

DHCW Special Health Authority Board Meeting - Public

Thu 29 July 2021, 10:00 - 13:00

MS Teams

Agenda

10:00 - 10:05 **1. PRELIMINARY MATTERS** 5 min

1.1. Welcome and Introductions

For Noting *Chair*

1.2. Apologies for Absence

For Noting *Chair*

1.3. Declarations of Interest

For Noting *Chair*

1.4. Matters Arising

For Discussion *Chair*

10:05 - 10:10 **2. CONSENT AGENDA** 5 min

2.1. Unconfirmed Minutes of 27 May 2021 DHCW SHA Board Meeting

For Approval *Chair*

 2.1 DHCW SHA Board Unconfirmed Meeting Minutes 2021-05-27.pdf (21 pages)

2.2. Action Log

For Noting *Chair*

 2.2 Action log.xlsx (1 pages)

2.3. Forward Workplan

For Noting *Board Secretary*

 2.3 Forward WorkPlan Report.pdf (4 pages)

 2.3i Appendix 1 DHCW - Board Work Programme 21_22 v3.pdf (2 pages)

2.4. All Wales Respect and Resolution Policy

For Noting *Board Secretary*

 2.4 Policy Update Report.pdf (4 pages)

 2.4i Respect and Resolution Policy FINAL April 2021 - Cymraeg.pdf (25 pages)

 2.4ii Respect and Resolution Policy FINAL April 2021.pdf (25 pages)

2.5. Annual Plan 2021/22 Update Report

For Noting *Chief Operating Officer*

- 📄 2.5 DHCW Annual Plan Update Report.pdf (4 pages)
 - 📄 2.5i Appendix 1 - Annual Plan Review Feedback Letter - DHCW.pdf (2 pages)
 - 📄 2.5ii Appendix 2 - PLN DHCW Annual Plan 21 22 Appendix 2 Final.pdf (4 pages)
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10:10 - 10:40
30 min

3. MAIN AGENDA - FOR REVIEW

3.1. Shared Listening and Learning

For Discussion *Executive Medical Director*

- 📄 3.1 Shared Listening and Learning Cover Report - Choose Pharmacy.pdf (4 pages)
 - 📄 3.1i Appendix A - Choose Pharmacy Publications.pdf (1 pages)
 - 📄 3.1iii Appendix B Shared Listening and Learning - Choose Pharmacy Presentation.pdf (14 pages)
-

10:40 - 11:10
30 min

4. MAIN AGENDA - FOR REVIEW

4.1. Chair's Report

For Noting *Chair*

- 📄 4.1 Chair's Report.pdf (5 pages)

4.2. Chief Executive's Report

For Noting *Chief Executive Officer*

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

4.3. Comfort Break

11:10 - 12:00
50 min

5. MAIN AGENDA - STRATEGIC ITEMS

5.1. Executive Structure Proposal

For Approval *Chief Executive Officer*

- 📄 5.1 DHCW Executive Structure Proposal.pdf (6 pages)
- 📄 5.1i Appendix 1 Executive Structure Organisation Charts.pdf (3 pages)

5.2. Stakeholder Engagement Strategy

For Noting *Chief Operating Officer*

- 📄 5.2 Stakeholder Engagement Strategy Update.pdf (6 pages)

5.3. Strategic Procurement Report

For Approval *Chief Operating Officer*

- 📄 5.3 Strategic Procurement Report.pdf (6 pages)
- 📄 5.3i Appendix 1 GP Systems and Services All Wales Framework Agreement.pdf (8 pages)
- 📄 5.3ii Appendix 1 DIGITAL SERVICES FOR PATIENTS AND THE PUBLIC-DIGITAL APPLICATION PARTNER.pdf (7 pages)
- 📄 5.3iii Appendix 1 DIGITAL SERVICES FOR PATIENTS AND THE PUBLIC-TECHNIAL DEVELOPMENT PARTNER.pdf (7 pages)

