

# DHCW Public Board Meeting

Thu 25 January 2024, 10:00 - 13:25

Zoom

## Agenda

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### 10:00 - 10:05 **1. PRELIMINARY MATTERS**

5 min

#### **1.1. Welcome and Introductions**

*For Noting*                      *Chair*

#### **1.2. Apologies of Absence**

*For Noting*                      *Chair*

#### **1.3. Declaration of Interests**

*For Noting*                      *Chair*

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### 10:05 - 10:10 **2. CONSENT AGENDA**

5 min

#### **2.1. Unconfirmed Minutes of 30 November 2023 Board Meeting**

*For Approval*                      *Chair*

 2.1 DHCW SHA Board Meeting Minutes 30 November 2023 V5.pdf (15 pages)

##### **2.1.1. Matters Arising**

#### **2.2. Unconfirmed Private Abridged Minutes of 30 November 2023 Board Meeting**

*For Approval*                      *Chair*

 2.2 DHCW SHA Board Meeting PRIVATE Minutes 30 November 2023 - Abridged.pdf (3 pages)

##### **2.2.1. Matters Arising**

#### **2.3. Action Log**

*For Noting*                      *Chair*

There are currently no actions to review.

#### **2.4. Forward Workplan**

*For Noting*                      *Board Secretary*

 2.4 SHA Board Forward Workplan Report.pdf (4 pages)

#### **2.5. End of Year Reporting Arrangements**

*For Noting*                      *Board Secretary*

 2.5 End of Year Reporting Arrangements.pdf (6 pages)

## 2.6. Board Champion Annual Report

*For Discussion*      *Board Secretary*

 2.6 Board Champion Annual Report Jan 2024.pdf (5 pages)

## 2.7. DHCW Follow-up Response to Welsh Parliament Health and Social Care Committee and Public Accounts Public Administration Committee Scrutiny Report

*For Assurance*      *Board Secretary*

 2.7 Follow up response to HSC & PAPAC Committee Report.pdf (8 pages)

## 2.8. Estates Update

*For Approval*      *Board Secretary*

 2.8 Estates Update including new Lease Approvals.pdf (8 pages)

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## 10:10 - 10:40 3. MAIN AGENDA - FOR DISCUSSION

30 min

### 3.1. Shared Listening and Learning Presentation – Research & Innovation

*For Discussion*      *Executive Medical Director*

 3.1 Shared L&L R&I Jan 2024.pdf (5 pages)

 3.1i R&I L&L Activity DHCW.pdf (9 pages)

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## 10:40 - 10:55 4. FOR REVIEW

15 min

### 4.1. Chair & Vice Chair Report

*For Discussion*      *Chair*

 4.1 Chair and Vice Chair Report Jan 2024 V1.pdf (6 pages)

### 4.2. Chief Executive's Report

*For Discussion*      *Deputy Chief Executive Officer / Executive Director of Finance*

 4.2 CEO Report Jan 2024 V1.pdf (5 pages)

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## 10:55 - 12:45 5. STRATEGIC ITEMS

110 min

### 5.1. DHCW Draft Long Term Strategy

*For Discussion*      *Executive Director of Strategy*

 5.1 DHCW Draft Long Term Strategy.pdf (6 pages)

 5.1i 2024 01 15 Strategy.pdf (46 pages)

### 5.2. IMTP 2024-27 Update

*For Discussion*      *Executive Director of Strategy*

 5.2 IMTP 2024-27.pdf (7 pages)

**Break 11:30 - 12:00**

### 5.3. Strategic Workforce Planning Update


*For Discussion*                      *Director of People & Organisational Development*

 5.3 Strategic Workforce Planning Update.pdf (8 pages)

### 5.4. Finance Report

*For Discussion*                      *Deputy Chief Executive Officer / Executive Director of Finance*

 5.4 Finance Report.pdf (9 pages)

 5.4i DHCW SHA Board Finance Briefing Report December 2023 Final.pdf (16 pages)

### 5.5. Strategic Procurement Report

*For Approval*                      *Executive Director of Strategy*

 5.5 Strategic Procurement Report.pdf (9 pages)

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**12:45 - 13:25**   **6. GOVERNANCE, RISK, PERFORMANCE AND ASSURANCE**  
40 min

#### 6.1. Corporate Risk Register Report

*For Discussion*                      *Board Secretary*

 6.1 Corporate Risk Register.pdf (10 pages)

#### 6.2. Integrated Organisational Performance Report

*For Discussion*                      *Deputy Chief Executive Officer / Executive Director of Finance*

 6.2 Integrated Organisational Performance Report.pdf (5 pages)

 6.2i DHCW SHA Board Report IOPR NOVEMBER-DECEMBER2023.pdf (22 pages)


##### 6.2.1. Response to actions from JET

*For Discussion*                      *Deputy Chief Executive Officer / Executive Director of Finance*

 6.2ii Response to actions from JET.pdf (3 pages)

#### 6.3. Local Partnership Forum Highlight Report

*For Assurance*                      *Advisory Group Chair*

 6.3 Local Partnership Forum Highlight Report.pdf (4 pages)

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**13:25 - 13:25**   **7. CLOSING MATTERS**  
0 min

#### 7.1. Any Other Urgent Business

*For Discussion*                      *Chair*

#### 7.2. Date of Next Meeting

*For Noting*                      *Chair*

Thursday 28 March 2024

## DHCW SHA Board Meeting – PUBLIC – Unconfirmed

Minutes of the meeting of Digital Health and Care Wales (DHCW) Special Health Authority Board (SHA) held on Thursday 30 November 2023 as a virtual meeting broadcast live via Zoom.

 09:50 to 14:05

 30 November 2023

Members Present	Initial	Title	Organisation
Simon Jones	SJ	Chair of the Board	DHCW
Ruth Glazzard	RG	Vice Chair of the Board	DHCW
Marilyn Bryan Jones	MBJ	Independent Member	DHCW
Ifan Evans	IE	Executive Director of Strategy	DHCW
Andrew Fletcher	AF	Associate Board Member – Trade Union	DHCW
Rowan Gardner	RoG	Independent Member	DHCW
Rhidian Hurle	RH	Executive Medical Director	DHCW
Alistair Klaas Neill	AKN	Independent Member	DHCW
Sam Lloyd	SL	Executive Director of Operations	DHCW
Claire Osmundsen-Little	COL	Deputy Chief Executive Officer / 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
Lynwen Davies	SW	Translator	Translation Services



Sam Hall	SH	Director of Primary, Community & Mental Health Digital Services	DHCW
Paul Mason	PM	Information Standards Management Lead (for item 3.1)	DHCW
Jo Mower	JM	Consultant Emergency Medicine (for item 3.1)	CAV
Carys Richards	CR	Corporate Governance Support Manager (Secretariat)	DHCW
Michelle Sell	MS	Director of Planning & Performance / Chief Commercial Officer	DHCW
Sarah-Jane Taylor	SJT	Director of People and Organisational Development	DHCW
Laura Tolley	LT	Head of Corporate Governance	DHCW

Apologies	Title	Organisation
N/A		

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CEO	Chief Executive Officer	DPIF	Digital Priority Investment Fund
IM	Independent Member	IMTP	Integrated Medium-Term Plan
IOPR	Integrated Organisational Performance Report	CAV	Cardiff & Vale University Health Board
WG	Welsh Government	WAST	Welsh Ambulance Services Trust
NDR	National Data Resource	DG&S	Digital Governance & Safety Committee
LINC	Laboratory Information Network Cymru	RISP	Radiology Informatics System Procurement
ETR	Electronic Test Requesting	DMTP	Digital Medicines Transformation Portfolio

WICIS	Welsh Intensive Care Information Service	ABUHB	Aneurin Bevan University Health Board
BAF	Board Assurance Framework	SIEM	Security Information and Event Management

Item No	Item Detail	Outcome	Action
<b>PART 1 - PRELIMINARY MATTERS</b>			
1.1	<p>Welcome and Apologies</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
1.2	<p>Apologies for Absence</p> <p>There were no apologies to note, however the Chair noted the following:</p> <ul style="list-style-type: none"> <li>• Due to an unforeseen circumstances, Ifan Evans, Executive Director of Strategy (IE) would need to leave the meeting intermittently and therefore Michelle Sell, Director of Planning &amp; Performance / Chief Commercial Officer (MS) would remain in the meeting for its entirety;</li> <li>• Sam Hall, Director of Primary, Community &amp; Mental Health Digital Services was attending a Ministerial meeting and would join as soon as possible;</li> <li>• Due to sickness Marian Wyn Jones, Independent Member (MWJ) was in attendance but Alistair Klaas Neill (AKN) as vice Chair for the Audit &amp; Assurance Committee would be delivering the committee highlight report update on her behalf.</li> </ul>	Noted	None to note
1.3	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>	Noted	None to note

**PART 2 - CONSENT AGENDA – FOR APPROVAL AND NOTING**

As part of the consent agenda the Chair announced that in the Private meeting beforehand a SIEM

Contract Award had been approved and invited Claire Osmundsen-Little, Deputy Chief Executive Officer / Executive Director of Finance (COL) to address the funding situation. COL confirmed that work was underway with Welsh Government on future funding solutions.			
2.1	Unconfirmed Minutes of 28 September 2023 Board Meeting The Board resolved to: APPROVE the minutes of the Board meeting held on 28 September 2023.	Approved	None to note
2.2	Unconfirmed Private Abridged Minutes of 28 September 2023 Board Meeting The Board resolved to: APPROVE the abridged minutes of the Private Board meeting held on 28 September 2023.	Approved	None to note
2.3	Unconfirmed Minutes of 28 September 2023 Annual General Meeting The Board resolved to: APPROVE the minutes of the Annual General meeting held on 28 September 2023.	Approved	None to note
2.4	Action Log Both actions complete on the Log The Board resolved to: NOTE the action log.	Noted	None to note
2.5	Forward Workplan The Board resolved to: NOTE the contents of the Forward Plan.	Noted	None to note
2.6	Gender Pay Gap Report The Board resolved to: APPROVE the DHCW Decarbonisation Returns.	Approved	None to note
2.7	Amendment to Standing Orders - Programmes Delivery Committee Terms of Reference The Board resolved to: APPROVE the Amendment to Standing Orders - Programmes Delivery Committee Terms of Reference.	Approved	None to note
<b>MAIN AGENDA</b>			
<b>PART 3 – FOR DISCUSSION</b>			
3.1	Shared Listening and Learning Presentation Rhidian Hurle, Executive Medical Director (RH) introduced the item, advising that the presentation was centred around the use of data in Urgent & Emergency Care Work.	Received & Discussed	None to note

	<p>The presentation itself was delivered by Paul Mason, Information Standards Management Lead DHCW (PM) and Jo Mower, a Consultant in Emergency Medicine (JM) from CAV.</p> <p>It was noted that currently there was not a single repository of digital data held in one place that could optimally support patients throughout their medical journey, therefore a new Emergency Care dashboard had been developed by DHCW in conjunction with Welsh Government and the 6 Goals programme.</p> <p>The new dashboard benefitted from a more sustainable method and accessible platform, with central data flowing into DHCW, it allowed for better sharing of data within the wider service and would support predictive analytics being built in, eventually utilising real time data to preempt demands.</p> <p>The platform was built using DHCW's current architecture and would work alongside the NDR platform, with work ongoing with the Health Boards to integrate with local data.</p> <p>After the presentation, the following comments were made:</p> <p>Work was being undertaken with Welsh Government to cascade this across NHS Wales, working with Health Boards to enable one source of operational and clinical real time data;</p> <p>The scope of the work included horizon scanning and the ability to pre-empt demands in services;</p> <p>In addition, work would be undertaken with leads to look at social care data too to support the management of outward patient flow.</p> <p>The Board expressed thanks to Paul and Jo for the insightful presentation.</p> <p>The Board resolved to:</p> <p>RECEIVE and DISCUSS the Shared Listening and Learning Presentation.</p>		
PART 4 – FOR REVIEW			
4.1	<p>Chair and Vice Chair Report</p> <p>The Chair outlined the following highlights from within the report:</p> <ul style="list-style-type: none"> <li>• The Ministerial Meeting with the Chair and Chief Executive Officer on 4 October 2023 focused on the current financial climate;</li> <li>• The Ministerial Visit to Ty Glan yr Afon on 12 October 2023 was an opportunity to explain the impact digital has on the quality and safety of the care provided to patients, as well as demonstrating DHCW's existing services and what is available to the health and care system;</li> <li>• The Chair of the NHS Wales Confederation Policy Sub-Group will be changing from Jan Williams, Chair of Public Health Wales to Kirsty Williams;</li> <li>• The first Programmes Delivery Committee had taken place,</li> </ul>	Received & Approved	None to note



	<p>and the governance arrangements were set out in letters from Welsh Government confirming arrangements for transitioning from the SRO to Programme Chair;</p> <ul style="list-style-type: none"> <li>• DHCW working in partnership with the Bevan Foundation hosted a round table discussion with Members of the Senedd, with key stakeholders able to join the discussion around using digital and data to transform health and care in Wales, the discussion was timely and useful;</li> <li>• On the 9 November 2023, Independent Member, Rowan Gardner (RoG) facilitated an international Board learning session with Massachusetts based UMass Memorial Health. The session centred on how health and care can be transformed by digital with a focus on providing care in the community;</li> <li>• Ruth Glazzard (RG) added that the Vice Chairs Peer Group focused on the actions and requirements to deliver the ambitions of a Healthier Wales.</li> </ul> <p>The Board resolved to: RECIEVE the contents of the Chair and Vice Chair report.</p>		
4.2	<p>Chief Executive’s Report</p> <p>Helen Thomas, Chief Executive Officer (HT) provided the following highlights from the report:</p> <ul style="list-style-type: none"> <li>• Mid-year internal DHCW directorate reviews were all complete;</li> <li>• The NHS Wales Executive Leadership session was helpful in ensuring strategic alignment of digital activities going forward, in terms of clinical responsibilities, data collection from the work of the 6 Goals Programme and continuing to work collaboratively with Mike Emery, Chief Digital Officer, Welsh Government;</li> <li>• During the Ministerial Visit to Neath Port Talbot Hospital clinical and digital teams showcased the digital solutions that have been implemented and how they are making a positive difference to clinical users and patients;</li> <li>• A meeting with the Joint Executive Team in Welsh Government took place on 23 November 2023. The discussions covered topics such as the Integrated Medium Term Plan Q1 &amp; Q2 Performance and members of the Executive team shared mid-year achievements, gave an overview of the current position, the key challenges and risks for the organisation and provided a forward look with regard to the organisational financial plans for the coming months.</li> </ul> <p>The Board resolved to: RECEIVE and DISCUSS the contents of the Chief Executive’s report.</p>	Received & Discussed	None to note

PART 5 – STRATEGIC ITEMS

<p>5.1</p>	<p><b>Primary Care Strategy</b></p> <p>SH presented the finalised Primary Care Strategy noting the pleasure to share it publicly on behalf of the Primary Care team and the stakeholders who contributed to its development.</p> <p>The strategy had been widely socialised, with engagement through numerous channels to fully inform the strategy, in addition to extensive research being undertaken to understand policy and the legislative environment that Primary Care operates within. Following approval of the strategy, the next step would be to develop an underpinning action plan to monitor delivery.</p> <p>It was anticipated that a Mental Health Strategy and Community Strategy would be developed in 2024 and these would closely link with the Primary Care Strategy. The two additional strategies would consider social care and it was noted that a Board Development session was planned to look at what 'Care' means in DHCW,</p> <p>It was noted the importance of organisational wide strategies that span several areas of work within DHCW and adopting a collaborative approach, in this instance when developing health informatics capability. SH highlighted that with the 3 Clinical Strategies to be received at this meeting, the Primary Care team had worked closely with colleagues from the clinical directorate, not only for direct input into the strategy but also to collectively achieve value when delivering them, with cross-departmental workshops being organised.</p> <p>The Board resolved to: APPROVE the Primary Care Strategy .</p>	<p>Approved</p>	<p>None to note</p>
<p>5.2</p>	<p><b>Clinical Directorate Strategies</b></p> <ul style="list-style-type: none"> <li>• Information Governance</li> <li>• Information and Analytics</li> <li>• Clinical Informatics and Business Change</li> </ul> <p>RH presented the report update that covered all 3 clinical directorate strategies, noting the collective learning from safe and shared data via a national approach when utilising opportunities available from platforms such as the NDR, that have informed the strategies.</p> <p>HT noted the successful approach in combining these 3 areas together within the clinical directorate which was driving value in terms of how data is being used to provide value.</p> <p>It was agreed that milestones and target dates in the IMTP need to be considered going forward.</p> <p>The Board resolved to: APPROVE the Clinical Directorate Strategies.</p>	<p>Approved</p>	<p>None to note</p>



<p>5.3</p>	<p>Strategic Procurement Report</p> <p>IE introduced MS who presented the 1 Contract Award for approval :</p> <p>(i) P21.73 HSCC Licensed e-Journals</p> <p>Contractors: BMJ Publishing Group Ltd, Elsevier, Mark Allen Healthcare, Springer Nature, Wiley and Wolters Kluwer</p> <p>Term: 1<sup>st</sup> January 2024 – 31<sup>st</sup> December 2024 with no extension options</p> <p>Value: £1,289,958.68 excluding VAT</p> <p>Approval Requested: Contract Award</p> <p>The following observations were made:</p> <ul style="list-style-type: none"> <li>• Contract for 12 months, starting in January 2024, which was regularly reviewed;</li> <li>• Procurement was undertaken via the NICE Framework;</li> <li>• WG had been advised and DHCW were looking to execute the contract;</li> </ul> <p>The Board resolved to:</p> <p>APPROVE the Strategic Procurement Report.</p>	<p>Approved</p>	<p>None to note</p>
<p>5.4</p>	<p>IMTP</p> <ul style="list-style-type: none"> <li>• 2023-24 Accountability conditions</li> </ul> <p>IE noted that the 3 year plan had been submitted to WG who acknowledged the submission in October, with regular Integrated Quality and JET meetings taking place to monitor and discuss performance.</p> <p>HT noted that in her response to WG the expectation around delivery had been addressed, which was being met but in a different way to what was initially outlined and accepted in the IMTP.</p> <ul style="list-style-type: none"> <li>• 2024-25 IMTP Plan</li> </ul> <p>It was noted that:</p> <ul style="list-style-type: none"> <li>• No formal timetable had been received from WG, but work was continuing, with workshops held against the five missions which will inform the plan;</li> <li>• The expectation is to receive a timetable pre-Christmas but likely to submit the 2024-25 IMTP Plan for SHA Board approval in March 2024, however an IMTP update would be provided at the January 2024 meeting.;</li> <li>• In terms of future programmes in the pipeline, these would be subject to national and local capacity assessments and availability of funding.</li> </ul>	<p>Received &amp; Discussed</p>	<p>None to note</p>



	<p>A discussion took place on the Digital Eyecare programme, which was approved by Board to transition into DHCW from CAV. The programme was currently in a pause and reset period with work underway to identify the required funding and resource to take the programme forward. DHCW would be responding to WG by 5 January 2024 on the position and requirements to progress the programme.</p> <p>The Board resolved to: RECEIVE and DISCUSS the IMTP update</p>		
5.5	<p>Finance Report</p> <p>COL presented the finance report for the period ending 31 October and highlighted the following:</p> <p>Financial Challenge, additional savings:</p> <ul style="list-style-type: none"> <li>• Revenue: DHCW is reporting a revenue underspend of breakeven £0.132m for the period to 31 October;</li> <li>• Capital: Spend to October totals £10.662m against CRL of £19.061m. An underspend of £0.171m against period plan and a residual spend balance of £8.4m (44%) to be completed before year end;</li> <li>• PSPP: The target Public Sector Payment Policy (PSPP) target has been exceeded with 98% of non-NHS invoices being paid within 30 days;</li> <li>• Cash: The increased cash balance of £8.136m as at 31 October is in readiness for anticipated significant capital invoices to be settled during November and early December;</li> <li>• Covid-19: DHCW received £8.350m funding and the spend to date is £2.9m. The forecast is subject to the outcome of the Financial Improvement exercise and any subsequent recovery of funding;</li> <li>• Digital Priority Investment Fund: A total of £35.5m in direct revenue funding is anticipated from Welsh Government with current spend of £17.5m and a remaining balance of £17m (49%) to be expensed during the remainder of the financial year;</li> <li>• Capital Requirement: As part of the exercise reviewing capital funding requirement for the year, DHCW has identified a total of £0.972m available for repurposing for the following schemes: <ul style="list-style-type: none"> <li>○ WPAS Standardisation £0.264m;</li> <li>○ LIMS 2.0 £0.368m;</li> <li>○ Digital Maternity £0.240m and;</li> <li>○ RISP £0.100m;</li> </ul> </li> <li>• DHCW will liaise with programme boards and Welsh Government to finalise requirements.</li> </ul>	Received & Discussed	None to note



	The Board resolved to: RECEIVE and DISCUSS the Finance Report.		
PART 6 - GOVERNANCE, RISK, PERFORMANCE AND ASSURANCE			
6.1	<p>Corporate Risk Register</p> <ul style="list-style-type: none"> <li>Corporate Risk Trending Analysis</li> <li>Board Assurance Dashboard</li> </ul> <p>Chris Darling, Board Secretary (CD) advised the Corporate Risk Register currently had 22 risks, 8 of which were deemed private, 5 assigned to Digital Governance and Safety Committee and 3 are now assigned to Programmes Delivery Committee.</p> <p>Since the last meeting, two new risks had been added:</p> <ul style="list-style-type: none"> <li>DHCW0329 Choose Pharmacy - DHCW maintaining funding gap</li> <li>DHCW0330 WCCIS Future Programme Funding</li> </ul> <p>Eight risks had been removed from the register and two had changed in score, all of which were detailed in the report.</p> <p>An analysis of DHCW's corporate risk position of the past twelve months, including risks that have not been fully mitigated over the last year, was received.</p> <p>And a 6 monthly update on the Board Assurance Framework (BAF) noted that all 5 missions were currently amber, with the following observations made against each:</p> <p>Mission 1 - Cautious Risk Appetite Key progress over the past six months included:</p> <ul style="list-style-type: none"> <li>NDR platform live as of Aug 23;</li> <li>WASPI Code of Conduct consultation progressing (awaiting outcome and next steps);</li> <li>Data promise discussions ongoing with WG and a discussion planned on this for the next DG&amp;S Committee.</li> </ul> <p>Forward Look:</p> <ul style="list-style-type: none"> <li>Looking to develop options for cloud native architectures in key product areas.</li> </ul> <p>Mission 2 - Cautious risk appetite Key progress over the past six months included:</p> <ul style="list-style-type: none"> <li>LINC and RISP following transfer from the NHS Wales Collaborative have delivery plans and are on track;</li> <li>The recent go-live of ETR for a pharmacy and GP practice as part of the DMTP programme;</li> </ul> <p>Forward Look:</p> <ul style="list-style-type: none"> <li>Developing the action plan and progressing the target operating model engagement.</li> </ul> <p>Mission 3 - Moderate risk appetite, Key progress over the past six months included:</p> <ul style="list-style-type: none"> <li>API platform team established; new open APIs published;</li> <li>Welsh Nursing Care adult transition to live service continuing</li> </ul>	Received & Discussed	Note to note



	<p>with clinical engagement;</p> <ul style="list-style-type: none"> <li>• Executive team lead for User Centre Design established.</li> </ul> <p>Forward Look:</p> <ul style="list-style-type: none"> <li>• Building out the API roadmap by March 24;</li> <li>• Confirm forms design in Welsh Nursing Care Record Pediatrics with users;</li> <li>• Continue to roll out the NHS Wales App and start the public launch.</li> </ul> <p>Mission 4 - Open risk appetite</p> <p>Key progress over the past six months included:</p> <ul style="list-style-type: none"> <li>• The Research &amp; Innovation governance arrangements have been established and started to embed;</li> <li>• There has been lots of engagement and close working with partners;</li> <li>• Undertaken the pilot phase of the secure data platform;</li> <li>• The health intelligence portal is live and available on the website;</li> <li>• Informatics and Analytics Strategy developed (as reviewed earlier in the meeting).</li> </ul> <p>Forward look:</p> <ul style="list-style-type: none"> <li>• Implementing the Information &amp; Analytics strategy;</li> <li>• Continuing to embed the Research &amp; Innovation function and activities;</li> <li>• These areas will continue to have assurance and oversight by the DG&amp;S Committee.</li> </ul> <p>Mission 5 - Moderate risk appetite</p> <p>Key progress over the past six months included:</p> <ul style="list-style-type: none"> <li>• Digital workforce review resource plans and approach being developed, working in partnership with FEDIP and others;</li> <li>• The Strategic Equality Plan has been approved and the Equality Diversity and Inclusion Network established;</li> <li>• Digital inclusion working group established and action plan being progressed, in addition and update on Digital Inclusion was planned for the March 2024 SHA Board meeting;</li> <li>• The digital maturity work (HIMSS and KLAS) has been presented to Directors of Digital and shared with NHS Chief Executive's.</li> </ul> <p>Forward look:</p> <ul style="list-style-type: none"> <li>• Confirm financial allocation for 2024/25 and funding arrangements;</li> <li>• Implement Benefits Realisation Framework;</li> <li>• Implement revised Stakeholder Engagement approach, based on partner feedback;</li> <li>• Embedding the Digital Portfolio Office (PMO) and portfolio management approach.</li> </ul> <p>Additional observations against the milestones were noted as:</p> <ul style="list-style-type: none"> <li>• Mission 5: Staff vacancy update, a deep dive into the digital workforce strategy will be reported into Audit &amp; Assurance Committee;</li> </ul>		
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	<ul style="list-style-type: none"> <li>• Mission 3: Developing Clinical research informing our programmes, user centre design and establishing a centre of excellence.</li> </ul> <p>SH advised an update on User Centre Design work would be shared with the Board in 2024-25.</p> <p>The Board resolved to:</p> <p>RECEIVE and DISCUSS the Corporate Risk Register, Corporate Risk Trending Analysis and Board Assurance Dashboard.</p>		
6.2	<p>Integrated Organisational Performance Report</p> <p>IE delivered the integrated organisational performance report to end of October 2023 noting the following headlines:</p> <ul style="list-style-type: none"> <li>• At the halfway point successful delivery had been observed despite ongoing resource constraints;</li> <li>• Some milestones have moved into the third and fourth quarters, as a result of the financial constraints, however more disciplined when preparing the plan this year has ensured the milestone shifts can be easily tracked and monitored;</li> <li>• Radiology had moved to green;</li> <li>• Finance surrounding the Cyber plan and Data Centre moves have turned yellow but as noted previously these have been prioritised within the budget for the remainder of the financial year;</li> <li>• WICIS; issues with ABUHB being able to test the system that the supplier has provided has impacted on the timescales and go live date and likely to impact on the financial timetable going forward if not resolved quickly. HT reassured the Board that meetings were taking place with the Health Board and supplier to move this along at pace.</li> </ul> <p>In terms of the workforce position, Sarah-Jane Taylor, Director of People and OD (SJT) noted that:</p> <ul style="list-style-type: none"> <li>• Regardless of vacancy challenges sickness figures remained low and will continue to be monitored</li> <li>• Working alongside finance and procurement, gaps identified are being resourced independently through contractors;</li> <li>• There had been an increase in statutory and mandatory training compliance on ESR, in addition to working closely with external contractors to ensure that internal training modules are completed by the entire workforce;</li> <li>• Appraisals figures had increased during the period.</li> </ul> <p>In terms of Operation, Sam Lloyd, Executive Director of Operations (SL) noted that:</p> <ul style="list-style-type: none"> <li>• There were 3 major incidents reported in the last 6 months, firstly Radiology had experienced some local</li> </ul>	Received & Discussed	None to note



	<p>network issues, with the remaining 2 incidents highlighting, in highly complex systems, potential architecture work for DHCW to undertake in the future;</p> <ul style="list-style-type: none"> <li>• There had been a downward trend in incidents up until September and then a few unrelated in October, such as service incidents caused by the Data Centre moves and network issues predominantly, however all had been resolved within Service Level Targets;</li> <li>• There had been only 1 Service Level Target breach to date, which resulted in change management processes being reviewed;</li> <li>• Service availability remains high in October</li> <li>• An external review of 1 major incidents in October had revealed strategic opportunities that could be built into operational design work and Service Management processes;</li> <li>• RH added that the ability to transfer across our Data Centres in order to support failovers, when required were actioned within seconds to ensure DHCW critical systems stay safe.</li> </ul> <p>The Board resolved to: RECEIVE and DISCUSS the Integrated Organisational Performance Report.</p>		
6.3	<p>Half Year Performance Against Plan</p> <p>It was agreed that previous discussions around the missions and milestones within the IMTP had sufficiently covered performance during the meeting.</p> <p>General reflections at the half year point included:</p> <ul style="list-style-type: none"> <li>• Significant work had been completed;</li> <li>• DHCW had taken over responsibility of high profile complex programmes from the NHS Collaborative and CAV;</li> <li>• Challenges throughout the period in terms of resource;</li> <li>• There was a high level of transparency in reporting;</li> <li>• The organisation had grown and matured.</li> </ul> <p>The Board resolved to: RECEIVE and DISCUSS the Half Year Performance Against Plan.</p>	Received & Discussed	None to note
6.4	<p>Audit and Assurance Committee Highlight Report</p> <p>Alistair Klaas Neill (AKN), Committee Vice Chair provided an update from the last Committee meeting held on 17 October 2023, alerting the Board that:</p> <ul style="list-style-type: none"> <li>• Due to concerns raised a request for an additional Internal Audit review of the Eyecare Digitisation Programme was made by the Committee Chair. This was now being led by</li> </ul>	Noted	None to note




	<p>CAV in collaboration with DHCW;</p> <ul style="list-style-type: none"> <li>The BAF Deep Dive discussion on sustainable funding, highlighted the challenge of becoming a trusted strategic partner without a sustainable funding model, and with the current financial restrictions;</li> <li>Four Internal Audit reviews were received for assurance with two, UK General Data Protection Regulation receiving a substantial assurance and Stock Management receiving a reasonable assurance (considered in the private session).</li> </ul> <p>Two reviews were considered in the public session: Hybrid Working, which received a substantial assurance and Board Assurance Framework which also received a substantial assurance;</p> <ul style="list-style-type: none"> <li>The Committee were assured to note the progress being made on Welsh Language Compliance within the organisation, however noted the challenge in assessing job descriptions for Welsh Language Skills. The Committee have requested a detailed update on this for the next Committee meeting in February 2024.</li> </ul> <p>The Board resolved to: NOTE the Audit and Assurance Committee Highlight Report.</p>		
6.5	<p>Digital Governance and Safety Committee Highlight Report</p> <p>Rowan Gardner (RoG), Committee Chair provided an update from the last Committee meeting held on 2 November 2023, noting that there were no escalations on this occasion to Board.</p> <p>The Board resolved to: NOTE the Digital Governance and Safety Committee Highlight Report.</p>	Noted	None to note
6.6	<p>Local Partnership Forum Highlight Report</p> <p>Andrew Fletcher (AF), Forum Chair provided an update from the last Forum meeting held on 5 September 2023, noting that there were no escalations on this occasion to Board.</p> <p>The Board resolved to: NOTE the Local Partnership Forum Highlight Report.</p>	Noted	None to note
6.7	<p>Programmes Delivery Committee Highlight Report</p> <p>Simon Jones (SJ), Committee Chair provided an update from the first Committee meeting held on 9 November 2023, noting that it was a successful start and will be extremely useful for the Board in gaining oversight of the entire portfolio and surfacing interdependencies as reporting continues to develop.</p> <p>There were 3 areas to alert the Board on:</p> <ul style="list-style-type: none"> <li>The Eye Care Programme as discussed throughout the meeting remains in pause and reset stage, with feedback</li> </ul>	Noted	None to note



	<p>to Welsh Government planned for the end of November 2023. The Committee were advised that the Audit &amp; Assurance Committee had requested Internal Audit carry out an urgent review of the programme, this was being initiated by CAV and DHCW would be working closely with CAV on the outcome of the review and also next steps towards advancement.</p> <ul style="list-style-type: none"> <li>• Sustainable funding was a noted concern for all programmes as they move into Business As Usual stage.</li> <li>• The Committee agreed to hold a Committee Development Session to review and agree the scope of the programmes considered by the Committee which will be held in January 2024.</li> </ul> <p>The Board resolved to: NOTE the Programmes Delivery Committee Highlight Report.</p>		
<b>PART 7 - CLOSING MATTERS</b>			
7.1	<p>Any Other Urgent Business</p> <p>There was no other urgent business raised.</p>	Discussed	None to note
7.2	<p>Date and Time of Next Meeting</p> <ul style="list-style-type: none"> <li>• Thursday 26 January 2024</li> </ul> <p>The meeting closed at 14:20.</p>	Noted	None to note

## DHCW SHA Board Meeting – PRIVATE – Unconfirmed

Minutes of the private meeting of Digital Health and Care Wales (DHCW)  
Special Health Authority Board (SHA) held on Thursday 30 November 2023  
via Zoom.

 09:15 to 09:45

 30 November 2023

Members Present	Initial	Title	Organisation
Simon Jones	SJ	Chair of the Board	DHCW
Ruth Glazzard	RG	Vice Chair of the Board	DHCW
Marilyn Bryan Jones	MBJ	Independent Member	DHCW
Ifan Evans	IE	Executive Director of Strategy	DHCW
Andrew Fletcher	AF	Associate Board Member – Trade Union	DHCW
Rowan Gardner	RoG	Independent Member	DHCW
Rhidian Hurle	RH	Executive Medical Director	DHCW
Alistair Klaas Neill	AKN	Independent Member	DHCW
Sam Lloyd	SL	Executive Director of Operations	DHCW
Claire Osmundsen-Little	COL	Deputy Chief Executive Officer / 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
Sam Hall	SH	Director of Primary, Community & Mental Health Digital Services	DHCW

Carys Richards	CR	Corporate Governance Support Manager (Secretariat)	DHCW
Michelle Sell	MS	Director of Planning & Performance / Chief Commercial Officer	DHCW
Sarah-Jane Taylor	SJT	Director of People and Organisational Development	DHCW
Laura Tolley	LT	Head of Corporate Governance	DHCW

Apologies	Title	Organisation
N/A		

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

Item No	Item Detail	Outcome	Action
<b>PART 1 - PRELIMINARY MATTERS</b>			
1.1	<p>Welcome and Apologies</p> <p>The Chair welcomed everyone to the DHCW SHA Board private meeting, noting that due to sickness Marian Wyn Jones (MWJ) was in attendance but Alistair Klaas Neill (AKN) as vice Chair for the Audit &amp; Assurance Committee would be delivering any updates on her behalf and fielding any questions relating to the Audit &amp; Assurance Committee.</p>	Noted	None to note
1.2	<p>Apologies for Absence</p> <p>There were no apologies to note.</p>	Noted	None to note
1.3	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>	Noted	None to note
<b>PART 2 - CONSENT AGENDA</b>			
2.1	<p>Unconfirmed Private Minutes of 28 September 2023 Board Meeting</p> <p>The Board resolved to:</p> <p>APPROVE the minutes of the Private Board meeting held on 28</p>	Approved	None to note

	September 2023.		
2.2	<p>Action Log</p> <p>There were no open private actions to discuss.</p>	N/A	None to note
MAIN AGENDA			
PART 3 – STRATEGIC ITEMS			
3.1	<p>Strategic Procurement Report</p> <p>Ifan Evans, Executive Director of Strategy (IE) invited Michelle Sell, Director of Planning &amp; Performance / Chief Commercial Officer (MS) to present the Strategic Procurement Report.</p> <p>MS noted the report was for approval of a SIEM Contract Award.</p> <p>The Chair noted that he will note the approval and advised this would be confirmed in the Public Committee.</p> <p>The Board resolved to:</p> <p>APPROVE the Strategic Procurement Report.</p>	Approved	None to note
PART 4 – CLOSING MATTERS			
4.1	<p>Any Other Urgent Business</p> <p>There was no other urgent business to discuss.</p>	N/A	None to note
4.2	<p>Date and Time of Next Meeting</p> <p>TBC</p>	N/A	None to note



# DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN REPORT

Agenda Item	2.4
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Name of Meeting	SHA Board
Date of Meeting	25 January 2024

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

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

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

WC:  
APP:  
TOTAL:



## 1 IMPACT ASSESSMENT

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

<a href="#">WELL-BEING OF FUTURE GENERATIONS ACT</a>	A Healthier 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="#">DUTY OF QUALITY ENABLER</a>	Leadership
<a href="#">DOMAIN OF QUALITY</a>	Effective
If more than one enabler / domain applies, please list below:	

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

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



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

## 2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

## 3 SITUATION / BACKGROUND

3.1	The Board have a <a href="#">Cycle of Board Business</a> that is reviewed on an annual basis. Additionally, there is a forward workplan which is used to identify any additional timely items for inclusion to ensure the Board are reviewing and receiving all relevant matters in a timely fashion.
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## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The following items have been added to the [Forward Workplan](#) and are due to be presented at the meeting on 25 January 2024:

- Joint Executive Team – Progress on actions
- DHCW Follow-up Response to Welsh Parliament Health and Social Care Committee and Public Accounts Public Administration Committee Scrutiny Report
- Estates Update (to include lease options)

4.2 In addition, the following item has been added to the forward workplan and is scheduled to be presented to the March 2024 meeting:

- Digital Inclusion Update
- Well-Being of Future Generations Act Objectives

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

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

## 6 RECOMMENDATION

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



# DIGITAL HEALTH AND CARE WALES END OF YEAR REPORTING ARRANGEMENTS 2023-24

Agenda Item	2.5
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Name of Meeting	SHA Board
Date of Meeting	25 January 2024

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

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

Purpose of the Report	For Noting
Recommendation	SHA Board is being asked to
NOTE the End of Year Reporting Arrangements 2023-24.	

