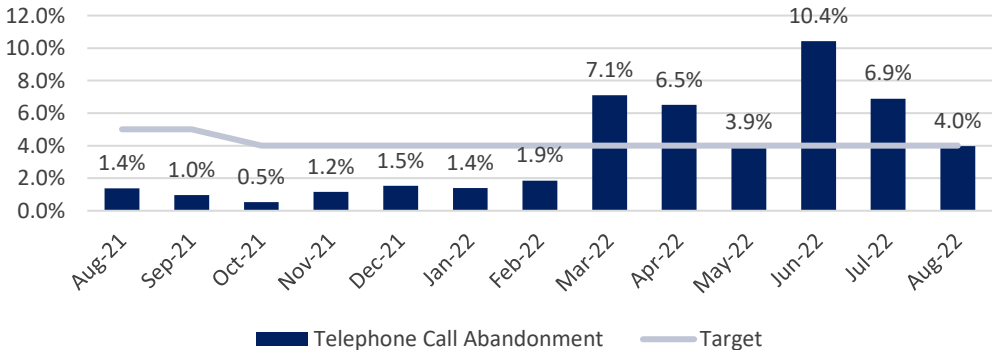
First Contact and First Line Fix Rate



Incidents and Service Requests Received



Telephone Abandoned Calls







CLINICAL INCIDENTS:

- There are three clinical incident investigations underway.

INFORMATION GOVERNANCE:

- In July 2022,
  - DHCW received three Freedom of Information (FOI) Act requests, one Subject Access Request (SAR) and one request from the Police.
  - Three FOIs and two SARs were responded to.
  - All FOI requests were responded to within the statutory timescales.
- In August 2022,
  - DHCW received three Freedom of Information (FOI) Act requests and one Subject Access Request (SAR).
  - Two FOIs, one SAR and one Police request were responded to in August 2022.
- All requests were responded to within the statutory timescales. All 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.

Response

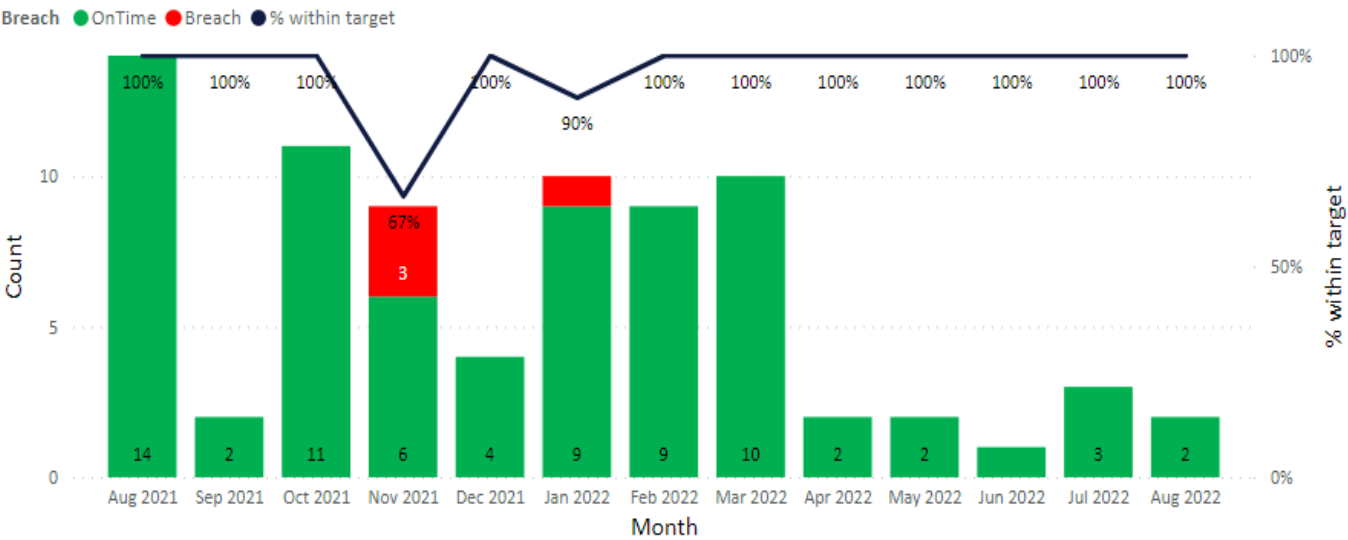


Diagram is for responses to Freedom of Information Act requests only.



NUMBER	RAG	STATUS
8	Green	Complete
11	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
2	Red	The implementation date has passed, and management action is not complete
21	Open Actions	

Overall RAG Status

Following advice from Internal Audit, one action dependent on a third party is being managed via a separate log where it can be tracked.

At the end of July 2022, there were 21 open actions, 6 of which had been completed. During August 2022, a further 2 actions were completed providing the end of August position with having 8 completed (green) actions. 11 actions remain on target to be completed by the target date but unfortunately, 2 actions are now overdue (red). Details of these are:

- Replacement of legacy Windows Server and SQL Server 2008 operating systems – June 2022 – significant progress has been made in this area and a meeting with Audit Wales is scheduled to discuss the point of closure
- People & OD – Review of the Appraisal Policy – August 2022 – Internal informal consultation has commenced but not yet issued formally via the Policy Review process

KEY MATTERS FOR CONSIDERATION OF THIS MEETING

Progress has been maintained over the period with a further 2 actions being completed. Unfortunately, two actions have now passed their due date and are categorized as red, attention to be given to progressing these as soon as possible but noted that closure of one will be discussed with Audit Wales at a meeting on 13<sup>th</sup> September 2022.

Since the last report, we have received for comment, the draft internal audit report on our process for managing Audit Recommendations. The rating was reasonable, and the DHCW response is currently being produced.

Within the last month, following a Counter Fraud incident, we have requested NWSSP Internal Audit to undertake a Stock Management Audit – the reported is expected imminently.

The Audit & Assurance Committee next meets on 18<sup>th</sup> October 2022.

The following internal audits have finished, are underway or are scheduled to begin shortly:

- Switching Service
- Recommendation Tracker (completed, draft report received)
- Decarbonisation (completed, report awaited)
- Performance Management
- Strategic Planning
- Stakeholder Engagement



SUMMARY INDICATORS	MAR-22	APR-22	MAY-22	JUN-22	JUL-22	AUG – 22
ISO 9001 Quality Management						
ISO 14001 Environmental Management						
ISO 20000 Service Management						
ISO 27001 Information Security Management						
BS76000/76005 Valuing People						
Service Desk Institute (SDI)						
BS 10008 Evidential weight & Legal admissibility						

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

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

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

• **Quality & Regulatory Compliance Summary:**

- The agile, Risk based Internal Audit programme is now operational. Audits have been provisionally scheduled up to January 2023. Seven audits have been completed to date, a further two have been rescheduled due to staff availability during the holiday period, the programme is currently reporting 64% on target, audits scheduled for September will bring this back to 100% on target for the year.
- The IMS Assurance Group will review compliance to the risk based audit programme and any standard specific self inspections conducted to underpin the risk based audits on a monthly basis. The review will include a review of the current plan, current compliance with the plan and where there is non compliance, the recovery plan.
- Work led by Welsh Government is ongoing to determine the requirements for compliance with the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and the Quality and Safety Framework. The new monthly quality operations report will contribute to this. This report is presented to Quality & Regulatory Compliance Group monthly. A report has been presented to Management Board on the forthcoming readiness for the Quality act and the actions DHCW need to take to ensure compliance
- Indicators -
  - **Quality Improvement Actions List (QIAL)** = 6 overdue (previously 8 for July) = 95% compliance (2% improvement on last month, have now met increased 95% target, maintenance of this KPI is the new goal with a view to increasing to 98%).
  - **Integrated Management System (IMS) Document Reviews:** = 87% with 13% overdue (target 5%). Quality Team are working with Authors and Department Heads to ensure that all overdue documentation is reviewed, updated and approved in readiness for the ISO 9001 External Audit. Some document reviews have been delayed due to unknown ownership - This is being monitored and actioned within the IMS Assurance Group.