5.4. Comfort Break

12:00 - 13:00
60 min

6. MAIN AGENDA - GOVERNANCE, RISK, PERFORMANCE AND ASSURANCE

6.1. Integrated Performance Report/Performance Dashboard

For Discussion *Chief Operating Officer*

-  6.1 Integrated Organisational Performance Report.pdf (5 pages)
-  6.1i SHA Board Integrated Organisational Performance Report June 2021.pdf (36 pages)

6.2. Finance Report

For Noting *Executive Director of Finance*

-  6.2 Finance Report.pdf (15 pages)

6.3. Corporate Risk Management Report

For Discussion *Board Secretary*

-  6.3 Risk Management Report.pdf (9 pages)
-  6.3i RR_DHCW Corporate Jun 21.pdf (3 pages)

6.4. Audit and Assurance Committee Highlight Report

For Assurance *Committee Chair*

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

6.5. Remuneration and Terms of Service Committee Highlight Report

For Assurance *Committee Chair*

-  6.5 Remuneration and Terms of Service Committee Chair's Highlight Report for Board.pdf (4 pages)

13:00 - 13:00
0 min

7. CLOSING MATTERS

7.1. Any Other Urgent Business

For Discussion *Chair*

7.2. Date of Next Meeting: 30th September 2021

For Noting *Chair*

DHCW SHA Board Meeting – PUBLIC – Unconfirmed minutes

Minutes of the meeting of Digital Health and Care Wales (DHCW) Special Health Authority Board (SHA) held on Thursday 27th May as a virtual meeting broadcast live via Microsoft Teams.

 10:00 to 14:30

 27/05/2021

Members Present	Initial	Title	Organisation
Bob Hudson	BH	Interim Chair of the Board	DHCW
Ruth Glazzard	RG	Vice Chair of the Board	DHCW
Siân Doyle	SD	Independent Member, Chair of the Digital Governance and Safety Committee	DHCW
Rowan Gardner	RGR	Independent Member, Vice Chair of the Digital Governance and Safety Committee	DHCW
Marian Wyn Jones	MWJ	Independent Member, Chair of the Audit and Assurance Committee	DHCW
Grace Quantock	GQ	Independent Member, Vice Chair of the Audit and Assurance Committee	DHCW
David Selway	DS	Independent Member	DHCW
Helen Thomas	HT	Chief Executive Officer	DHCW
Rhidian Hurle	RH	Executive Medical Director	DHCW
Claire Osmundsen-Little	COL	Executive Director of Finance	DHCW

In Attendance	Title	Organisation
Chris Darling	Board Secretary	DHCW
Michelle Sell	Chief Operating Officer	DHCW
Carwyn Lloyd-Jones	Director of Information and Communication Technology	DHCW
Rachael Powell	Deputy Director of Information	DHCW
Sophie Fuller	Corporate Governance and Assurance Manager (Secretariat)	DHCW

Apologies	Title	Organisation
None to Note		

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SO's	Standing Orders	SFI's	Standing Financial Instructions
CEO	Chief Executive Officer	WG	Welsh Government
DCT	Data Centre Transition	NWIS	NHS Wales Informatics Service
NDR	National Data Resource	MOU	Memorandum of Understanding
VBHC	Value Based Health Care	PROMS	Patient Reported Outcome Measures
ISO	International Organization for Standardization	BS	British Standard

Item No	Item Detail	Outcome	Action
PRELIMINARY MATTERS			
1.1	<p>Welcome and Apologies</p> <p>The Interim Chair, Bob Hudson (BH) welcomed the Board members and viewing public to the second Board meeting of Digital Health and Care Wales (DHCW) Special Health Authority (SHA). The importance of the national remit of the organisation in supporting the health and care system in delivering digital transformation was reiterated, noting that DHCW touches every part of the NHS in Wales and the digital agenda has never been more important than now.</p> <p>The meeting is being broadcast live due to the continuing Covid-19 restrictions regarding public gatherings and essential travel. The recording will also be uploaded to the DHCW website for any persons unable to access the meeting live. BH welcomed stakeholder colleagues observing the meeting and members of the public watching live or via the recording.</p> <p>The Chair provided some housekeeping notices regarding the technical aspects of live streaming the meeting, the planned break and the use of the consent agenda for</p>	Noted	None to note