WC:  
APP:  
TOTAL:



## 1 IMPACT ASSESSMENT

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

<a href="#">WELL-BEING OF FUTURE GENERATIONS ACT</a>	A Healthier 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="#">DUTY OF QUALITY ENABLER</a>	Information
<a href="#">DOMAIN OF QUALITY</a>	Timely
If more than one enabler / domain applies, please list below:	

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

IMPACT ASSESSMENT	
<a href="#">QUALITY AND SAFETY IMPLICATIONS/IMPACT</a>	Yes, please see detail below Evidence suggests there is correlation between governance behaviours in an organisation and the level of performance achieved at that same organisation. Therefore, ensuring good governance within the SHA supports quality and safety.
<a href="#">LEGAL IMPLICATIONS/IMPACT</a>	No, there are no specific legal implications related to the activity outlined in this report.
<a href="#">FINANCIAL IMPLICATION/IMPACT</a>	No, there are no specific financial implications related to the activity outlined in this report
<a href="#">WORKFORCE</a>	Yes, please see detail below



IMPLICATION/IMPACT	End of Year Reporting requires input and collaborative working from a number of senior leaders in the organisation.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
MfA	Manual for Accounts	AGM	Annual General Meeting
HTML	HyperText Markup Language	TBC	To Be Confirmed



### 3 SITUATION / BACKGROUND

- 3.1 The purpose of this report is to set out the proposed arrangements to meet national end of year reporting requirements for corporate governance.
- 3.2 The SHA is required to submit its Annual Report, including its Accountability Report to Welsh Government following the commencement of the new financial year, after which the documents are to be received at its Annual General Meeting.
- 3.3 The Manual for Accounts sets out that out that all NHS organisations are required to publish as a single unified document, a three-part Annual Report and Accounts which includes:
- The Performance Report
  - The Accountability Report
  - The Financial Statements
- 3.4 The Performance Report provides information on the entity, its main objectives and strategies and the principal risks it faces. The performance report must provide a fair, balanced and understandable analysis of the entity's performance, in line with the overarching requirement for the annual report and accounts to be fair, balanced and understandable.
- The Performance Report will require contributions from senior leaders in the organisation as well as the Executive Team and will be used to communicate to the public and other stakeholders.
- There are numerous topics that will be included, in addition to a performance analysis.
- 3.5 The Accountability Report is designed to meet the key accountability requirements to Welsh Government and comprises of the following elements:
- Corporate Governance Report
  - Remuneration and Staff Report and
  - A National Assembly for Wales Accountability and Audit Report
- 3.6 The Financial Statements comprises of the audited Annual Accounts, this will be managed by the Finance department and incorporated into the final document. Arrangements are being made to ensure additional Audit and Assurance Committees are planned to enable scrutiny and approval in appropriate time.
- 3.7 The Annual Report 2023-24 will be received and scrutinised at the Audit & Assurance Committee in detail prior to being submitted for approval.



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

- 4.1 The Annual General Meeting date is yet to be confirmed by Welsh Government as further discussions are ongoing with Audit Wales.
- 4.2 The information from the Annual Report 2023-24 will be shared with the public at the AGM, giving an opportunity for reflection, celebration and identification of key learning points for the future. In addition, the meeting provides an open and transparent question and answer session with members of the public.
- 4.3 The [2022-23 Annual Report](#) was produced in HTML format to allow far greater opportunity for accessibility best practice and publishing, in addition to being a more digital approach to reporting. The 2023-24 Annual Report will be produced in the same format.
- 4.4 An overview of analysis on the 2022-23 Annual Report shows that as at end of December 2023, the report has been viewed 884 times. With the following areas receiving the highest number of hits:
  - Performance Report
  - Accountability Report & Accounts
  - Development of the Organisation
  - Performance Summary
  - Annual Report Video
- 4.5 The Annual Report 2023-24 task and finish group will use the analysis from the 2022-23 report to inform and suggest innovative ideas to build on the way the 2023-24 report is produced and published.
- 4.6 2023-24 will be the first year for the requirement of a Duty of Quality and Duty of Candor report. The MfA guidance states that these should be prepared and published separately to the Performance Report.
- 4.7 The Annual Report 2023-24 requires input and collaboration from a number of senior leaders across the organisation. A task and finish group commenced in early January 2024 with updates on progress being shared with DHCW Weekly Executive Directors twice monthly to ensure timely input and delivery of the information and alignment with the required approvals from the SHA Board and relevant Committee.



4.8 Below is a high-level timeframe for the Annual Report 2023-24:

Activity	Due Date
Draft accounts due to Welsh Government and Audit Wales	May 2024
Integrated draft report due to Welsh Government and Audit Wales to include performance, accountability report and remuneration report	May 2024
Final Annual Report including accounts due to WG by Audit Wales	July 2024
Annual General Meeting	TBC

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

5.1 The AGM date is yet to be confirmed by Welsh Government as further discussions are ongoing with Audit Wales and this may have an impact on DHCW timescales.

## 6 RECOMMENDATION

<b>Recommendation</b>	SHA Board is being asked to
<b>NOTE</b> the End of Year Reporting Arrangements 2023-24.	



# DIGITAL HEALTH AND CARE WALES BOARD CHAMPION ANNUAL REPORT 2023-24

Agenda Item	2.6
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Name of Meeting	SHA Board
Date of Meeting	25 January 2024

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

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

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to
<b>RECEIVE and DISCUSS</b> the Board Champion Annual Report 2023-24 and <b>APPROVE</b> the change in Board Champion roles outlined in section 4.1.	

WC:  
APP:  
TOTAL:



## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	Provide a platform for enabling digital transformation
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<a href="#">WELL-BEING OF FUTURE GENERATIONS ACT</a>	A Healthier 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="#">DUTY OF QUALITY ENABLER</a>	Leadership
<a href="#">DOMAIN OF QUALITY</a>	Effective
If more than one enabler / domain applies, please list below:	

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

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



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

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Board Champion Executive Leads	December 2023 / January 2024	Approved
Chris Darling, Board Secretary	January 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
NE	Non-Executive	WG	Welsh Government



### 3 SITUATION / BACKGROUND

- 3.1 In accordance with [Standing Order 1.4.12](#) the Chair will ensure that individual Board Members are designated as lead roles or 'champions' as required by Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operate in accordance with the requirements set by the Digital Health and Care Wales, the Welsh Ministers or others. In particular no operational responsibilities will be placed upon any Independent Member fulfilling such a role. The identification of a Board Member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board Members for that particular aspect of Board business.
- 3.2 Board champion posts have been introduced to Local Health Boards and NHS Trusts since 2003 and are a mix of statutory and non-statutory roles, to be held at non-executive (Independent Member), executive director level or both.
- 3.3 Welsh Health Circular [WHC/2021/002](#) sets out a reduced number of Board Champion roles Welsh Government have identified as continuing to need to be fulfilled.
- 3.4 A Board Champion provides Board leadership to the important areas highlighted for NHS Wales Board's, acting as an advocate and the conscience of the Board on the area of interest.
- 3.5 The SHA Board approved the allocation of [DHCW Board Champions](#) on 26 May 2022 and agreed to report to the SHA Board annually on the Board Champion work that has been undertaken.



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

4.1 There has been some change in the Executive team portfolios during 2023-24, therefore Board Champion roles have been updated to reflect this. The changes are highlighted in the below table and the Board are asked to **APPROVE** the change in the allocation of Board Champion roles.

Champion Role	DHCW Board Champion 2022-23	DHCW Board Champion 2023-24
Fire Safety (E)	Executive Director of Finance	Board Secretary
Infection Prevention and Control (E)	Executive Director of Finance	Board Secretary

4.2 It is recognised that not all the Board Champion roles align to DHCW as directly as they do for Health Boards and NHS Trusts, however, DHCW have Board Champion leads for each area identified by Welsh Government.

4.3 The [Board Champion 2023-24 update](#) outlines National Activity, DHCW activity in addition to Forward Work Planned for each Board Champion role.

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

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

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
<b>RECEIVE</b> and <b>DISCUSS</b> the Board Champion Annual Report 2023-24 and <b>APPROVE</b> the change in Board Champion roles outlined in section 4.1.	



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

Agenda Item	2.7
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Name of Meeting	SHA Board
Date of Meeting	25 January 2024

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

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

Purpose of the Report	For Assurance
Recommendation	SHA Board is being asked to <b>RECEIVE</b> the report for <b>ASSURANCE</b>

WC:
APP:
TOTAL:

## 1 IMPACT ASSESSMENT

<b>STRATEGIC MISSION</b>	All missions apply
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<b>CORPORATE RISK</b> (ref if appropriate)	
<b>QUALITY IMPACT ASSESSMENT</b> (ref if appropriate)	

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

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

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

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

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



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

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	December 2023	Approved
Chris Darling, Board Secretary	December 2023	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority



### 3 SITUATION / BACKGROUND

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



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

4.1 [DHCW's response](#) replied to 16 recommendations across 7 thematic areas which were as follows:

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

4.2 The focus of each area is outlined briefly below.

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

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

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

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

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

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

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



4.3 Of the 16 recommendations, 3 required a further update by the end of 2023 and this response (which signposts the Committees to published papers) is attached for approval. The response is summarised below in Section 4.4.

4.4 The 3 recommendations requiring an update by the end of 2023 are shown below together with our response which signposts the Committees to published information covering the detail required:

**Recommendation 5:** DHCW should write to the Health and Social Care Committee and the Public Accounts and Public Administration Committee before the end of 2023 to provide an update on progress against the timeline for roll-out of the NHS App.

**Recommendation 6:** DHCW should write to the Health and Social Care Committee and the Public Accounts and Public Administration Committee before the end of 2023 to provide an update on take up of the App.

**DHCW Response to Recommendations 5 and 6:** Please refer to our [Programme Delivery Committee Papers](#) published on the DHCW Internet Site. The papers contain an update on the Digital Services for Patients and the Public (roll-out of the NHS app).

**Recommendation 9:** By the end of 2023 Digital Health and Care Wales should publish a clear, realistic and prioritised plan for increasing its engagement with the social care sector, including public, third and private sector providers, Regional Partnership Boards and the Social Partnership Council. The plan should be developed through engagement with the social care sector, and should include clear timescales and assessment of the resource required for its delivery. DHCW should provide a copy of the plan to the Health and Social Care Committee and the Public Accounts and Public Administration Committee, and provide six-monthly updates on progress against the plan.

**DHCW Response to Recommendation 9:** In January 2023, the e-Library's resources were made available to nearly 10,000 people working in social care across Wales, including social workers and managers, care home managers, residential child care managers, and domiciliary care managers. The new access came as part of ongoing collaborative work with social care workers, researchers, NHS Wales and Welsh Government library services and Social Care Wales. Through this collaboration, the e-Library collections have grown with the addition of new social care subject matter, including databases, e-books and e-journals. Please also refer to our [September 2023 Board Papers](#) published on the DHCW Internet Site. The papers contain a detailed update which outlines progress against our [Stakeholder Engagement Plan](#). Future updates will be provided every six months.



4.5 It should be noted that updates to a further 3 recommendations are required by February 2024. The 3 recommendations requiring an update by the end of February include:

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

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

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



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

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

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
RECEIVE the report for ASSURANCE.	



# DIGITAL HEALTH AND CARE WALES ESTATES UPDATE

Agenda Item	2.8
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Name of Meeting	SHA Board
Date of Meeting	25 January 2024

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

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

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to
<p><b>NOTE</b> the report and <b>APPROVE</b> future Estates Plans:</p> <ul style="list-style-type: none"> <li>• Rationalisation of two units (7 &amp; 8) at Technium 2, Swansea reducing the footprint by approximately 40%, by Deed of Variation</li> <li>• Progress the new lease for Ty Glan-yr-Afon for ten years (with a break option at year 6) and request works in lieu of a rent free period to improve accessibility</li> <li>• Progress a new lease for Bocam Park for five years (with a break option at year 3)</li> <li>• Continue to progress discussions with partners regarding sharing DHCW office space</li> </ul>	

WC:  
APP:  
TOTAL:

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

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



# 1 IMPACT ASSESSMENT

<b>STRATEGIC MISSION</b>	All missions apply
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<b>CORPORATE RISK</b> (ref if appropriate)	
<b>QUALITY IMPACT ASSESSMENT</b> (ref if appropriate)	

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

<b>DHCW QUALITY STANDARDS</b>	ISO 14001
If more than one standard applies, please list below:	

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

<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: Dec 2023
Yes, applicable	Outcome: Positive
Statement: The equalities assessment to date has not found that there is a risk that a disproportionately negative impact could exist to one or more groups of people who share a protected characteristic under the Equality Act 2010. However, any office closure would have an impact (positive or negative) for staff who would need to change base (noting the hybrid working protocols in place). A full assessment will provide additional analysis of staff data, to ensure that any risk identified can be removed or reduced through the implementation of the actions to be agreed through consultation.	

<b>IMPACT ASSESSMENT</b>	
<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	Yes, please see detail below Measures are in place to ensure that the DHCW Estate is a safe environment
<b>LEGAL IMPLICATIONS/IMPACT</b>	Yes, please see detail below Compliance with legislation and lease arrangements
<b>FINANCIAL IMPLICATION/IMPACT</b>	Yes, please see detail below Proposals will be costed, and ongoing savings identified



<b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below
	Any change to base as a result of changes will be subject to consultation
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	Yes, please detail below
	Social impacts on health are embedded in the broader environment and shaped by complex relationships between economic systems and social structures.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Board Secretary	6 December 2023	Approved
Management Board	14 December 2023	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
TGYA	Ty Glan-yr-Afon		



### 3 SITUATION / BACKGROUND

- 3.1 Digital Health and Care Wales (DHCW) have 5 offices across Wales following a review of the estate in 2022 in terms of location, required area and suitability. There are a number of reasons why this review took place, and these included the following:
- Decarbonisation challenges and the need to minimise the DHCW carbon footprint
  - Implementation of Hybrid Working
  - DHCW needs to rationalise its Estate to ensure that it optimises the workspaces
  - DHCW has a duty to make the best use of its financial resources and therefore needs to ensure that it demonstrates value for money
  - Lease expiry
- 3.2 Recommendations (presented in an Estates Plan to the December 2022 Local Partnership Forum) concluded that DHCW would:
- Modernise offices, commencing with Ty Glan-yr-Afon during 2022/23, to provide an environment suited to a modern digital collaborative working space;
  - Undertake an option appraisal (following presentation of the plan to the Local Partnership Forum) relating to the Mamhilad Office to consider:
    - If DHCW continue to occupy; or
    - If DHCW exit at the end of the current lease
  - Work with Partner Organisations and NHS Wales Shared Services Partnership (NWSSP) to identify suitable local hub arrangements;
  - If agreement to close any offices is reached, then following this agreement and in accordance with policy a consultation exercise will result with staff and trade union representatives.
- 3.3 This paper provides an update on the agreed actions and describes the approach to be taken towards implementing our Estates Plan/Strategy over the next six months.
- 3.4 Proposals for lease extensions at Ty Glan-yr-Afon (TGYA) and Bocam Park have recently been received and this paper seeks approval to progress both of these in line with our future plans.



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

### 4.1 Modernisation of Offices

The following actions have been taken:

- The 6<sup>th</sup> Floor of TGYA has been reconfigured to improve the desk layout as requested by teams within the Clinical Informatics Directorate and a new Pod has been installed
- Creation of an additional office to reflect and accommodate DHCW Executive structure
- The 3<sup>rd</sup> Floor of TGYA has been modernised to provide an environment suited to our new ways of working, if successful, this design will be further rolled out as funding allows. Desks on this floor are now in use.
- Additional furniture has been procured in Media Point to improve use of 1-1 meeting space
- Work has been carried out in Technium 2 to improve the Client Services Build/Store area
- Increased provision of IT equipment in Bocam Park to reflect increased demand for desk space at that location
- A room (lockable) on the 5<sup>th</sup> Floor of TGYA has been temporarily re-purposed as a secure storage area for IT equipment, proposals for a longer-term solution are currently being worked through

We are keen to take account of staff views obtained via the staff survey when modernizing our estate which should represent what DHCW stands for and be:

- Collaborative
- Innovative
- Fit for purpose in the new hybrid world

We have also carried out a separate Estates Development Survey, highlights are shared as [Appendix A](#).

DHCW did bid for Collaboration Grant funding under a Welsh Government Scheme but were unsuccessful on this occasion. The bid centred around three key development areas which are still planned for the Ground Floor of Ty Glan-yr-Afon subject to funding availability:



### Digital Inclusion

Hosting of a Digital Inclusion Lounge that we would make available to the public, schools, charitable organisations and any others who identify a need. We are a digital organisation with highly trained IT (Information Technology) staff who will be available to share those skills to build confidence and allow individuals access to digital technology thus removing barriers to digital inclusion and building the digital confidence of the most vulnerable groups who are often digitally excluded. This work will be carried out in close partnership with third sector and other community groups. This supports the principles of Missions 2 and 3 of the Digital Strategy for Wales (March 2021) : Digital Inclusion - Equip people with the motivation, access, skills and confidence to engage with an increasingly digital world, based on their needs, and Digital Skills - Create a workforce that has the digital skills, capability and confidence to excel in the workplace and in everyday life.

### User Centred Design

As a key role of the organisation is to develop digital systems for the health and care providers and people of Wales, we have proposed that space on the floor be redesigned as a User Centered Design Laboratory providing a dedicated space for clinicians and the public to test our systems whilst in development ensuring that solutions are user friendly and fit for purpose. This will ensure that we employ a user-centric approach to product delivery. This supports the principle of Mission 1 of the Digital Strategy for Wales (March 2021) : Digital Services - Deliver and modernise services so that they are designed around user needs and are simple, secure and convenient.

### Collaboration

We have proposed that we provide a large collaborative space suitable for conferences that can be made available to both NHS and other bodies to host large events reducing the reliance on private sector facilities and subsequently seeing reductions in costs and unnecessary carbon emissions associated with these facilities, instead using space in a building that is in use daily (Monday to Friday). By inviting people into a modern digital space, this development would support Mission 4 of the Digital Strategy for Wales (March 2021) : Digital Economy - Drive economic prosperity and resilience by embracing and exploiting digital innovation.



## 4.2 Estates Rationalisation and Lease Position

Welsh Government, following on from discussions at the last round of Capital Review Meetings, have written to all NHS organisations regarding estates rationalisation of non-clinical space. Given the current financial climate we are all operating within, reviewing the utilisation of our estate is now more essential than ever. They were keen that organisations look at estate rationalisation opportunities which can be derived from:-

- Disposing of surplus freehold property
- Terminating leases or renewing leases on a reduced footprint
- Sharing accommodation with other NHS bodies and the wider public sector
- Letting surplus accommodation to the private sector

DHCW presented their Rationalisation Plans to Welsh Government and NWSSP on 4 December 2023.

DHCW have already progressed estates rationalisation by surrendering two leases in Castlebridge 5 at the start of the pandemic and by not renewing the lease in Mamhilad House (three floors) which ended in July 2023.

There is further opportunity for rationalisation in Technium 2, Swansea where the Landlord has confirmed that he is happy to discuss a reduction of our footprint. Discussions are currently ongoing with the detail to be worked through and it is anticipated that this will be undertaken by a Deed of Variation once confirmed.

Proposals for new leases for Ty Glan-yr-Afon and Bocam Park have been received for 10 year and 5 year terms respectively. As part of the Ty-Glan-yr-Afon proposal (which has a break option at Year 6), we are able to request works in lieu of a rent free period and this option has been exercised with a request for improved accessibility. The Bocam Park proposal includes a break clause at 3 years.

Ty Glan-yr-Afon: £10.50 per sq. ft. (£399,094 pa) for 10 years

Bocam Park: £12.50 per sq. ft. (£37,500 pa) for 5 years

## 4.3 Partnership Working

There is opportunity for shared office space in South Wales to allow for hubs to be created replicating the arrangements in place in North Wales where we share our office space with other NHS workers (Cwm Taf UHB – NCCU, and NHS Executive). We have identified that we could offer further space to organisations needing desk space in the North Wales area and also in our Ty Glan-yr-Afon Office in Cardiff.

We are in active discussions with three organisations interested in sharing our space in Cardiff and Mold and are very open to discussion with other bodies to ensure best use of space.

- NHS Confederation (Cardiff)
- Betsi Cadwaladr UHB (North Wales)
- Welsh Health Specialised Services Committee (North Wales)



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

- 5.1 A significant amount of work has been undertaken to modernize our offices and outcomes from the recent Staff Survey and Estates Development Survey are being worked through to ensure staff views are taken into in future modernisation plans.
- 5.2 There is further opportunity for rationalisation in Technium 2, Swansea where the Landlord has confirmed that he is happy to discuss a reduced footprint. Discussions are currently ongoing with the detail to be worked through. We propose to reduce our space by two Units (7 and 8) which is approximately a 40% reduction via a Deed of Variation.
- 5.3 Proposals for new leases for Ty Glan-yr-Afon and Bocam Park have been received for 10 year and 5 year terms respectively. As part of the Ty-Glan-yr-Afon proposal (which has a break option at Year 6), we are able to request works in lieu of a rent free period and this option has been exercised with a request for improved accessibility. Bocam Park has a break option at Year 3.
- 5.3 We are in active discussions with three organisations interested in sharing our space in Cardiff and Mold and are very open to discussion with other bodies to ensure best used of space.

## 6 RECOMMENDATION

<b>Recommendation</b>	SHA Board is being asked to
<b>NOTE</b> the report and <b>APPROVE</b> future Estates Plans:	
<ul style="list-style-type: none"> <li>• Rationalisation of two units (7 &amp; 8) at Technium 2, Swansea reducing the footprint by approximately 40% by Deed of Variation</li> <li>• Progress the new lease for Ty Glan-yr-Afon for ten years (with a break option at year 6) and request works in lieu of a rent free period to improve accessibility</li> <li>• Progress a new lease for Bocam Park for five years (with a break option at year 3)</li> <li>• Continue to progress discussions with partners regarding sharing DHCW office space</li> </ul>	



# DIGITAL HEALTH AND CARE WALES SHARED LISTENING AND LEARNING PRESENTATION – RESEARCH AND INNOVATION

Agenda Item	3,1
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Name of Meeting	SHA Board
Date of Meeting	25 January 2024

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 Dr Matthew Wintle, Associate Medical Director for Secondary Care

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to
<b>RECEIVE and DISCUSS</b> the Shared Listening and Learning Presentation.	

WC:  
APP:  
TOTAL:



# 1 IMPACT ASSESSMENT

<b>STRATEGIC MISSION</b>	Drive better value and outcomes through innovation
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<b>CORPORATE RISK</b> (ref if appropriate)	
<b>QUALITY IMPACT ASSESSMENT</b> (ref if appropriate)	

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

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

<b>IMPACT ASSESSMENT</b>	
<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	Yes, please see detail below This work supports the quality and safety agenda by contributing to research that enables evidence-based care
<b>LEGAL IMPLICATIONS/IMPACT</b>	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL IMPLICATION/IMPACT</b>	Yes, please see detail below There are ongoing developments to attract further investment into this area and cost recover activities to support the sustainability and growth of R&I activities that DCHW supports and leads.
<b>WORKFORCE</b>	Yes, please see detail below



IMPLICATION/IMPACT	As part of ongoing planning, the team will be assessing resource implications associated with new work (i.e. costing proposals and identifying required resource).
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	Yes, please detail below  There are significant socio economic benefits linked to increased R&I activity.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	Yes, please see detail below  The R&I function is committed to driving the strategic mission, 'Drive better outcomes and value through innovation'

## 2 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, Executive Medical Director	January 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
R&I	Research & Innovation		



### 3 SITUATION / BACKGROUND

- 3.1 Towards the end of 2022, the DHCW SHA Board approved its first Research & Innovation Strategy, setting out a clear vision and four strategic aims:
1. Deliver the assets and resource to facilitate the research and innovation environment across Wales.
  2. Focus on quality and the impact of our research and innovation.
  3. Identify, develop and nurture effective partnerships.
  4. Develop a culture of innovation that promotes creativity, learning, encouragement and support.
- 3.2 At the start of 2023, DHCW's Research and Innovation function was formally established, with a plan immediately put into place to deliver against those strategic aims. This featured as part of the organisation's IMTP and contributed to Mission 4 of the IMTP, deriving value through information, innovation and research.
- 3.3 Since then, the team have introduced new R&I governance, embedded within DHCW's existing governance structures. As part of this, regular reporting is undertaken which notes progress against plans that form part of the R&I portfolio. A summary of the work undertaken in 2023 is captured in an [R&I Annual Report](#).



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

- 4.1 The Board are asked to consider progress made towards the Research & Innovation Strategic Aims since the set up of the function in 2023, specifically noting the activity as set out in the R&I Annual Report 2023.

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

- 5.1 The team have reflected on the R&I activities throughout 2023 and the key learning from these which will help to support the development of our plan for 2024 and build on the progress already made in this important area.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
<b>RECEIVE</b> and <b>DISCUSS</b> the Shared Listening and Learning Presentation.	



GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

# Research and Innovation

Rachael Powell

Associate Director of Information, Intelligence & Research

Dr Matthew Wintle

Associate Medical Director for Secondary Care

IGDC • DHCW

# DHCW Research and Innovation

DHCW’s Research and Innovation (R&I) function was established in 2023, following the publication of the R&I Strategy in 2022. Mission 4 of the DHCW Strategic Plan focuses on deriving value through information, innovation and research.

The R&I strategy set out four key strategic aims to support our ambition and guide our activities:

## THE FOUR STRATEGIC AIMS





## Strategic Aim 1

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

Key activity:

Continued work on developing and establishing the Find-Recruit-Follow up service to support increased recruitment to patient trials leading to potentially increased treatment options and improved outcomes for patients.

On target to deliver a fully costed business case by end of Q4.





## Strategic Aim 2

Focus on improving the quality and impact of our research and innovation activities

IMTP milestone

### Key activities:

Developed and embedded robust governance structure and process for managing all R&I activities.

Supporting DHCW internal projects and programmes to evaluate progress and support user-centred design, enabling consistent metrics and enduring high-quality activities.





## Strategic Aim 3

Identify, assure, develop and nurture established and new effective collaborations and partnerships

### Key activities:

DHCW representation on various groups, committees and boards, such as Innovation Leads Group, Bevan Commission Fellowship Steering Group, HCRW R&D Directors meetings maximising our national contribution and supporting direction of R&I In Wales.

Growing number of MSc and PhD projects supported with universities across Wales, helping develop workforce of the future and grow body of evidence to support new pathways and treatments.

IMTP milestone





## Strategic Aim 4

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

### Key Activity:

Promoting R&I opportunities to groups and national networks through presentations, such as to the Programme and Projects Network and the DHCW Staff Conference 2023.

Continue to showcase achievements and best practice of colleagues to further demonstrate commitment to building R&I capacity and culture.

Developing Innovation training and supporting documentations for utilisation across Wales.



# What we have learned

- Strong R&I networks in Wales and opportunities to contribute to ecosystem but lack of clarity, roadmap/directory in development
- Need to be dynamic and responsive so that we can respond to opportunities and requests in timely manner
- Need robust suite of contracts and guides
- Need to adequately cost recover against recovery to realise the value of our data and services
- Need centralised front door to ensure coordinated approach to activities and consistency across organisation – our partners want this to be simplified
- Work across teams to draw on skill sets and expertise – particular links to IG and communications
- Be aware of limitations and set realistic goals
- Takes time – groundwork in place and looking forward to progressing activities in 2024

# The future and next steps

- Marketing and engagement plans in development
- Increase R&I activities and collaborations
- Find Recruit and Follow-up business case in development
- Continue to monitor processes and update to ensure they are effective and efficient
- Consideration of our role as Research Sponsor and undertake options appraisal
- Continue to work with NDR to explore opportunities
- Innovation and research training development
- Utilise WIDI to support and increase activity, considering opportunities to undertake commissioned activities
- Ensure sustainability of the R&I function





GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

# Diolch yn Fawr!

Contact us for further information at [DHCW\\_R&I@wales.nhs.uk](mailto:DHCW_R&I@wales.nhs.uk)

IGDC • DHCW



# DIGITAL HEALTH AND CARE WALES CHAIR AND VICE CHAIR REPORT

Agenda Item	4.1
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Name of Meeting	SHA Board
Date of Meeting	25 January 2024

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

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

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to <b>RECEIVE</b> and <b>DISCUSS</b> the Chair and Vice Chair Report.

WC:  
APP:  
TOTAL:



## 1 IMPACT ASSESSMENT

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

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

<a href="#">DHCW QUALITY STANDARDS</a>	ISO 27001
If more than one standard applies, please list below: BS 1008:2014	

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

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

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



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

## 2 APPROVAL / SCRUTINY ROUTE

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

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

## 3 SITUATION / BACKGROUND

3.1	At each Public Board meeting, the Chair, and Vice Chair, present a report on key issues to be brought to the attention of the Board. This report provides an update on key areas and activities since the last Public Board meeting.
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## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Chair:

### 4.1 Programme Governance Arrangements Update

Following previous updates to the Board, I am pleased to advise that embedding the new programme governance arrangements has continued since the last Board meeting. Following the first the [Programmes Delivery Committee](#) on 9 November 2023, a Committee Development session took place on 18 January 2024, with the second Committee meeting scheduled for the 6 February 2024. I would also like to update the Board that now the new programme governance arrangements are in place I have agreed to step down as a member of this Committee, and David Selway, Independent Member will take over the chair for this Committee moving forward.

There are still a number of actions Welsh Government are taking forward working closely with DHCW to ensure all programme governance changes are implemented, these include:

- Define the role of the Digital Policy Owner, Health Policy Owner
- Confirm future arrangements for the Digital Medicines Transformation Portfolio (DMTP)

DHCW are working to ensure all programme governance changes are in place by 1 April 2024 as per Welsh Government instruction.

### 4.2 Board Development, 7 December 2023

On the 7 December we held our final Board Development session of 2023. The session included Board member discussion and facilitated work on stakeholder engagement and stakeholder messaging. In the afternoon we held our final Board Development session with Deloitte as part of the fifteen-month Board Development programme. The final session allowed Board members to reflect on progress and learning over the past fifteen-months as well as agree areas of focus moving forward to continue to learn, evolve and improve as a Board.

### 4.3 Chairs Quarterly Meeting with Minister, 13 December 2023

I attended the Chairs Quarterly meeting with the Minister for Health and Social Services on the 13 December. A discussion took place with the Minister on winter pressures and plans to manage system pressures during the winter period, an extended discussion took place on the current financial position as well as the financial outlook for 2024/25, the work to develop milestones to monitor progress against the Healthier Wales strategy was discussed and this work is being progressed, dental services were discussed and finally Chair objectives from the Minister was discussed.



#### 4.4 DHCW Chair Objectives 2023/24

I received my draft objectives from the Minister on the 13 December for the 2023/24 period. The objectives include a number of core measurable targets relating to a number of areas, I have responded with comments on a few of these measurable targets. In addition to these targets, also included were organisational objectives relating to: leadership, governance, performance, health and wellbeing, compassionate culture, patient and stakeholder engagement, partnership working, and digital innovation.

#### 4.5 Board Briefing, 11 January 2024

A very informative Board briefing session took place on the 11 January, which allowed the Board to consider the findings from the final draft Audit Wales Structured Assessment, before it is finalised and considered at the Audit and Assurance Committee on the 13 February 2024. I would like to thank colleagues from Audit Wales for attending to discuss the findings in this informal setting. We also received an update on the DHCW long term strategy and reviewed the latest draft of the strategy, and finally had an update on the Integrated Medium Term Plan 2024/27 financial planning, and IMTP priorities.

#### 4.6 Llais Meeting with NHS Wales Chairs, Vice Chairs and Chief Executives, 15 January 2024

Llais Chair, Medwin Hughes and Llais Chief Executive, Alyson Thomas met with Chairs, Vice Chairs and Chief Executives from NHS bodies to discuss the role of Llais and ensuring they are engaged in proposed service changes at an early stage. I attended this meeting with Ruth Glazzard, Vice Chair.

#### Vice Chair:

#### 4.7 Vice Chair Peer Group 13 December 2023 and 10 January 2024

Two Vice Chair Peer Group meetings have taken place since the last DHCW Board meeting. A range of topics have been discussed with a focus on accelerated cluster development and primary care services, developing the prevention agenda, Mental Health tribunals, and the NHS Wales Accountability review and consideration of the role and function of Vice Chairs to feed into this review.



**4.8 Vice Chair Ministerial Meeting 11 January 12, 2024**

The meeting was attended by the Minister for Health and Social Services, and the Deputy Minister for Mental Health and Wellbeing. Discussions included key messages from the recent Mental Health Safety Summit, the importance of investment in Mental Health services in 2024/25 which provided the opportunity to highlight the Mental Health discovery work that DHCW are leading in partnership with Cwm Taf Morgannwg UHB and the need for improved digital and data tools in Mental Health services. The session also included discussions on system resilience, and winter pressures.

**4.9 Meeting with NHS Wales Chief Executive / Director General for Health and Social Care and Vice Chairs, 23 January 2024**

The NHS Wales Chief Executive / Director General for Health and Social Care attended an additional Vice Chair Peer Group meeting on the 23 January to discuss a number of topical items including primary care services.

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

5.1 The new DHCW Programmes Delivery Committee has been established, but further changes are required to fully implement the programme governance changes agreed.

**6 RECOMMENDATION**

<b>Recommendation</b>	SHA Board is being asked to
	<b>RECEIVE and DISCUSS</b> the Chair and Vice Chair Report.



# 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	25 January 2024

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

Executive Sponsor	Helen Thomas, Chief Executive Officer
Prepared By	Laura Tolley, Head of Corporate Governance
Presented By	Claire Osmundsen-Little, Deputy Chief Executive Officer / Executive Director of Finance

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

WC:  
APP:  
TOTAL:



# 1 IMPACT ASSESSMENT

<b>STRATEGIC MISSION</b>	All missions apply
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<b>CORPORATE RISK</b> (ref if appropriate)	
<b>QUALITY IMPACT ASSESSMENT</b> (ref if appropriate)	

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

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

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

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

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



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

## 2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CEO	Chief Executive Officer	HIMSS	Health Information and Management Systems

## 3 SITUATION / BACKGROUND

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



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

### 4.1 Staff Briefing

On 12 December 2023 we held a hybrid Christmas Staff Briefing and it was great to have members of the Executive team who were joined by staff both online and in person at various office locations. At the briefing we shared a look back on 2023, the changes in organisational structures, highlights from the work of the Board, winter wellbeing updates and we finished off the the briefing with a festive quiz. My thanks to all those who joined and engaged on the day.