• **Summary Indicators Key Points:**

- **All standards are GREEN:** Surveillance 4 visits are scheduled for ISO 9001 (21<sup>st</sup> & 28<sup>th</sup> September) and ISO 14001 (26<sup>th</sup> & 27<sup>th</sup> September)

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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 proved more difficult to arrange, deferred due to the COVID situation over the winter.
- The Patient and Public Assurance Group meeting monthly to help shape the DSPP programme.
- The Project and Planning teams are now meeting with Health Boards to work with IMTP milestones in order to agree joint plans
- The Head of Engagement identified in the Stakeholder Engagement Plan has been appointed and will start in October.
- The DSPP team will pilot the use of Stakeholder Engagement software

## STRATEGIC ENGAGEMENT MEETINGS:

DATE	ORGANISATION
13 <sup>th</sup> July 2022	Aneurin Bevan University Health Board
20 <sup>th</sup> July 2022	Hywel Dda University Health Board
27 <sup>th</sup> July 2022	Cwm Taf Morgannwg University Health Board
2 <sup>nd</sup> November 2022	Powys Health Board
23 <sup>rd</sup> November 2022	Velindre University NHS Trust
7 <sup>th</sup> December 2022	NHS Wales Shared Services Partnership
14 <sup>th</sup> December 2022	Betsi Cadwaladr University Health Board
Being scheduled	Public Health Wales
Being scheduled	Cardiff & Vale University Health Board
Being scheduled	Swansea Bay University Health Board
Being scheduled	Welsh Ambulance Service Trust

## SERVICE LEVEL AGREEMENT / SERVICE REVIEW MEETINGS:

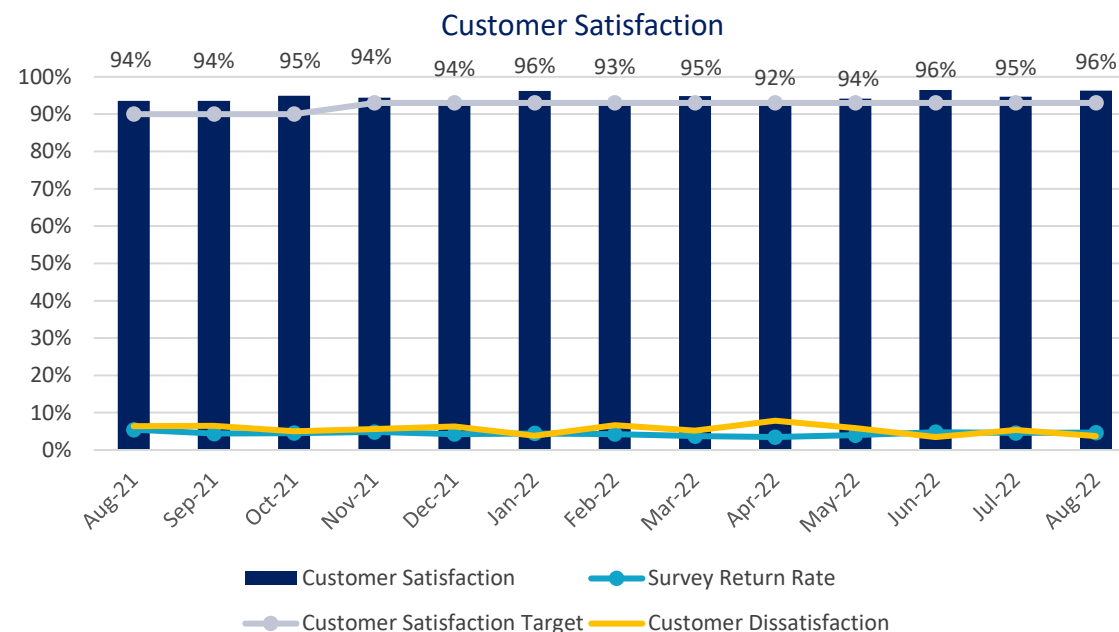
DATE	ORGANISATION
8 <sup>th</sup> July 2022	Hywel Dda University Health Board (H DUHB)
19 <sup>th</sup> July 2022	Community Health Council
20 <sup>th</sup> July 2022	NHS Wales Health Collaborative
25 <sup>th</sup> July 2022	Cardiff & Vale University Health Board (CVUHB)
26 <sup>th</sup> July 2022	Powys Teaching Health Board (PTHB)
3 <sup>rd</sup> August 2022	Cwm Taf Morgannwg University Health Board (CTMUHB)
8 <sup>th</sup> August 2022	Health Education and Improvement Wales (HEIW)
10 <sup>th</sup> August 2022	Public Health Wales (PHW)
11 <sup>th</sup> August 2022	Velindre University NHS Trust (VUNHST)
16 <sup>th</sup> August 2022	Betsi Cadwaladr University Health Board (BCUHB)
22 <sup>nd</sup> August 2022	Welsh Ambulance Services NHS Trust (WAST)
23 <sup>rd</sup> August 2022	Finance Delivery Unit (FDU)
25 <sup>th</sup> August 2022	Aneurin Bevan University Health Board (ABUHB)
2 <sup>nd</sup> September 2022	Swansea Bay University Health Board (SBUHB)
3 <sup>rd</sup> October 2022	Betsi Cadwaladr University Health Board (BCUHB)
6 <sup>th</sup> October 2022	Cardiff & Vale University Health Board (CVUHB)
10 <sup>th</sup> October 2022	Health Education and Improvement Wales (HEIW)
13 <sup>th</sup> October 2022	Velindre University NHS Trust (VUNHST)
14 <sup>th</sup> October 2022	Cwm Taf Morgannwg University Health Board (CTMUHB)
17 <sup>th</sup> October 2022	Hywel Dda University Health Board (H DUHB)
24 <sup>th</sup> October 2022	Aneurin Bevan University Health Board (ABUHB)
28 <sup>th</sup> October 2022	Powys Teaching Health Board (PTHB)
31 <sup>st</sup> October 2022	Welsh Ambulance Services NHS Trust (WAST)

**SUMMARY:**

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

Customer Satisfaction levels remain above target at 96%.