	<p>items 2.1 to 2.4.</p> <p>The Chair then outlined the items within the consent agenda and stated that Board members would be given the opportunity to bring any of those items on the main agenda for more full discussion at item 1.4.</p>		
1.2	<p>Apologies for Absence</p> <p>None to note.</p>	Noted	None to note
1.3	<p>Declarations of Interest</p> <p>None received in relation to the agenda today.</p> <p>BH noted the availability of the Declaration of Interests Register on the DHCW website.</p>	Noted	None to note
1.4	<p>Matters Arising</p> <p>None to note.</p> <p>No items on the consent agenda were identified by Board members for moving to the main agenda.</p>	Discussed	None to note
CONSENT AGENDA – FOR APPROVAL			
2.1	<p>Unconfirmed Minutes of 1st April 2021 Board Meeting</p> <p>The Board resolved to:</p> <p>Approve the Minutes of the last meeting.</p>	Approved	None to note
2.2	<p>Action Log</p> <p>The Board resolved to:</p> <p>Note the action log of which the one action raised has been completed.</p>	Noted	None to note
2.3	<p>Ratification of DHCW Standing Orders and Standing Financial Instructions</p> <p>The Board resolved to:</p> <p>Approve the final Standing Orders (SO's) and Standing Financial Instructions (SFI's) for Digital Health and Care Wales.</p>	Approved	None to note
2.4	<p>DHCW Board Annual Cycle of Business</p> <p>BH recognised the Forward Work Plan is a fluid document and noted the need for the Board to be flexible in their approach to enable items to be received in a timely manner.</p> <p>The Board resolved to:</p> <p>Approve the Annual Cycle of Business and note the</p>	Approved	None to note

	Forward Work Plan.		
MAIN AGENDA			
3.1	<p>Chair's Report</p> <p>The Chair outlined the highlights within the report.</p> <p>BH was happy to report to the Board that after a competitive recruitment process, Helen Thomas (HT) has been appointed as the permanent Chief Executive Officer (CEO) of DHCW. BH welcomed the appointment and congratulated HT.</p> <p>BH outlined the finalised Committee structures. Marian Wyn Jones (MWJ) has been appointed Chair and Grace Quantock (GQ) as Vice Chair of the Audit and Assurance Committee. Sian Doyle (SD) will be Chair and Rowan Gardner (RGR) will be Vice Chair of the Digital Governance and Safety Committee. David Selway (DS) will be a member of both Audit and Assurance and Digital Governance and Safety Committee. BH is Chair and Ruth Glazzard (RG) Vice Chair of Remuneration and Terms of Service Committee, all other Independent Members will be members of Remuneration and Terms of Service.</p> <p>Each Committee has held their first meeting and the highlight reports are included in the agenda for this Board meeting.</p> <p>BH outlined the next step regarding the Board will be the appointment of the associate trade union member of the Board. The appointment must be a staff member and a member of a trade union recognised by DHCW in order to meet the requirements of the recruitment. The person appointed will attend Board meetings in an ex-officio capacity and other Board sessions such as Board development days.</p> <p>BH noted for the Board details of the alternative meeting options and accessibility being explored. This also includes simultaneous translation, which the Board recognises as a priority. From the July Board meeting, DHCW will be adopting Zoom in order to enable simultaneous translation at Live streamed Board meetings.</p> <p>The Board is committed to undertaking as much of its business in as open and transparent way as possible. There may be occasions where it would not be in the public interest to discuss matters in public due to sensitivity, such as cyber security considerations, this will require the Board to receive this information in a private</p>	Noted	None to note