### 4.2 Four Nations Meeting

Colleagues from across the Four Nations came together on the 15 December 2023 for virtual discussion, we held productive discussions around a range of topics including Digital Maturity, workforce, and data governance. Further discussions are planned for early March 2024.

### 4.3 Chief Executive Management Team Meetings

The NHS Wales Chief Executive Management Team meetings were held on 19 December 2023 and 23 January 2024 where topics discussed included the Welsh Intensive Care Information System, the Welsh Government Health and Social Care Digital Strategy, DHCW draft Long Term Strategy, Respiratory Toolkit App, in addition to Primary Care, Geonomics and Mental Health Workforce plans.

### 4.4 NHS Wales Leadership Board

The NHS Wales Leadership Board have met twice since the last Board meeting where the Leadership team received information on Diabetes and Womens Health Plan whilst also receiving updates on the NHS Wales Executive Update and Clinical Networks, in addition to routine finance and performance updates.

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

The DHCW Executive team held an engagement session with Powys Teaching Health Board on 17 January 2024 where we discussed topics such as digital maturity and useability. We look forward to continuing working closely with our partners across NHS Wales in 2024.

### 4.6 DHCW Leadership Development Programme

The second event of our Kings Fund Senior Leadership Programme was held on 11 January 2024, this was a roundtable event held via Zoom and it was great to see how the programme had taken shape over the past few months with input from the Senior Leadership team and it was a pleasure to share with the Senior Leadership Team my personal career journey to becoming a Chief Executive.



**4.7 Digital Inclusion Accreditation**

It is with great pride to share that DHCW have achieved Digital Inclusion Charter Accreditation, this is a significant milestone in our ongoing commitment to ensuring that everyone in Wales can access digital systems to empower them to lead healthier lives.

I am proud that our work in supporting the drive for a digitally inclusive nation has been recognised by Digital Communities Wales and we will continue to seek ways to innovate and improve, while continuing the consistent delivery of core digital, data and technology services and will continue to work closely with the communities we serve to ensure digital equity is a reality for all.

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

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

**6 RECOMMENDATION**

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



# DIGITAL HEALTH AND CARE WALES DRAFT LONG TERM STRATEGY

Agenda Item	5.1
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Name of Meeting	SHA Board
Date of Meeting	25 January 2024

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

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

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to
<b>APPROVE</b> the draft long term strategy, prior to the final strategy being brought back to SHA Board in March.	

WC:  
APP:  
TOTAL:



# 1 IMPACT ASSESSMENT

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

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

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

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

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

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



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

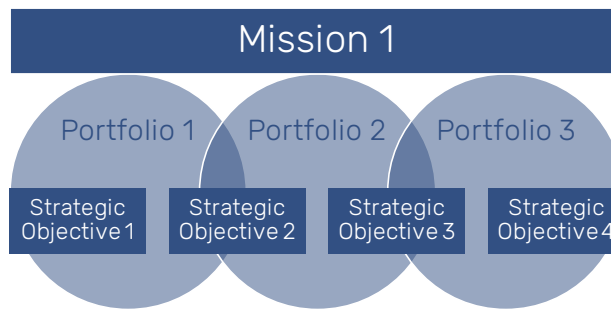
## 2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

### 3 SITUATION / BACKGROUND

- 3.1 The DHCW long-term strategy sets out the role we will play in the health and care system in Wales over the coming six years. It builds on our missions, the central pillars around which our IMTP is structured, describing our objectives and the transformational impact we expect to have on the delivery of health and care services.
- 3.2 The IMTP is integral to how we operate, giving a measure of our progress against key programmes of work, and is a publicly-shared commitment to our delivery. The IMTP will continue to play this role, however in future it will additionally be informed and steered by this strategy.
- 3.3 Our five missions, which have been refined and finessed over the last two IMTP cycles, are integral to the strategy. The strategy describes strategic objectives that sit within the framework of our five missions. These objectives help to link the outcomes of programmes of work with the Aims set out in the Welsh Government’s Digital and Data Strategy for Health and Social Care in Wales, and represent measurable outputs against which we can demonstrate our progress. Although they sit at a high level, these strategic objectives will be SMART – specific, measurable, achievable, relevant and time-bound, and in linking them with our programmes of work, will give key results, making these organisation-level OKRs.



- 3.4 The strategy introduces 5 principles which will steer the choices we make over the coming IMTP cycles, and will be the levers we use through our sub-strategies, our strategic plans and the business cases we put forward to support digital transformation in health and care.

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

- 4.1 The strategy brings together our vision, purpose, missions, principles and values into a single, coherent strategic approach. Our missions set out how we will deliver our purpose, whilst our principles describe how we will realise our vision. Our values underpin everything that we do.



IGDC • DHCW

- 4.2 Early engagement on the strategy revolved around **board development sessions** within DHCW, and **Executive team workshops** to form the structure and key concepts. These have been complemented with **1:1 interviews** across the Executive team, and update presentations and engagement with the **Digital Directors peer group** over the past four months. Supported by a Communications plan, the strategy and its principles have been shared with **senior leads** from across directorates with forms used to gather feedback; similarly a **Ten talk** was held, which approximately 200 of our staff attended and further feedback was gathered; the strategy also featured in a **Staff briefing** session. The strategy has also been discussed with Digital Directors Peer Group and the Directors of Planning.
- 4.3 Feedback gathered through forms has been incorporated into the strategy along with input from numerous drafts. A steering group has been established, with people from across DHCW reviewing specific portions of the strategy that are relevant to their area of expertise. A further Ten talk and a series of blog posts in the new year will further raise awareness of the strategy, and highlight how feedback has informed the strategy.



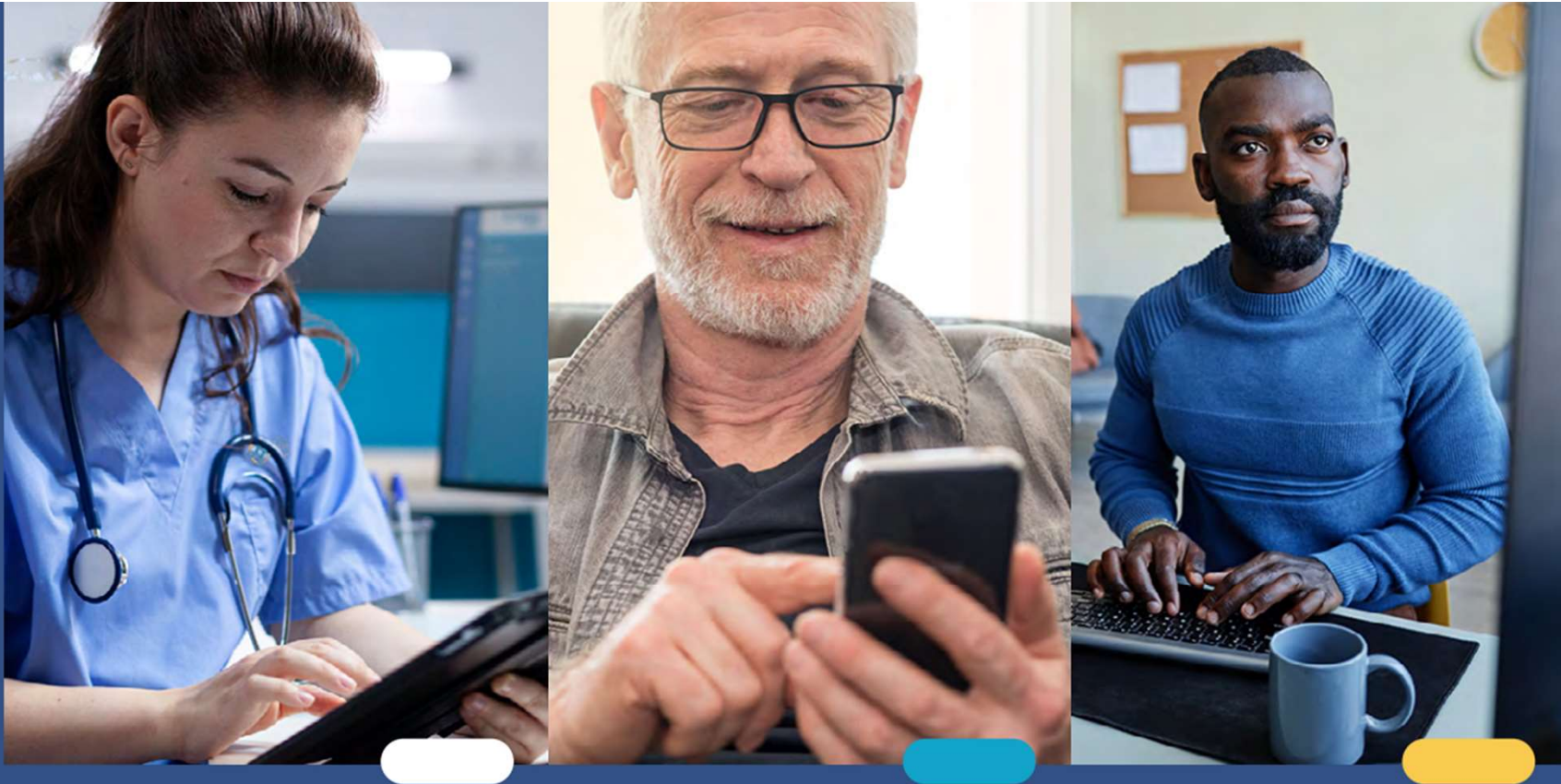
- 4.4 The SHA Board is being asked to approve the **Proposed Strategy**. This will be followed by a period of wider, external engagement with key communities, our stakeholders and partners.
- 4.5 Activities with stakeholders through February and into March will be led by the Head of Strategy with support from the Engagement team and Communications team. Activities will center on communicating the missions, strategic objectives and principles, and will give partners and stakeholders the opportunity to provide their feedback. It will then be brought back to the SHA Board in March for approval of the **Final Strategy**.

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

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

## 6 RECOMMENDATION

Recommendation	Management Board is being asked to
<p><b>APPROVE</b> the draft long term strategy, prior to the final strategy being brought back to SHA Board in March.</p>	



## Digital Health and Care Wales Organisational Strategy 2024-2026

**CHAIR AND  
CEO'S  
INTRODUCTION**



*To follow*

## EXECUTIVE SUMMARY

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

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

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

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

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

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

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

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

## EXECUTIVE SUMMARY

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

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

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

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



## EXECUTIVE SUMMARY

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

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

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

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

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

- A comprehensive single health and care record is used across all settings throughout Wales

- The NHS Wales App is used regularly by over a million people
- Users report a top-quartile satisfaction for our products and services

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

- An NDR Secure Data Environment which provides access for research while protecting privacy
- A national information and data insights service which demonstrates net benefit and value

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

- An academy approach to developing staff through talent and leadership development programmes, aligned to DDAT job families
- A secure, long-term financially stable position
- A 34% lower carbon footprint with a clear route to achieving net-zero
- A managed pipeline of programmes and product roadmaps which is supported by stakeholders
- Top quartile staff and stakeholder engagement

Our purpose is underpinned by our missions, which in turn are delivered through portfolios and enablers. These portfolios and enablers are how we will deliver on our strategic objectives.

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## ABOUT DIGITAL HEALTH AND CARE WALES

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

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

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



## CONTEXT OF THIS STRATEGY

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

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

We are always being asked to do more, and so we need to find new ways to deliver more. That means being more productive as an organisation. We can do this by refining the way we work, focusing less on bespoke work, and more on reusable components. Standards and rules have an important role to play too. Data standards help to simplify our products and services; similarly programme and portfolio management standards will help to simplify the way we run our portfolios programmes and projects.

Data and digital continue to grow. Data comes from more and more diverse places including remote monitoring and wearables, and all forms part of the digital health and care record of any given individual. Similarly, we are asked to do more and more with digital, delivering a growing suite of portfolios and programmes. It is our responsibility to show

how these programmes and products deliver value for staff, patients and the public.

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

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

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

## OUR STRATEGIC PLAN

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

Our IMTP is developed with our staff and our partners, and is approved by our Board. In it, we set out our work against five

strategic missions, each of which is supported by delivery portfolios or strategic enablers. There are 14 delivery portfolios and six enablers.

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

## Our Vision

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



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

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

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

We recognise that there are concerns about how artificial intelligence will develop. We know that health and care data is sensitive and that privacy is paramount. We understand that not everyone wants to or is able to use digital. We believe it is essential for digital and data to be used in ways that complement the human aspect of health and care, and that we will need to use digital and data more, not less; and so we believe that investing in digital should be protected as a priority even in the current challenging financial circumstances.

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



## Our Purpose

To make digital a force for good  
in health and care

## OUR VALUES

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



### COLLABORATION

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



### INNOVATION

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



### INCLUSION

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



### EXCELLENCE

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



### COMPASSION

- Dignity
- Kindness
- Empathy
- Personal responsibility
- Trust

## HOW WE DEVELOPED THIS STRATEGY

Early concepts of the themes discussed in this strategy were borne out of conversations between Executive team members and their peers in mid-2022. These concepts and ideas then became the foundation for further conversations, and early engagement on the strategy revolved around board development sessions within DHCW, and Executive team workshops to form the structure and key concepts. These were validated and complemented with 1:1 interviews across the Executive team, and engagement with the Digital Directors peer group.

Supported by a Communications plan, the strategy and its principles were shared with senior leads from across DHCW directorates with forms used to gather feedback; similarly a staff engagement sessions were held, which approximately 200 of our staff attended and further feedback was gathered; the strategy has also featured in a Staff briefing session. As it matured and became more coherent, the strategy was discussed with Digital Directors Peer Group and the Directors of Planning.

Feedback gathered through forms has been incorporated into the strategy over time and a steering group was established, with people from across DHCW reviewing specific portions of the strategy that are relevant to their area of expertise.

Alongside active engagement activity, the strategy development has taken cues from the strategies of our partner organisations and from policy documents such as “A

Healthier Wales”.

In addition, Welsh Government published its “A Digital and Data Strategy for Health and Social Care in Wales”, which sets out ambitions at the whole system level. Because of our important role as the national digital services organisation for health and care in Wales, we will be working closely with partners to achieve the aims in this over-arching strategy, and have ensured that our strategic missions and objectives are strongly aligned with it.

## OUR MISSIONS: SUMMARY

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

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

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

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

### Our Purpose:

To make digital a force for good in health and care

#### Five Missions

Provide a platform for enabling digital transformation

Deliver high quality digital products and services

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

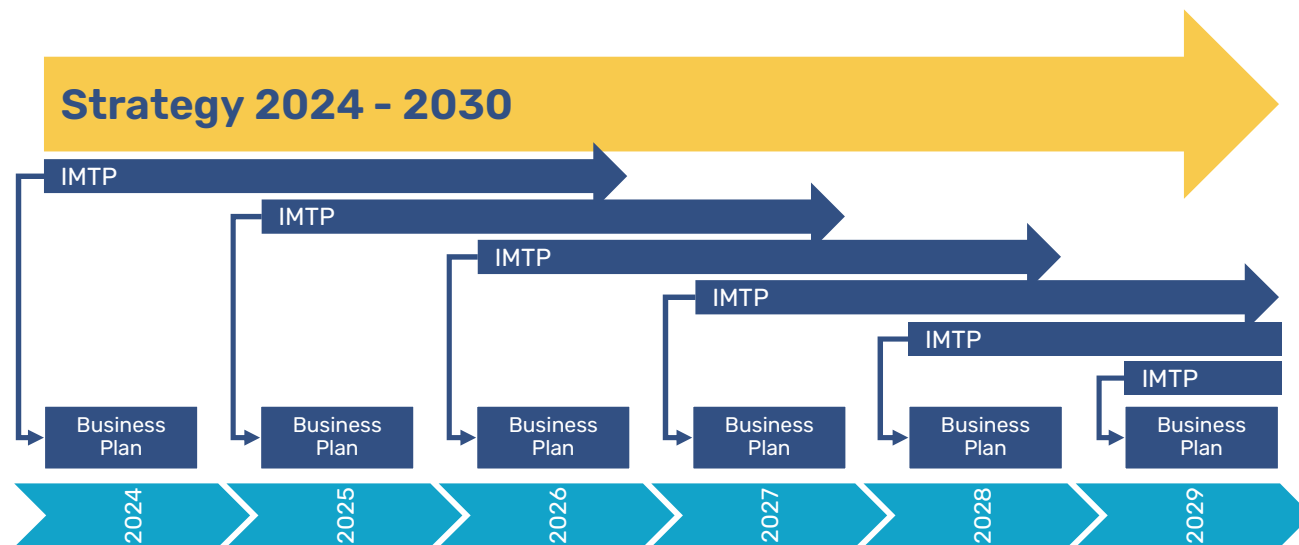
Drive better values and outcomes through innovation

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

## OUR MISSIONS

The five missions are the structure we use in our **Integrated Medium Term Plan** to organise our activity. The IMTP is a three-year plan, providing a window into the **roadmaps** for the programmes and portfolios that sit within each of the missions.

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



## OUR MISSIONS

### MISSION 1

Provide a platform for enabling digital transformation

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

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

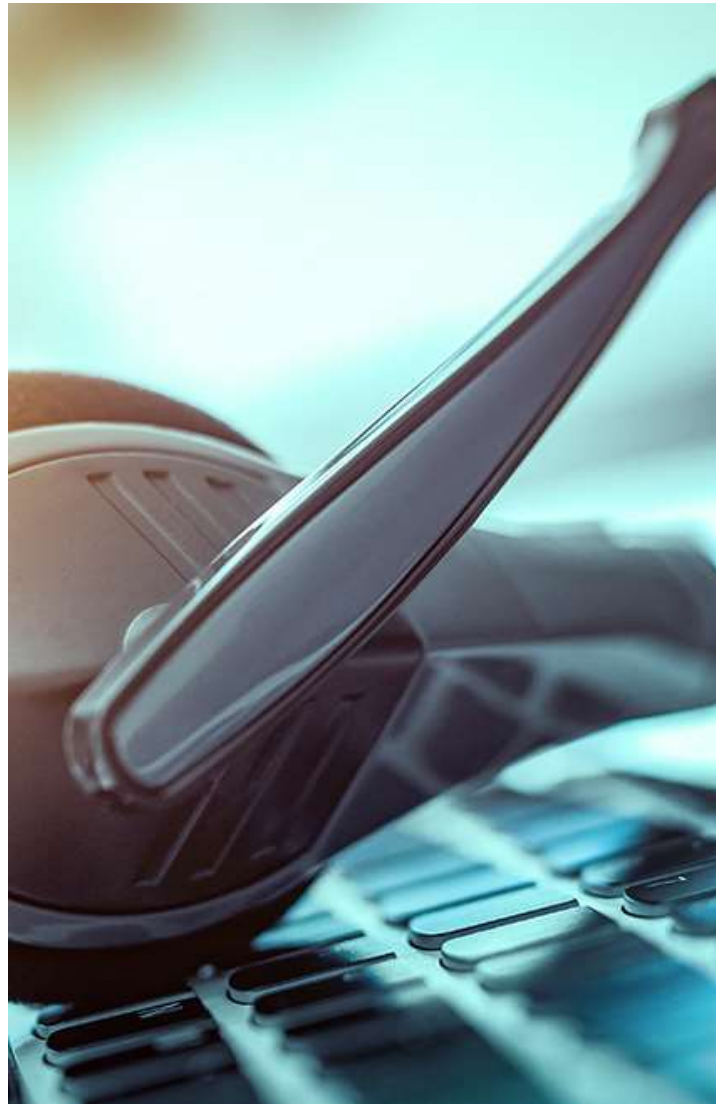
we support. We try to set out how we want this architecture to work when we buy products, however there is often little motivation for suppliers to change the way that their products work. We lead on the development of data standards for health and care in Wales, and we play an active part in the UK networks that are developing health data standards such as FHIR and OpenEHR. In 2023 we published our new API Management platform and our first 'Open APIs' linked to NDR data.

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

## OUR MISSIONS

### MISSION 1

Provide a platform for enabling digital transformation



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

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

## OUR MISSIONS

### MISSION 2

Delivering high quality digital products and services

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

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

live services.

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

## OUR MISSIONS

### MISSION 2

Delivering high quality digital products and services

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

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

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

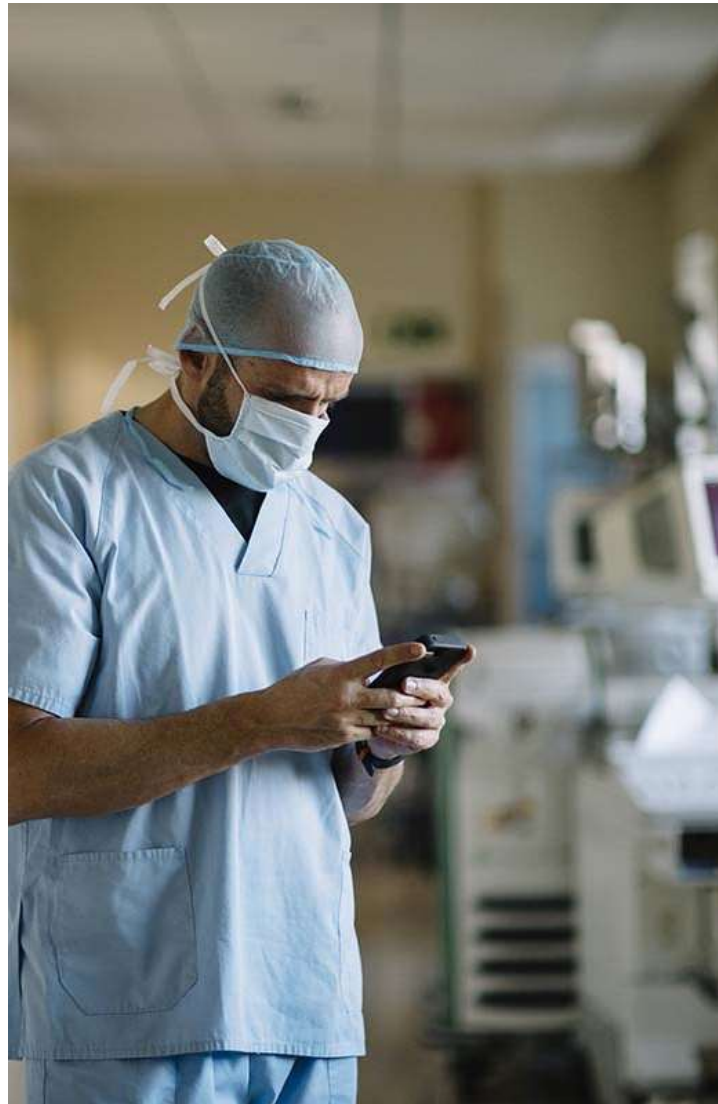
Wales, and supporting the Welsh Emergency Department System programme.



## OUR MISSIONS

### MISSION 2

Delivering high quality digital products and services



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

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

## OUR MISSIONS

### MISSION 3

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

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

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

In 2021 we established the Digital Services for Public and Patients programme, which leads our direct **engagement with patients and the public**. The programme has used the digital standards for Wales to deliver a new NHS Wales App to

private testing in 2022, to public testing in 2023, and is on track to connect every GP surgery in Wales to the App by early 2024. Positive user feedback on the App through the last two years reflects our user-centred design approach. Through the App, and by working with users, we will enable people to access their personal health records and make informed decisions about their treatment, find the most appropriate healthcare services for their needs regardless of location or setting, communicate effectively with healthcare providers, provide feedback on their care experiences, self-monitor their health and share data with clinicians as needed.

## OUR MISSIONS

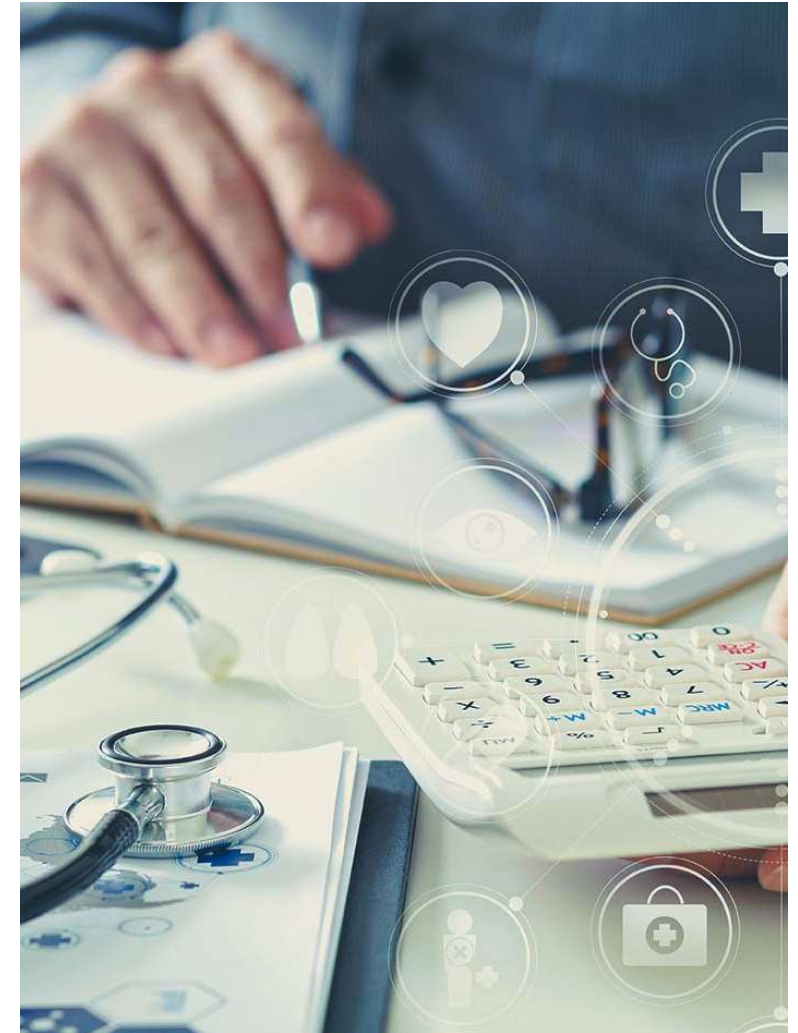
### MISSION 4

## Drive better value and outcomes through innovation

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

We deliver information services, data insights and dashboards to partners across Wales and we publish official statistics relating to health and care in Wales. This helps our partners, like NHS delivery organisations, to deliver more **value from data**, using information tools which we co-develop with users. We have started moving our analytics datastore to the NDR Platform, and we have used low-code tools from Microsoft and others to accelerate our development of dashboards, forecasting and modelling. Through the Advanced Analytics Learning Programme we are investing in the future skills we will need to use new data and artificial intelligence technologies. We also work closely with the Value in Health Programme, for example by co-developing dashboards which combine system and patient provided outcomes data; to focus on specific clinical areas

and what matters to patients, as set out in A Healthier Wales



## OUR MISSIONS

### MISSION 5

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

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

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

**Finance** is a key priority and challenge for us. We have worked with Welsh Government and delivery partners to find efficiency savings and to prioritise digital investment, ensuring we meet our statutory duty to deliver financially. We are benchmarking digital spend across NHS Wales and will use this to respond to digital cost pressures, and to support

our transition from capital to revenue funding, driven by the shift to cloud. With support from Welsh Government, we are transitioning from a project to a product based approach to delivering digital services, which will need a shift to longer term funding certainty.

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

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

## OUR MISSIONS

### MISSION 5

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

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

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

As a new organisation, established in 2021, we have made strong **governance, performance and assurance** an early priority. We have received positive endorsement from our Board, evidenced by independent internal audit and Audit Wales reports. In 2023 we have strengthened our oversight and assurance of programmes in response to the number and

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



## OUR STRATEGIC OBJECTIVES: SUMMARY

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

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

### Provide a platform for enabling digital transformation

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

### Deliver high quality digital products and services

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

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

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

### Drive better values and outcomes through innovation

- An NDR Secure Data Environment which provides access for research while protecting privacy
- A national information and data insights service which demonstrates net benefit and value

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

- An academy approach to developing staff through talent and leadership development programmes, aligned to DDAT job families
- A secure, long-term financially stable position
- A 34% lower carbon footprint with a clear route to achieving net-zero
- A managed pipeline of programmes and product roadmaps which is supported by stakeholders
- Top quartile staff and stakeholder engagement

## OUR STRATEGIC OBJECTIVES

### MISSION 1

Provide a platform for enabling digital transformation

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

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

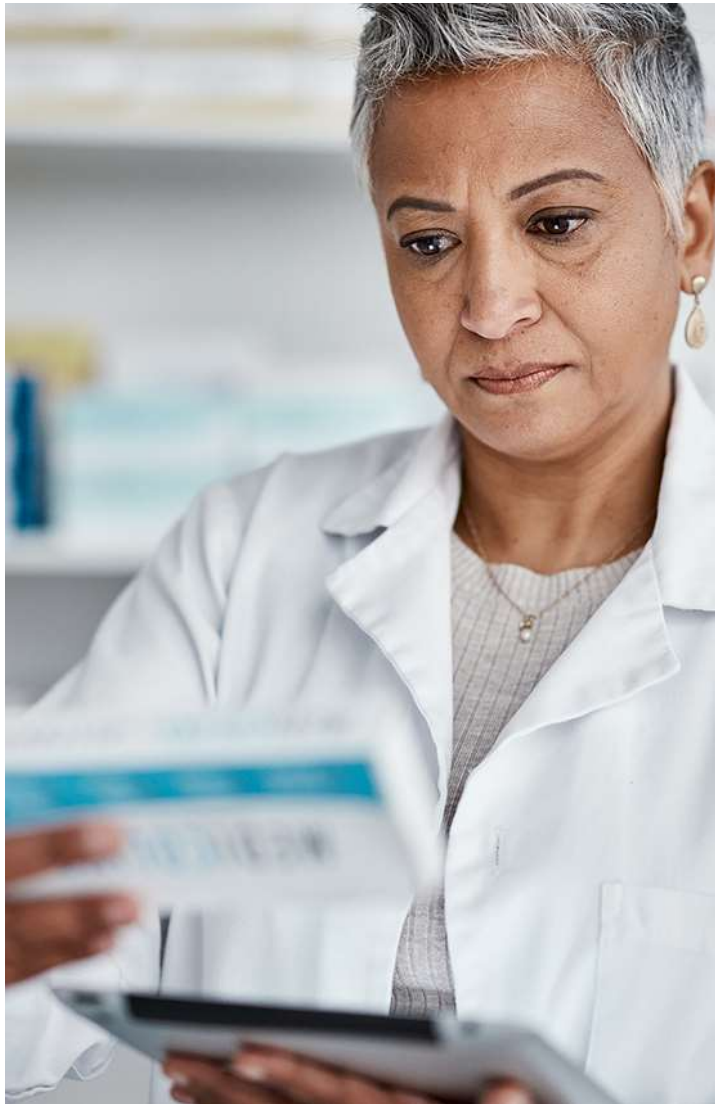
We are already making progress towards achieving these aims, which will deliver important outcomes, most of all the decommissioning of legacy infrastructure and a reduction in 'technical debt'. This will reduce the cost of infrastructure, reduce dependencies on third party systems, reduce complexity, and improve cyber security. A modern infrastructure and architecture, which is secure by design, will enable us to streamline assurance processes and automate testing, speeding up development and enabling an agile product approach. A standards-based architecture will accelerate integration and make it easier for different

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

## OUR STRATEGIC OBJECTIVES

### MISSION 1

Provide a platform for enabling digital transformation



IGDC • DHCW

These outcomes are industry standard priorities for the majority of digital organisations, because they deliver significant benefits. In particular they reduce the cost of delivering and maintaining services, and they reduce the cost and time it takes to go from user-centred design to value-adding products and features. A modern infrastructure and standards based architecture will help us to recruit and retain staff in a very competitive market for digital talent, and will help us to attract and to work with partner organisations. More secure data, more controls on data privacy and sharing, and stronger cyber security are also important quality and safety benefits.

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

## OUR STRATEGIC OBJECTIVES

### MISSION 2

Delivering high quality digital products and services

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

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

As described earlier in this document, we deliver many digital services and applications, as core live services and as digital transformation programmes, across six thematic delivery portfolios. Historically we have adopted a 'best of breed' approach, selecting the best application for each specialty (eg. cancer, maternity) or clinical setting (eg. emergency department, intensive care). We have a system to manage patient administration and a separate system to manage clinical records and referrals. Some health boards have a system to manage the flow of patients through their hospitals, others have systems to collect patient observations digitally. This environment of differing configurations, logins and user interfaces ultimately increases the risk of harm to patients.

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

## OUR STRATEGIC OBJECTIVES

### MISSION 2

Delivering high quality digital products and services

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

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



## OUR STRATEGIC OBJECTIVES

### MISSION 3

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

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

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

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

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

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

## OUR STRATEGIC OBJECTIVES

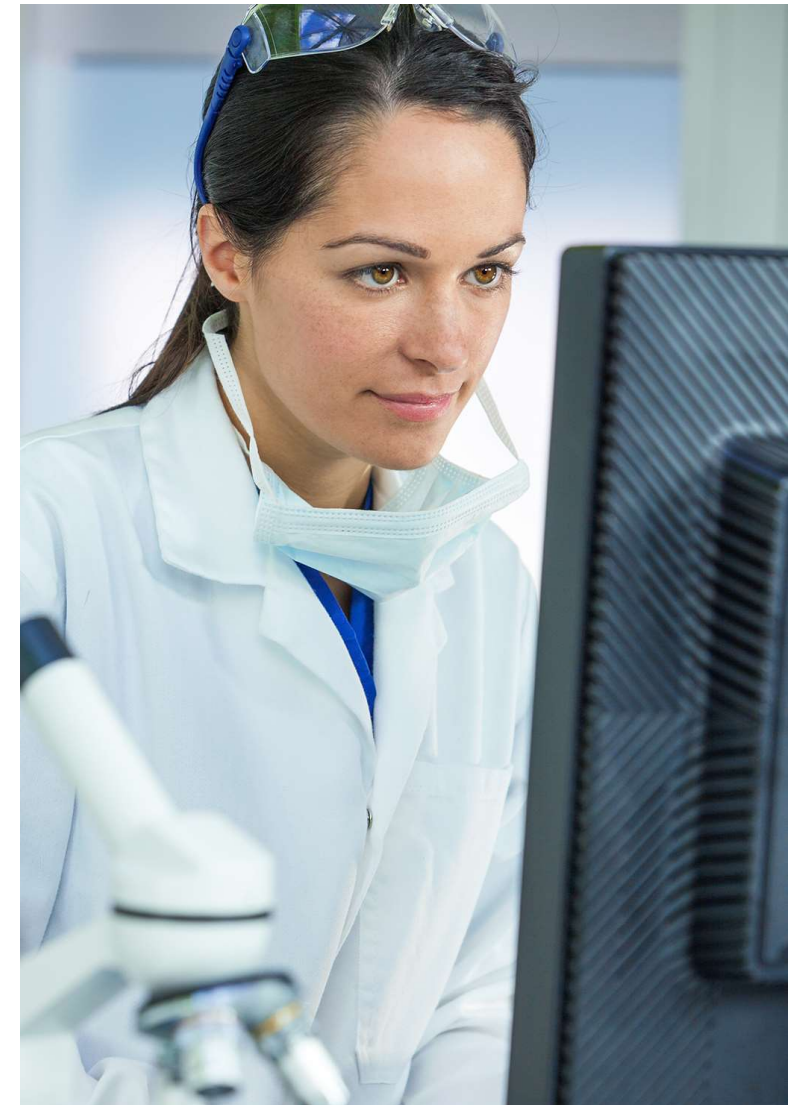
### MISSION 3

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

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

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

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



## OUR STRATEGIC OBJECTIVES

### MISSION 4

Drive better value and outcomes through innovation

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

- **An NDR Secure Data Environment which provides access for research while protecting privacy**
- **A national information and data insights service which demonstrates net benefit and value**

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

The digital health and care record will ensure that patient data is available at the point of care, irrespective of the setting or location. Making real-time information, modelling and forecasting available to health and care providers will allow them to make informed decisions about patient care, and to provide a more coordinated and seamless experience for patients.

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

The value generated through research and innovation will be

shared back into the health and care system, ultimately benefitting the people of Wales. This will ensure that the benefits of research are felt by patients and healthcare providers alike.