- *Amazing outcome, future problems identified so others can be helped, knowledgeable IT Technician- Health Education & Improvement Wales*
- *Instant access to a caller who was extremely helpful and managed my problem promptly- Betsi Cadwaladr University LHB*
- *Calm and helpful approach, swift response and actioned straight away - Cardiff and Vale University LHB*
- *Very prompt answer on the service desk. IT advisor very patient with me, I have very limited IT skills and they fixed the problem. I did not realise the service desk was open in the evenings so was a gamble, but problem was quickly resolved. Very happy with the service, many thanks - GP Practice*







"Easy to use, not having to read handwriting - saves so much time" – **Velindre(WNCR)**

"I heard results notification is now available, so should be able to have Junior Doctors sign off bloods, which will ease the burden, thanks for taking the time to show us this" –  
**Cardiff & Vale (Results Notification)**



"Virtual training through video call. Facilitator would periodically pause to check-in making sure the pace is not too fast & opportunity to ask questions throughout." – **Velindre (CANISC)**



"Just catching up with all the weekend activity. The videos are superb, they look and sound amazing. That's an incredible job in such a short space of time!!" – **O365 Analyst - National (111 OOH Solution)**



"So I can now see all test results ordered under my name on my WCP now." - **Cardiff & Vale (Results Notification)**



# Diolch!

"Just wanted to extend a massive thank you for the on-site support from the DHCW Business Change team this week with the Result Notifications launch and Junior Doctor rotation. Support has been excellent through the week, and I'm sure will have had a huge positive impact on the people either starting with Result Notifications or starting in their new roles entirely." – **Project Manager Cardiff & Vale (Results Notification)**



"I would like to personally thank the DHCW Business Change Team. This is a brave step forward and definitely the right one. We are expected to hit glitches, just need to unpick that one by one, all part of 'change management'. Very grateful for all the help the CAVUHB has received" – **Associate Medical Director - Cardiff & Vale (Results Notification)**



"I no longer have to walk to the photocopier, I can just print the pages I need from the Assessment" –  
**Cardiff & Vale (WNCR)**



## DIGITAL HEALTH AND CARE WALES

### RISK MANAGEMENT REPORT

Agenda Item	6.5
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Name of Meeting	SHA Board
Date of Meeting	29 September 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Bethan Walters, Risk and Regulation Officer
Presented By	Chris Darling, Board Secretary/Risk Owners

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

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

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

# 1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	Delivering High Quality Digital Services
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CORPORATE RISK (ref if appropriate)	All are relevant to the report
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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 9001
If more than one standard applies, please list below: ISO 14001 ISO 20000 ISO 27001 BS 10008	

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

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

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



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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAF	Board Assurance Framework	WG	Welsh Government
NI	National Insurance	DPIF	Digital Priorities Investment Fund
DSPP	Digital Services for Patients and the Public		

## 2 SITUATION/BACKGROUND

- 2.1 The DHCW Risk Management and Board Assurance Framework (BAF) Strategy was endorsed by the Audit and Assurance Committee, Digital Governance and Safety Committee and approved formally at the SHA Board on the 27 May 2021. This outlined the approach the organisation will take to managing risk and Board assurance.
- 2.2 Further work on the Board Assurance Report took place at the SHA Board Development Session on 5 May 2022 resulting in the agreement of the final principal risks for the coming year and their rationales. This concludes the work that began in August 2021 to implement the Risk and BAF Milestone plan to implement the Risk Management and Board Assurance Framework (BAF) Strategy. The Risk and BAF forward workplan for 2022/23 can be seen as appendix 6.5i Appendix A, with the addition of an eighteen-month analysis of risks since DHCW's establishment added to the plan.

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

- 3.1 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)'.
- 3.2 The wider considerations regarding organisational risk factors have been previously stated but remain relevant. They include, sector, stakeholder, and system factors, as well as National and International environmental factors.

- 3.3 In considering environmental and international factors members should note 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.
- 3.4 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.*

- 3.5 DHCW’s Corporate Risk Register currently has 26 risks on the Register, 16 of which are detailed at item 6.5ii Appendix B. There are 10 Private risks (9 of which are considered at every Digital Governance and Safety Committee and 1 will be considered at Audit and Assurance Committee)
- 3.6 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 July 2022 to 31 August 2022:

### NEW RISKS (2)

Risk Ref	Risk Title	Risk Description
DHCW0294	DHCW Service Ownership and resource commitment not agreed for the NHS Wales App.	If: The approach for the support of the NHS Wales App is not agreed and DHCW are unable to commit to service ownership, or provide resources (Staff) to support the NHS Wales App as a public-facing service (both short-term and long-term) to handle both early volumes and increased take-up Then: the DSPP Programme would need to outsource Service Management, in particular 1st Line & 2nd Line support to an external 3rd Party, leaving insufficient time to establish or test the new support model as part of the private beta testing. Resulting in: Additional costs to the DSPP Programme (is DHCW funded), further delays due to procurement and commercial sign-off, wider detachment from DHCW's existing Service Support Models, risk that the externally provisioned service support will not meet regulatory standards and

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		compliance, and risk of reputational damage as an insufficiently tested and under-developed service model may still be perceived as a DHCW provided service.
DHCW0295	Lack of resources to implement key IMTP Milestones	<p>IF additional resources are not made available to the 3rd Party Applications team in the Integration &amp; Reference Applications (IRAT) area THEN we will not be able to meet our contractual commitments to numerous parties.</p> <p>Other Milestones which will be affected include:</p> <ul style="list-style-type: none"> <li>&gt; Single Patient Record</li> <li>• WCCIS <ul style="list-style-type: none"> <li>o Hospital to Community referrals</li> <li>o GP to community referrals</li> <li>o Transfer of WCCIS documents to WCRS and GP Practices</li> </ul> </li> <li>• Dental referrals</li> <li>• 111 Transfer of Care Communications to GP Practices</li> <li>• Provision of additional test requesting functionality into GP Practices</li> </ul> <p>RESULTING IN a reduced range of GP systems available within Wales in the short-term, reputational damage to DHCW, and potential financial penalties, as per the contract.</p>

### RISKS REMOVED (1)

Risk Ref	Risk Title	Risk Description	Statement
DHCW0293	DPIF Funding Letters	IF Digital Priority Investment Funding Letters are not provided to DHCW in a timely manner THEN organisations may not commit to activity without formal agreement of funding to support expenditure RESULTING IN delays to scheme deliverables and possible risk to scheme objectives, benefits, and completion.	There are two outstanding responses impact has been reduced and therefore the risk has been downgraded to Directorate level

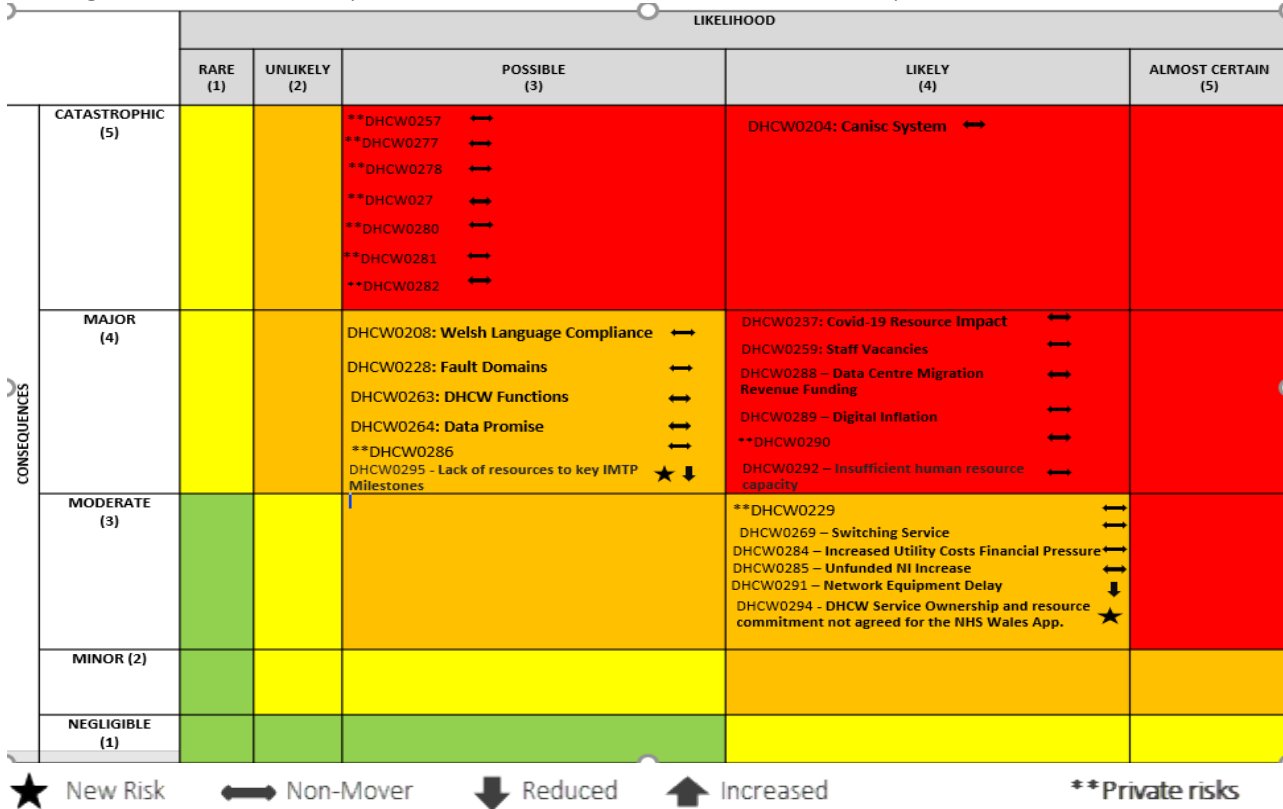
### RISKS WITH A CHANGE IN SCORE (2)