	<p>session. The amount of Board and Committee business considered in private will be kept under close review by the Chair supported and advised by the Board Secretary.</p> <p>The Chair then asked the Board members for any comments or questions.</p> <p>The Board resolved to:</p> <p>Note the contents of the report.</p>		
3.2	<p>Chief Executive’s Report</p> <p>The Chair invited HT to present the Chief Executive Report.</p> <p>HT outlined the key points within the report.</p> <p>HT was pleased to report the successful transition to the new Special Health Authority (SHA). The project closure report has been recently approved at the Management Board and will be sent to the SHA Transition Project Board for final review and approval.</p> <p>HT as permanent CEO will now work with the Board to appoint the remaining two Executive Director positions.</p> <p>The Annual Plan was successfully submitted to the Welsh Government (WG) at the end of March. This was then reviewed by the Board at the Board Development Session in April and although official feedback from WG is still to be provided, the initial informal feedback stated the plan was clear and would provide a good basis for proceeding as DHCW.</p> <p>HT highlighted the importance of strategic engagement for DHCW as the strategic digital partner in the wider health and care system. There have been a number of sessions held with partners to date, with more planned for the coming months, the objective of which is agreeing a joint plan. The strategic engagement plan for DHCW will be presented to the Board for review.</p> <p>DHCW continues to support the response to Covid-19. Currently the predominant areas of focus are the Test, Trace, Protect Programme (TTP), the National Vaccine Programme and working with WG on new and emerging priorities.</p> <p>HT was pleased to report the successful launch of the Cyber Resilience Unit on the 1st April. The unit was established as part of Phase 1 work for WG as the competent authority. Work will now start on Phase 2 to develop the workplan.</p> <p>The Data Centre Transition (DCT) is a key part of the</p>	Noted	None to note

	<p>work planned for 21/22. There is a Project Board in place to manage the transition plans, there is currently a requirement for re-planning due to delays in the provision of network connectivity by an external party. The timeline for exiting the Data Centre is intact and the revised plans have now been agreed at the DCT Project Board and will be shared with the wider service imminently.</p> <p>The Chair then invited comments and questions from the Board members.</p> <p>Sian Doyle (SD) asked to understand the timeline in regard to the appointment of Executive Director positions remaining and noted the requirement for the Board to understand the overall organisational structure proposed.</p> <p>HT responded to say that a formal plan for recruitment would be presented to the Board at the Remuneration and Terms of Service Committee by the end of June. The broader organisational structure will be part of that plan and formal update.</p> <p>SD also noted that understanding the emerging requirements of Covid-19 would be important for the Board and the governance in relation to managing the priorities.</p> <p>HT explained that the broader governance and broader prioritisation is via the Programme Boards for TTP and the National Vaccination System. The internal mechanism for incorporating any new requirements into the planned work is via the Planning and Performance Management Group (PPMG). This is also the mechanism for mapping any impact on the existing planned work.</p> <p>The Board resolved to:</p> <p>Note the contents of the Chief Executive’s report.</p>		
STRATEGIC ITEMS			
4.1	<p>DHCW Annual Plan 2021-22</p> <p>The Chair noted the very uncertain times the NHS in Wales is still operating in with regard to the requirements to support the pandemic as previously mentioned in the Chief Executive’s Report, so noted the delivery of a successful plan to Welsh Government was to be commended.</p> <p>The Chair invited the Chief Operating Officer, Michelle Sell (MS) to present the item.</p>	Approved	None to note

MS stated that in the creation of the plan for 21/22 the Board weren't part of the strategic development due to timescales of the DHCW Board being established, however moving forward the Board will be more fully engaged in refining the plan for this year and in creating the plan for next year.

MS also wanted to note for the Board there was no requirement from Welsh Government to produce a three-year plan due to the current climate, this presentation relates to an Annual Plan for 2021/22.

MS then began the accompanying presentation by reiterating although this year had been tremendously challenging there has been significant digital advancement in services as a whole.

These achievements have formed the basis for the plan for the coming year, focusing on working with our health and care colleagues to build on the increased profile and need for digital.

The presentation outlined the vision and aims of the new organisation, to support professionals in delivering care across geographical boundaries, utilising the best value from data, opening up the national architecture and empowering individuals to be true participants in managing their health and wellbeing by supporting the delivery of the tools to enable that transformation.

The presentation then outlined the methods by which those aims will be realized, broken down into portfolios of work and enabling functions. A number of key activities have been defined including:

- Replacements of legacy infrastructure and systems
- Roll out of new digital solutions and platforms
- Covid-19 continued support
- Data Centre Transition

MS also outlined a number of underlying strategic priorities including ensuring the security and safety of the system, opening up the architecture and exploring alternative partnership working approaches.