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

## OUR STRATEGIC OBJECTIVES

### MISSION 5

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

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

- **An academy approach to developing staff through talent and leadership development programmes, aligned to DDAT job families**
- **A secure, long-term financially stable position**
- **A 34% lower carbon footprint with a clear route to achieving net-zero**
- **A managed pipeline of programmes and product roadmaps which is supported by stakeholders**
- **Top quartile staff and stakeholder engagement**

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

Our staff will be empowered and motivated to innovate within a culture that rewards delivery. This will allow them to be creative and find new ways, supporting our organisational performance, making effective use of the digital tools available to them, whilst helping us to retain a focus on

delivering to our commitments. We will use value-based decision making to set our priorities to ensure that we are always making the best use of our resources, maintaining our financial sustainability and agility.

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

## OUR PRINCIPLES: SUMMARY

Our principles describe how we need to behave, and what we need to change to be able to fulfil our missions. We will use them to guide the choices we will make throughout the period of this strategy to achieve our strategic objectives.

First and foremost is to accept that we must change. As a change-enabling organisation, it is incumbent on us to be part of the change. With the scale and scope of change described in this strategy, it is also clear incremental change and small adjustments to what we do, and how we do it will not suffice either.

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

### Our Vision:

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

#### Five Principles

Put people first

Simplify everything we do

Design for more data, more digital

Find more value

Learn from the past, embrace the future

## OUR PRINCIPLES

### PRINCIPLE 1

#### Put people first

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

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

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



## OUR PRINCIPLES

### PRINCIPLE 1

#### Put people first

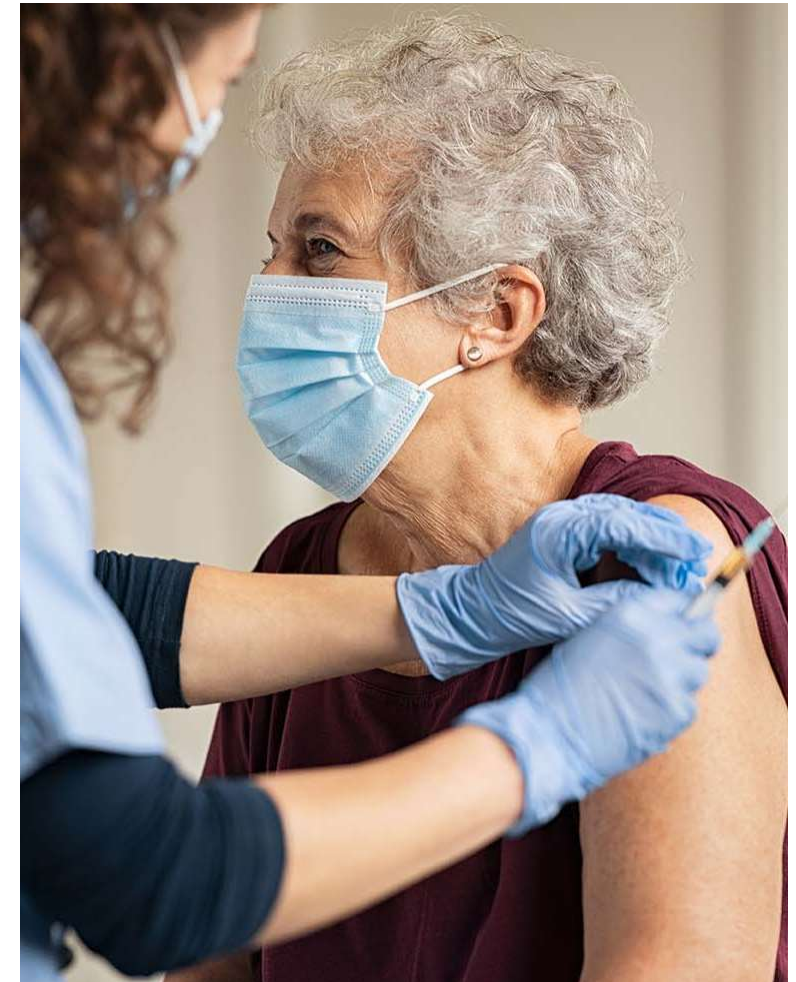
As the breadth of skills needed in digital health and care is increasing, so is the depth of specialisation within those skillsets. This means that we need to be constantly evolving our approach to talent management, in order to ensure that we are attracting and retaining the best people. We will invest in the development of our experts by establishing Centres of Excellence, developing teams with deep expertise that can help to facilitate change across the health and care system.

The way we use data and interact with AI tools is set to change drastically in the relatively near future. The nature of work, especially in digital and data services, will change and we expect AI and robotics to play a role in some of the mundane, repetitive work and tasks. The use of AI as a coding and development tool is as applicable in healthcare as any other software development environment. AI will give our staff the opportunity to focus on the more complex, but rewarding challenges that health and care faces.

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

In doing all of this, we understand that we will be asking a lot

of our people, and that is why this is our first strategic principle.



## OUR PRINCIPLES

### PRINCIPLE 2

#### Simplify everything we do

The complexity of what we do is a challenge that slows us down, creates waste, failure, demand, friction, delay, and cost. By reducing complexity, we can drive simplification of how we deliver, including our architecture, applications estate, programmes, and processes.

We can reduce the complexity of what we do by focusing on the following:

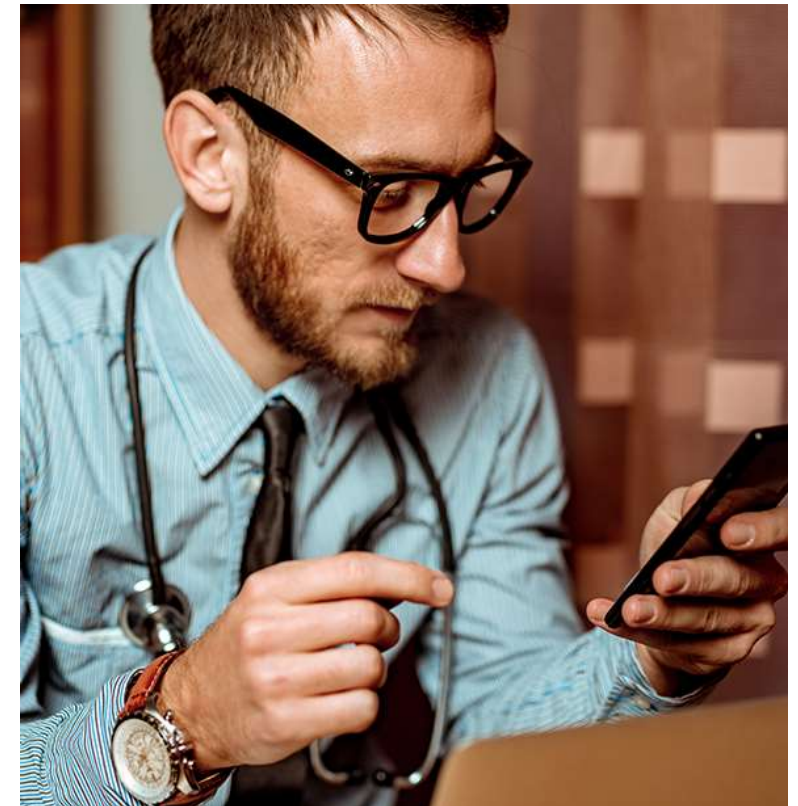
- Using standard technologies and processes;
- Eliminating unnecessary steps and processes;
- Automating repetitive project, programme and portfolio management tasks;
- Consolidating our products and services.

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

Taking an open architecture approach is central to making our products more simple, resilient and flexible. We will be able to innovate faster and respond to the needs of staff, patients and the public quickly and effectively. The products and services built within this architecture will be quicker to use, more reliable and more flexible to people's needs. We have already started to work in this open architecture way, however transitioning everything we do to this way of working will be one of the largest pieces of work to come

from this strategy.

Making changes within this open architecture needs effective and efficient **assurance processes**. The products and services we provide must meet the highest quality standards, and need to be readily available when staff, patients and the public need them.



## OUR PRINCIPLES

### PRINCIPLE 2

#### Simplify everything we do

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

Our Portfolios, Programmes and Projects are another area where we will simplify how we work. This starts with the governance which is already being simplified by ensuring there is a clear route through which responsibility is delegated. External Portfolio and Programme Oversight Chairs will remain essential to assuring and guiding the work of teams and our portfolios, programmes and projects can be orchestrated more efficiently.

This also gives us the opportunity to bring all portfolios, programmes and projects together within a single Portfolio Management Office (PMO). Using a singular PMO will allow us to standardise the way Portfolios, Programmes and Projects are run, working to a single 'playbook' of rules for starting up, running and closing down pieces of work. This will simplify

the task of starting up new Portfolios, Programmes and Projects, with pre-established governance mechanisms, document templates, reporting schedules and tools to support the successful delivery of the work.

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

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

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

## OUR PRINCIPLES

### PRINCIPLE 3

#### Design for more data, more digital

Every interaction between a member of the public and health and care services generates new data. As we introduce new ways of capturing data electronically, in more comprehensive ways, that volume of data will continue to grow. It is our responsibility to design for more data and more digital. This means that we will need to invest not just in new skills, technologies and in developing new processes to improve the way we deliver services, but also invest in high quality data that is both useful and useable.

The data that is used in the health and care of people in Wales all forms part of the **digital health and care record**. We already have the foundations of this digital health and care record in place, and the work we do next will transform it into a thriving data ecosystem. Our NDR data strategy sets out how we will bring data together from across the health and social care system creating a complete, holistic record of the information relevant to a person's health and care.

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

The future of the digital health and care record will be central to a person's interactions with health and social care

services, wherever they are in Wales. Staff will have the pertinent information about the person available to them, helping them to make swift and informed decisions, irrespective of where the person has previously received care. The person will not need to repeat information that they have already given about their health and care needs, and will be sufficiently well informed, through the NHS Wales App, to play an active role in their own care.

## OUR PRINCIPLES

### PRINCIPLE 3

#### Design for more data, more digital

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

We will also continually explore the evolving ways in which we can use artificial intelligence (AI) and to solve problems and deliver better services. AI has the potential to improve the efficiency and accuracy of decision-making, automate repetitive tasks and personalise services. We are already working with our partners and stakeholders to foster a community of practice around the adoption and implementation of AI solutions.

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

work with our partner organisations to scale initiatives up for the rest of NHS Wales.

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

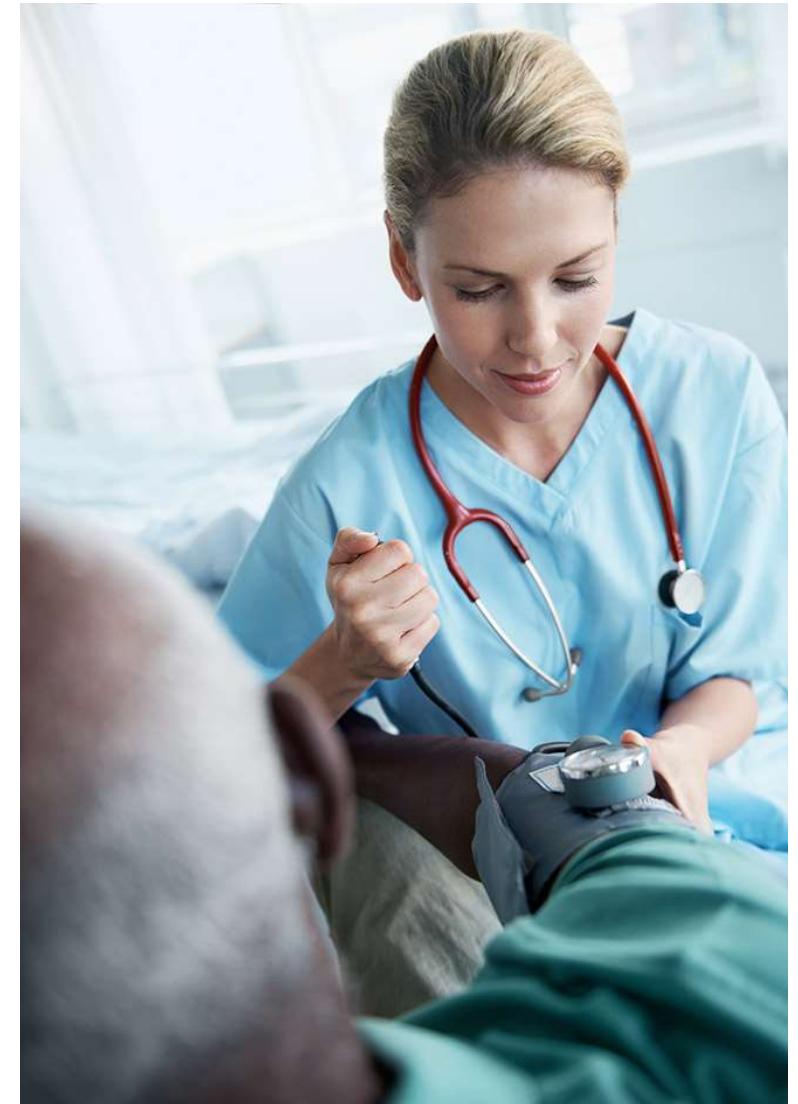
## OUR PRINCIPLES

### PRINCIPLE 4

#### Find more value

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

The value generated by our products aggregates with partner organisations, their staff, patients and the public. We can illustrate the value of digital services by showing how they help our partners to deliver more with less, simplifying services, improving the experience, and delivering better for less overall. We will do this by developing and implementing a robust benefit management framework. Benefits are usually linked to individual projects or programmes, are pre-planned, and delivered linearly from the piece of work they are connected to. Working with our partners, we will be looking beyond the boundaries of what we deliver – the products and services themselves – to understand the environments they are used in, the people using them and how they are used in ways that are useful and valuable.



## OUR PRINCIPLES

### PRINCIPLE 4

#### Find more value

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

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

- **Delivery performance:** This is about ensuring that we are working on the right objectives.
- **Productivity performance:** This is about ensuring that we are working effectively and efficiently on those objectives.
- **Value delivery:** This is about measuring the impact of our products on the health and care system.

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

## OUR PRINCIPLES

### PRINCIPLE 5

Learn from the past, embrace the future

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

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

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



## OUR PRINCIPLES

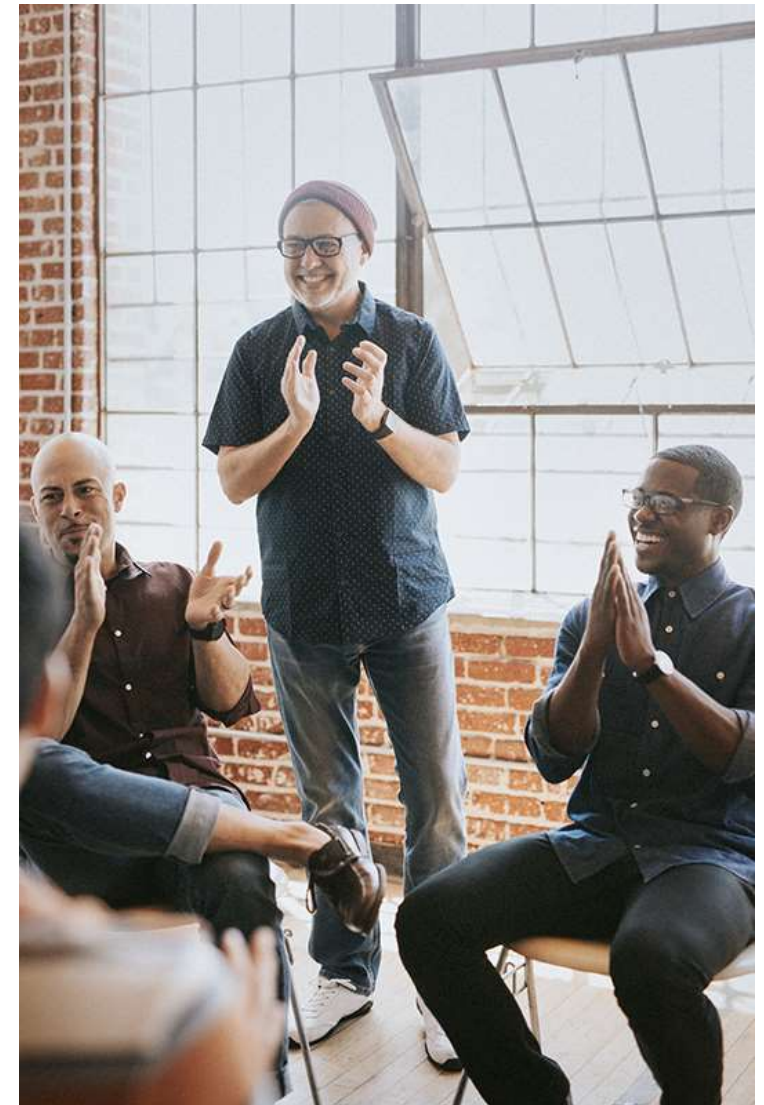
### PRINCIPLE 5

Learn from the past, embrace the future

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

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

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



Our purpose is fulfilled through our missions and strategic objectives.

Our vision will be realised through our principles.

Our values underpin everything we do.

**Our Purpose:**

To make digital a force for good in health and care

**Our Vision:**

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

**Five Missions**

Provide a platform for enabling digital transformation

Deliver high quality digital products and services

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

Drive better values and outcomes through innovation

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

**Five Principles**

Put people first

Simplify everything we do

Design for more data, more digital

Find more value

Learn from the past, embrace the future

Collaboration

Innovation

Inclusion

Excellence

Compassion

**Values**

## CONCLUSION

This strategy sets out a bold view of where we need to get to as an organisation and asks our workforce to make significant changes to the way we work, as individuals, as an organisation, but also in how we interact with our partner organisations. We must consciously change what we do and the way we do it to be able to realise the changes described in this strategy.

The biggest risk to achieving this strategy is our organisational momentum. We cannot achieve the vision in this strategy by continuing on our current path. Our future IMTPs will be informed by this strategy, but the strategy itself must also evolve with the world around us, to meet the digital needs of the continually changing health and care landscape.



# DIGITAL HEALTH AND CARE WALES INTEGRATED MEDIUM TERM PLAN 2024-2027 UPDATE

Agenda Item	5.2
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Name of Meeting	SHA Board
Date of Meeting	25 January 2024

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

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

Purpose of the Report	For Noting
Recommendation	SHA Board is being asked to
<b>NOTE</b> the IMTP report progress and issuing of the Welsh Government planning framework.	

WC:  
APP:  
TOTAL:



# 1 IMPACT ASSESSMENT

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

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

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

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: The IMTP is an organisation wide planning document. Individual schemes within the document may need their own separate equality impact assessments.	

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



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

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Executive Director of Strategy	08/01/2024	Approved
DHCW Management Board	15/01/2024	Noted

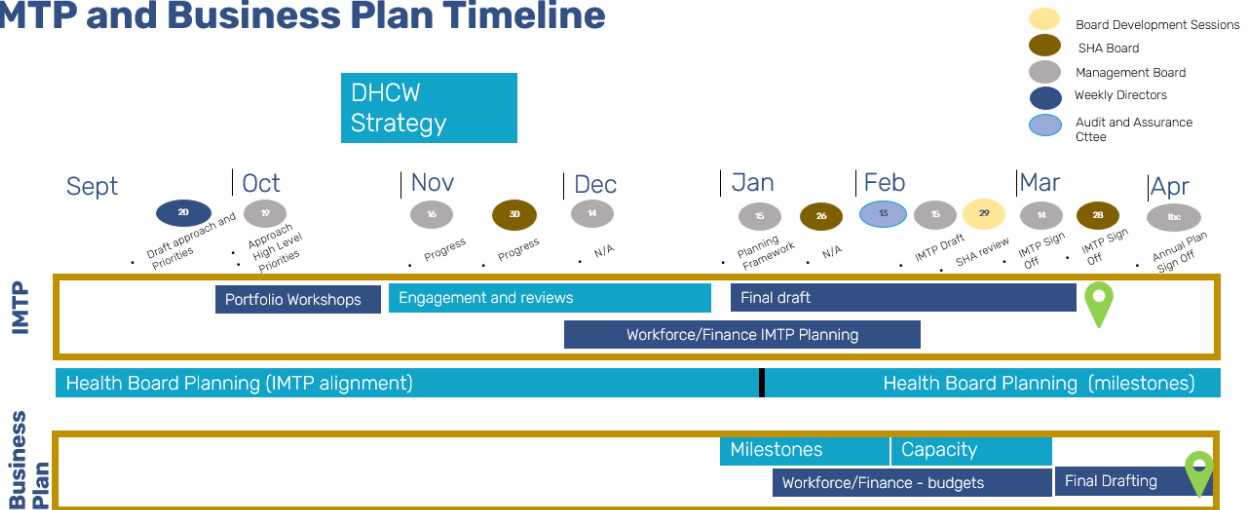
Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IMTP	Integrated Medium Term Plan		



### 3 SITUATION / BACKGROUND

3.1 This document notes progress in drafting the Integrated Medium Term Plan (IMTP) 2024-2027 and notes the publication of the Welsh Government planning framework and confirmation of the date of submission as 29 March 2024.

#### IMTP and Business Plan Timeline



- Oct 2023: DHCW agree overall approach and priorities ✓
- Oct 2023: Workshops for 14 Portfolios to develop prioritised delivery plans ✓
- Dec 2023: Exec directors' workshop and checkpoint ✓
- Jan 2024: Major delivery milestones defined
- Feb 2024: Constraints Analysis and financial assessment
- Feb 2024: Draft review with SHA Board members
- Mar 2024: IMTP Approved by SHA Board and sent to Welsh Government
- Apr 2024: Annual Business Plan approved by DHCW Management Board



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

### 4.1 NHS Wales Planning Framework 2024-27

The Welsh Government determines the priorities, timing and general format of the IMTP, and issues guidance via a Planning Framework document. The Framework was received on 18 Dec 2023 in the form of two letters – one from Eluned Morgan, the Minister for Health and Social Services, the second from Judith Paget, NHS Wales Chief Executive,

### 4.2 The Minister's letter covers the following areas:

- The **financial challenges** and efficiency savings needed. The budget allocations will follow on from the draft Welsh Government budget, published on 19 Dec 2023.
- **Improving population health outcomes** with an emphasis on prevention, quality and value-based approaches with cardiac and diabetes singled out as examples. Primary care collaboration including clusters, women and children's health, and reducing health inequalities was emphasized. The national transformation programmes are confirmed as delivery mechanisms for enhanced care in the community, primary and community care, urgent and emergency care (6 Goals), planned care and cancer (waiting list reduction) and mental health.
- **Value and Sustainability.** Five thematic areas will be overseen by the Value and Sustainability Board - workforce, medicines management, continuing health care, procurement and non-pay, and clinical variation/service configuration. Reducing unwarranted variation and low value interventions are called out throughout the letter. The Wellbeing of Future Generations (Wales) Act 2020 sustainability principle is called out for the foundational economy, climate change, the new Health and Social Care Quality legislation and new public procurement legislation. Increasing administrative efficiency to enable a reduction in administrative and management costs as a proportion of spend base are also highlighted.
- **Digital** – 'plans must take advantage of transformation, innovation and digital opportunities in designing services and treatment pathways. Digital developments are essential to transforming efficiency, access and care, for example, through an ambition to have a paperless NHS. Digital transformation will also ensure the quality and safety of patients. All these elements will support preventative work and make a difference to stabilise the system in the short term as well as help mitigate some of the unrelenting pressures on services'. There is also reference to strengthening Once for Wales arrangements for digital.



### 4.3 The NHS Chief Executive's letter covers the following additional areas:

- The requirement for Local Health Boards and Trusts to submit 3-year plans setting out **compliance with financial break evens**. DHCW's plan is usually 'noted' rather than approved by the Minister and is typically followed up by an accountability letter setting out requirements to address. More detail will come out in Jan 2024 for other organisations such as DHCW.
- IMTPs need to cover '**firm, indicative and outline**' detail with a timeline. We have covered this off as our key of blue = funded, yellow = unfunded, brown = pipeline. The plan should set out what has been or not been delivered from the previous submission. The submission should include the minimum data set file and templates. The templates are aimed mainly at health boards and trusts and were not completed for DHCW for this current cycle.
- **Digital:** 'The challenges of the financial outlook are well understood and therefore maximising all opportunities for transformation, utilising new technologies that create efficiency and improved patient experience must be delivered. The rollout of digital solutions is clearly part of our future service provision and must be accelerated where it is possible to do so within available resources.'

### 4.4 Key timelines

- Accountable Officer letter (if IMTP is going to be unbalanced) 16 Feb 2024
- IMTP Submission 29 Mar 2024

## NHS Wales Planning Guidance 2024 - 2027

Issued 18 Dec 2023

Statutory requirement for approvable plans (Integrated Medium Term Plan / IMTP) which comprises the duty to **secure**, whilst setting out the improvements to services and their future **sustainability** with the resources available to **reduce inequalities and to improve the health outcomes of the population served**.

<p><b>General Requirements (Director General &amp; Minister's Letters)</b></p> <ul style="list-style-type: none"> <li>• Plans targeted to pressures:             <ul style="list-style-type: none"> <li>• Challenging financial outlook;</li> <li>• Impact on CYPs and other disadvantaged sectors.</li> </ul> </li> <li>• Recovery and sustainability             <ul style="list-style-type: none"> <li>• Optimisation of resources to deliver the best care and treatment for the people of Wales;</li> <li>• Reduction in inequalities and improving health outcomes – focus on gaps in service provision;</li> <li>• Stabilisation of the NHS.</li> </ul> </li> </ul>	<p><b>Ministerial Priorities (Planning Framework)</b> national programmes will continue to support the delivery of services, whilst reinforcing best practice (quality, efficiency and patient experience) and not driving costs. <b>Accountability Conditions for these programmes were issued September 2023 and will provide continuity between 2023/24 Plan</b></p> <p><b>Enhanced Care in the Community</b></p> <ul style="list-style-type: none"> <li>• Focus on reducing delayed pathways of care</li> </ul> <p><b>Primary and Community Care</b></p> <ul style="list-style-type: none"> <li>• Focus on improving access and shifting resources into primary and community care</li> </ul> <p><b>Urgent and Emergency Care</b></p> <ul style="list-style-type: none"> <li>• Focus on delivering the 6 Goals Programme</li> </ul> <p><b>Planned Care and Cancer</b></p> <ul style="list-style-type: none"> <li>• Focus on reducing the longest waits</li> </ul> <p><b>Mental Health, including CAMHS</b></p> <ul style="list-style-type: none"> <li>• Focus on delivery of the national programme</li> </ul>	<p><b>Further Requirements &amp; Considerations (Director General &amp; Minister's Letters)</b></p> <p><b>Process &amp; governance arrangements</b></p> <ul style="list-style-type: none"> <li>• Consolidation of plans and ensuring collective progression against sustainability agenda and delivery of '<b>A Healthier Wales</b>'</li> <li>• More detailed expectations are being produced – i.e. PHW mandate letter – follow in 2024.</li> <li>• Three-year plan – incl. <b>Firm, Indicative, Outline</b> levels of detail with clear progression captured.</li> <li>• Detail of operational delivery, management of risk and financial sustainability.</li> <li>• Agile and dynamic planning to adapt to changing environment.</li> </ul> <p><b>Inclusions</b></p> <ul style="list-style-type: none"> <li>• Quality, prevention, health inequity, impacts on CYPs particularly;</li> <li>• Anti-Racism Action Plans – employment and service delivery;</li> <li>• Duty of Quality – 12 Health and Care Quality Standards.</li> </ul> <p><b>Financial</b></p> <ul style="list-style-type: none"> <li>• Unprecedented level of financial deficit – continue to reduce funding deficits and ensure financial sustainability – driving down financial risk.</li> </ul> <p><b>Integrated Arrangements</b></p> <ul style="list-style-type: none"> <li>• Performance Framework will be issued ASAP and will reflect <b>key performance information</b> implementing the Minimum Data Set (MDS)</li> <li>• Templates – focus on areas of risk;</li> <li>• Collaboration across HB and public sector boundaries.</li> </ul> <p><b>Enablers &amp; Influencers</b></p> <ul style="list-style-type: none"> <li>• A Healthier Wales – Accountability Review</li> <li>• NHS Wales Joint Commissioning Committee</li> <li>• Value &amp; Sustainability Board</li> <li>• NHS Executive – phase two</li> <li>• Social Partnership &amp; Public Procurement (Wales) Act 2023</li> <li>• Health Service Procurement (Wales) Bill</li> <li>• Duty of Quality and Duty of Candour</li> </ul>	<p><b>Core Supporting Functions &amp; Triangulations</b> Plans must take advantage of transformation, innovation, partnership/regional working and digital opportunities.</p> <ul style="list-style-type: none"> <li>✓ Embrace the Accelerated Cluster Development and Regional Partnership Board Plans;</li> <li>✓ Strengthen 'Once for Wales' arrangements for digital;</li> <li>✓ Maximise opportunities for regional working;</li> <li>✓ Redistribution of resources to community &amp; primary care;</li> <li>✓ Maximise opportunities offered by <b>key policies</b> i.e. <b>Further Faster</b>;</li> <li>✓ Increasing administrative efficiency, to enable a reduction in administrative/management costs as proportion of the spend base.</li> </ul>
<p><b>Golden Threads</b></p> <ul style="list-style-type: none"> <li>• Recognition of external factors being the most challenging circumstances since the inception of the NHS; recognition that this is likely to continue;</li> <li>• Improving population health outcomes – impact of burden of disease modelling and focus on prevention – incl. weight management and diabetes;</li> <li>• Children's access to specific and universal care and services;</li> <li>• Quality and value-based approaches to care – reduction in waste, harm and unwarranted variation;</li> <li>• Shift to primary &amp; community focused care;</li> <li>• Role of the NHS as an <b>Anchor institution</b></li> <li>• Foundational economy;</li> <li>• Wellbeing of Future Generations (5 Ways of Working);</li> <li>• Climate change;</li> <li>• Plans to show clarity of delivery commitments – assessment and aggregation against <i>A Healthier Wales</i>.</li> </ul> <p><b>Plans to include in year priorities with route map to medium term, in 3 years context, with longer term ambitions.</b></p>	<p><b>Thematic Workstreams (Value &amp; Sustainability Board)</b> To support and provide guidance, the VSB has agreed five workstreams to <b>maximise resource utilisation</b> across the system. These thematic areas cover:</p> <ul style="list-style-type: none"> <li>• Workforce – continue reduction on reliance of high -cost agency staff; 'Once for Wales' arrangements for recruitment strengthened</li> <li>• Medicines Management</li> <li>• Continuing Healthcare (CHC) / Funded Nursing Care (FNC)</li> <li>• Procurement and non-pay, and</li> <li>• Clinical Variation / Service Configuration – reduction in unwarranted variation and low-value interventions</li> </ul> <p>The Board has already issued a range of requirements in relation to low value interventions, prescribing and continuing health care that must be implemented to ensure a consistent approach across Wales.</p>		



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

- 5.1 The Planning Framework was published late on 18 December 2023, and it mentioned that more detailed guidance was coming out for organisations other than local health boards and trusts.
- 5.2 If this guidance for DHCW requires a different approach or level of detail already agreed with our Board, there is a risk that we won't be able to get the IMTP swiftly through our internal governance due to content changes and impact on already in train delivery definition and capacity assessment processes.

## 6 RECOMMENDATION

<b>Recommendation</b>	SHA Board is being asked to
<b>NOTE</b> the IMTP report progress and issuing of the Welsh Government planning framework.	



# DIGITAL HEALTH AND CARE WALES STRATEGIC WORKFORCE PLANNING UPDATE

Agenda Item	5.3
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Name of Meeting	SHA Board
Date of Meeting	25 January 2024

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

Executive Sponsor	Sarah-Jane Taylor, Director of People and Organisational Development
Prepared By	Joanne Jamieson, Senior People Business Partner, Sarah Brooks, OD, Culture & Engagement Lead, Sarah-Jane Taylor, Director of People and Organisational Development
Presented By	Sarah-Jane Taylor, Director of People and Organisational Development

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to
RECEIVE and DISCUSS the update on the Strategic Workforce Planning 2023-24 and approach for 2024-25.	

WC:  
APP:  
TOTAL:



# 1 IMPACT ASSESSMENT

<b>STRATEGIC MISSION</b>	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
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<b>CORPORATE RISK</b> (ref if appropriate)	
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<b>QUALITY IMPACT ASSESSMENT</b> (ref if appropriate)	
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<b>WELL-BEING OF FUTURE GENERATIONS ACT</b>	A More Equal Wales
If more than one standard applies, please list below: A Resilient Wales, A Prosperous Wales,	

<b>DHCW QUALITY STANDARDS</b>	BS 76000:2015
If more than one standard applies, please list below: ISO 30415	

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

<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: EQIA is not required for this update	

IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	Yes, please see detail below Ensuring DHCW have the right number of people and skill mix within the workforce for now and the future to deliver the organisation’s IMTP and strategic commitments.
<b>LEGAL IMPLICATIONS/IMPACT</b>	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL IMPLICATION/IMPACT</b>	Yes, please see detail below Enabling DHCW to meet the budgeted establishment and invest in the right skills to deliver the organisation’s commitments. Potential increase in Training & Development Budget to meet the



	essential skills and development requirements requested by the organisations Directorate Heads
<b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below Ongoing analysis of Workforce Planning and Development and working closely with Directorates on the people priorities with a focus on critical skills.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	Yes, please detail below Attracting talent from Wales and wider, delivering the DHCW Wellbeing goals to support the Wellbeing & Future Generations Act by providing excellent employment opportunities and career development.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	Yes, please see detail below Through research, horizon scanning and benchmarking with best practice, Strategic Workforce Planning will ensure DHCW has the people and skills to meet its strategic objectives and plans.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Shikala Mansfield Highlighting key features at PPMG meeting	8 January 2024	Noted and Approved
Sarah-Jane Taylor	9 January 2024	Approved
Weekly Executive Directors	10 January 2024	Approved
Management Board	15 January 2024	Approved
Strategic Resourcing Group	16 January 2024	Date of meeting follows submission date for SHA Board papers

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SWP	Strategic Workforce Planning	P&OD	People and Organisational Development
SRG	Strategic Resourcing Group		
WIDI	Wales Institute of Digital Information	DDAT	Digital, Data and Technology



### 3 SITUATION / BACKGROUND

- 3.1 The Digital and Data Strategy for Health and Social Care in Wales (July 2023) emphasised the pivotal role of Digital Health and Care Wales (DHCW) to develop and lead digital enabling across NHS Wales. The requirement for strategic workforce planning, succession planning and identifying single points of failure and to put measures in place to become robust and future fit is of paramount importance. DHCW must continue to employ an iterative systematic approach to identify, develop, and grow the existing capability and to attract and retain the next generation of talent. This is fundamental to the success factors in delivering all DHCW strategic commitments with people at its centre.
- 3.2 The DHCW People and Organisational Development Strategy confirms our commitment to developing new workforce models to support the future direction of DHCW and the digital profession across NHS Wales. There has been significant progress made against the Strategy through Strategic Workforce Planning – particularly in the areas of ‘Growing Our Own’, attraction, development and retention of DHCW talent.
- 3.3 A Strategic Workforce Planning (SWP) exercise was completed with all Directorates at DHCW in April 2023 and the key findings were reported to SHA Board in May 2023. By definition, SWP is the proactive analysis of current and future workforce, talent and critical skills, to understand the gaps and establish priorities in the short, medium, and longer term and develop robust capabilities and capacity. It is establishing a strategy to ensure that the organisation has the right mix of talent, technologies, and employment models to support future change and uncertainty. The People and Organisational Development Team work closely with Directorate Heads and Programme Leads to review current and forecasted workforce requirements and gaps, identify training needs and skills gaps, and develop detailed plans (including succession planning) to address these gaps. By forecasting future workforce needs, DHCW can anticipate and plan mitigation actions to address identified skill shortages and prevent disruption to the delivery of DHCW’s commitments.
- 3.4 A key objective of SWP is to identify critical skills and developing the competency and capability in these areas. By investing in the right training and development, this ensures a highly skilled workforce who are equipped to meet the expected and unexpected changes in NHS Wales. The SWP exercise completed in April 2023, identified specific skills needs and gaps which has informed the prioritisation of development and upskilling for the workforce through several development and training programmes including in-house workshops ([Appendix 1](#)) and the re-procurement in partnership with digital leads of the E-learning platform, details of which are included in [Appendix 2](#).
- 3.5 DHCW continue to work closely with the Welsh education sector to offer courses to develop and upskill the entire workforce. As a result of the priorities identified through the organisational training needs analysis (SWP), and as a strategic partner in Wales Institute of Digital Information (WIDI), work is being finalised in a partnership approach (with WIDI and DHCW digital specialists) to develop and deliver bespoke digital courses for DHCW. These include, Agile Delivery and Scrum, AI and Automation and Software Development and Testing. The foundation level will be available to everyone in the DHCW workforce. The practitioner level, available to those who are operating in digital roles will support a minimum of 260 places for Agile, 50 places for AI and Automation and 140 places for Software Development and Testing. The first course at foundation level for Agile Delivery and Scrum will commence at the start of February 2024. This data will inform and support the next steps in the succession planning activity.