Risk Ref	Risk Title	Risk Description	Statement
DHCW0291	Network Equipment delays in relation Data Centre 2 move	IF the networking kit required for the data centre move doesn't arrive by Quarter 1 23/24 THEN the replacement network required will not be implemented prior to the end of	<p>Reduced in risk score from 16 to 12, reduced likelihood.</p> <p>Equipment delivery is being actively tracked. Most equipment will arrive in FY 22/23. Currently, approx. £180k of</p>

		the current contract with our current supplier RESULTING IN extension of the existing contract, and an elongated project plan.	equipment is anticipated to be delivered in FY 23/24 (Late April 23). DHCW teams are working with our suppliers to look at similar, but alternative models which can be delivered sooner. This is looking positive at the moment. Therefore, risk to capital plan is reducing. However, the data centre move will not take place before the end of June, but a contract extension for up to 1 year (with 2 months' notice period) has been secured. This will likely be at higher costs due to energy prices. The value of the equipment which could be delayed (i.e. cost pressure in FY 23/24) is around £180k. The anticipated extra costs due to energy are expected to be less than £200k.
DHCW0295	Lack of resources to implement key IMTP Milestones	<p>IF additional resources are not made available to the 3rd Party Applications team in the Integration &amp; Reference Applications (IRAT) area THEN we will not be able to meet our contractual commitments to numerous parties.</p> <p>Other Milestones which will be affected include:</p> <ul style="list-style-type: none"> <li>&gt; Single Patient Record</li> <li>• WCCIS <ul style="list-style-type: none"> <li>o Hospital to Community referrals</li> <li>o GP to community referrals</li> <li>o Transfer of WCCIS documents to WCRS and GP Practices</li> </ul> </li> <li>• Dental referrals</li> <li>• 111 Transfer of Care Communications to GP Practices</li> <li>• Provision of additional test requesting functionality into GP Practices</li> </ul> <p>RESULTING IN a reduced range of GP systems available within Wales in the short-term, reputational damage to DHCW, and potential financial penalties, as per the contract.</p>	Reduced in score from 20 to 12 with the likelihood being reduced following support for additional resources which is being pursued.

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- 3.7 The Board are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile. The Board should note the increase in the number of financial pressure risks added to the corporate risk register over the past four months and the change of organisational risk profile as a result and the potential threats and opportunities this risk profile gives DHCW. The key indicates movement since the last risk report.



- 3.8 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 (cyber and security related) risks are reviewed in detail by the Digital Governance and Safety Committee in a private session.

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

- 4.1 The Board is asked to note the recent changes in the corporate risk profile, as a result of the escalation of two new risks, removal of one risk and reduction in score of two risks.

## 5 RECOMMENDATION

- 5.1 The Board is being asked to:  
**DISCUSS** and **NOTE** the status of the Corporate Risk Register (item 6.5ii) including changes since the last meeting.

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## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	06/09/2022	Discussed and Verified
Management Board	16/09/2022	Discussed and Verified

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## 6.5i Appendix A

### Risk & Board Assurance Framework Forward Workplan 2022/23

Activity	Purpose and Outcome	Due Date	Status Update
Risk Management Group & Management Board	Review of all risks on a monthly basis by the Risk Management Group and also the DHCW Management Board. Each SHA Board meeting to also receive the corporate risk register report.	Monthly	Risks reviewed at the Risk Management Group and Management Board in April – September 2022.
SHA Board	Initial presentation of the Board Assurance Framework Dashboard 6 monthly report for approval	May 22	Initial Dashboard report was approved with further work identified to strategic mission risk appetite and rationale.
SHA Board Development	Discuss risk appetite for each strategic mission / principle risk	June 22	Confirmation of risk appetite for each strategic mission / principle risk agreed at Board Development on 30 June.
SHA Board	Final presentation of the Board Assurance Framework Dashboard Report	July 22	Further validation and discussion resulted in finalise risk appetites for each strategic mission presented to July's SHA Board which were formally approved.
A&A Committee	Scrutiny of A&A Committee assigned corporate risks	July 22	Review of all A&A Committee risks took place, identifying the need for a deep dive into a number of new/emerging financial risks.
DG&S Committee	Scrutiny of DG&S Committee assigned corporate risks including cyber risks in private session	August 22	Review of all DG&S Committee risks, noting deep dives have taken place at previous Committee meetings into: <ul style="list-style-type: none"> <li>• Infrastructure risks</li> <li>• Information Governance risks</li> <li>• Information Services risks</li> <li>• Cyber risks</li> </ul> Request for an analysis of long-standing risks assigned to the DG&S Committee.
Management Board	Analysis of risks over the past 18 months.	October 22	Analysis of 18 months of risk currently taking place for discussing at Management Board before going to the Committees and SHA Board.
A&A Committee	Scrutiny of A&A Committee assigned corporate risks including any deep dives into financial risks.	October 22	

## 6.5i Appendix A

### Risk & Board Assurance Framework Forward Workplan 2022/23

	Analysis of risks over the past 18 months including risks that have remained on the corporate risk register during this period, with a focus on A&A Committee assigned risks.		
SHA Board	Board Assurance Framework Dashboard 6 monthly report.  Analysis of risks over the past 18 months including risks that have remained on the corporate risk register during this period, mitigated risks and new risks during this period.	November 22	
DG&S Committee	Scrutiny of DG&S Committee assigned corporate risks including cyber risks in private session.  Analysis of DG&S risks over the past 18 months including risks that have remained on the corporate risk register during this period.	November 22	
Management Board	Review and Discuss Strategic Missions and risks to IMTP and make recommendations to SHA Board in readiness for IMTP	December 22	
SHA Board Development Session	Review and Discuss Strategic Missions and risks to IMTP	December 22	
SHA Board	Confirm Strategic Missions and draft IMTP	January 23	
SHA Board Development Session	Review risk appetite statement, identified risk domains and their risk appetite and tolerances	February 23	
A&A Committee	Scrutiny of A&A Committee assigned corporate risks including any deep dives into risks.	February 23	
DG&S Committee	Scrutiny of DG&S Committee assigned corporate risks including cyber risks in private session	February 23	
SHA Board	Confirm Final IMTP	March 23	
SHA Board	Board Assurance Framework Dashboard 6 monthly report including any changes as a result of updates to the strategic missions and confirmation of Executive Owners	May 23	