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

- 4.1 Another key finding of the SWP exercise was the consideration of different recruitment methods and contracting arrangements, with a specific focus on attracting diverse talent from across Wales. This work is being taken forward by the POD team, Strategic Resourcing Group and Equality Diversity and Inclusion Network. It is anticipated that implementing new recruitment approaches and working with wider community groups, this will attract more Welsh speaking employees and ensure that DHCW continues to grow a diverse and skilled workforce, supporting the actions in DHCW's Strategic Equality Plan and the socio-economic duty within the Wellbeing and Future Generations Act, 2015.
- 4.2 The way that organisation's identify critical roles varies and Gartner research state 12%, some focus on leadership other organisations may have a specific definition linked to the organisation's key strategic aims. The SWP exercise led to Directorate Senior Managers identifying 128 critical roles, 21 that have been classified as both critical roles and single points of failure and 1 single point of failure in the organisation. This equates to 150 roles which is 12% of DHCW's current headcount and aligns with Gartner research. The definition of a critical role was recommended by Gartner and agreed to adopt for DHCW is defined as its importance to the Digital Strategy i.e. impact on current financial performance; impact on future growth areas; impact on other critical positions and its difficulty to replace, competition for skill set in marketplace; strength of bench internally (replacement/successor); pace at which the role is changing. A table of the roles identified within each Directorate can be found in [Appendix 4](#).
- 4.3 The Strategic Workforce Planning (SWP) exercise completed in 2023, by the Directorates Heads and Programme Leads, supported by the P&OD Business Partners, provided DHCW with improved clarity on current and future resource requirements. There are several options to secure resources which include recruiting externally, recruiting internally "growing our own" or using commercial packages and/or contractors. The Strategic Resourcing Group was established to drive forward and accelerate the resourcing agenda in DHCW, this meeting is jointly chaired by the Director of People & OD and the Director of Performance & Planning/Chief Commercial Officer. This monthly meeting is attended by all Heads of Directorates and Programme Leads across DHCW.
- 4.4 DHCW's age profile demonstrates a robust representation of a balance across different age groups, fostering diversity and a range of perspectives. While there isn't a one-size-fits-all answer, a well-rounded age profile typically includes individuals from various generations, such as Baby Boomers, Generation X, Millennials, and Generation Z. As part of the output of the SWP exercise each Directorate was provided with an overview of the age profile to ensure consistency and target any risk areas correlating with critical skill requirements. [Appendix 3](#) details these findings.
- 4.5 As an integral part of the SWP, the Directorate Heads and Programme Leads identified individual and team training, future skills requirements, and development priorities. As a result, it was agreed to re-procure the organisation's E-learning platform, these licenses enable the user to access a wide range of technical and non-technical



courses through self-learning to upskill and the develop the entire workforce. As part of WIDI, DHCW digital specialists have been working with university colleagues to influence and inform the development of bespoke training for our teams, foundation courses will be available for all DHCW staff and practitioner courses for those working in the specialisms. The planned roll out of these workshops to commence from early February 2024.

- 4.6 The current turnover of employees within DHCW is 8%. DHCW has the lowest turnover across NHS Wales (highest is 19% and average is 12%). A more focussed analysis on leavers was undertaken. It identified that the top three roles leaving are the same roles, subject to regular recruitment, and identified as critical to achieving DHCW strategic aims. As a consequence, the P&OD Team commenced "Stay Interviews" with employees currently working in these roles. This will increase understanding and intelligence of the key drivers for leaving DHCW and influence reviews and the development of new strategies to not lose talent at all levels and across the specialties. The leavers information is enclosed in [Appendix 5](#).
- 4.7 **Succession planning** will be fundamental to the successful execution of DHCW's long term digital strategy, aligning seamlessly with the Digital and Data Strategy for Health and Social Care in Wales (July 2023) and the delivery of the objectives in the People and Organisational Development Strategy and Strategic Equality Plan.
- 4.7.1 **Growing Our Own:** In 2023, the Operations Directorate successfully recruited eleven graduates for various roles, creating a pipeline for future technical skills. Among these, nine appointed as Software Developers, and two appointed as Support and Business Analysts. These critical skills will provide assurance as the Directorate transitions into the new Target Operating Model.
- 4.7.2 **Apprenticeships:** Currently, there are seven apprentices employed in DHCW. The apprenticeship scheme was evaluated in 2023 with positive results, demonstrating successful career progression for former apprentices. Furthermore, a Year in Industry student has been employed by the Commercial Services Team in partnership with Cardiff University for 23/24. The success of this placement will be evaluated, with the potential to offer opportunities to other Directorates. The People & OD team have been actively discussing apprentice/graduate pathways and opportunities in various forums, such as the Strategic Resourcing Group and Directorate Senior Leadership Team meetings. The People & OD Business Partners will continue to promote and discuss these opportunities with Directorates on a quarterly basis as part of embedded business as usual working. Further work involving Welsh speaking schools/colleges, outreach and working with disability groups is in early stages to bring new talent into the organisation, with apprenticeships being one route to join the organisation, supported by buddies.
- 4.7.3 **Talent Management:** DHCW has partnered with Silvermaple on Talent Management. In 2023, the first phase included the launch of the first Talent cohort for Bands 6-8b, providing opportunities to accelerate careers and drive forward the People & OD Strategy commitments. There was a significant number of applicants for the talent cohort, it was agreed that 81 people would be offered a place on the cohort. This is enclosed in [Appendix 6](#).



Since the commencement of the talent cohort, 18 individuals have been offered the opportunity of temporary or permanent progression. Development work is currently underway to formulate an in-house talent programme for Bands 3-5 to support career development, skills acquisition and retention of emerging talent. Additionally, templates and guidance on how to capture and monitor talent insights at the team level are under development and these tools will inform our next succession planning activities. This is enclosed in [Appendix 7](#).

- 4.7.4 **Senior Leadership Development Programme:** DHCW collaborated with the King's Fund in 2023 to co-design and deliver a Leadership Development programme for all senior leaders in Bands 8c to 9. ([Appendix 6](#)). This programme aims to cultivate a bold, visible, innovative, values-driven, and empowering digital leadership culture, which is essential for DHCW to continue to attract and retain talent in the competitive digital landscape.
- 4.7.5 **Shadowing and Acting-Up Opportunities:** DHCW remains committed to offering acting-up opportunities that allow individuals to temporarily assume higher or critical roles. These opportunities can take the form of internal secondments with structured development plans. Our Line Managers and Leaders will continue to provide shadowing and deputising opportunities for emerging talent.
- 4.7.6 **Partnerships with Educational Sector:** The People & OD Team is actively cultivating partnerships with schools, colleges, and universities across Wales. In the 2023/24 period, there has been a particular emphasis on attendance and promoting careers in digital fields in Welsh medium schools to encourage more Welsh-speaking applicants. Currently, fifty-seven of our employees across various teams, are pursuing further education at degree, master's levels, with some undertaking PhDs.
- 4.7.7 **Project Management Office (PMO).** DHCW has established a Project Management Office (PMO) aimed at sharing programme and project knowledge. The PMO provides training and development opportunities for project managers and team members. This strategic investment in skills enhancement is poised to result in a developing capability and a highly skilled and motivated project workforce.
- 4.8 **Gartner Talent/Neuron Research, 2020** has shown that 69% of roles change over a four year period. Therefore, it is imperative that each Directorate regularly reviews and evaluates their SWP's. There have been valuable insights and intelligence gained through the SWP 2023-24 process and some of the feedback will inform the next iteration, which will align with being launched following the publication of the new DHCW Digital Strategy.
- 4.9 **Key changes for the next SWP exercise 2024-25.** The POD Director and team reviewed the 2023 exercise, conducted feedback and lessons learnt with a diverse range of stakeholders and through this and the work with Gartner on best practice methodology has formulated a number of robust new features for the 2024-25 exercise. This is detailed in [Appendix 8](#).



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

- 5.1 The requirement to invest, develop and deploy effective and timely strategic workforce planning and devise mitigations and development provision and carry out robust succession planning and undertake critical and single point of failure analysis cannot be underestimated. It is essential to the successful delivery of the IMTP and DHCW longer-term strategic commitments. Additional budget for 2024-25 to support training and development is currently being reviewed.
- 5.2 This update provides how we have used the findings from the 2023-24 exercise and what has been taken forward in terms of new initiatives and new provision, it is hoped this provides good assurance to the Board that robust measures are already in place. However, as a learning organisation, one committed to continuous development there are always opportunities to make changes and improve further. This update provides this reflection and details a number of new features, alongside working with Gartner, the 2024-25 strategic workforce planning exercise will provide us with up-to-date information to help us prioritise and develop new strategic resourcing approaches, talent pipelines and long-term development provision in line with strategic direction and new ways of working. In order to promote a strategic approach, the timing of the 2024-25 strategic workforce planning exercise commences directly after the launch of the new DHCW Digital Strategy in March 2024.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
RECEIVE and DISCUSS the update on the Strategic Workforce Planning 2023-24 and approach for 2024-25.	



# DIGITAL HEALTH AND CARE WALES FINANCE REPORT FOR THE PERIOD ENDED 31 DECEMBER 2023

Agenda Item	5.4
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Name of Meeting	SHA Board
Date of Meeting	25 January 2024

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Joel Griffiths, Systems Accountant
Presented By	Claire Osmundsen-Little, Executive Director of Finance

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to
RECEIVE and DISCUSS the contents of the finance report for 31 December 2023, the forecast achievement of all financial targets and the indicative financial challenges for 2024/25.	

WC:  
APP:  
TOTAL:



## 1 IMPACT ASSESSMENT

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

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

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

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

Outcome: N/A

Statement: N/A

### IMPACT ASSESSMENT

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

## 2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SLA	Service Level Agreement	PSPF	Public Sector Payment Policy
DSPP	Digital Services for Patients & Public	NDR	National Data Resource
VAT	Value Added Tax	HMRC	His Majesty's Revenue & Customs
IM&T	Information Management & Technology	LIMS 2.0	Laboratory Information Management Solution
RISP	Radiology Informatics System Procurement	NIIAS	National Intelligent Integrated Audit Solution
DC2T	Data Centre 2 transfer	WASPI	Wales Accord on the Sharing of Personal Information
CRL	Capital Resource Limit	DPIF	Digital Priority Investment Fund
NHSApp	National Health Service Application	IMTP	Integrated Medium Term Plan
SIEM	Security Information and Event Management Solution	DMTP	Digital Medicines Transformation Portfolio
ICT	Information & Communication Technology	WCCIS	Welsh Community Care Information Solution
WPAS	Welsh Patient Administration System		



## 3 SITUATION / BACKGROUND

### 3.1 Financial Performance

The purpose of this report is to present DHCW's financial performance and issues to 31 December 2023 and assess the key financial projections, risks and opportunities for 2023/24.

DHCW receives funding to support 3 main activities:

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

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

The two key statutory financial duties are:

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

Additional financial targets are:

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



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

### 4.1 Financial Performance Overview:

#### 4.1.1 DHCW Financial Context

DHCW confidence of meeting its statutory financial targets remains high. We await a formal response to the core element of our submission as part of the financial improvement exercise (£0.726m) and as a consequence have assumed that the proposal has been accepted and consequently provided for within our forecast position. We will continue to work to maximise savings and exploit any identified opportunities in order to deliver an end of year position that will not only meet DHCW objectives but support the broader NHS financial challenges.

#### 4.1.2 Financial Performance Overview Period to 31 December 2023

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

- 1. Revenue:** DHCW is reporting a revenue underspend of breakeven £0.171m for the period to 31 December 2023. Pay spend continues to track behind profiled spend (circa £2m), this is significantly offset by increases in non-pay spend as DHCW continues to secure capacity via third party suppliers (£1.1m) and support of the Datacentre 2 Transfer (DC2T) activity estimated to be £1.2m for this financial year, any delay may lead to a pressure in 2025/26.
- 2. Capital:** Spend to December totals is £12.207m against CRL of £18.342m. An underspend of £0.118m against period plan and a residual spend balance of £6.135m (33%) to be completed before year end. The forecast has identified a reduction of requirement totaling £0.665m across DPIF schemes (this will be available to repurpose as required) leading to a net residual spend balance of £5.470m planned to be completed before year end.
- 3. PSPP:** The target Public Sector Payment Policy (PSPP) target has been exceeded with 98% of non NHS invoices being paid within 30 days.
- 4. Cash:** DHCW has a cash balance of £1.095m as at 31 December 2023. This will be monitored as we approach year end.



### 4.1.3 Other Material Spend Details

1. **Covid-19:** DHCW received £7.4m funding and the spend to date is £4.4m. The forecast is subject to the outcome of the Financial Improvement exercise and any subsequent recovery of funding.
2. **Digital Priority Investment Fund:** A total of £34.583m in revenue funding is anticipated with current spend of £24.093m. Based upon the quarter three forecast DHCW will now “fix” the funding requirement with Welsh Government to agree the final funding requirement for the financial year.
3. **Cash Balances:** A material cash payment relating to the DPIF Digital Intensive Care Unit has been made in December as supplier delivery milestones have been approved as achieved. On 20 December 2023 DHCW issued a Milestone acceptance Certificate to the supplier recognising that the system had been installed, tested for stability and security within the NHS Wales environment resulting in a payment of £2.1m made to the Contractor.

### 4.1.4 Developments Since November Board

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

- **Capital:** DHCW has now received an addition of £0.614m to our capital funding allocation (via an adjustment to the CRL) to support Cyber Security initiatives. We are currently liaising with Welsh Government to repurpose or access additional capital funding in line with emerging priorities.
- **Cancer Informatics Programme:** The exercise to assess resource requirement to complete the functionality set out in the initial business case and ongoing support requirements has now been completed. A request was submitted to Welsh Government digital policy leads in December for consideration and funding in 2024/25.

#### 4.1.5 2024/25 DHCW Financial Challenges:

As part of the approach to the 2024/25 financial planning process we have brigaded plan cost pressures into two group “unavoidable” (those which are inevitable and cannot be materially mitigated) and “choices” (where pace or delivery is an internal decision).

- Unavoidable
  - Unmitigated underlying Pressures brought forward & growth in services
  - Standard Pressures (Pay, General Inflation).
  - Digital Inflation (representing sector specific cost pressures).
  - Energy (Price pressures).
  - Cyber Security Improvements (supporting the requirement for a strengthened Cyber Security posture).
  - Sustaining Key Digital Core Services (e.g. Integrated Intelligent Audit Solution – Wales Accord on the Sharing of Personal Information (WASPI)).
  - Sustaining Key Digital products (e.g. Cancer Informatics Solution, NHSApp).
- Avoidable
  - Cloud Transition/Product Approach (Service improvement in technological layer and management processes).
  - Digital Priority Investment Fund (Development Build & Implementation)

#### 4.1.6 2024/25 Financial Planning Assumptions:

As part of the budget allocation discussions held on December 21<sup>st</sup>, the following was shared by Welsh Government:

- DHCW WG baseline allocation uplift of 3.67% in recognition of digital inflation and general inflationary pressures.
- Income received via NHS SLA’s is also to be increased by 3.67%.
- Pay Award for costs 2023/24 & 2024/25 will be funded centrally and added recurrently to the DHCW allocation.
- Energy pressure funding support to be confirmed – the assumption is DHCW will be treated consistently with NHS with a recurrent allocation in line with November estimates released.
- COVID National Programme allocation to be confirmed – Health Boards have been allocated 80% of annual forecast identified at month 8. Should this be the approach adopted for DHCW then with Test, Trace & Protect being decommissioned the financial envelope should be sufficient (dependent upon final plans).
- DHCW will need to deliver a minimum 2% savings requirement across total core baseline expenditure. DPIF budget has been requested to generate 7.3% revenue savings (£3.3m) – the impact on DHCW schemes is unknown at present.
- The summary indicative outlook results in a forecast overspend position for 2024/25 has been shared with DHCW Executive Directors and Independent Members. As part of the IMTP process the financial plan will be further refined with confirmation of additional funding bids (e.g. for the Cancer Informatics Solution) and other sustainable funding requirements allowing DHCW to present a balanced position going forward.



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

### 5.1 Key Issues

- **Covid:** Whilst the vaccines scheduling text/letter volumes significantly increased during quarter three they are expected to reduce in quarter four (cumulatively effectively 30% lower than this time last financial year). There will be an assessment of the financial impact of Health Board vaccination scheduling to identify the final funding requirement for this financial year. During January confirmation will also be sought regarding possible decommissioning of the Test, Trace & Protect digital services with the financial consequences of any “run down” costs assessed in order to secure the necessary funding.
- **Data Centre 2 Transition (DC2T):** As a consequence of the major outage in November, the timescales for the migration have been pushed into March. December has also been challenging as installation of the grey fibre solution was delayed (impacting the critical path for networking activity) due to third party resource constraints. Whilst plans are also in place to manage potential disruption as a result of the Junior Doctors strike action an exercise is underway to determine any potential impact on timelines and resultant spend slippage in the new financial year (potentially adding to 2025/26 pressures).
- **Digital Eyecare Programme Transition & Project Requirement:** DHCW is to draft and submit a final statement of programme requirement to Welsh Government for consideration.
- **Sustainable Funding:** DHCW continues to liaise with Welsh Government to produce a policy brief setting out the background (including current challenges), options and a recommendation for addressing the current challenges. Particularly, this will explore how DHCW are funded to maintain and deliver all-Wales digital services, such as the NHS Wales App, the National Data Resource, and the Cancer Informatics Solution. The brief will consider existing limitations of DPIF (for example, the scope agreed by the Minister), on the assumption that there will be revenue and capital similar to current levels available going forwards for a DPIF-style fund. It will also look at potential to improve existing funding flow options including Strategic Programmes and other funds, to provide the funding for All-Wales digital services.
- **Microsoft 0365 VAT:** HMRC have informed us that the claims have been escalated to the internal policy team in order to assess all the information we have submitted and provision of a consistent response across all cases. In terms of timing, we would not expect HMRC to come back with an answer this financial year as there are a significant number of stakeholders involved in their internal teams that need to provide approval.



## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
RECEIVE and DISCUSS the contents of the finance report for 31 December 2023, the forecast achievement of all financial targets and the indicative financial challenges for 2024/25.	



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# SHA BOARD BRIEFING

Finance Performance Report:  
Period 31st December 2023

Claire Osmundsen-Little  
25<sup>th</sup> January 2024

## Introduction

## 2023/24 Financial Performance

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

## 2024/25 Headline Financial Challenges

## Risks & Opportunities

The purpose of this report is to present the NHS financial context and DHCWs financial position to date alongside key financial projections, risks and opportunities for the financial year. The report advises the Board of Financial Performance and issues for the current financial year to December 2023 and indicative pressure areas for 2024/25.

- The report sets out the financial position as at the end of December 2023 against current budgets.
- DHCW receives funding to support 3 main activities:
  1. Ongoing provision of core services via Welsh Government & NHS organisations (which is delegated to directorate budgets).
  2. COVID-19 Response systems & activity (supported as agreed with Welsh Government) and
  3. Welsh Government Digital Priority Investment Fund allocations to support discrete development and implementation programmes & projects.
- The report provides an overview of activity taken to ensure the delivery of a balanced financial plan and that future resource requirements can be supported financially.



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# DHCW Financial Performance

Period to 31st December  
2023

# FINANCE UPDATE | EXECUTIVE SUMMARY

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

Run Rate: The monthly spend run rate for the final quarter of the financial year incorporates significant spend as a result of the datacentre migration activity and Primary Care IT refresh rollout. DPIF programmes will also contribute to forecast spend (c£10m) as key milestones within NHSapp, DMTP and NDR programmes are achieved and disbursements to support local resources are claimed.

Savings delivery: The revised Core savings target now totals £4.9m with the vacancy management target being overachieved by £2m to period plan, offsetting non pay spend in securing 3<sup>rd</sup> party capacity (managed via our Strategic Resourcing Group), the acceleration of key strategic deliverables (such as Cloud transition) and bridging support of the datacentre migration activity . All savings schemes continue to have a high degree of confidence of delivery with £2.4m (48%) being recurrent in nature and available to offset the underlying position and emerging pressures.









Programmes: A material cash payment relating to the DPIF Digital Intensive Care Unit has been made during December as supplier system installation and testing for stability & security milestones were met. Sustainable funding cases to support the Cancer Informatics Solution have now been submitted to Welsh Government for consideration. Additional proposals to fund the Digital Eyecare Programme Transition & Project and sustainable funding to support the operation of the NHS Wales App are currently being compiled.

Capital: Since the last report DHCW has received an additional capital allocation of £0.6m to support infrastructure investment schemes to strengthen Cyber resilience. All schemes are projected to complete this financial year.

2024/25 Allocation: DHCW has been notified of its provisional funding assumptions for 2024/25. Alongside other NHS organisations a 3.67% uplift and support for inflationary energy costs and COVID related activities are also expected.

Risks: We are confident that all risks to the 2024/25 financial position have been mitigated the IMTP will help inform identification of any additional risks.

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

Indicator	Cumulative Performance	Forecast outlook	Comment
<p>Revenue Breakeven</p> <p>(To secure that the organisations expenditure does not exceed aggregated income)</p>	<p>£0.171m underspend increase from £0.148m</p>  <p>Movement</p>	<p>Breakeven</p>  <p>Movement</p>	<p>DHCW is forecast to breakeven by the end of the financial year.</p>
<p>Remain within Capital Expenditure Limit</p> <p>(To ensure net Capital Spend does not exceed the Capital Expenditure Limit)</p>	<p>Underspend of £0.118m Increase from £0.113m</p>  <p>Movement</p>	<p>Breakeven</p>  <p>Movement</p>	<p>The current capital funding envelope is £18.342m. DHCW is reporting £12.207m capital spend to date.</p>
<p>Public Sector Payment Policy</p> <p>(To pay a minimum of all non NHS creditors within 30 days of receipt of a valid invoice)</p>	<p>98% No movement</p>  <p>Movement</p>	<p>95%</p>  <p>Movement</p>	<p>PSPP target achieved. Target – 95%, Actual 98%.</p>
<p>Cash Balances</p> <p>Appropriate balances to meet creditor requirements</p>	<p>£1.095m Decrease from £4.209m</p>  <p>Movement</p>	<p>Positive Cash Balance</p>  <p>Movement</p>	<p>Cash balance on December 31st has decreased in month by £3.1m.</p> <p>Cash balances will continue to be managed to the end of year target of £2m.</p>

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

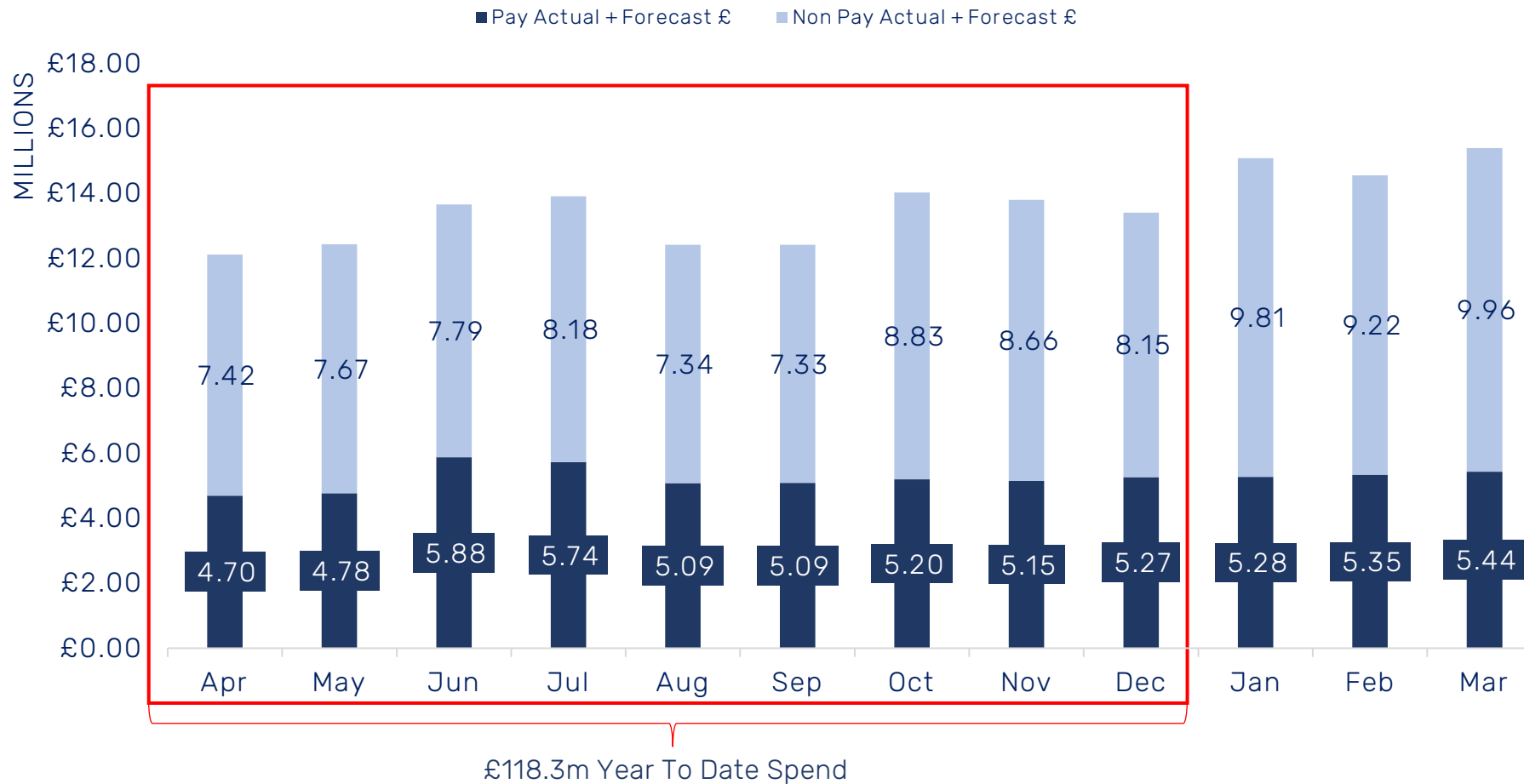
The significant reduction in cash balances is as a consequence of payments to a supplier achieving key delivery milestones as part of the Digital Intensive Care Unit software requirement.

Balances will continue to be managed in order to meet end of year ceiling of £2m.

# Organisational Run Rate

The organisational run rate is given below showing the run rate for £163.3m of expenditure for the full financial year. The returned funding of £1m for Covid and £2.1m for Digital has been factored into the run rate below.

## Organisational Expenditure Run Rate



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

Increase in July

- DMTF deliverables with third party suppliers. DSPP £1.6m.
- Messaging contract in Operations increase £0.1m a month.
- Datacentre and 0365 increase each £0.15m.
- Pay award 5% paid in July – funded by Welsh Government.

Increase in September

- Covid use of third party suppliers.
- DSPP £0.5m and DMTF £0.5m patient access.

Increase in October  
DSPP Work package 9 runs September to December £0.7m and LIMS2.0 funding letters £0.5m.

Increase December

- RISP and maternity milestones.

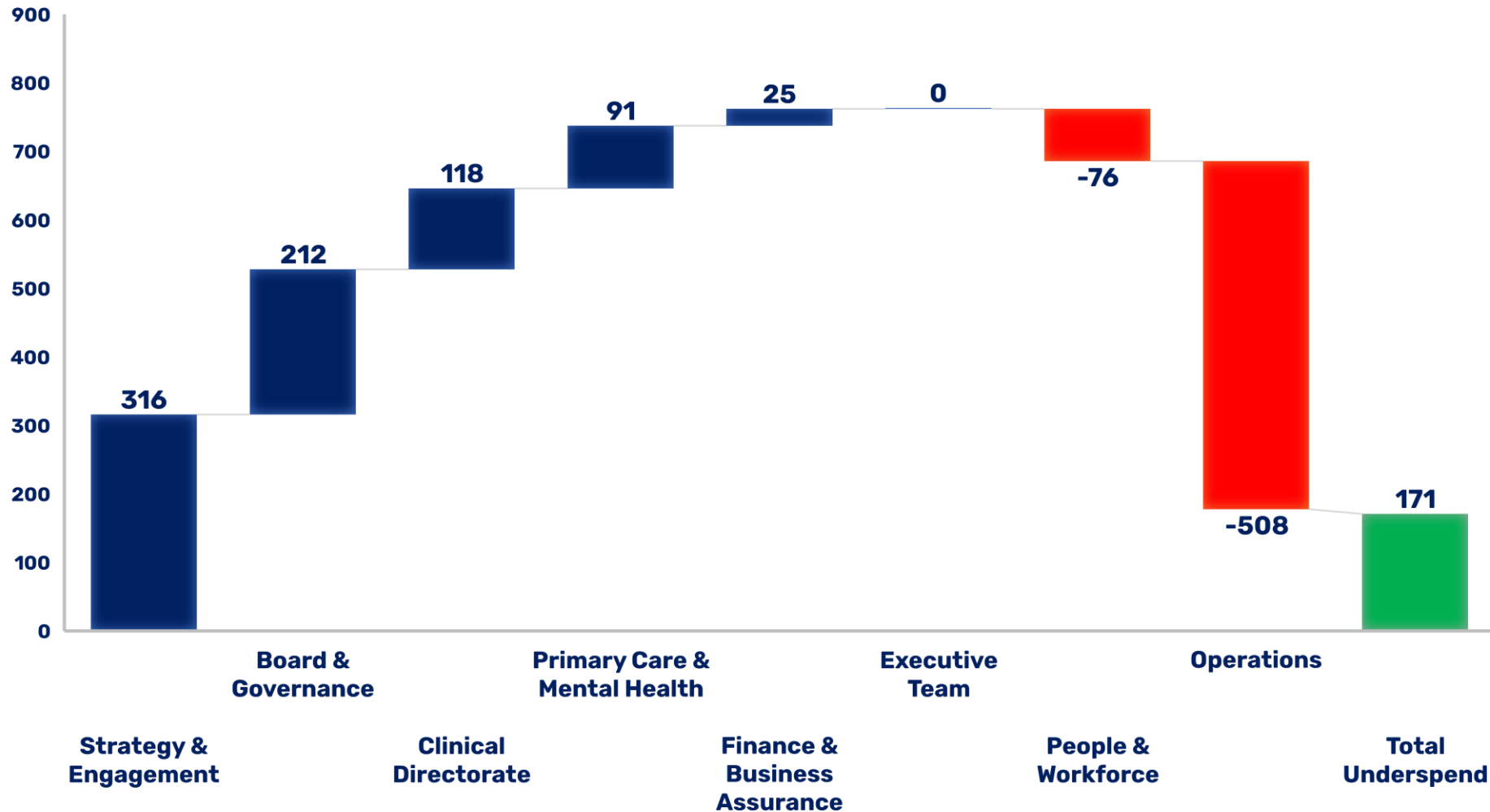
Increase January - March

- Maternity and Prescribing activity.
- Datacentre and SIEM activity.

# Directorate Performance

In December, DHCW is reporting a small revenue underspend of £0.171m.

## Directorate Contributions to December Organisational Position £000's



**Operations-** The directorate is reporting an overspend of £0.508m. The unfunded data centre move and SIEM costs have led to the budget being reprofiled in operations in accordance with the spend, the anticipated cost pressure is £1.4m (£1.2m data centre move, and £0.2m SIEM).

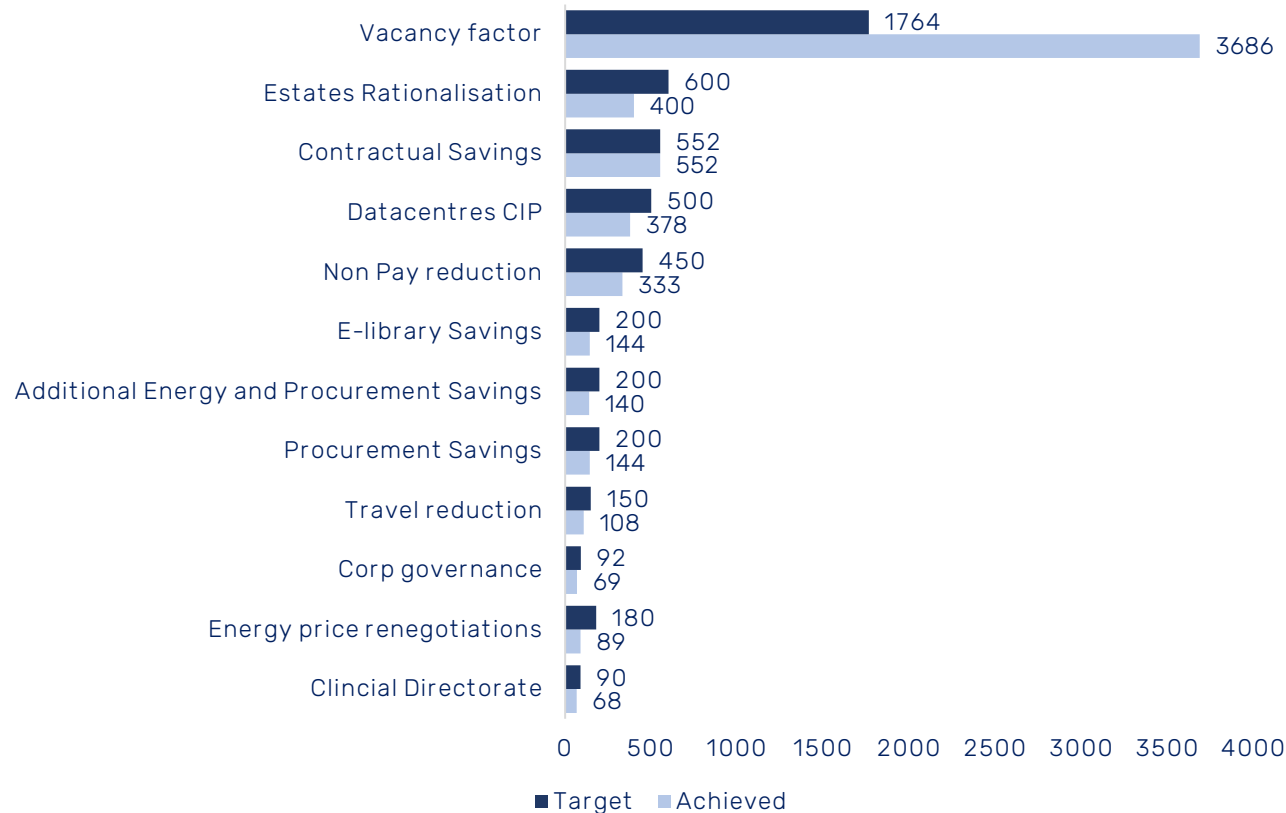
**People and Workforce-** The overspend is due to approved additional resources to support the recruitment exercise.

**Primary Care and Mental Health-** Previously reporting an underspend, the shift is from the movement of Choose Pharmacy, and current eyecare profiling.

# 2023/24 Financial Challenge Update

The savings performance target below is now £4.978m which includes the original £4.252m and additional requirement within the NHS financial challenge Savings of £0.726m.

2023/24 Savings Performance Against Plan £000's



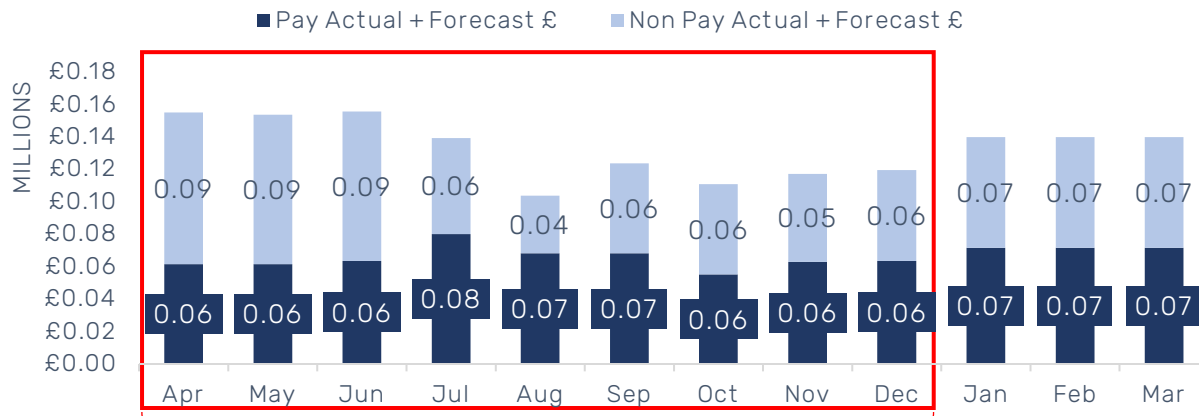
The organisational vacancy management target for the year totals £1.764m, this has been overachieved by £2.080m to date. However, third party capacity spend totalling £1.115m secured to support IMTP delivery has been employed leaving a net impact of an underspend of £0.965m (to support non recurrent activity in datacentre migration).

Scheme	Annual Target £000's	Period Target £000's	Period Actual £000's	Var (Over/-Under target) £000'	Residual Requirement £000'
Clinical Directorate Cost Reduction	90	67.5	67.5	0	22.5
Energy price Renegotiation	180	89	89	0	91
Corporate Operations Cost reduction	92	69	69	0	23
Estates Rationalisation	600	300	400	100	200
Clinical Knowledge Base Savings	200	144	144	0	56
Other Energy and Procurement Savings	400	284	284	0	116
Contractual Savings	552	552	552	0	0
Vacancy Management	1,764	1,606	3,686	2,080	158
IT Maintenance and Support Efficiencies	500	378	378	0	122
Non-Pay Spend Reduction	450	333	333	0	117
Travel Spend Reduction	150	108	108	0	42
<b>Total Savings</b>	<b>4,978</b>	<b>3,931</b>	<b>6,111</b>	<b>2,180</b>	<b>948</b>

# COVID Financial Performance

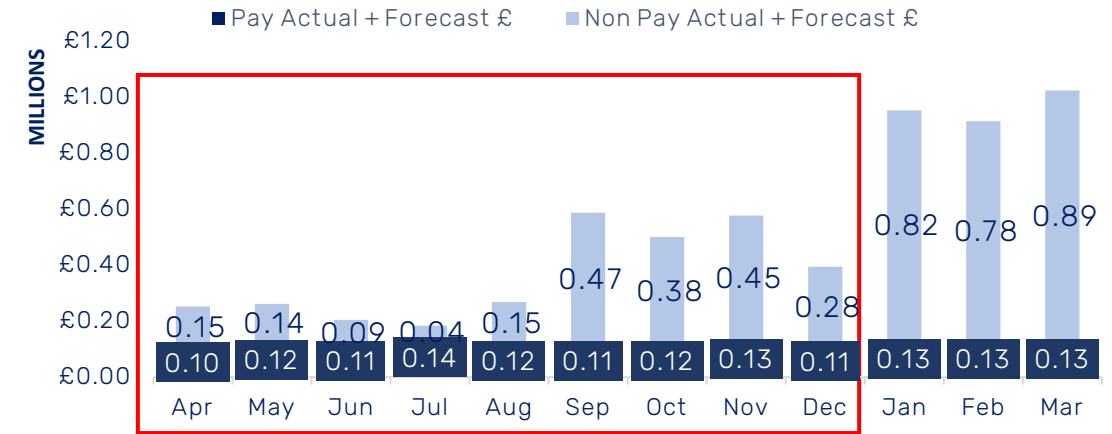
The COVID run rate is given below for TTP and Vaccines. The vaccines scheduling text/letter volumes significantly increased in quarter 3 and are expected to reduce for quarter 4 (effectively 30% lower than this time last financial year). There will be an assessment of the financial impact of Health Board vaccination scheduling to identify the final funding requirement for this financial year.

### COVID TTP Run Rate £million



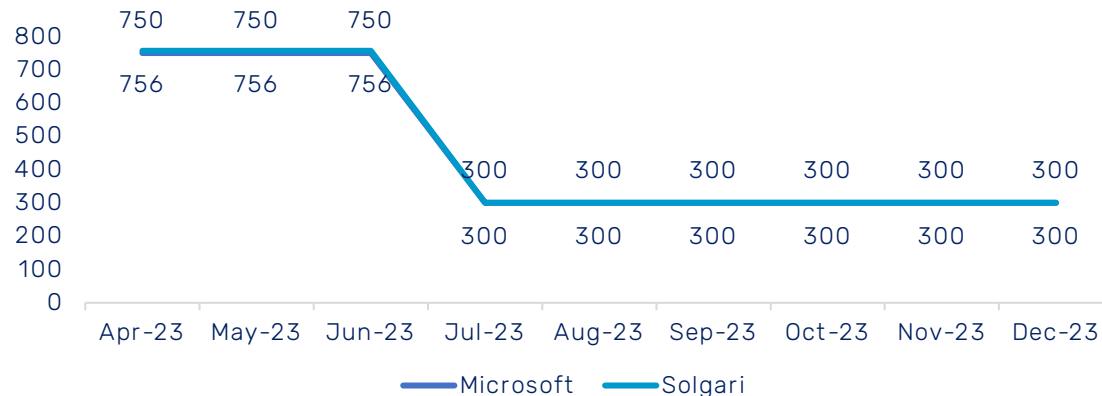
£1.2m spend to date against an annual budget £1.5m

### COVID Vaccine Run Rate £million

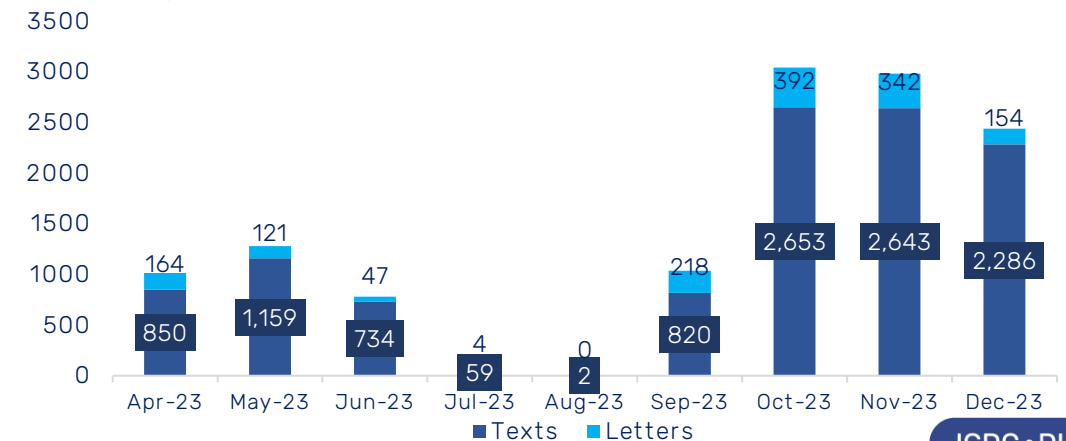


£3.2m spend to date against an annual budget of £5.9m

### User Licence Volumes



### Apr 2023 - Dec 2023 Text/Letter Volumes (000's)



# Digital Priority Investment Fund

The organisation has recorded £24.093m cumulative revenue spend against DPIF schemes to December out of total funding of £34.583m.

Scheme	Annual Plan £000's	YTD Actual £000's	Period Var £000's (Under/- Overspend)	Residual Spend £000's	Period Var % (Under/- Overspend)	Residual Spend %
<b>Approved (Direct)</b>						
National Data Resource	7,095	4,322	360	2,773	8%	39%
Digital Medicines Transformation Programme	6,703	4,394	350	2,309	7%	34%
Digital Services For Patients & Public	5,377	3,641	0	1,736	0%	32%
WCCIS - Priority Investment	3,841	3,839	-417	2	-12%	0%
WPAS Acceleration	2,447	1,820	15	627	1%	26%
CANISC - Clinical Functionality	2,060	1,495	30	565	2%	27%
Digital Maternity Cymru	1,691	837	166	854	17%	51%
Laboratory information Management Solution 2.0 (LIMS2.0)	1,723	1,618	60	105	4%	6%
Digitalisation of Nursing Records	779	498	18	281	3%	36%
Radiology Informatics System Procurement Programme (RISP)	899	381	50	518	12%	58%
Digital Business Change Network	525	304	7	221	2%	42%
Business Change network and Benefits Realisation	352	309	0	43	0%	12%
MSC Digital Skills for Health and Care Professions	234	0	0	234	0%	100%
Digital Eyecare Programme	0	163	-163	-163	0%	0%
<b>Total Approved (Direct)</b>	<b>33,726</b>	<b>23,621</b>	<b>476</b>	<b>10,105</b>	<b>2%</b>	<b>30%</b>
<b>Approved (Indirect)</b>						
Cross Border Pathways	284	199	-17	85	-9%	30%
Digital Intensive Care Unit	573	273	101	300	27%	52%
<b>Total Approved (Indirect and Direct)</b>	<b>34,583</b>	<b>24,093</b>	<b>560</b>	<b>10,490</b>	<b>2%</b>	<b>30%</b>

A residual funding total of £10,490m (30% of plan) remains to be spent prior to year.

The period performance presents an underspend of £0.6m (2%) against spend plans with a number of material variances.

Notes on variances of note:

- NDR - £0.3m underspend: Material driver being spend on Google Cloud and recruitment lag (identified as an opportunity to support the NHS financial improvement exercise).
- DMTP - £0.3m underspend: NHS E cost slower than forecast, recruitment delays resulting in pay slippage.
- WCCIS Priority - £0.4m overspend: Local Authority Quarter 2 charges impacting profile. Overspend is a result of extension of three contractors.
- Maternity £0.2m underspend: Legal and commercial costs now expected to be pushed out as procurement delayed as well as other expected costs such as iPad data, integration and recruitment slippages.

There will be an exercise as part of the Quarter 3 Welsh Government reporting returns to identify the final revenue and capital requirements for the year. This will effectively become the control totals for the organisation to manage it bottom line.

# Capital Plan Performance

At the end of December, DHCW had a Capital Spend of £12.207m against the Annual Capital Resource Limit of £18.342m. The funding letter of £0.614m in relation to Cyber security was agreed by Executives in December and added to our capital allocation by Welsh Government.

Scheme	CRL Annual Forecast £000's	Annual Forecast £000's	Period Plan £000's	Period Actual £000's	Under/- Over spend £000's	Residual Spend £000's
<b>Discretionary</b>						
Infrastructure Communications Technology	2,414	2,414	1,564	1,564	0	850
Estates & Facilities	200	200	69	48	21	152
<b>Total Discretionary</b>	<b>2,614</b>	<b>2,614</b>	<b>1,633</b>	<b>1,612</b>	<b>21</b>	<b>1,002</b>
<b>Digital Priority Investment</b>						
Digital Services for Patients & Public	980	980	803	803	0	177
Digital Medicines Transformation Portfolio	272	272	272	272	0	0
Radiology Informatics System Procurement Programme (RISP)	783	627	241	214	27	413
Laboratory information Management Solution 2.0 (LIMS2.0)	7,705	7,599	6,878	6,878	0	721
Digital Maternity Cymru	240	0	0	0	0	0
Digital Intensive Care Unit	4,707	4,707	2,498	2,428	70	2,279
WPAS Acceleration	264	264	0	0	0	264
Digital Eyecare Programme	163	0	0	0	0	0
Cyber Security	614	614	0	0	0	614
<b>Total Digital Priority Investment</b>	<b>15,728</b>	<b>15,063</b>	<b>10,692</b>	<b>10,595</b>	<b>97</b>	<b>4,468</b>
<b>Total Capital Plan</b>	<b>18,342</b>	<b>17,677</b>	<b>12,325</b>	<b>12,207</b>	<b>118</b>	<b>5,470</b>

Area	Annual Plan £000's	Qtr1 Spend £000's	Qtr2 Spend £000's	Qtr3 Spend £000's	Total Spend £000's
<b>Discretionary Capital Breakdown</b>					
Software Licences	£299	£0	£299	£0	£299
Client Services	£320	£0	£0	£117	£117
Core ICT	£259	£90	£19	£0	£109
Facilities	£200	£69	-£35	£13	£48
DC2T	£1,218	£902	£48	£78	£1,028
NIAS	£319	£0	£13	£0	£13
<b>Total Discretionary Capital Spend</b>	<b>£2,614</b>	<b>£1,061</b>	<b>£344</b>	<b>£208</b>	<b>£1,612</b>

DHCW has identified £0.665m of DPIF funding available to be repurposed, we are currently liaising with Welsh Government to explore quick turnaround priority investments.



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# DHCW Financial Performance Forward Look

# 2024/2025 DHCW Financial Challenge

As part of the 2024/25 financial planning process we will need to collectively identify opportunities to mitigate ongoing financial pressures (both “unavoidable” & “choices”) such as:

## Unavoidable Pressures



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



**Digital Inflation...** . Sector specific cost increases and pressures. Current view of £2.2m (pa) identified as a consequence of changes in pricing models.



**Sustaining Key Digital products...** .DHCW will continue to support and sustain key initiatives such as the cancer programme, National Data Resource & NHS App. Programme continuity remains a significant issue.

## Service and Product Choices



**Cloud & Product Adoption...** . Requires a transition away from capital to revenue-based service models.



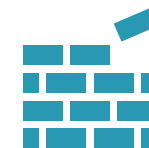
**Energy Costs....** Whilst energy costs have contributed to the underlying position it is forecast that this will decrease in 2024/25. However, there remains a risk that there may be cost increases due to developing geopolitical issues.



**Cyber Security Improvements...** . Costs of £0.8m to support the requirement for a strengthened Cyber Security posture.



**Sustaining Key Digital Core Services...** . A number of services require funding (£0.4m) in order to provide a sustainable service, such as Integrated Intelligent Audit Solution – now a cloud recurrent service and Wales Accord on the Sharing of Personal Information (WASPI).



**Digital Priority Investment Fund – Development Build & Implementation...** . Reflecting additional investment currently without agreed funding (such as WCCIS and Eyecare).

# Risks and Opportunities

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## Financial Risks:

- General Digital Inflation & Contractual Energy Cost increases: The underlying digital price pressures and energy prices continue to be identified, quantified and managed.

## Financial Opportunities:

- Sustainable Funding: DHCW continues to liaise with Welsh Government to produce a policy brief setting out the background (including current challenges), options and a recommendation for addressing the current challenges. Particularly, this will explore how DHCW are funded to maintain and deliver all-Wales digital services, such as the NHS Wales App, the National Data Resource, and the Cancer Informatics Solution. The brief will consider existing limitations of DPIF (for example, the scope agreed by the Minister), on the assumption that there will be revenue and capital similar to current levels available going forwards for a DPIF-style fund. It will also look at potential to improve existing funding flow options including Strategic Programmes and other funds, to provide the funding for all-Wales digital services.
- Microsoft VAT Recovery: HMRC have informed us that the claims have been escalated to the internal policy team in order to assess all the information we have submitted and provision of a consistent response across all cases. In terms of timing, we would not expect HMRC to come back with an answer this financial year as there are a significant number of stakeholders involved in their internal teams that need to provide approval.
- Vacancy Management: Further opportunities to reprofile planned recruitment may provide an opportunity to repurpose/reprioritise or further support the NHS Wales financial challenge.

# Recommendations

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DHCW Board are requested to:

- Note the status of the NHS and DHCW Financial Challenge.
- Note the position to December 31st 2023 and forecast achievement of financial targets.
- Note the indicative financial challenges for 2024/25.



# DIGITAL HEALTH AND CARE WALES STRATEGIC PROCUREMENT REPORT

Agenda Item	5.5
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Name of Meeting	SHA Board
Date of Meeting	25 January 2024

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

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Laura Panes, Strategic Procurement and Contracts Manager
Presented By	Michelle Sell, Director of Planning & Performance/ Chief Commercial Officer

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to
APPROVE two (2) Contract Awards, in addition, the Board is asked to NOTE one (1) Direct Award Call-Off. All details are set out in Appendix 1.	

WC:  
APP:  
TOTAL:



# 1 IMPACT ASSESSMENT

<b>STRATEGIC MISSION</b>	Deliver high quality digital products and services
<b>CORPORATE RISK</b> (ref if appropriate)	N/A
<b>QUALITY IMPACT ASSESSMENT</b> (ref if appropriate)	

<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>	ISO 9001
If more than one standard applies, please list below:	

<b>DUTY OF QUALITY ENABLER</b>	Choose an item.
<b>DOMAIN OF QUALITY</b>	Choose an item.
If more than one enabler / domain applies, please list below:	

<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: An EQIA is not applicable	

<b>IMPACT ASSESSMENT</b>	
<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>LEGAL IMPLICATIONS/IMPACT</b>	Yes, please see detail below To the extent set out in the Terms and Conditions of each contract included in this report,
<b>FINANCIAL IMPLICATION/IMPACT</b>	Yes, please see detail below To the extent as set out in the payment profile attributable to each agreement. Expenditure against the agreement will be managed in accordance with the contract management process.
<b>WORKFORCE IMPLICATION/IMPACT</b>	Yes, please see detail below
<b>SOCIO ECONOMIC IMPLICATION/IMPACT</b>	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION IMPLICATION/IMPACT</b>	No, there are no specific research and innovation implications relating to the activity outlined within this report.



## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Julie Francis, Head of Commercial Services	08/01/2024	Approved
Michelle Sell, Director of Planning & Performance/ Chief Commercial Officer	08/01/2024	Approved
Ifan Evans, Executive Director of Strategy	09/01/2024	Approved
DHCW Management Board	15/01/2024	Approved

Acronyms	
DHCW	Digital Health and Care Wales
GCP	Google Cloud Reseller
GPs	General Medical Practices in Wales
HEIW	Health Education & Improvement Wales
MRP	Microsoft Reseller Provider
NIAW	National Imaging Academy Wales
NPS	National Procurement Service, part of Welsh Government
OEM	Original Equipment Manufacturer
PCR2015	Public Contract Regulations 2015
SFI	Standing Financial Instructions
SHA	Special Health Authority
SO	Standing Orders
VfM	Value for Money
WG	Welsh Government

## 3 SITUATION / BACKGROUND

The Commercial Services Team, within the 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.

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.



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

Appendix 1 sets out TWO (2) Contract Award Approvals and ONE (1) Direct Award Call-Off via a sole supplier Framework for the consideration of the Board.

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

### (i) P159.07 Microsoft Reseller Provider (“MRP”) Framework Agreement

<b>Contractor:</b>	Trustmarque Solutions Ltd
<b>Term:</b>	01 April 2024 to 31 March 2028 with the option to extend for a further two (2) years, executed in annual increments
<b>Value:</b>	Total Contract Value including the extension options is £450,000,000.00 (excl. VAT)
<b>Approval Requested:</b>	Contract Award

#### Context/Background:

Digital Health and Care Wales (“DHCW”) are seeking to re-establish an All Wales (“AW”) single-vendor Framework Agreement for the provision of a Microsoft Reseller Provider (“MRP”) to provide Microsoft products, professional services, and licensing expertise for all NHS Wales Organisations to enable cost-effective solutions for all applicable devices and services. This was procured via an OJEU Procurement Process.

The Framework Agreement does not commit DHCW to any expenditure and only following a call-off agreement made by an NHS Wales Organisation will any commitment to expenditure be made. Each NHS Wales Organisation will be required to comply with their own governance procedures prior to calling and awarding off the Framework Agreement but all call-off arrangements should be in accordance with the scope and call-off procedure under the Framework Agreement.

It is anticipated that the total maximum per annum expenditure for NHS Wales (including DHCW’s) will be circa £75m per annum.

The Framework Agreement will be underpinned by the NHS Wales Standard Terms and Conditions for Provision of Services v3.0 May 2018.



(ii) P885 End User Hardware Provision

**Contractor:** Dell Corporation Limited

**Term:** 01 April 2024 to 31 March 2027 with the option to extend for a further one (1) year

**Value:** Total Contract Value including the extension options is £14,365,741.00 (excl. VAT)

**Approval Requested:** Contract Award

**Context/Background:**

Digital Health and Care Wales (“DHCW”) are seeking to re-establish an All Wales (“AW”) single-vendor Framework Agreement for the provision of a Microsoft Reseller Provider (“MRP”) to provide Microsoft products, professional services, and licensing expertise for DHCW are seeking to execute an End User Hardware Call Off Agreement to meet the needs of DHCW and its supported client organisations, which include:

- General Medical Practices in Wales (“GP’s”)
- Health Education & Improvement Wales (“HEIW”)
- National Imaging Academy Wales (“NIAW”)
- NHS Wales Executive
- NHS Wales Shared Services Partnership (“NWSSP”)
- Non-Statutory Hospices
- Prison Health Centres

The formal tendering of this requirement was conducted via a Further Competition process through the use of the NPS Framework for Hardware under Lot 2, (NPS\_ICT\_0094-19/L2).

As tenders were invited using a Welsh Government (“WG”) established Framework, no Ministerial approval is required for this Contract Award.

This contract will be awarded in accordance with the Terms and Conditions of the NPS IT Products and Services (ii) NPS-ICT-0094-019 Lot 2 IT Hardware (OEM above £1M).



(iii) P785 Google Cloud Reseller ("GCP") Direct Award Call-Off Commitment

<b>Contractor:</b>	Computacentre
<b>Term:</b>	12 December 2023 to 11 December 2026
<b>Value:</b>	Direct Award Call-Off Value is \$1,800,000.00, based on \$600,000.00 per annum
<b>Approval Requested:</b>	Direct Award Call-Off

**Context/Background:**

In September 2022, the DHCW SHA Board approved the Award of a £10m Framework Agreement to appoint Computacentre as our Google Cloud Reseller. The framework provisions for the purchase of Google Cloud products and professional services by DHCW as and when required. As part of the Framework Agreement DHCW has secured preferential discounts based on committed expenditure for Google Cloud products. However, these discounts are subject to annual reviews by Google.

The Google discount pricing was due to change in December 2023 and the reseller "pass through" discount was due to be discontinued. DHCW worked with Computacentre (the reseller) and Google to secure pricing for a three (3) year term to ensure that maximum Value for Money ("VfM") could be achieved. This required a commitment to spend \$600,000.00 per annum on Google Cloud Products against the Agreement over the next three (3) years. This ensured that DHCW secured its 33% discount and provided DHCW with a cost avoidance saving of \$594,000.00 across the three (3) year term. To manage expenditure effectively a robust partnership approach between Finance and Business Assurance, the NDR and the Contractor needs to be developed further. The contract will continue to be managed in accordance with DHCW's governance structures.

The Terms and Conditions will be in accordance with those already agreed under our existing P785 GCP Framework Agreement.



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

Appendix 1 includes two (2) Contract Award Approvals relating to:

- (i) **P159.07 Microsoft Reseller Provider (“MRP”) Framework Agreement** in respect of which:
  - a. The procurement has been undertaken in accordance with the requirements of SFIs, including PCR2015, as assured by the Director of Planning & Performance / Chief Commercial Officer.
  - b. DHCW’s evaluation team comprising key subject matter experts have approved the procurement approach, including the selection and evaluation processes and the award outcome, as assured by the Executive Director of Operations.
  - c. The Framework Agreement does not commit DHCW to any expenditure and only following a call-off agreement made by an NHS Wales Organisation will any commitment to expenditure be made. Each NHS Wales Organisation will be required to comply with their own governance procedures prior to calling and awarding off the Framework Agreement.
  - d. DHCW’s intention to enter into this Agreement has been notified to Welsh Government in accordance with Standing Orders and Welsh Government has duly acknowledged the notification.
- (ii) **P885 End User Hardware Provision** in respect of which:
  - a. The procurement has been undertaken in accordance with the requirements of SFIs, including PCR2015, as assured by the Director of Planning & Performance / Chief Commercial Officer.
  - b. DHCW’s evaluation team comprising key subject matter experts have approved the procurement and approach, including the selection and evaluation processes and the award outcome, as assured by the Executive Director of Operations.
  - c. The Call Off Agreement includes anticipated volumes for each requirement but does not commit DHCW to any specific level of expenditure and only following a call-off agreement will any commitment to expenditure be made. Purchases made from this Call Off Agreement will be made from the existing budgets, as assured by the Executive Director of Finance.
  - d. DHCW’s intention to enter into this Agreement has not been notified to WG on the basis that it is not required to do so where an existing Framework has been utilised for the Call Off and that Framework has been approved/established by WG.



Appendix 1 also includes one (1) Direct Award Call-Off, which requires NOTING only:

**(iii) P785 Google Cloud Reseller (“GCP”) Direct Award Call-Off Commitment in respect of which:**

- a. In accordance with Standing Orders and PRSS-COM-001, given that the Agreement has previously been approved by the SHA Board and WG, this paper is reported to the SHA Board to note for their information. In addition, it will be reported at Audit Committee retrospectively.
- b. The Direct Award Call-Off 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.
- c. DHCW’s evaluation team comprising key subject matter experts have approved the approach, as assured by the Executive Director of Strategy.
- d. The Direct Award Call-Off commits DHCW to an expenditure of \$1,800,000.00 ex VAT. Funding will be provided via existing DHCW budgets, as assured by the Executive Director of Finance.
- e. Appropriate management mechanisms will be established to ensure that the level of commitment is met.



## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to APPROVE the two (2) Contract Awards as detailed in Appendix 1. Additionally, the Board is asked to NOTE one (1) Direct Award Call-Off.
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## 7 KEY PROCUREMENT APPENDICES

<p>For APPROVAL:</p> <ul style="list-style-type: none"> <li>(i) <a href="#">P159.07 Microsoft Reseller Provider (“MRP”) Framework Agreement</a></li> <li>(ii) <a href="#">P885 End User Hardware Provision</a></li> </ul> <p>For NOTING:</p> <ul style="list-style-type: none"> <li>(iii) <a href="#">P785 Google Cloud Reseller (“GCP”) Direct Award Call-Off Commitment</a></li> </ul>
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# DIGITAL HEALTH AND CARE WALES CORPORATE RISK REGISTER

Agenda Item	6.1
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Name of Meeting	SHA Board
Date of Meeting	25 January 2024

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Bethan Walters, Corporate Risk Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to
<p><b>NOTE</b> the Risk and Board Assurance Framework Workplan.  <b>RECEIVE</b> and <b>DISCUSS</b> the status of the Corporate Risk Register including changes since the last meeting.</p>	

WC:  
APP:  
TOTAL:



## 1 IMPACT ASSESSMENT

<b>STRATEGIC MISSION</b>	Deliver high quality digital products and services
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<b>CORPORATE RISK</b> (ref if appropriate)	All are relevant to the report
<b>QUALITY IMPACT ASSESSMENT</b> (ref if appropriate)	N/A

<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>	ISO 9001
If more than one standard applies, please list below: ISO 14001 ISO 20000 ISO 27001 BS 10008	

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

<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	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.	

<b>IMPACT ASSESSMENT</b>	
<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	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 IMPLICATIONS/IMPACT</b>	Yes, please see detail below Should effective risk management not take place, there could be legal implications
<b>FINANCIAL IMPLICATION/IMPACT</b>	Yes, please see detail below Should effective risk management not take place,

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

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	05/12/2023	Discussed and verified
Management Board	14/12/2023	Discussed and verified

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAF	Board Assurance Framework	WG	Welsh Government
NI	National Insurance	DPIF	Digital Priorities Investment Fund
DSPP	Digital Services for Patients and the Public	WICIS	Welsh Intensive Care Information Service
WASPI	Wales Accord on the Sharing of Personal Information	NDR	National Data Resource
SLA	Service Level Agreement	IMTP	Integrated Medium Term Plan
IRAT	Integration and Reference Team	ICU	Intensive Care Unit
ISD	Information Services Directorate	HBs	Health Boards
WG	Welsh Government	FDU	Finance Delivery Unit
SAIL	Secure Anonymised Information Linkage	CAPEX	Capital Expenditures
OPEX	Operating Expenditures	DU	Delivery Unit
WEDs	Weekly Executive Directors	OCP	Organisational Change Policy



### 3 SITUATION / BACKGROUND

- 3.1 The [DHCW Risk Management and Board Assurance Framework \(BAF\) Strategy](#) outlines the approach the organisation will take to managing risk and Board assurance.
- 3.2 The [Risk and BAF workplan for 2023/24](#) includes progress of activity tracked on the forward workplan.
- 3.3 Risk should be considered from the perspective of opportunities and threats, managing risks effectively can often lead to realizing opportunities. With health services under more pressure than ever there is a huge opportunity to use digital products and services to drive efficiencies and improve patient outcomes. DHCW intends to be at the forefront of this, trends and opportunities include:
  - The growing importance of data
  - Digital services driving service transformation
  - Moving to Cloud services
  - International technical and data standards
  - Tackling a shortage of technology talent
  - A shift from capital funding to a recurrent revenue-based model
  - Organisations shifting from programme to 'product' based delivery models
  - Continuous agility in delivering digital services, modular components and mix and match
  - Automation and Artificial Intelligence
  - Open architecture where data exchange is facilitated between public and private sector providers
  - The increasing need to ensure robust, secure and solid digital foundations to enable successful digital delivery
  - Patient empowerment Apps



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

- 4.1 Board members are asked to consider both opportunity and threat-based risk, in the context of assurance 'what could impact on the Organisation being successful in the short term (1 – 12 months) and in the longer term (12 – 36 months)'.
- 4.2 The wider considerations regarding organisational risk factors have been previously stated but remain relevant. They include, sector, stakeholder, and system factors, as well as national and international environmental factors.
- 4.3 In considering environmental and international factors members should note [the World Economic Forum Long Term Global Risks Landscape \(2023\) report](#). This report considers risk from an international perspective, the report highlights a number of highly relevant areas for consideration by DHCW, which were discussed by Board members at the Board Development Day held on the 9 March 2023.
- 4.4 The below are key points to note/summaries from the World Economic Forum Term Global Risks Landscape (2023) for context and consideration by the Board:
- Widespread cybercrime and cyber insecurity features in both the 2-year and 10-year top ten global risks by severity of impact.
  - A new Chapter – Digital rights: privacy in peril, has been included in the report.
- 4.5 [The HM Government National Risk Register](#) was published in August 2023, which includes a section on the cyber-attack: health and care system. Learning from this report will be subject to a future Board Development session.
- 4.6 DHCW's [Corporate Risk Register](#) currently has 19 risks on the Register, 13 of which are detailed at item 6.1i Appendix A. There are 6 Private risks, of which 4 are considered at every Digital Governance and Safety Committee and 2 are considered at Programmes Delivery Committee.



4.7 Board members are asked to note the following changes to the Corporate Risk Register 6.1i Appendix A (new risks, risks removed and changes in risk scores) for the period 1 October 2023 to 31 December 2023:

**NEW RISKS (3) 0 Private 3 Public**

Risk Ref	Risk Title	Risk Description
DHCW0331 Executive Director of Finance	Fixed term resource funding	IF roles recruited into on a permanent basis (as a result of market conditions and responsive development during the pandemic) in order to meet delivery requirements are supported by time limited funding THEN once funding expires, material cost pressure will arise RESULTING IN Significant financial risk to DHCW meeting its statutory requirement to breakeven.
DHCW0332 Executive Director of Strategy	Sustainable Major Programmes Funding	IF there is not certainty about future years funding for major Programmes THEN Programmes may not be able to commit to medium term plans and may not be able to secure resources RESULTING IN reduced delivery confidence, delayed outcomes and benefits, erosion of stakeholder trust, and impact on DHCW's reputation. (Affecting DSPP, NDR, Cancer, WCCIS, WICIS).
DHCW0333 Executive Director of Strategy	WICIS Implementation Delay	IF the planned Health Board implementation dates for WICIS are delayed THEN there may be increased costs due to delays and indexation, and the supplier and delivery partners may become less engaged RESULTING IN a funding shortfall, slower development and implementation, reduced value for money, and not meeting Programme objectives.



**RISKS REMOVED (6) 2 PRIVATE 4 PUBLIC**

There were six risks removed from the register during this period.

RISK REF	DESCRIPTION	STATEMENT	COMMITTEE ASSIGNMENT
DHCW0323 - Costs for transition to and ongoing operational support/development of the NHS Wales App and platform of services  Executive Director of Strategy	IF additional funding is not allocated to DSPP/DHCW to support transition (including resource capacity to learn/upskill) nor to establish an operational application support model/team, THEN staff may need to be moved away from other services or the NHS Wales App switched off, RESULTING IN non-delivery of objectives and a delay in benefits being realised, as well as reputational damage.	Linked to overarching risk DHCW0322 for management at Corporate level downgraded to Directorate level for Programme	Programmes Delivery Committee
DHCW0322 - NDR Phase 3 Funding  Executive Director of Strategy	IF funding requested to deliver Phase 3 of the NDR Programme is not confirmed THEN resources cannot be committed to delivery RESULTING IN changes to the Phase 3 Business Justification Case, slower delivery, delayed benefits, and reduced value for money	Linked to overarching risk DHCW0322 for management at Corporate level downgraded to Directorate level for Programme	Programmes Delivery Committee
DHCW0324 - Availability of Resources to support WICIS Programme  Executive Director of Strategy	IF there is no additional funding to support required changes to the WICIS Programme plan and contract THEN there is a risk of delays to implementation and dispute with the supplier RESULTING IN digital ICU systems and services not being available to users as planned.	Linked to overarching risk DHCW0322 for management at Corporate level downgraded to Directorate level for Programme	Programmes Delivery Committee



RISK REF	DESCRIPTION	STATEMENT	COMMITTEE ASSIGNMENT
DHCW0325 - **PRIVATE**  Executive Director of Strategy	**PRIVATE**	Downgraded for management at Programme level plan in place and mitigation actions progressing	Programmes Delivery Committee
DHCW0317 - **PRIVATE**  Executive Director of Operations	**PRIVATE**	Downgraded to Directorate level procurement approved funding options being explored	Digital Governance and Safety Committee
DHCW0330 - WCCIS Future Programme funding  Executive Director of Strategy	IF adequate funding is not available for Phase 2 for this year and future years THEN the progress and scope of activities will be severely compromised RESULTING in either a failure to deliver adequate scope of the project in the time necessary (by end of Advanced contract period) or slower progress on the full scope with and increased risk of running on out of support technology for longer periods beyond Jan 2026.	Linked to overarching risk DHCW0322 for management at Corporate level downgraded to Directorate level for Programme	Programmes Delivery Committee

### RISKS WITH A CHANGE IN SCORE (1)

There was one changes in scores during the period.

RISK REF	DESCRIPTION	STATEMENT	COMMITTEE
DHCW0318 **PRIVATE**	**PRIVATE**	Monitoring period has led to score being reduced from 12 to 9	Programmes Delivery Committee
Executive Director of Strategy			

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



★ New Risk   ← Non-Mover   ↓ Reduced   ↑ Increased   \*\*Private risks

4.9 All the risks on the Corporate Risk log are assigned to a committee as outlined in the Risk Management and Board Assurance Framework Strategy to provide the SHA Board with the necessary oversight and scrutiny. As previously stated, the private (commercially sensitive, cyber and security related) risks are reviewed in detail by the Committee’s in a private session.



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

5.1 The Board is asked to note the recent changes in the corporate risk profile, as a result of the escalation of three new risks, removal of six risks and the change in score of one risk.

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
<p>NOTE the Risk and Board Assurance Framework Workplan. RECEIVE and DISCUSS the status of the Corporate Risk Register including changes since the last meeting.</p>	



# DIGITAL HEALTH AND CARE WALES INTEGRATED ORGANISATIONAL PERFORMANCE REPORT

Agenda Item	6.2
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Name of Meeting	SHA Board
Date of Meeting	25 January 2024

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Angela Hagget, Organisational Performance Lead
Presented By	Claire Osmundsen-Little, Executive Director of Finance

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to
RECEIVE and DISCUSS the report as representative of the performance of the organisation for November - December 2023.	