6.5i Appendix A  
Risk & Board Assurance Framework Forward Workplan 2022/23

SHA Board	Board Assurance Framework Dashboard 6 monthly report	November 23	
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6.5i Appendix A – Corporate Risk Register

Risk Matrix

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

Key – Risk Type:

Critical	Significant	Moderate	Low
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Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0204	Security	Canisc System  IF there is a problem with the unsupported software used within the Canisc system THEN the application will fail RESULTING IN disruption to operational service requiring workarounds.	08/02/2018	05/09/2022	15	AIM: REDUCE Impact and REDUCE Likelihood  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) Commence development of Phase 2 work streams (Palliative Care & Screening & Colposcopy) CIPB agreed VCC go live with MDT/Cancer datasets pre health boards. Scoping of future phases continues including Palliative Care & Screening & Colposcopy however funding risk noted as no DPIF funding letter to date.  ACTIONS TO DATE: 22/8/22 CIPB agreed VCC go live with MDT/Cancer datasets pre health boards. Scoping of future phases continues including Palliative Care & Screening & Colposcopy however funding risk noted as no DPIF funding letter to date. 29/06/22 Continued iterative roll out of software made available for UAT in WCP and WPAS.  23/05/22 Continued iterative roll out of software made available for UAT in WCP and WPAS.  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	20 (5x4)	6 (3x2)	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Information Storing and Maintaining	Mission 3 - Expanding the content

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## 6.5i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						interfaces, build completed on majority, and they have been handed over to 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.							
DHCW0259	Business & Organisational	<p>Staff Vacancies</p> <p>IF DHCW are unable to recruit to vacancies due to skills shortages and unavailability of suitable staff THEN this will impact on service deliverables and timescales RESULTING in delays to system support and new functionality for NHS Wales users.</p>	11/12/2020	23/08/2022	12	<p>AIM: REDUCE Impact and REDUCE Likelihood</p> <p>FORWARD ACTIONS:</p> <p>The team is currently mapping applications from CV library to the potential vacancies to conduct group interviews in a format of assessment centres to speed up the interview process. This will be completed by early September 2022. An SLA is being agreed with NWSSP to allow DHCW to appoint resource via the bank system to allow flexibility within the workforce.</p> <p>The strategic action group will look at third part engagement to fill any resource gaps for key projects. DHCW will be finalising the Resourcing Strategy for 2022-23. The strategy will look at a number of initiatives to ensure that DHCW achieves its recruitment target. This will include an improvement in workforce planning data as well as exploring further collaboration opportunities. DHCW are already experienced success with LinkedIn and CV library, and we will continue to utilise these sources. DHCW has held a number of career fairs and will continue to use this method of attracting wide range of future talent. To support retention, DHCW are planning to work in partnership with WIDI to develop programmes to upskill and reskill our existing workforce. Additionally DHCW will be developing new contractual vehicle/s commencing from June 2022 which will support procurement of specialist resource from external providers; either where the recruitment process has not secured the resources required or that highly skilled resource can be better sourced for short periods in line with funding streams that a determination that the procurement approach is more optimal in order to quickly and effectively secure time critical delivery of key projects</p> <p>ACTIONS TO DATE:</p> <p>23/08/2022 A strategic action group has been formed and the initial meeting will take place on 06/09/2022</p> <p>28/06/22 - CV Database created to build a talent pool of candidates we have met at jobs fairs, events and through Trac reserve lists.</p>	16 (4x4)	6 (2x3)	Director of People	Non-Mover	Audit and Assurance Committee and Local Partnership Forum	Financial	Mission 5 - Trusted Partner

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## 6.5i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						<ul style="list-style-type: none"> <li>- We have reviewed our contracts with recruitment agencies and are working with them to ensure they deliver us high quality candidates.</li> <li>- Recruitment team have a dedicated Linked In and CV Library license so that we can contact candidates directly and invite them for interview.</li> <li>- Workforce Planning underway with Finance and Directorates to develop a quarterly recruitment plan for future-proofing our service support.</li> </ul> <p>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</p> <p>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>							
DHCW0288	Finance	<p>Data Centre Migration Revenue Funding</p> <p>IF Data Centre migration activity takes place in 2022/23 THEN additional cost pressures will emerge RESULTING IN a requirement to source additional funding.</p>	16/05/2022	25/08/2022	16	<p>AIM: Reduce Likelihood</p> <p>FORWARD ACTIONS: Business Case identifying all resource requirements and timing to be constructed. Explore possible funding options.</p> <p>ACTIONS UNDERTAKEN: Project Group established. Full plan being developed.</p> <p>CLJ 15/08/2022. Corrected the financial year. The data centre move and resulting financial pressure will be in 2023/24</p>	16 (4x4)	8 (4x2)	Executive Director of Finance	Non-Mover	Audit & Assurance Committee	Financial	Mission 5 - Trusted Partner
DHCW0289	Finance	<p>Digital Inflation</p> <p>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.</p>	16/05/2022	05/09/2022	16	<p>AIM: Reduce Likelihood</p> <p>FORWARD ACTIONS: To research and construct cost avoidance actions. For specific contract issues DHCW will continue to look by negotiation, competitive procurement and changing in requirements where appropriate.</p> <p>ACTIONS UNDERTAKEN: Engaged with sector specialists to ascertain potential impact and future trends. Negotiations held with suppliers.</p>	16 (4x4)	12 (4x3)	Executive Director of Finance	Non-Mover	Audit & Assurance Committee	Financial	Mission 2 - Delivering Technology

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## 6.5i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0295	Business & Organisational	<p>Lack of resources to implement key IMTP Milestones</p> <p>IF additional resources are not made available to the 3rd Party Applications team in the Integration &amp; Reference Applications (IRAT) area THEN we will not be able to meet our contractual commitments to numerous parties.</p> <p>Other Milestones which will be affected include:</p> <ul style="list-style-type: none"> <li>&gt; Single Patient Record</li> <li>• WCCIS</li> <li>o Hospital to Community referrals</li> <li>o GP to community referrals</li> <li>o Transfer of WCCIS documents to WCRS and GP Practices</li> <li>• Dental referrals</li> <li>• 111 Transfer of Care Communications to GP Practices</li> <li>• Provision of additional test requesting functionality into GP Practices</li> </ul> <p>RESULTING IN a reduced range of GP systems available within Wales in the short-term, (4xreputational damage to DHCW, and potential financial penalties, as per the contract.</p>	21/07/2022	05/09/2022	20	<p>AIM: Reduce Likelihood</p> <p>FORWARD ACTION:</p> <p>An SBAR has been presented at Management Board which highlights a deficiency of resource across several areas within IRAT team and makes recommendations to address. Subsequent action plan being compiled to address the outcomes of that SBAR.</p> <p>ACTIONS TO DATE:</p> <p>21/09/2022 Scoring reduced as likelihood has reduced - 12 Significant</p>	12 (4x3)	8 (4x2)	Interim Executive Director of Digital Operations	New / Reduced	Digital Governance & Safety Committee	Service Delivery	Mission 2 – Delivering Technology
<p>Tolley, Laura</p> <p>22/09/2022 17:34:39</p> <p>DHCW0296</p>	Finance	<p>Network Equipment delays in relation Data Centre 2 move</p> <p>IF the networking kit required for the data centre move doesn't arrive by Quarter 1 23/24 THEN the replacement</p>	30/06/2022	25/08/2022	16	<p>AIM</p> <p>Reduce Likelihood</p> <p>FORWARD ACTIONS</p> <p>Work with supplier to determine delivery dates and if alternative equipment can utilised.</p>	12 (3x4)	9 (3x3)	Interim Executive Director of Digital Operations	Reduced	Digital Governance & Safety Committee	Service Delivery	Mission 2 - Delivering Technology