WC:  
APP:  
TOTAL:



# 1 IMPACT ASSESSMENT

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

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

<a href="#">DHCW QUALITY STANDARDS</a>	ISO 27001
If more than one standard applies, please list below:	

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Additional scrutiny and development of transparent organisational performance reporting has a positive impact on quality.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below There is a duty to monitor, report on and improve performance.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Should effective performance management not take place there could be financial implications.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Key organisational decision makers and leaders should be aware of an act upon the elements of performance for which they hold responsibility or



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

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	January 2024	Noted
Claire Osmundsen-Little	January 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IOPR	Integrated Organisational Performance Report	IMTP	Integrated Medium Term Plan
SLA	Service Level Agreements		

## 3 SITUATION / BACKGROUND

3.1 This document provides a summary of the Digital Health and Care Wales (DHCW) Integrated Organisational Performance Report (IOPR) to the end of December 2023. A similar report is presented to the DHCW Management Board monthly; Management Board attendees present and discuss performance and resulting actions or risks. The Board IOPR is presented on a bi-monthly basis in arrears.



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

- 4.1 Traditionally December is short month with a higher level of annual leave taken across the organisation, in addition we have seen a higher level of sickness than normal which has had an impact on some activity.
- 4.2 Overall **sickness** has increased to the highest level this year, whilst short term sickness remains around the average there is a rise in long term sickness with 43 cases recorded during December and 35 in November. The causes are being monitored and action is being taken to support colleagues to return to work. It was positive to see, all workforce measures are meeting their targets with **appraisals** at the highest rate of compliance this year, 94%, and Statutory and Mandatory Training compliance at 94.1% against targets of 85%.
- 4.3 There has been a large increase in the roll out of the **NHS Wales App**, supported by the Primary Care and Mental Health Directorate, with 76,218 downloads. Additionally, the mini competition process for the GP Systems has concluded, with all GP practices participating and suppliers have been notified of the outcome.
- 4.4 The last report stated that the build of the minimum viable product of the **Welsh Intensive Care Information System (WICIS)** was completed and delivered for user testing to the first go live site. Focus during both November and December has been on the readiness in Aneurin Bevan University Health Board to test and to go live with this product. Given the progress in development of the product a milestone payment was made in December which impacted on the underlying cash balances. The system will collect real-time information automatically from monitoring devices, pumps and respiratory equipment used for patient care. This will provide easy access to vital data and insights, giving frontline staff a quick and clear overview of the status of patients and devices across the ward.
- 4.5 Patients in Rhyl are the first in Wales to benefit from a new **electronic prescription service (EPS)**, delivered through our Digital Medicines Transformation Portfolio, which allows GPs to send prescriptions securely online to the patient's choice of community pharmacy, without the need for a paper form. The Minister for Health and Social Services visited Lakeside Medical Practice and Wellington Road Pharmacy on the 16<sup>th</sup> of November to mark the occasion.
- 4.6 **Operational Service Delivery** was RED in both November and December, the causes relate to the review of documentation, and some testing which has been delayed to coincide with the Data Centre Transition project to minimise disruption to NHS Wales. December showed some improvement with an anticipated move to AMBER in January.

Operational Service Support has achieved a GREEN RAG status with availability above target (99.900%) at 99.985% for the year-to-date. There was one Major Incident (MI) in December the root cause was identified as a health board issue. In November there were 5 MI's which impacted 10 services, including one which breached its SLA. This incident related to a DHCW network change which impacted access to some GPs. A major incident review is underway.



- 4.7 With the implementation of DHCW's new telephone system the **Service Desk** now have the capability to report on the number of telephone calls received in both English and Welsh, as well as the abandoned calls rates for both English and Welsh queues. This is being developed for future reports.
- 4.8 Quality Management is also AMBER due the percentage of quality improvement actions which have not been reviewed to schedule. Action with each directorate is underway to correct it.
- 4.9 Within our **Research and Innovation** portfolio DHCW welcomed delegates from the 2023 UK Digital Health Canadian Technology Accelerator to our Cardiff Office to explore opportunities to collaborate.
- 4.10 DHCW has achieved accreditation against the Digital Inclusion Charter. The Charter exists to support and champion organisations working in the public, private or third sector in Wales who are willing to promote basic digital skills and help people get online. For more information please see this website [Digital Inclusion Charter \(gov.wales\)](https://www.gov.wales/digital-inclusion-charter).
- 4.11 The quarterly performance against the Integrated Medium-Term Plan (IMTP) portfolios report will be presented to the SHA Board next month.
- 4.12 Appendix A includes updates to actions received from the Welsh Government following the end of year the Joint Executive Team meeting in June 2023.

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

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

## 6 RECOMMENDATION

Recommendation	SHA Board is being asked to
RECEIVE and DISCUSS the report as representative of the performance of the organisation for November - December 2023.	



GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

# INTEGRATED ORGANISATIONAL PERFORMANCE REPORT (IOPR)

Special Health Authority Board  
November - December 2023

# Introduction

This Integrated Organisational Performance Report provides evidence of performance against key indicators across Digital Health and Care Wales (DHCW) and is linked to the Strategic Missions (below) defined within our Integrated Medium-Term Plan (IMTP).

Performance is monitored and managed at various levels throughout the DHCW governance structure, with final oversight through Management Board and then our Special Health Authority (SHA) Board.

## Contents

- Organisational Scorecard & Summaries
- Corporate Planning
- Financial Performance
- People and Organisational Development
- Commercial Services
- Operational Service Management
- Clinical Assurance and Information Governance
- Governance and Quality
- Engagement

This report supports the requirements of Management review as defined in ISO:9901 and other related standards.

# Scorecard

The **SCORECARD** presents a high-level view of the business areas which are monitored and presented in greater detail throughout this report. This month there is **one** indicator which is **RED** and **four** indicators which are **AMBER**.

 RED Status

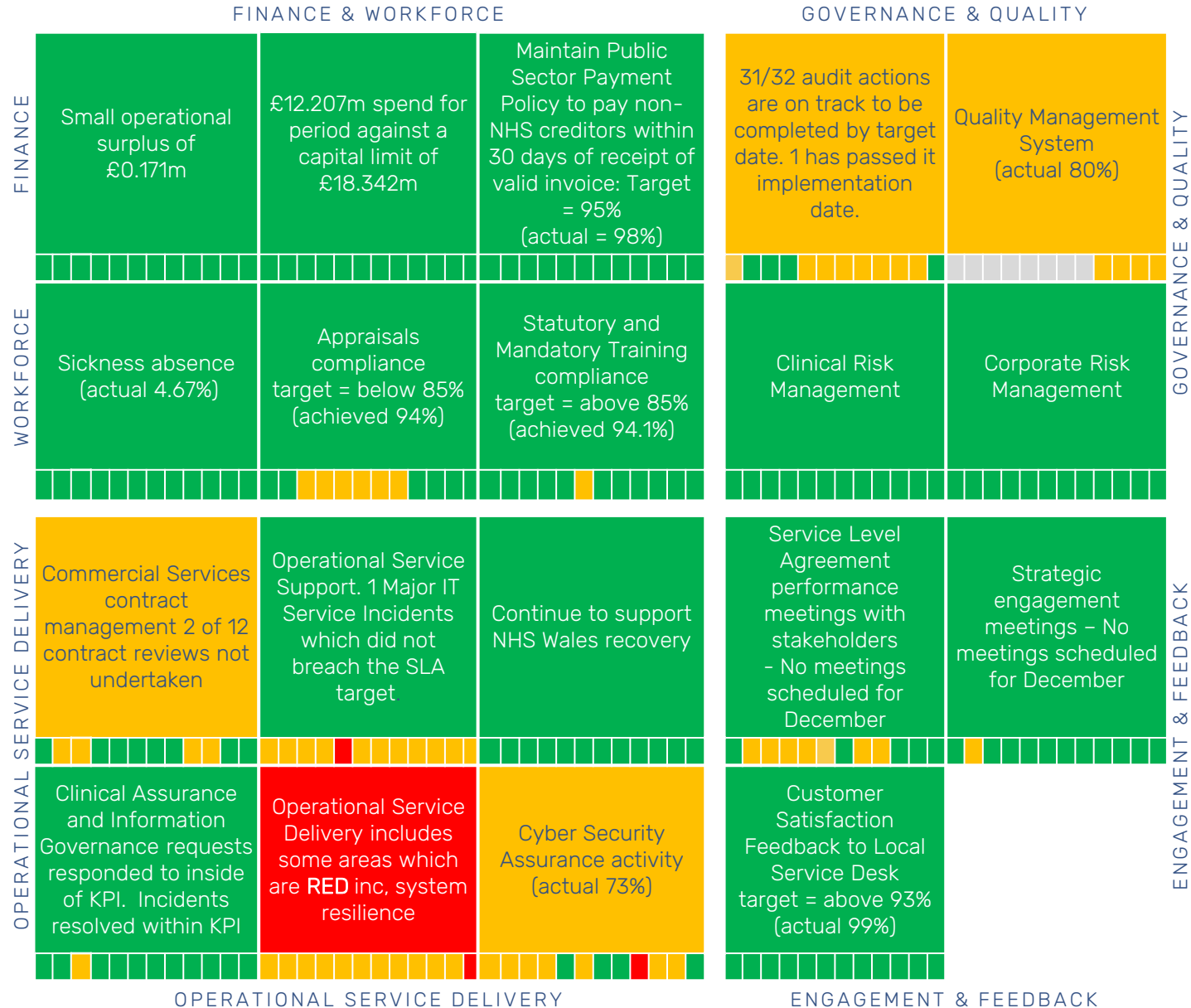
**Operational Service Delivery** – The status reflects the position regarding documentation and testing. Testing has been delayed to coincide with the Data Centre Transition Project, minimising disruption to NHS Wales. Documentation metrics improved, in December.

 AMBER Status

**Audit Actions** – one action is overdue, but it is expected to be completed by the end of January 24.

**Quality Management System** – the percentage of quality improvement actions which have been reviewed to schedule is below target.

**Operational Service Support** – There were 5 Major IT Incidents affecting 10 services with one SLA breach in November, and one Major IT Incident in December. IT Service Availability increased to 99.985% from 99.902% year-to-date, remaining above target (99.900%).



Previous 12 months RAG status are indicated in the smaller boxes right to left.

## 1. PROVIDE A PLATFORM for enabling digital transformation

- 1.1 Data Platform and References Services
- 1.2 Open Architecture and Interoperability
- 1.3 Protecting Patient Data
- 1.4 Sustainable and Secure Infrastructure

## 2. DELIVER high quality digital products and services

- 2.1 Public Health
- 2.2 Primary, Community and Mental Health
- 2.3 Planned Care
- 2.4 Urgent and Emergency Care
- 2.5 Diagnostics
- 2.6 Digital Medicines

## 3. EXPAND the digital health and care record and the use of digital to improve health and care

- 3.1 Health and Care Professions
- 3.2 Patients and the Public

## 4. DRIVE better value and outcomes through innovation

- 4.1 Research and Innovation
- 4.2 Value from Data

Our Approach: To focus our delivery on the challenges of our service partners, we have divided our work into Missions, Portfolios and Enablers. These reflect ministerial priorities and alignment with national programmes and describe our strategic objectives and outcomes.

## 5. BE the trusted strategic partner and a high quality, inclusive and ambitious organisation

- 5.1 People and Culture
- 5.2 Finance
- 5.3 Sustainability
- 5.4 Stakeholder Engagement
- 5.5 Quality and Safety
- 5.6 Governance, Performance and Assurance

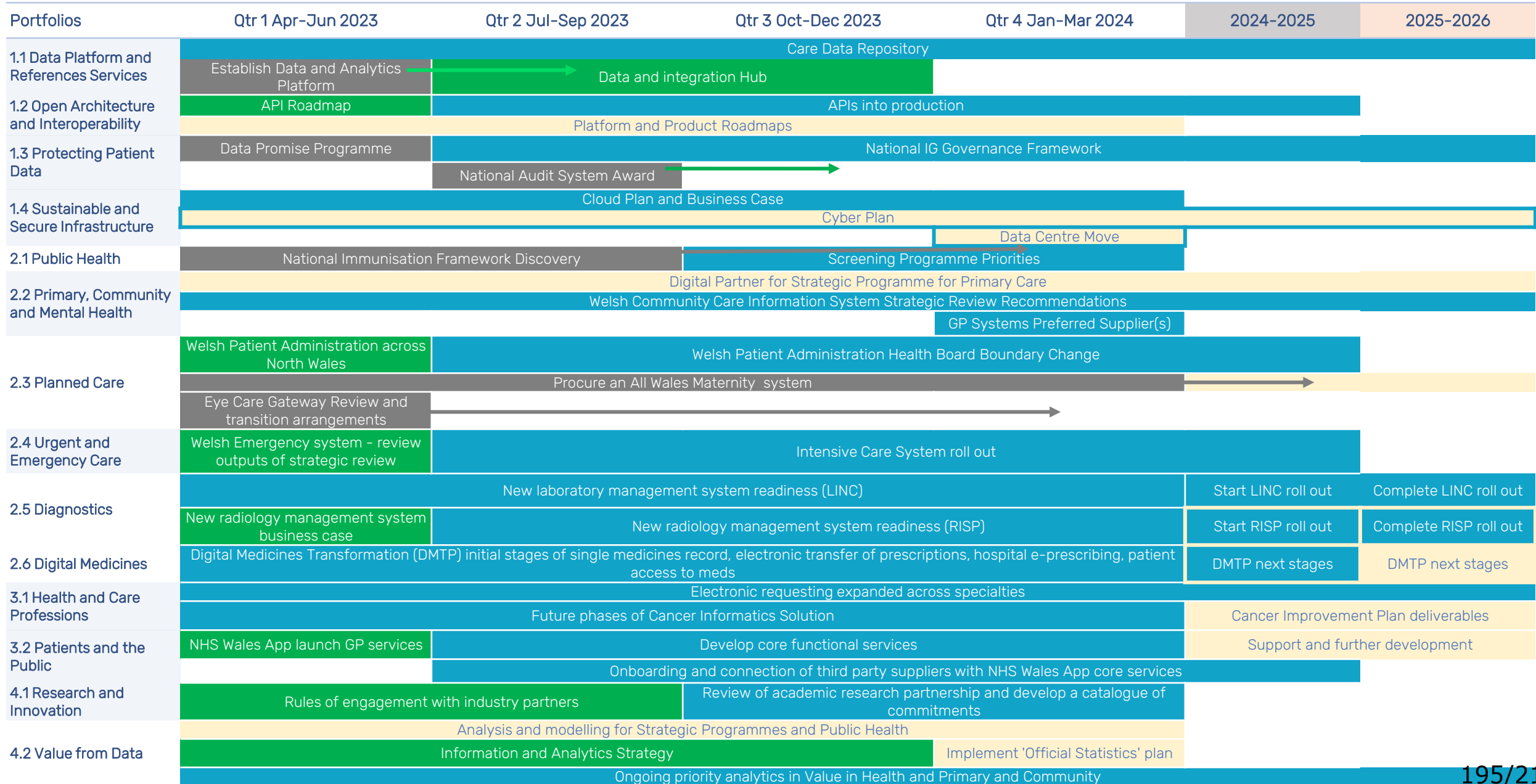
# Plan On A Page

Key

Funded
Resource not confirmed
Change Control

Confidence in availability of funding or budget allocation  
 Limited confidence in funding or budget allocation

The border shows the position at the start of the year



# Financial Management | Financial Highlights

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 £0.171m after applying the savings target profile.

Capital – Current Spend of £12.207m against CRL of £18.342m.

PSPP – DHCW have paid 98% of non-NHS invoices within 30 days.

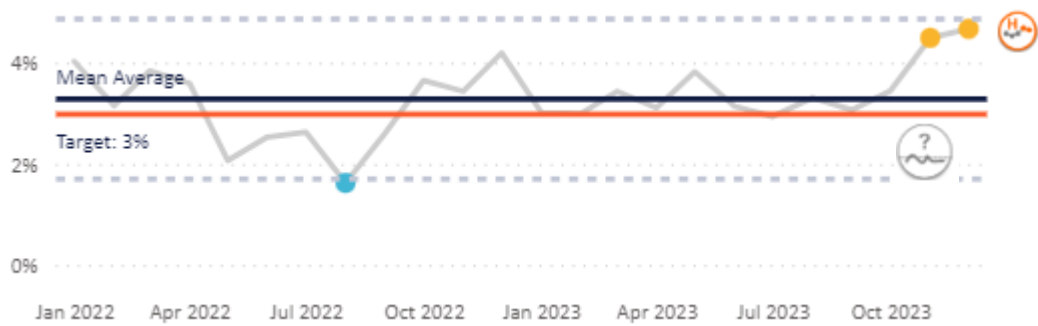
Indicator	Result	Summary
<b>Revenue Breakeven</b> (To secure that the organisations expenditure does not exceed aggregated income)		Small operational surplus of £0.171m.
<b>Remain within Capital Resource Limit</b> (To ensure net Capital Spend does not exceed the Capital Resource Limit CRL)		£12.207m spend for period against a capital limit of £18.342m
<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 31/12/23 £1.095m

## Summary:

- **Forecast:** DHCW is forecasting achievement of all financial targets, however focus continues upon recruitment and payroll run rates as this could materially impact the final position as pay underspend continues to exceed the planned vacancy factor, supplemental third-party capacity continues to be addressed via the strategic resourcing group.
- **Savings:** DHCW is currently overachieving against its total revised savings core savings target of £4.978m (excluding £3.4m ring fenced candidates DPIF/Primary Care IM&T and COVID). This will be used to support non recurrent Datacentre Migration/SIEM/NIIAS spend in 2023-2024.
- **COVID:** The letters and texts volumes increased in quarter 3. and are expected to reduce for the final quarter of the year.
- **Capital:** DHCW has now received confirmation of funding to support cyber security. The funding was approved by Executives in December.

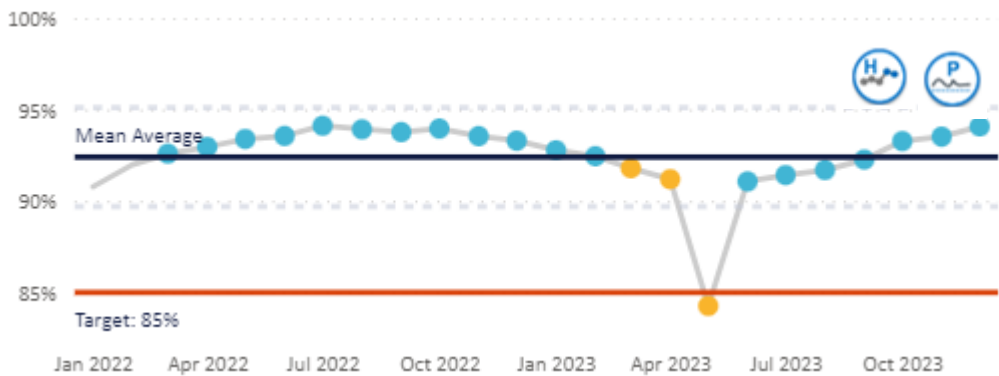
# People & Organisational Development | Summary

## Sickness Absence



Overall sickness absence - 4.67%, which is an increase of 0.18% from last month.  
 Long term sickness - 2.85%, increased by 0.14% from last month.  
 Short term sickness - 1.82%, increased by 0.03% from last month.

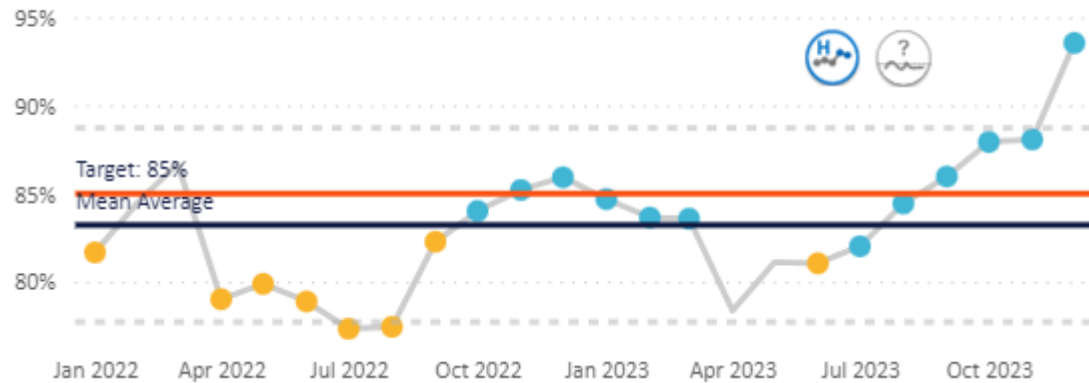
## Statutory and Mandatory Training



Statutory and Mandatory Training is 94.1% an increase of 0.6% from last month. It is above the Welsh Government target of 85% for NHS Wales.

Please note: Workforce data is subject to cut-off and collection at month-end, which is dependent on stakeholders inside and outside DHCW. Therefore, some information/data may be included in later reports.

## Appraisals



Appraisal completion rate is 94%, an increase of 6% from last month. This is above the Welsh Government target of 85%.

## Turnover



Turnover is 7.51%, this has decreased by 0.9% from last month.

### RAG KEY

### VARIATION



Special Cause Concerning variation



Special Cause Improving variation



Common Cause

### ASSURANCE



Consistently fail target



Consistently hit target



Hit and miss target subject to random

● Target

● Average

--- Process Limits

# Commercial Services | Strategic Procurement Activity

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
Microsoft License Agreement Reseller (LAR)	All Wales	A contract to secure a sole supplier re-seller for all Microsoft Products and Services used across the NHS in Wales.	£300m	4+2	01/04/2024	25/01/2024	Renewal of the existing P159.06. Submitted to SHA Board for Approval
End User Devices	All Wales	Establishment of an agreement for the periodic purchase of end user devices (Laptops, Screens and peripherals) for DHCW supported organisations including General Practices (GP's).	£10m	3+1	01/04/2024	25/01/2024	Submitted to SHA Board for Approval
Agile Products Delivery Partner	All Wales	Support and development of products and services to support the NHS Wales Application.	£20m	4	01/04/2024	28/03/2024	Out to market tenders close 15th January 2024.
Medicines Information Solution	All Wales	Provision of a central pharmacy database provided for/by the All-Wales Library Service.	£1.2m	2+1	01/09/2024	25/07/2024	In planning.
Digital Maternity Cymru	All Wales	An All -Wales Agreement for the provision of electronic maternity record.	£7m	5+2	01/04/2025	28/11/2024	Procurement planning stage - Outline Business Case (OBC) requires approval by Welsh Health Boards to enable procurement to proceed.
Clinical Data Engine	DHCW Internal	Digital Health and Care Wales is seeking to procure technical capability to facilitate access to structured clinical data using open standards, and a mechanism for capturing data as a Clinical Data Engine (CDE). This forms a key building block to the open architecture approach as described as a deliverable of the National Data Resource Programme.	£15m	3+1+1	TBC	TBC	Procurement planning stage- defining a route to market. Currently drafting an OBC to secure funding (being undertaken by external 3rd Party Inform Solutions).

# Operational Performance | Key Points to note

**Incidents and Service Requests** resolved within the Service Level Agreement (SLA) targets are GREEN across all domains.

For the first time recorded within this report Service **availability** was above target (99.900%) at 99.985% for the year-to-date. There was one Major Incident (MI) in December the root cause was identified as a local, health board, issue. In November there were 5 MI's which impacted 10 services, including one which breached its SLA. This incident, related to a DHCW network change, caused issues to some GPs in accessing one of the GP systems. A full major incident review is underway.

With the implementation of DHCWs new telephone system the **Service Desk** has the capability to report on the number of telephone calls received in both English and Welsh, as well as the Abandoned calls rates for both English and Welsh queues. This is being developed for future reports. All Service Desk performance indicators are within target.

# Operational Performance | Incident & Service Request Management - Overview

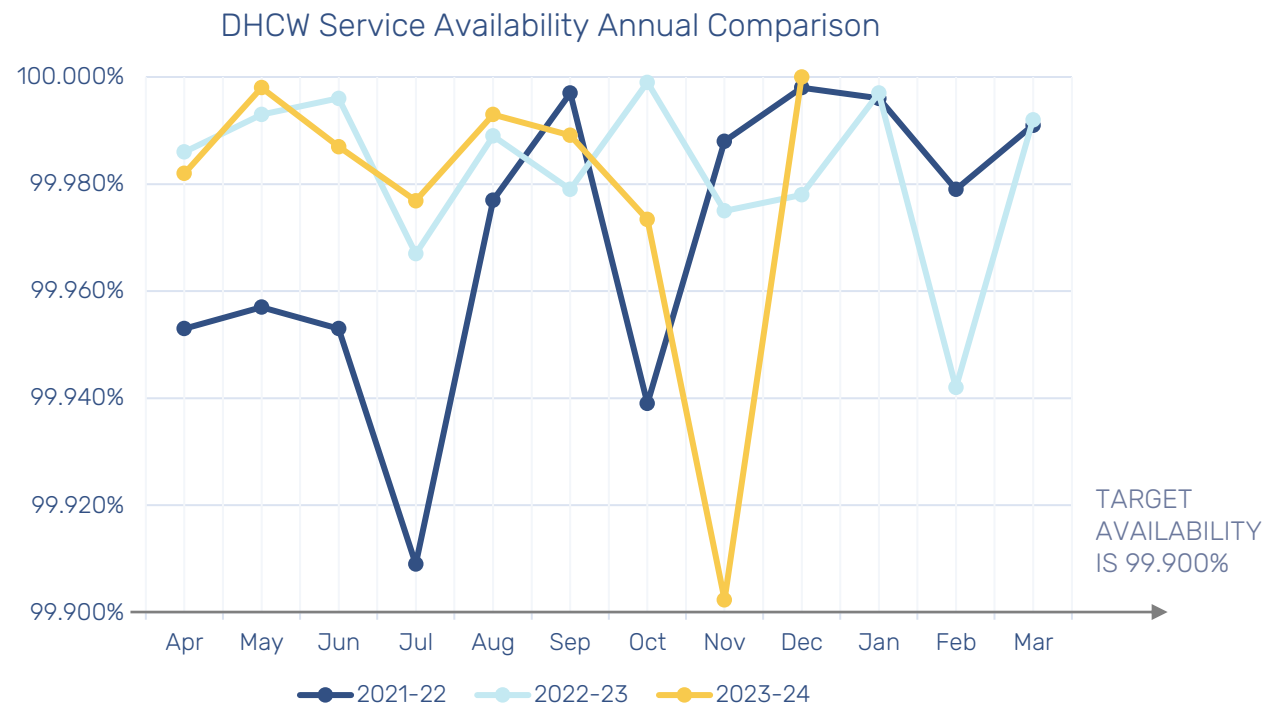
Performance Area	Metric	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
National Services - Critical (Excluding GP Services)	Score denotes % of <b>Incidents</b> resolved within the SLA target *(Resolved total can include Incidents logged outside the month)	1115 (91%)	1156 (92%)	1079 (98%)	1449 (98%)	1321 (97%)	1221 (96%)	1310 (97%)	1174 (97%)	1265 (97%)	1315 (94%)	1264 (97%)	1295 (98%)	899 (97%)
	Score denotes % of <b>Service Requests</b> resolved within the SLA target *(Resolved total can include SRs logged outside the month)	4860 (98%)	5089 (98%)	4855 (98%)	5048 (98%)	4566 (98%)	4980 (98%)	4916 (98%)	4924 (98%)	5254 (98%)	5223 (98%)	5387 (98%)	5290 (98%)	4238 (98%)
National Services - Standard	Score denotes % of <b>Incidents</b> resolved within the SLA target *(Resolved total can include Incidents logged outside the month)	298 (97%)	412 (94%)	675 (99%)	469 (99%)	314 (99%)	386 (100%)	367 (98%)	348 (99%)	407 (95%)	407 (99%)	458 (97%)	335 (98%)	276 (99%)
	Score denotes % of <b>Service Requests</b> resolved within the SLA target *(Resolved total can include SRs logged outside the month)	1280 (98%)	1401 (98%)	1407 (98%)	1388 (98%)	1047 (99%)	1211 (98%)	1203 (97%)	1178 (98%)	1397 (98%)	1248 (97%)	1401 (98%)	1102 (97%)	871 (99%)
Desktop Support Service - Critical	Total <b>Incidents</b> Resolved (% resolved within timescale)	992 (94%)	1250 (96%)	1235 (95%)	1315 (94%)	1435 (95%)	1667 (94%)	1680 (94%)	1677 (96%)	1714 (96%)	1540 (96%)	1751 (94%)	1408 (96%)	1137 (96%)
	Total <b>Service Requests</b> Resolved (% resolved within timescale)	789 (94%)	840 (95%)	800 (96%)	1078 (94%)	989 (95%)	1166 (94%)	1034 (94%)	1091 (95%)	946 (94%)	980 (95%)	1123 (91%)	924 (96%)	745 (96%)

Performance Area	Metric	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
National GP Services - Critical	Calls Logged as <b>Incidents</b> (% resolved within timescale)	627 (98%)	765 (100%)	800 (99%)	1143 (100%)	1139 (99%)	970 (100%)	729 (99%)	742 (99%)	737 (99%)	863 (99%)	794 (99%)	1221 (99%)	TBC
	Calls Logged as <b>Service Requests</b> (% resolved within timescale)	260 (98%)	382 (100%)	299 (100%)	573 (100%)	658 (100%)	615 (99%)	745 (100%)	649 (99%)	621 (100%)	438 (100%)	408 (100%)	310 (99%)	TBC

IT Service Availability in November 2023 was 99.902% with 5 MIs totalling 3080 minutes of disruption across 10 services

IT Service Availability in December 2023 was 100.000% with 1 MIs totalling 0 minutes of disruption across 1 service

IT Service Availability in 2023-24 to date is 99.985% with 37 MIs totalling 6062 minutes of disruption across 41 Services



**Summary:**

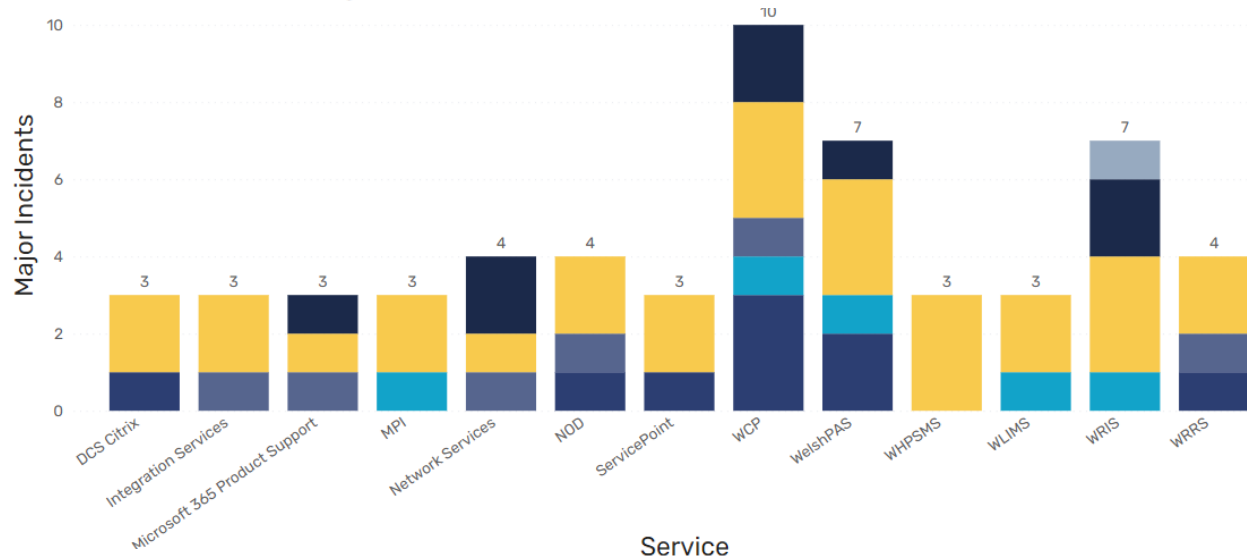
There are two active work streams developing DHCW’s approach to IT Service Availability:

- Tracking the MIs reported to Management Board and Board through the IOPR – presenting and refining the current Availability calculation model based on MI reporting.
- Developing a Power BI dashboard based on MI reporting to present IT Service Availability data.

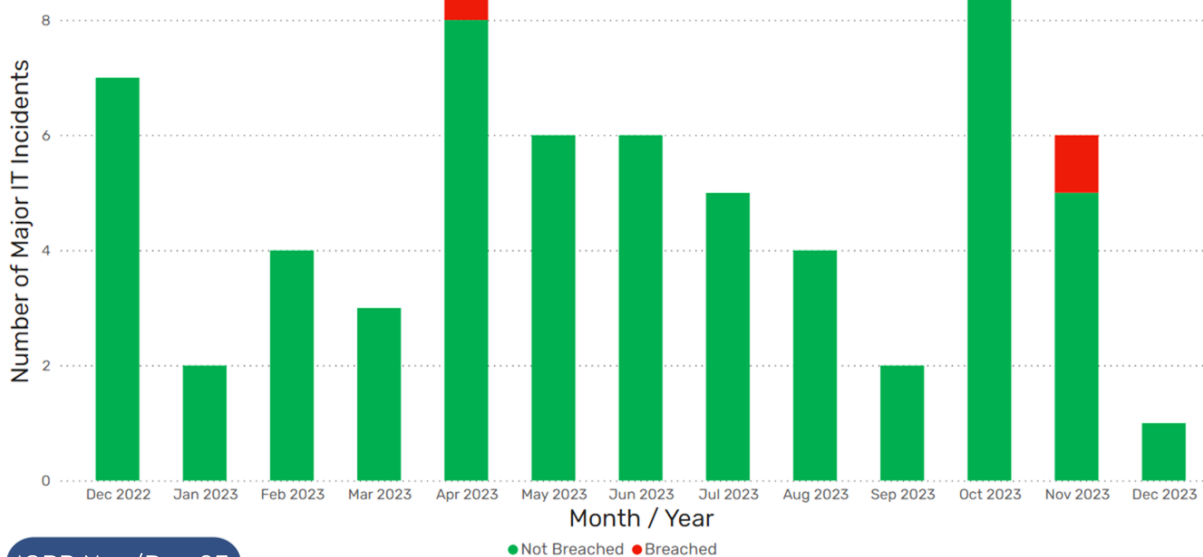
Note: (a) from 1<sup>st</sup> May 2023 to 31<sup>st</sup> August, service availability figures do not include the outages of Welsh Radiology Information System (WRIS) which are reported in the Major IT Service Incidents as WRIS is not a service hosted by DHCW (they are hosted in local organisations). From September those not caused by locally supported infrastructure are included.  
 (b) From 1<sup>st</sup> June 2023 service availability figures include 50% of downtime for Major Incidents impacting service to users but where the service remained available.  
 (c) From 1<sup>st</sup> December 2023 each figures for each outage will be normalised to account the proportion of users impacted and key service functions impacted.

## Major Incidents by Service in Last 6 Months

Year Month ● July 2023 ● August 2023 ● September 2023 ● October 2023 ● November 2023 ● December 2023



## Major Incidents per Month



## November

Service	Rolling 6-month Availability	Month Availability
Welsh Clinical Portal (WCP)	99.610%	98.131%
EMIS Web	99.725%	98.380%
My Health Online (MHOL) Patient Support	99.728%	98.370%
NHS Wales App	99.728%	98.370%
Welsh Hospital Pharmacy Stock Management System (WHPSMS)	99.907%	100.000%
Network Services	99.917%	99.795%
Welsh Laboratory Information Management System (WLIMS)	99.945%	100.000%
Microsoft 365 Product Support	99.955%	100.000%
GP Test Requesting (GPTR)	99.955%	100.000%
Master Patient Index (MPI)	99.957%	100.000%
<b>Impacted Services</b>		
Welsh Patient Administration System (WelshPAS)	99.979%	99.959%
Welsh Radiology Information System (WRIS)	99.986%	99.963%

## December

Service	Rolling 6-month Availability	Month Availability
Welsh Clinical Portal (WCP)	99.610%	100.000%
EMIS Web	99.725%	100.000%
My Health Online (MHOL) Patient Support	99.728%	100.000%
NHS Wales App	99.728%	100.000%
Network Services	99.917%	100.000%
Welsh Laboratory Information Management System (WLIMS)	99.945%	100.000%
Microsoft 365 Product Support	99.955%	100.000%
Master Patient Index (MPI)	99.957%	100.000%
Welsh Nursing Care Record (WNCR)	99.959%	100.000%
Welsh Demographic Service (WDS)	99.962%	100.000%
<b>Impacted Services</b>		
<i>None in Month</i>		

# Operational Performance | Major IT Incidents November (Detail) 13

(1 of 2)

<b>Service(s) affected</b>	Welsh Radiology Information System (WRIS) <sup>^</sup>			<b>Service Level:</b> Clinical Critical	Priority 1	<b>Incident Ref:</b> 8896046 <b>Problem Ref:</b> 27480
<b>Date/Time Logged</b>	29/11/2023 10:02	<b>Date/Time Resolved</b>	29/11/2023 10:18	<b>Escalation Level</b>	None	<b>Time to resolution:</b> 16 mins Incident <b>did not breach</b> the 4 hour SLA target
<b>Description</b>	<p>Users in Aneurin Bevan University Health Board (ABUHB) reported that they were unable to access WRIS. Investigations identified that a max pool had been reached which was causing timeouts and is related to a known Problem. The service was restarted which restored connectivity for the users, subsequently the max pool size has been increased to allow more connections to access the system.</p> <p>WRIS was unavailable for 16 minutes and resulted in one call being raised with the Service Desk.</p>					

<b>Service(s) affected</b>	GP System (one supplier), NHS Wales App, Welsh Clinical Portal (WCP), Welsh Community Care Information System (WCCIS)*, Network Services, My Health Online (MHOL) Patient Support,			<b>Service Level:</b> Clinical Critical	Priority 1	<b>Incident Ref:</b> 8895425 <b>Problem Ref:</b> 29779
<b>Date/Time Logged</b>	28/11/2023 21:48	<b>Date/Time Resolved</b>	30/11/2023 01:05	<b>Escalation Level</b>	Gold	<b>Time to resolution:</b> 27 hours 17 mins Incident <b>breached</b> the 8 hour SLA target
<b>Description</b>	<p>GP Practices across Wales reported issues with accessing their GP systems supplied by one of our suppliers. Investigations identified that a planned DHCW Network Change had been implemented which had caused errors. This in turn impacted on interfaced systems listed above, causing loss of functionality in those systems. A controlled roll back of the changes restored service, and connectivity to the interfaced systems.</p> <p>GP System – This was the most impacted system. It was unavailable from 21:48 until 8:45 and the impacted appointment system was unavailable until 10:30.  WCP impact – Users were unable to access the GP record held within the impacted GP system. This was the longest system to fully recover services. WCP was fully available for all other functionality.  WCCIS – Patient lookup against the Master Patient Index did not work. Other WCCIS functionality was not affected  NHS Wales App – The app remained available but patients with GP practices using the affected GP system (approx. 50% of GP practices) could not interact with their GP practice.  MHOL – My Health On-Line remained available but patients with GP practices using the affected GP system (approx. 50% of GP practices) could not interact with their GP practice</p> <p>A full Major Incident Review is underway.</p>					

# Operational Performance | Major IT Incidents November (Detail) 14

(2 of 2)

<b>Service(s) affected</b>	Welsh Patient Administration System (WelshPAS), Welsh Clinical Portal (WCP), Welsh Admin Portal (WAP), Welsh Nursing Care Record (WNCR)		<b>Service Level:</b> Clinical Critical	<b>Priority</b> 2	<b>Incident Ref:</b> 8875838 <b>Problem Ref:</b> 29738
<b>Date/Time Logged</b>	20/11/2023 10:53	<b>Date/Time Resolved</b>	20/11/2023 11:11	<b>Escalation Level</b>	None <b>Time to resolution:</b> 18 mins Incident <b>did not breach</b> the 8 hour SLA target
<b>Description</b>	<p>Users in SBUHB reported errors when searching for patients in WelshPAS. Investigations by the WelshPAS Team found that idle database sessions were causing connectivity issues following an issue that had caused 200+ disconnects. The idle connections were terminated, and the service failed over from Data Centre 1 to Data Centre 2 restoring user access. The root cause of this incident was found to be a known issue with multiple idle connections that are rapidly disconnected from the database in the version of the database currently in use, Upgrading would permanently fix the issue, and this is being planned over the coming months.</p> <p>This Major incident resulted in one Priority 2 call being received and a recorded downtime of 18 minutes. WAP, WCP and WNCR were also impacted by this incident.</p>				

<b>Service(s) affected</b>	Welsh Radiology Information System (WRIS)^*		<b>Service Level:</b> Clinical Critical	<b>Priority</b> 1	<b>Incident Ref:</b> 8866336 <b>Problem Ref:</b> -
<b>Date/Time Logged</b>	15/11/2023 07:56	<b>Date/Time Resolved</b>	15/11/2023 08:12	<b>Escalation Level</b>	None <b>Time to resolution:</b> 16 mins Incident <b>did not breach</b> the 4 hour SLA target
<b>Description</b>	<p>Users in Ysbyty Glan Clwyd BCUHB reported that they were unable to access WRIS. The WRIS Out of Hours support accessed the host server and found that following a reboot the RadIS service was not running, a restart of the RadIS service restored user access. The cause of the local host reboot is unknown, with no discernible cause stated in the logs.</p> <p>One call was received out of hours with the system being unavailable to BCUHB Central users for 16 minutes</p>				

<b>Service(s) affected</b>	Microsoft 365 Product Support, Microsoft 365 Teams Telephony, OneDrive and SharePoint Online*		<b>Service Level:</b> Infrastructure Critical	<b>Priority</b> 2	<b>Incident Ref:</b> 8857606 <b>Problem Ref:</b> 29681
<b>Date/Time Logged</b>	10/11/2023 09:06	<b>Date/Time Resolved</b>	10/11/2023 10:45	<b>Escalation Level</b>	Silver <b>Time to resolution:</b> 99 mins Incident <b>did not breach</b> the 8 hour SLA target
<b>Description</b>	<p>Users across NHS Wales reported being unable to access several Microsoft 365 services or connect to VPN. Investigations were commenced by the DHCW Network team. It was reported by Microsoft that between at 09:00 and 10:45 on 10 November 2023, they identified an issue affecting the Azure Traffic manager service manifesting in intermittent availability issues affecting Azure and a set of Microsoft Services. The preliminary root cause was identified as a sudden spike in traffic resulting in the Azure Traffic manager service reaching transient operational thresholds which impact was noted across Europe.</p> <p>To mitigate this a change to the traffic management policy for Azure Traffic manager service was successfully enacted.</p> <p>103 calls were logged against this Major Incident, with a recorded downtime of 99 minutes.</p>				

# Operational Performance | Major IT Incidents December (Detail)

<b>Service(s) affected</b>	Welsh Radiology Information System (WRIS)**		<b>Service Level:</b> Clinical Critical	<b>Priority</b> Priority 1	<b>Incident Ref:</b> 8905259 <b>Problem Ref:</b> None
<b>Date/Time Logged</b>	04/12/2023 10:40	<b>Date/Time Resolved</b>	04/12/2023 10:50	<b>Escalation Level</b>	None
<b>Description</b>	<p>Users in Betsi Cadwaladr University (BCU) Health Board Central locality reported that they were unable to log in to the WRIS RadIS Client. The WRIS Team commenced investigations and found that the RadIS service was not running on the BCU Central web server, a change was enacted by the team to enable the RadIS service, quickly restoring user access. Further investigations discovered that that the locally hosted web server rebooted at 10:33 and the RadIS service didn't automatically restart as expected. BCU Radiology colleagues liaised with BCU Local IT to identify the cause of the server reboot.</p> <p>This Major incident resulted in a single P1 call being logged to DHCW and a reported downtime of 10 minutes.</p>				

**Time to resolution:** 10 mins  
Incident **did not breach** the 4 hour SLA target

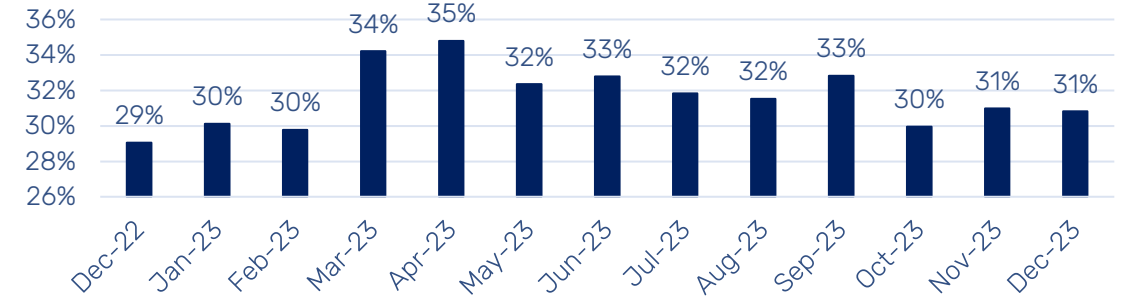
# Operational Performance | Service Desk

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Total Number of calls logged	14617	17632	17505	17318	18155	17890	15805	18359	20335	20519	19230	16587	13309
% All Abandoned Calls (Threshold 4%)	5.3%	3.5%	7.5%	3.8%	4.2%	2.4%	2%	2.2%	4.6%	6%	1.3%	1.9%	0.8%
Average Speed of Answer (Seconds) (Target 30 sec)	13.5	10.0	19.0	11.5	6.0	8.5	7.5	7.5	10.5	16.1	7	14.5	19.5

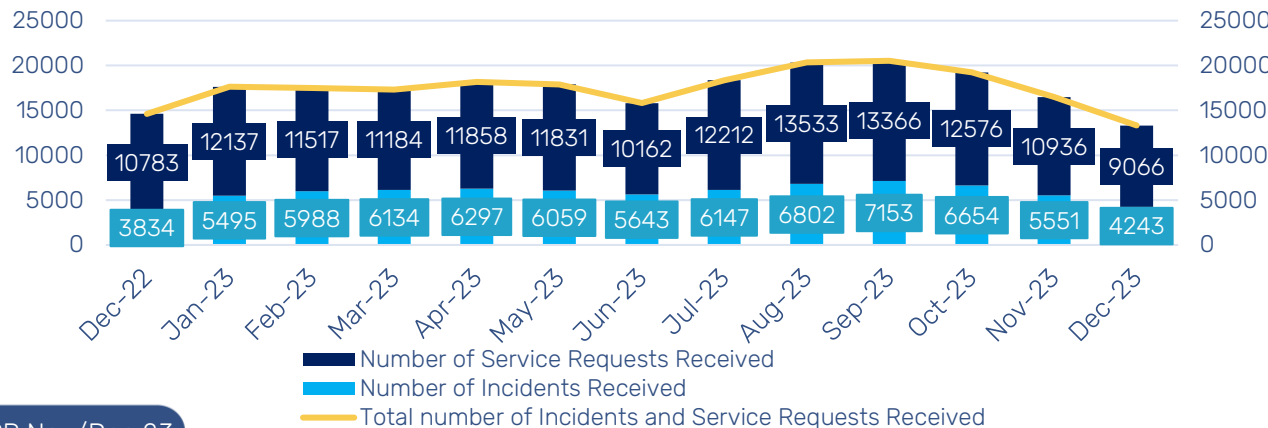
## Summary:

Overall, performance is good for the period with all performance indicators within target. The number of Incidents and Service Requests decreased in December due to the Christmas holidays. The Service Desk received 3527 telephone calls during December and had an abandoned calls rate of 0.8%. With the implementation of our new telephone system, we will now be able to report on the number of telephone calls received in both English and Welsh, as well as the abandoned calls rates for both English and Welsh queues. We hope to be able to include this data from January 2024.

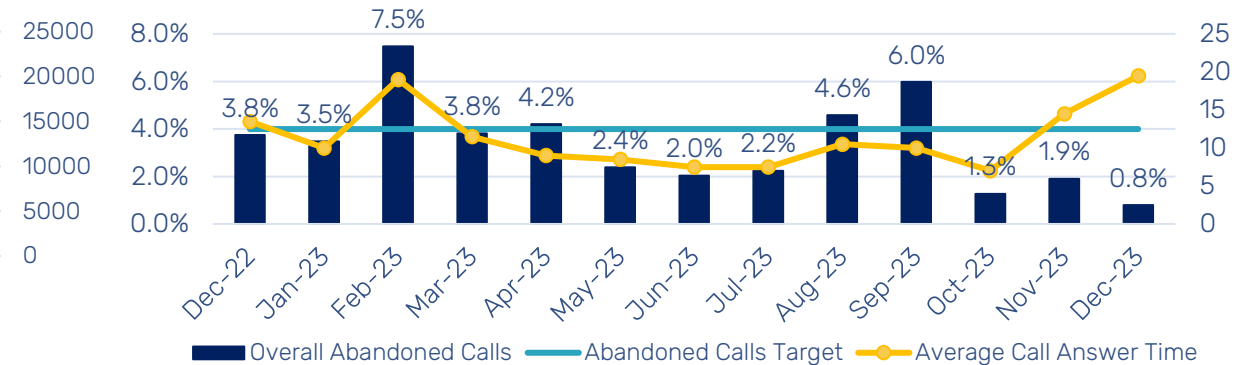
### First Line Fix Rate



### Incidents and Service Requests Received



### Telephone Abandoned Calls



## Clinical Incidents:

There are four incident investigations underway. Three new incidents were logged in November and one new incident was logged in December.

## Information Governance:

- In November 2023,
  - DHCW received 8 Freedom of Information (FOI) Act requests, 2 Subject Access Requests (SAR) and 1 Individual Right Request.
  - 7 FOIs and 1 Individual Right Request was responded to in November 2023.
- In December 2023,
  - DHCW received 3 Freedom of Information (FOI) Act requests,
  - 7 FOIs, 1 internal review and 2 Subject Access Requests were responded to in December 2023.
- One request was not responded to within the statutory timescales (+1 day).

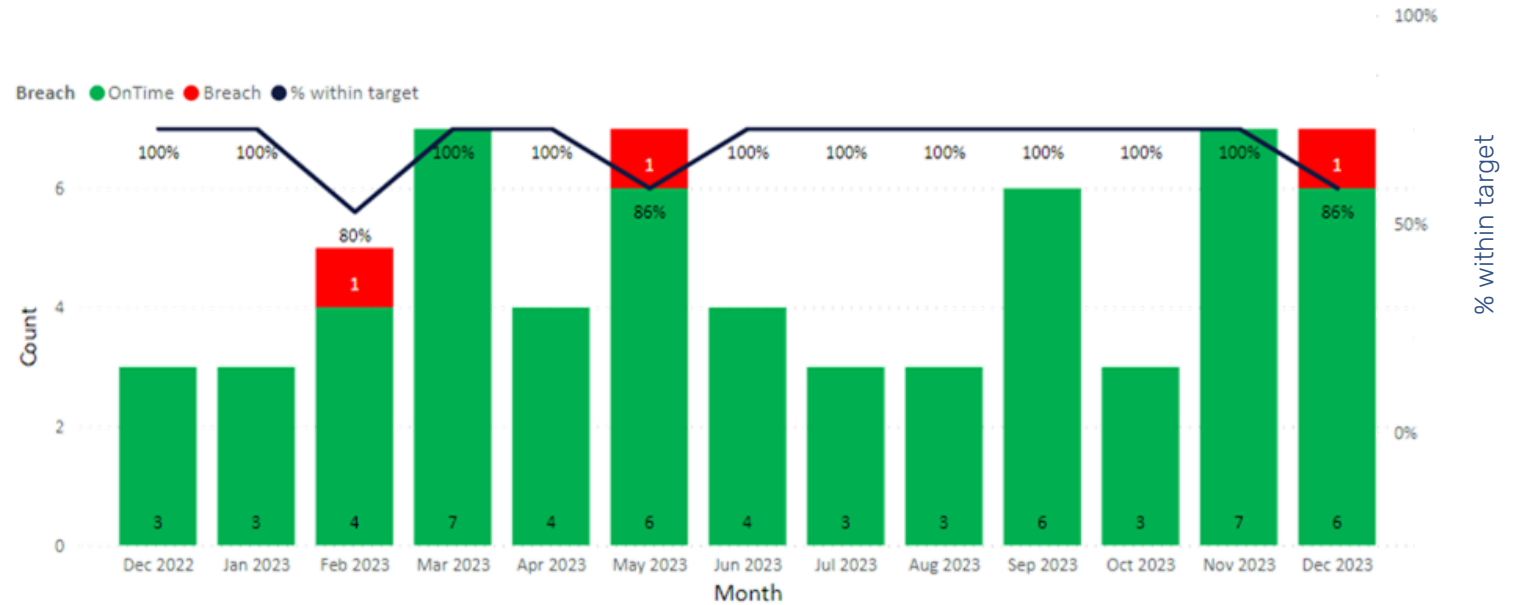


Diagram is for responses to Freedom of Information Act requests only.

Number	RAG	Status
17	Green	Complete
14	Yellow	The action is on target for completion by the agreed date
0	Orange	The action is not on target for completion by the agreed date
1	Red	The implementation date has passed, and management action is not complete
0	Grey	Action requires updating
32	Open Actions	

## Key Matters for Consideration of this Meeting

- All audit actions have been updated.
- A total of 17 actions have been marked as having a GREEN 'complete' status.
- One action is marked as overdue, however is anticipated to be completed by the end of January.

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 November 2023, there were 32 open actions, 15 of the actions having a GREEN "complete" status. The remaining 17 of the 32 open actions are recorded as being on target for completion by the due date.

By the end of December 2023, two further actions were marked as having a GREEN 'complete' status and one action was marked as overdue during the period. This results in 17 of the actions having a GREEN "complete" status. 14 of the 32 open actions are recorded as being on target for completion by the due date and 1 of the 32 actions recorded as overdue.

Progress:

## Strategic Engagement NHS Wales Partners

- Undertaking review and feedback sessions with NHS Wales partners.
- Partnership workshop held in person with PHW to reflect on collaborative working and how we can improve, identifying opportunities and areas of alignment.
- Stakeholder profiles are being developed for all NHS Wales partners.
- Held Board Development session for strategic partners to support consistent and coherent approach to partnership working.

## Engagement Events and Showcases

- DHCW Showcase and Engagement Series outline for 2024/25 drafted. Planning with NHS Wales partners is in progress.

## Stakeholder intelligence

- Stakeholder Review Task and Finish (T&F) Group established and agreed scope and focus to better understand stakeholder views, opportunities, challenges and provide benchmark data.
- Invitation to Tender (ITT) finalised to commission organisation to support work, with planned issue and appointment in January.

## Digital Inclusion

- DHCW Digital Inclusion Working Group sessions have been arranged on a monthly basis, the next session scheduled to take place on the 16<sup>th</sup> January 2024.
- Digital Inclusion Charter Accreditation Achieved following review at Management Board in December 2023.

## Other partnerships

- Formalising partnerships with Life Science Hub Wales and exploring opportunities with Bevan Commission.

## NHS Wales Strategic Engagement Meetings:

Date	Organisation
10 <sup>th</sup> November 2023	Velindre University NHS Trust (postponed)
17 <sup>th</sup> January 2024	Powys Teaching Health Board
7 <sup>th</sup> February 2024	Betsi Cadwaladr UHB
14 <sup>th</sup> February 2024	Cardiff & Vale UHB
20 <sup>th</sup> February 2024	Health Education and Improvement Wales
28 <sup>th</sup> February 2024	NHS Wales Shared Services Partnership
13 <sup>th</sup> March 2024	Cwm Taf Morgannwg UHB
13 <sup>th</sup> March 2024	Aneurin Bevan UHB
10 <sup>th</sup> April 2024	Welsh Ambulance Service Trust

## Other Strategic Engagement Activities

Date	Organisation
7 <sup>th</sup> November 2023	Bevan Commission Partnership Meeting
4 <sup>th</sup> December 2023	PHW/DHCW Partnership workshop
7 <sup>th</sup> December 2023	NHS Wales Digital Programme Leads Meeting
7 <sup>th</sup> December 2023	Board Development Session
15 <sup>th</sup> December 2023	Four Nations Meeting
18 <sup>th</sup> January 2023	Engagement & Comms Professional Network Meeting
1 <sup>st</sup> March 2024	ABUHB Partnership workshop
7 <sup>th</sup> & 8 <sup>th</sup> March 2024	Four Nations
20 <sup>th</sup> March 2024	NHS Wales Digital Programme Leads Meeting

Date	Organisation
7 <sup>th</sup> November 2023	Public Health Wales (PHW) Q2
13 <sup>th</sup> November 2023	Welsh Ambulance Service Trust (WAST) Q2
14 <sup>th</sup> November 2023	Velindre University NHS Trust (VUNHST) Q2
17 <sup>th</sup> November 2023	Health Education and Improvement Wales (HEIW) Q2
30 <sup>th</sup> November 2023	Betsi Cadwaladr University Health Board (BCUHB) Q2
17 <sup>th</sup> January 2024	Swansea Bay University Health Board (SBUHB) Q3
18 <sup>th</sup> January 2024	NHS Wales Shared Services Partnership (NWSSP) Q3
19 <sup>th</sup> January 2024	Cardiff & Vale University Health Board (C&VUHB) Q3
22 <sup>nd</sup> January 2024	Health Education Improvement Wales (HEIW) Q3
24 <sup>th</sup> January 2024	Aneurin Bevan University Health Board (ABUHB) Q3
29 <sup>th</sup> January 2024	Betsi Cadwaladr University Health Board (BCUHB) Q3
29 <sup>th</sup> January 2024	NHS Wales Executive Q3
31 <sup>st</sup> January 2024	Cwm Taf Morgannwg University Health Board (CTMUHB) Q3
1 <sup>st</sup> February 2024	Welsh Ambulance Services Trust (WAST) Q3
2 <sup>nd</sup> February 2024	Hywel Dda University Health Board (HDUHB) Q3
6 <sup>th</sup> February 2024	Powys Teaching Health Board (PTHB) Q3
8 <sup>th</sup> February 2024	Public Health Wales (PHW) Q3
22 <sup>nd</sup> February 2024	National Imaging Academy of Wales (NIAW) Q3
27 <sup>th</sup> February 2024	Velindre University NHS Trust (VUNHST) Q3

\*\*Hywel Dda University Health Board (HDUHB) Q3 originally scheduled for 22/01/2024 moved to 02/02/2024 at the request of HDDUHB\*\*

No meetings for December 2023 or March 2024

## Summary:

Customer Satisfaction decreased slightly to 94% in November, however significantly rose to 99% in December, above the target of 95%.

### CTM UHB ICT

*This service has always been quick to set up, but this particular call was done almost instantly.*

### Glan Clwyd Hospital

*Efficient service, enabling me to get through straight away by telephone. Great member of your team. Simple instructions and back on very quickly!*

### NWSSP - Cwmbran House

*Very quick, sorted issue out immediately. Thank you. Very impressed with the support, thank you*

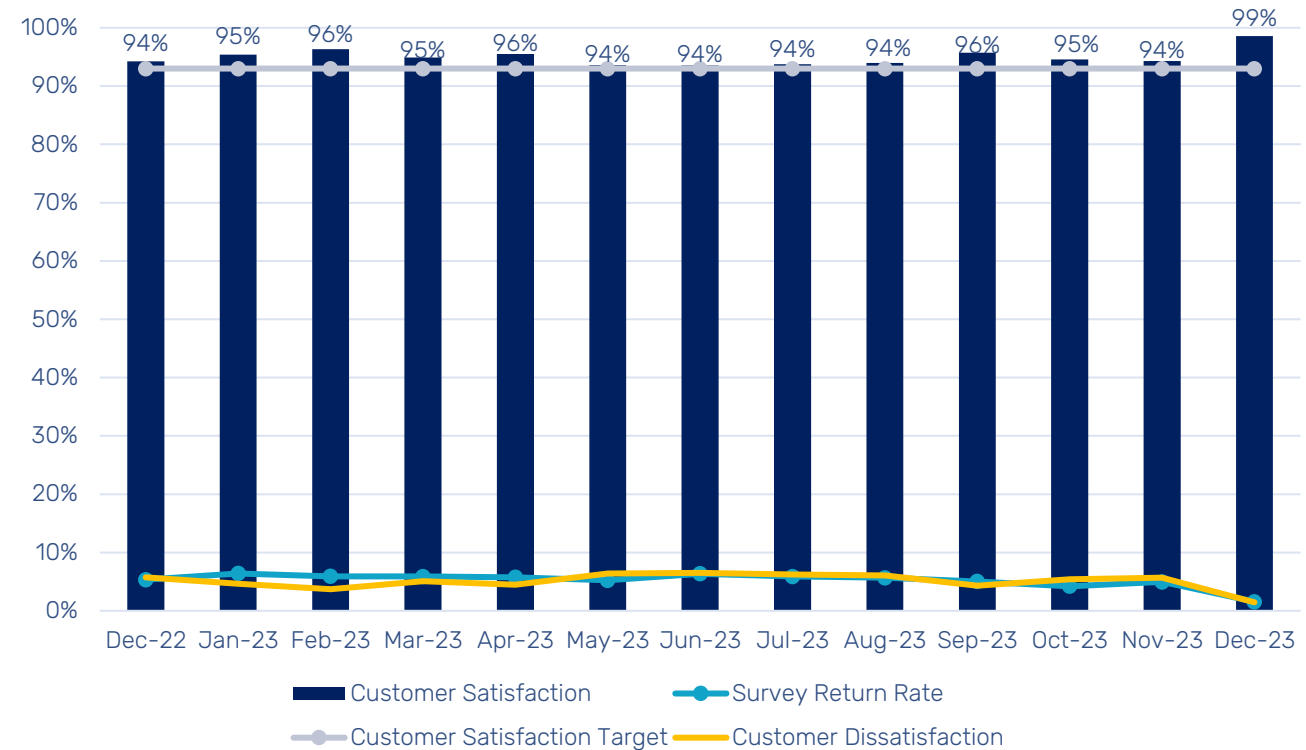
### Powys Teaching LHB

*Really quick response to call, very friendly member of staff that gave reassurance and knew exactly what I was talking about and what to do to resolve my issue*

### W96003 - Ty Henry Vaughan

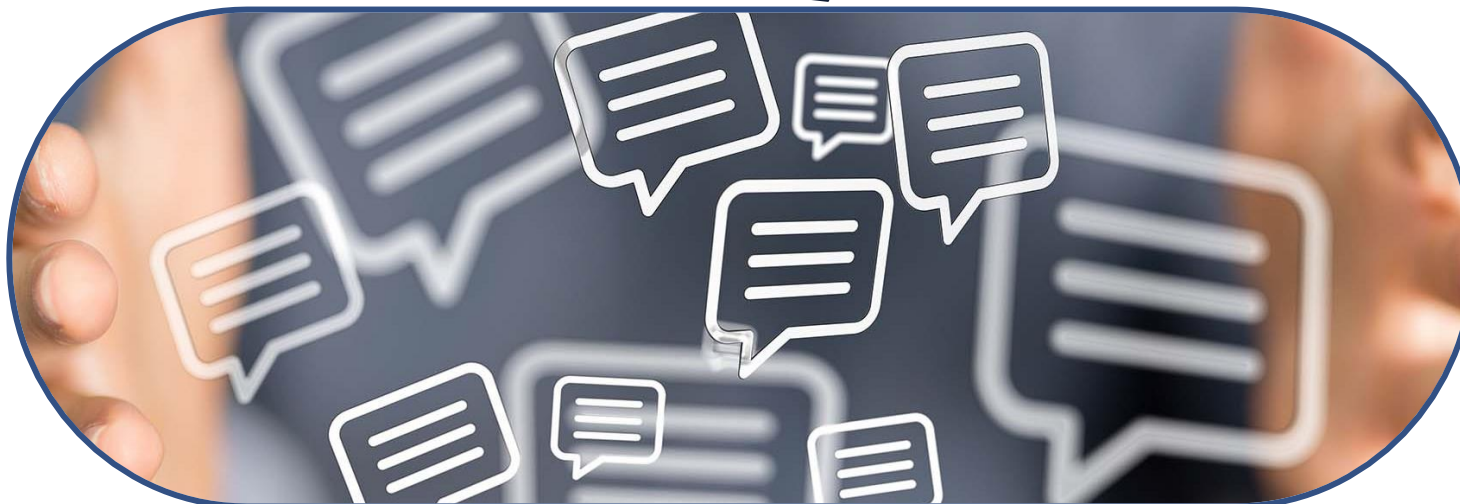
*Operator was very helpful and polite and fixed the problem I was having quickly. - Very impressed with the service I received.*

Customer Satisfaction



# Engagement | Business Change Team - Feedback

"I have been waiting 8 years for an electronic system, I was a little concerned at first in using it but having you with me in clinic has shown me how simple and how much more this will help me not only for my clinics but on wards and when supporting each other's patients." (BCUHB - Diabetes Specialist Nurse) - WCP WISDM



"This has been a long time coming, I am excited to start using this, it will make our lives so much easier." (BCUHB - Diabetes Specialist Nurse) - WCP WISDM

"This this has been another fantastic example of great teamwork between the two organisations again - thank you all so much". (BCUHB - DDaT - ICT Delivery and Development Lead) - WCP WISDM



GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

# Response to actions from the Joint Executive Team meeting with Welsh Government

# JET Actions

No.	Meeting Date	Action	Owners	Timescales	Update
1	23/06/23	DHCW, with Welsh Government to work to develop alternative funding model for DHCW, considering the challenges of current arrangements.	Mike Emery / Claire Osmundsen-Little / Hywel Jones	End of Q3 FY23/24	DHCW has completed an initiation assessment of service costs and funding in order to establish its baseline underlying position for all the services and products it provides. The next steps will include an assessment of future state in terms of service provision, changes in technology (inc Cloud transition) and the recurrent cost of pipeline DPIF initiatives. A critical part of the exercise is visibility of benefits being generated and also any particular efficiency/cost avoidance implications. In partnership with Welsh Government Digital leads a proposal is being prepared for consideration at the end of quarter four inclusive of any informative benchmarking intelligence.
2	23/06/23	DHCW, NHS Executive and WG to further develop wider investment case for digital and data, including clear benefits potential and assessment.	Mike Emery / Claire Osmundsen-Little	End of Q3 FY 23/24	DHCW has engaged with external research and subject matter experts to help inform the wider investment case. This will include reviews of published strategies for related entities (comparator bodies) Baseline research on digital expenditures in home nations, international comparators. Financial expenditure analysis, government spending trend, benchmarking, programme comparison and contrast, preparation of graphical and tabular analysis, outline report preparation, query and liaison.
3	23/06/23	DHCW and Welsh Government, with NHS Executive colleagues to put in place process by which areas for DHCW support and input to NHS Executive work plan can be identified and actioned.	Mike Emery & Helen Thomas	End of Q3 FY23/24	We have established strategic meetings with NHS Executive, the first of which took place in October.

No.	Meeting Date	Action	Owners	Timescales	Update
4	23/06/23	Ongoing review of stakeholder relationships and views as part of delivery of aim to continue to become a Trusted System Partner.	Helen Thomas	End of FY 23/24	<p>DHCW are working on stakeholders' relationships including our stakeholder plan these include;</p> <ul style="list-style-type: none"> <li>Partnership retrospectives underway with NHS Wales partners to support and further improve collaborative working.</li> <li>Strategic workshops are being undertaken with health boards as appropriate this includes a workshop with Hywel Dda University Health Board to outline support for digital transformation plans which was held in July.</li> <li>A Professional Network within DHCW has been established to support engagement and communications.</li> <li>Working with NHS Wales partners to jointly deliver DHCW engagement series with focus on digital and clinical teams.</li> </ul>
5	23/06/23	During 2023/24 establish a clear architectural roadmap for NDR and how it will support sharing of information across all care settings including primary, secondary, MH and Social care.	Ifan Evans	End of Q3 FY 23/24	<p>The NDR Programme is leading on this work and has an approved phase 3 business plan to March 2025. The current roadmap for the NDR Platform and Clinical Data Repository includes provision of data and APIs for reference services, demographics, and medicines, by the end of March 2024. A prioritised roadmap for provisioning data to the CDR and NDAP during 2024-25 will be confirmed as part of our IMTP 2024-27 development to be submitted in March for approval.</p> <p>Our IMTP is set out against mission and delivery portfolios, which are aligned to ministerial priorities and national transformation programmes. As discussed at the Autumn IQPD we will co-ordinate work in the programmes and services mentioned across existing delivery portfolios.</p> <p>The NDR Platform and new data architecture is accessible to health boards through 'Local Data Resource' environments since September. Health Boards and Trusts work closely with DHCW through the NDR Programme and have access to components and tools which they use to support local planning and population health management..</p>



# DIGITAL HEALTH AND CARE WALES LOCAL PARTNERSHIP FORUM HIGHLIGHT REPORT

Agenda Item	6.4
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Date of Board Meeting	25 January 2024
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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
Lead Executive Director	Sarah-Jane Taylor, Director of People and Organisational Development
Date of Last Meeting	5 December 2023
Prepared By	Alison Bedford, Corporate Governance Coordinator
Presented By	Claire Osmundsen-Little, Deputy Chief Executive Officer / Executive Director of Finance

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



<b>STRATEGIC MISSION</b>	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
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<b>CORPORATE RISK</b> (ref if appropriate)	
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<b>WELL-BEING OF FUTURE GENERATIONS ACT</b>	A healthier Wales
If more than one standard applies, please list below:	

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

<b><u>DUTY OF QUALITY ENABLER</u></b>	Workforce
<b><u>DOMAIN OF QUALITY</u></b>	Person Centred
If more than one enabler / domain applies, please list below:	

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

<b>APPROVAL/SCRUTINY ROUTE:</b> Person/Committee/Group who have received or considered this paper prior to this meeting		
<b>COMMITTEE OR GROUP</b>	<b>DATE</b>	<b>OUTCOME</b>
Committee Chair	December 2023	Approved



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

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

Definitions	
<b>ALERT</b>	Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently
<b>ASSURE</b>	Detail here any areas of assurance that the Committee has received
<b>ADVISE</b>	Detail here any areas of ongoing monitoring where an update has been provided to the Committee

## PRIVATE SESSION

ALERT	<ul style="list-style-type: none"> <li>There were no items for the Board to be alerted to.</li> </ul>
ASSURE	<ul style="list-style-type: none"> <li><b>Corporate Risk Register and Board Assurance Framework.</b> The Local Partnership Forum <b>received</b> the Corporate Risk Register and noted that following the downgrading of DHCW0259 – Staff Vacancies, there were no corporate risks assigned to the advisory group.</li> <li><b>Workforce Performance Report.</b> The LPF noted the increase in sickness absence from 0.31% to 3.45% and were assured that this was being monitored appropriately with support being provided where required. LPF were pleased to note the increase in appraisal completion which was at 88%, in addition to 93.3% Statutory and Mandatory training compliance.</li> <li><b>DHCW Staff Survey.</b> The LPF discussed the findings of the DHCW Staff Survey, and it was agreed that the Chair would suggest that the March 2024 SHA Board meeting would have a shared listening and learning presentation on the findings and next steps from this survey, together with the NHS Wales Staff Survey.</li> <li><b>Analysis of Reasons for Staff Leaving the Organisation.</b> The LPF received and discussed a presentation which outlined the reasons for staff leaving DHCW from several exit interviews conducted.</li> </ul>
ADVISE	<ul style="list-style-type: none"> <li><b>Trade Union Update.</b> The Local Partnership Forum received a verbal update from Trade Union representatives and were assured to note the ongoing discussions and collaboration between the Trade Unions and People and OD team.</li> <li><b>Succession Planning.</b> The LPF were updated on the work that is ongoing in this area and noted a detailed update would be brought to the next meeting.</li> <li><b>Leadership Programme Update.</b> The LPF received an update on the various leadership programmes currently underway across the organisation.</li> </ul>

### Delegated action taken by the committee:

N/A

### Date of next committee meeting:

5 March 2024