## 6.5i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		network required will not be implemented prior to the end of the current contract with our current supplier RESULTING IN extension of the existing contract, and a elongated project plan.				ACTIONS TO DATE  25/08/2022. CLJ. Equipment delivery is being actively tracked. Most equipment will arrive in FY 22/23. Currently, approx. £180k of equipment is anticipated to be delivered in FY 23/24 (Late April 23). DHCW teams are working with our suppliers to look at similar, but alternative models which can be delivered sooner. This is looking positive at the moment. Therefore, risk to capital plan is reducing. However, the data centre move will not take place before the end of June, but a contract extension for up to 1 year (with 2 months' notice period) has been secured. This will likely be at higher costs due to energy prices. The value of the equipment which could be delayed (i.e., cost pressure in FY 23/24) is around £180k. The anticipated extra costs due to energy are expected to be less than £200k. Therefore, reducing impact to Moderate (3).							
DHCW0237	Project	New requirements impact on resource and plan  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.	30/03/2020	02/08/2022	16	AIM: REDUCE Impact and REDUCE Likelihood  FORWARD ACTIONS: Continue to monitor new requirements for Covid recovery and other new initiatives. Use formal change control methods to ensure impact is mapped and impacted work is re-baselined.  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. Funding letters not received yet (Digital Priorities Investment Fund). Anticipated new requirements from Emergency and Unscheduled Care (Six Goals Framework) and new National Vaccination programme.	16 (4x4)	9 (3x3)	Executive Director of Strategy	Non-Mover	Digital Governance & Safety Committee	Financial	Mission 5 - Trusted Partner
Tolley, Laura 22/09/2022 17:34:39 DHCW0292	Service Interruption	Insufficient human resource capacity in the infrastructure teams to undertake BAU activity and activities in the 1-year plan  IF DHCW are unable to	01/04/2022	25/08/2022	16	AIM: REDUCE Likelihood  FORWARD ACTIONS: Develop workforce plan for the resources required for major Infrastructure maintenance work such as those identified.  ACTIONS TO DATE:	16 (4x4)	8 (4x2)	Interim Executive Director of Digital Operations	Non-Mover	Digital Governance & Safety Committee	Financial	Mission 2 - Delivering Technology

## 6.5i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		<p>secure revenue funding to support major infrastructure developments identified in the IMTP and 1-year business plans, THEN there will be a delay to these activities RESULTING IN increased costs and/or system failures.</p> <p>Examples include:            * Data Centre 2 Project            * Migration of systems from legacy virtual server platform            * WPAS Hardware Replacement            * Legacy Operating System Replacements</p>				<p>25/08/2022. CLJ. Independent third party being engaged to undertake an assessment on the sizing of the teams which have resource constraints and highest levels of unfunded resources. The output of this will be used to develop the case for increased funding levels in the affected teams (if needed)</p> <p>15/07/2022. CLJ. Updated description. Work is underway to describe the BAU activity - to justify the needs to additional resources</p> <p>12/05/2022. CLJ. Initial meeting to develop the workforce plan has taken place.</p>							
DHCW0208	Business & Organisational	<p>Welsh Language Compliance</p> <p>IF DHCW are unable to comply with Welsh Language Standards outlined in the Welsh Language Scheme under development THEN they would not be compliant with national legislation applicable to other public bodies RESULTING in the potential for reputational damage</p>	21/05/2018	05/09/2022	16	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS:            Focus on supporting the Digital Services for patients and the public programme in bilingualism.            Prepare an outcome report for approval or the Welsh Language Scheme by the Welsh Language Commissioners Office to be able to launch in December 22.            Attend the launch of the More than just words five year plan in August 2022 and start implementing the actions            Welsh Language Group to approve a new bilingual skills strategy in August 2022 with a view to fully implement the SOPs over the next two years.            Collaborative work with NHS Wales translators to standardise terminology in patient letters (July/August 2022)            Work with WPAS team to ensure Welsh language isn't treated less favourably to the English language in patient letters. (July/August 2022)</p> <p>ACTIONS TO DATE:            Welsh language group remit and TOR were reviewed and are undergoing validation.            Updated assurance compliance report sent to the Audit and Assurance Committee.            Investment proposals to support the language preference data sharing across systems submitted to WG was rejected,</p>	12 (4x3)	4 (4x1)	Board Secretary	Non-Mover	Audit & Assurance Committee	Service Delivery	Mission 5 - Trusted Partner

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Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						alternative discussions are taking place. Staff Training in place and a new prospectus created.							
DHCW0284	Finance	Increased Utility Costs Financial Pressure  IF utility costs increase significantly (circa £620k per annum) as expected THEN costs will exceed those normally budgeted for RESULTING IN increased facilities costs and financial pressures	21/10/2021	05/09/2022	12	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: Risk increased to £620k to represent both potential increases to Office and Data centre costs 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 (3x4)	6 (2x3)	Director of Finance	Non-Mover	Audit & Assurance Committee	Service Delivery	Mission 2 - Delivering Technology
DHCW0285	Finance	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	05/09/2022	12	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. No change	12 (3x4)	6 (3x2)	Executive Director of Finance	Non-Mover	Audit & Assurance Committee	Service Delivery	Mission 5 - Trusted Partner
Tel: Laura 22/09/2022 17:34:39 DHCW0269	Business & Organisational	Switching Service  IF the current switching service fails THEN no data new will be acquired into the ISD Data Warehouse RESULTING IN the inability to provide updates to multiple reporting systems.	07/12/2020	16/09/2022	9	AIM:REDUCE Likelihood and REDUCE Impact ACTION TO DATE: 16/09/2022 - Discussed at Execs, concerns raised this has been downgraded prematurely and there would be more assurance following the external audit report 04/08/2022: Should the switching service fail, there is a process in place, whereby spreadsheets can be imported to manually update the service. The overall risk impact should be reduced. Downgraded to Directorate level by owner  FORWARD ACTION:	12 (3x4)	6(3x2)	Interim Executive Director of Digital Operations	Non-mover	Digital Governance & Safety Committee	Information storage & maintaining	Mission 4 - Value and Innovation



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Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						27/07/2022: Now that the Director of Operations is in post, ISD are looking to share ownership of the risk with Operational Services and the internal audit review of the Switching Service by NHS Wales Shared Services Partnership (NWSSP) should provide specific feedback during July/August 2022 in order to advance this work.							
DHCW0263	Information Governance	<p>DHCW Functions</p> <p>IF directions from Welsh Government do not provide a sound legal basis for the collection, processing and dissemination of Welsh resident data, THEN (i) partners, such as NHS Digital, may stop sharing data, (ii) DHCW may be acting unlawfully if it continues to process data</p> <p>RESULTING IN (i) DHCW being unable to fulfil its intended functions regarding the processing of data, or, in the case of continued processing, (ii) legal challenge, or (iii) the need to submit a further application to the Confidentiality Advisory Group (which may not be successful) to assess the public interest in processing confidential data without a legal basis or consent.</p>	26/01/2021	05/09/2022	12	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the parameters of the functions. Review in July 2022</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 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.</p>	12 (4x3)	4 (4x1)	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Service Delivery	Mission 4 - Value and Innovation
DHCW0264	Information Governance	<p>Data Promise</p> <p>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</p>	26/01/2021	05/09/2022	12	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the Data Promise. To be reviewed in July 2022</p> <p>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</p>	12 (4x3)	4 (4x1)	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Service Delivery	Mission 1 - Enabling Digital Transformation

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Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		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.				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 the Data Promise 'publicity' campaign in 2022.							
DHCW0228  Tolley, Laura 22/09/2022 17:34:39	Service Interruption	Fault Domains  IF fault domains are not adopted across the infrastructure estate THEN a single infrastructure failure could occur RESULTING IN multiple service failures.	05/06/2019	25/08/2022	16	<p>AIM: REDUCE Likelihood and REDUCE Impact</p> <p>FORWARD ACTIONS: A newly installed virtual server farm has been implemented with two fault domains at each data centre. Work is now underway to migrate existing virtual servers onto this infrastructure which is expected to take around 5 months. This will provide some additional resilience for many of our services. This does not include our Microsoft database platforms (which live on a dedicated virtual server farm for licensing reasons) and this will follow the current migration. Introduction of further fault domains will be considered in the planning and migration of services from on-premises to cloud providers.</p> <p>ACTIONS TO DATE: 25/08/2022 CLJ. Migration of Virtual Machines onto new platform continues. We have migrated 45% of the total of 754 servers on the old platform. This migration is not including our database platforms and these will follow after the current migration. 04/08/2022 CLJ. Migration of Virtual Machines onto new platform continues. This migration is not including our database platforms and these will follow after the current migration.  25/07/2022 MP - Work continuing to migrate services to new infrastructure which is utilising the fault domain methodology.</p>	12 (4x3)	6 (3x2)	Interim Executive Director of Digital Operations	Non-Mover	Digital Governance & Safety Committee	Finance	Mission 2 – Delivering Technology

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Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						21-06-2022 MP - New deployments are designed to utilise the fault domain principals. Old services will be moved to a fault domain structure when they are renewed or migrated to new infrastructure/cloud. r							
DHCW0294	Business & Organisational	<p>DHCW Service Ownership and resource commitment not agreed for the NHS Wales App. If: The approach for the support of the NHS Wales App is not agreed and DHCW are unable to commit to service ownership, or provide resources (Staff) to support the NHS Wales App as a Public-facing service (both short-term and long-term) to handle both early volumes and increased take-up</p> <p>Then: the DSPP Programme would need to outsource Service Management, in particular 1st Line &amp; 2nd Line support to an external 3rd Party, leaving insufficient time to establish or test the new support model as part of the private beta testing.</p> <p>Resulting in: Additional costs to the DSPP Programme (is DHCW funded), further delays due to procurement and commercial sign-off, wider detachment from DHCW's existing Service Support Models, risk that the externally provisioned service support will not meet regulatory standards and</p>	21/07/2022	31/08/2022	20	<p>AIM: Reduce Likelihood</p> <p>ACTIONS TO DATE 09/08/2022 A DSPP service management strategy paper has been agreed, for interim support model (6 to 12 months) utilising a Feedback Channel support arrangements built into the existing Kainos contract. Current under review are:</p> <ol style="list-style-type: none"> <li>1. Kainos provide full support coverage for the App</li> <li>2. Kainos provide 3LS only, DHCW or other provide the rest</li> </ol> <p>Support Model and resourcing to be finalised and reflected in the contract.</p> <p>Meeting scheduled 10/08/22 to discuss service management with reps from DHCW Directorate.</p> <p>Current go-live target for a public launch is October/November, such time the beta volumes are targeted at a max of 5k users. An interim 'Service Management' solution utilising the DHCW (MI) Service Desk could be considered as the volumes of Feedback Channel triage is expected to be low.</p> <p>31/08/2022 Current target date for private beta with up to 10 GP Practices is late September – working with Kainos to finalise the support model for private beta. There will be no public-facing Service Desk. Technical Support Service Desk provided by Kainos for the ticket management of technical Incidents, all other content will be directed to the appropriate existing channels. Users of the NHS Wales App will be able to leave comments or report technical issues via a Feedback Channel within the App. The DSPP Programme will review the tickets with Kainos and DHCW as required, also providing Service Ownership (interim) and support resources.</p> <p>This model is likely to be in place for 12-24 months until such time as readiness to transition into DHCW services.</p>	12 (3x4)	3 (1x3)	Director of Strategy	New	Digital Governance & Safety Committee	Service Delivery	Mission 2 – Delivering Technology

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Ref	Risk Type	Description	Opened date	Review date	Rati ng (init ial)	Action Status	Rating (current)	Rating (Target )	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		compliance, and risk of reputational damage as an insufficiently tested and under-developed service model may still be perceived as a DHCW provided service.											

## DIGITAL HEALTH AND CARE WALES REMUNERATION AND TERMS OF SERVICE COMMITTEE CHAIR'S REPORT FOR BOARD

Date of Board Meeting	29 September 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
Lead Executive Director	Sarah-Jane Taylor, Director of People and Organisational Development
Date of Last Meeting	8 September 2022
Prepared By	Chris Darling, Board Secretary
Presented By	Simon Jones, Chair

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

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

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

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

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

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

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

<b>APPROVAL/SCRUTINY ROUTE:</b>		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Remuneration and Terms of Service Committee	08/09/2022	The Chair summarised the key items to highlight at the end of the Committee meeting which were supported.

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IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
<b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below Appointment to the Director of Primary, Community, and Mental Health Digital Services role.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Acronyms			
SHA	Special Health Authority	DHCW	Digital Health and Care Wales

Summary of Key matters considered by the committee and any relevant decisions made:
<p><b>Forward Workplan</b> The Committee <b>noted</b> forward workplan.</p> <p><b>DHCW Staff Leading Workforce Data</b> The Committee <b>noted</b> the information relating to staff leaving DHCW, which addressed a previous action from the Remuneration and Terms of Service Committee.</p> <p><b>Ratification of the Director of Primary, Community and Mental Health Digital Services remuneration and terms of service</b> The Committee <b>ratified</b> the remuneration and terms of service for the Director of Primary, Community and Mental Health Digital Services.</p>

Key risks and issues/matters of concern of which the board needs to be made aware:
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The Executive Director of Operations role is due to be interviewed for on the 26 September, with the hope of filling this vacancy on a permanent basis.

#### Delegated action taken by the committee:

##### **Ratification of the Director of Primary, Community and Mental Health Digital Services remuneration and terms of service**

The Committee **ratified** the Director of Primary, Community and Mental Health Digital Services remuneration and terms of service. The post holder is due to start in November 2022.

#### Date of next committee meeting:

19 January 2023

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## DIGITAL HEALTH AND CARE WALES LOCAL PARTNERSHIP FORUM HIGHLIGHT REPORT

Date of Board Meeting	29 September 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	9 August 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: <b>NOTE</b> the content of the report.	

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

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

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

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

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

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

<b>APPROVAL/SCRUTINY ROUTE:</b>		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Local Partnership Forum	07.06.2022	The Chair summarised the key items to highlight at the end of the meeting which were supported.

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IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
<b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below The Local Partnership Forum considers and engages on workforce issues.
<b>SOCIO ECONOMIC</b> 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><b>Welcome and Apologies</b></p> <p>The Local Partnership Forum welcomed David Murphy from Audit Wales who attended to observe the meeting as part of the Audit Wales Structured Assessment 2022 work.</p> <p><b>Policy Update</b></p> <p>The Local Partnership Forum <b>noted</b> the Welsh Language Scheme Policy and <b>received</b> an update on the status of the policy.</p> <p><b>Risk Management Report</b></p> <p>The Local Partnership Forum <b>discussed</b> the Risk Management Report and received an overview and update from Workforce relating to risk DHCW0259 – Staff Vacancies.</p> <p><b>Recruitment and Resourcing</b></p>

The Local Partnership Forum **received** an update on the status of the Recruitment and Resourcing for the organisation and **noted** the Recruitment Taskforce Lessons Learnt Report.

### **Workforce Performance Report**

The Local Partnership Forum **noted** the Workforce Performance Report / Dashboard and increase in turnover and requested the exit interviews from 2019 to be presented to observe trends to ascertain the cause of the abnormal rise.

### **Internal Audit Outcomes for Directorate Review and Workforce Review**

The Local Partnership Forum **received** the two Internal Audit reports and **noted** the positive outcome for the first year and the solid foundation this had provided on which to build upon.

### **Staff Survey Feedback**

The Local Partnership Forum **received** the feedback on the Staff Survey and were pleased to **note** that the majority of those who responded were motivated to work at DHCW.

### **Update from Trade Unions**

The Local Partnership Forum **noted** Welsh Government had accepted the settlement and unions had advised members to take industrial action with a ballot to confirm members views to be opened.

### **New Ways of Working – Hybrid Working**

The Local Partnership Forum **received** the update relating to new ways of working – taking a hybrid approach. There had been two hybrid working TenTalks held in April to support the new ways of working. The Local Partnership Forum **noted** if the hybrid approach was agreed it would go through the formal policy process.

### **Executive Structure**

The Local Partnership Forum **noted** the role of Director of Primary, Community and Mental Health Digital Services had been successfully recruited. The substantive role for the Director of Operations was out for advert.

### **Health and Wellbeing Group**

The Local Partnership Forum **received** an update on the Health and Wellbeing Group and **noted** the initiatives which had taken place.

### **Update on Digital Inclusion**

The Local Partnership Forum **noted** the slides outlining the plans for the Digital Summit due to take place.

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**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:**

There was no delegated action taken by the Local Partnership Forum

**Date of next committee meeting:**

4 October 2022

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# DIGITAL HEALTH AND CARE WALES

## DIGITAL GOVERNANCE AND SAFETY

### COMMITTEE CHAIR'S REPORT FOR BOARD

Date of Board Meeting	29 September 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	4 August 2022
Prepared By	Carys Richards, Corporate Governance Coordinator
Presented By	Rowan Gardner, Independent Member and Chair of Digital Governance and Safety Committee

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

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

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

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

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

<b>APPROVAL/SCRUTINY ROUTE:</b>		
Person/Committee/Group who have received or considered this paper prior to this meeting		
<b>COMMITTEE OR GROUP</b>	<b>DATE</b>	<b>OUTCOME</b>
Digital Governance and Safety Committee	04.08.2022	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.

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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
IMTP	Interim Medium-Term Plan	R&I	Research & Innovation
WEDS	Welsh Emergency Department System	WCCIS	Welsh Community Care Information System
ETR	Electronic Test Requesting	ICT	Information, Communication & Technology
ToR	Terms of Reference	WG	Welsh Government
DPIF	Digital Priorities Investment Fund	CRU	Cyber Resilience Unit
NIS	Network and Information Systems Directive		

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

### Update from the Chair

The Chair welcomed David Murphy, Principal Auditor who was observing on behalf of Audit Wales as part of their Structured Assessment work.

### Consent Agenda

The Committee made use of the Consent Agenda, there were no queries addressed prior to the meeting, with the Committee noting the Forward Workplan and Quality and Engagement Act Update.

### Action Log

Mark Cox, Associate Director of Finance, attended to give an overview of the DPIF situation, noting that there were still some funding letters outstanding.

Ifan Evans, Executive Director of Strategy added that the team were working closely with Welsh Government to understand the DPIF position.

It was confirmed that DPIF was noted as a corporate risk.

### Incident Review and Organisational Learning Report

It was noted the work completed by request from the committee in identifying common themes in operational improvement and how trends can be tracked and fed back.

### Assurance Reports

The Information Governance, Informatics and Information Services Assurance Reports were received and noted for assurance.

### Corporate Risk Register

There were currently 18 risks on the Corporate Risk Register, assigned to the Committee, 9 were within the public domain, with the other 9 classified as private due to their sensitivity.

It was noted that there were 3 new public risks:

- DHCW0291 Network Equipment delays in relation to Data Centre 2 move
- DHCW0292 Insufficient human resource capacity in the infrastructure teams to undertake business as usual (BAU) activity and activities in the 1-year plan
- DHCW0293 DPIF Funding letters – This risk was discussed earlier in the meeting as part of the action log update

A discussion ensued on the root cause behind some risk levels not moving towards target levels, further analysis was requested to come back to the Committee.

### Research & Innovation Strategy Update

An update was provided on the work, and it was agreed that Rachael Powell, Associate Director of Information, Intelligence and Research would explore resourcing into R&I and report back to the committee in November.

## Digital Programme Overview Update

The Committee received a detailed update on Digital Programmes including:

- National Data Resource
- Cancer Programme
- Electronic Test Requesting
- Welsh Nursing Care Record
- Digital Services for Public and Patients
- Welsh Emergency Department System
- Welsh Community Care Information System
- Welsh Intensive Care Information System
- Radiology Information System Procurement
- Welsh Imaging Archive Service
- Digital Medicines Transformation Portfolio

## Your Privacy Your Rights

An update was received on Your Privacy Rights noting it was a resource to assist those delivering NHS services in Wales to adopt a consistent approach across frontline care, which served to inform individuals about their privacy and rights with regards to their personal data.

## Private Session

### Cyber Assurance Report, 3-year cyber plan and Corporate Risk Register – private risks

All were discussed for assurance and the following highlight was noted:

- ISO27001 certification and re-certification was achieved. The Committee expressed thanks to all teams involved on a great achievement.

### CRU Posture Report

The report was reviewed and discussed in detail including areas where further work was required.

### National Data Resource Update

It was noted that the programme was core to delivering open architecture and underpinned all of DHCW's ambitions, adding the importance of understanding the right level of resource needed to enable value from the data collected as an enabler of digital health eco-system in Wales.

In summary it was agreed that the NDR programme has to be a success in delivering a foundation of data, which even though is an externally governed project.

### Staff Identity Update

A presentation on staff identity was provided. Research would begin to look at what a master staff index needed to do for DHCW and how it would be implemented into the milestones and resourced.

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

PUBLIC (as captured above)

- The issue with long standing risks assigned to the DG&S Committee on the Corporate Risk Register not moving towards the target level.

PRIVATE (as captured above)

- The importance of the NDR programme being a success
- The need for DHCW to achieve all of the principles/objectives as identified in the NIS Directive's Cyber Assessment Framework for Health

Delegated action taken by the committee:

Date of next committee meeting:

3 November 2022

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