MS restated the earlier message that the longer-term strategy will be developed by the Board with the aim to capitalise on all the work to date to maximise benefits.

MS then covered the current four strategic priorities within the plan and how they support the overall aims and objectives of the organisation with an identified

importance on developing DHCW as an organisation.

The Plan on a Page section has been designed to provide the Board and public with an overview of key Programme deliverables for the coming year.

The plan has been costed using the underlying funding position agreed with Welsh Government and the agreed amounts from our stakeholders for the provision of specific services. Should additional requests be forthcoming for DHCW support, there is an opportunity to apply for Digital Priorities Investment Funding. There are existing applications for this funding submitted that the organisation is waiting to hear the outcome of. The current staff count of DHCW is in excess of 800, the resource planning for the current plan identified the need for a further 90 FTE (Full Time Equivalent) staff, however the organisation will be looking to utilise third party working solutions as well as recruitment to meet the delivery demands.

An important part of creating the plan was identifying key risks that could impact delivery:

- New unknown requirements
- The pace required for migration from legacy systems - additional business cases to bolster the infrastructure requirement have been submitted to Welsh Government
- Recruitment timescales
- Reliance on contractual delivery by third parties
- Required stakeholder agreement to deliver the promised work.

MS then concluded by explaining the next steps would be to ask for approval of the plan from the Board, to respond to the formal feedback from Welsh Government and continue to socialise the plan through the stakeholder engagement sessions.

The Chair thanked MS for the presentation and noted the comprehensive overview of the creation of the plan and the key fundamentals that have informed the plan. Reiterating the importance for DHCW to deliver a costed and resourced plan that is achievable. The development of the strategic plan is the start of the journey, the Board will be setting out more clearly over the coming months DHCW's position nationally for delivering digital health and care.

The Chair invited the Board members to comment or

raise questions.

Grace Quantock (GQ) commented that an emphasis on the link to care as well as health would be helpful to see more clearly in the plan

MS responded recognising the point and will work with the planning team to draw out the links with partner organisations such as Social Care Wales and the planned work in that area.

GQ responded to say, she welcomed the comments and would like to see the plan for engaging both vertically and horizontally for DHCW with regard to care.

HT stated that DHCW are agreeing a Memorandum of Understanding (MOU) with Social Care Wales which has significant interaction with the National Data Resource (NDR) Programme.

DS thanked MS for the presentation. DS provided an observation that value from data is clearly a key enabler and asked if DHCW could develop a methodology for measuring the success of this in collaboration with Value Based Health Care (VBHC) and Patient Reported Outcome Measures (PROMs).

The Chair noted the VBHC agenda and confirmed that stakeholder engagement will be part of the next Board development session.

RGR thanked MS for the presentation noting the planned work for digital standards and open architecture as exciting enablers for DHCW and the wider NHS in Wales. Recognising the planned stakeholder engagement, RGR asked how the citizens of Wales can engage with the organisation/plan?

MS responded to say that standards is an area of work where it is hard to see a tangible deliverable but acknowledged that standards are a fundamental enabler to delivering the digital agenda. Regarding citizen engagement, DHCW are creating new avenues to broadcast out and the website provides avenues for citizens to get in touch. There are groups and representatives involved in the creation of our services and solutions, but there will be renewed focus on this in the coming year.

HT responded to RGR's comments. Regarding standards, the aim of the plan is to ensure that the open architecture and data driven architecture are central to what DHCW are trying to achieve. Digital Services for Patient and the Public (DSPP) is a flagship Programme designed to provide citizen empowerment and

	<p>engagement.</p> <p>The Chair reiterated the content of the next Board development session would provide the Board with time to give some detailed feedback on these ideas</p> <p>MWJ asked questions regarding specific systems delivery timescales. The Welsh Community Care Information System (WCCIS) is very important. It was asked if there is any clarity on the timescale for implementation of WCCIS across Wales?</p> <p>HT responded to say that the system is live in Powys and Hywel Dda, the planning process is now underway with the remaining partners via the Programme Board, but dates are still to be finalised.</p> <p>MWJ moved on to ask about the significant challenges to the roll out of the Welsh Patients Administration System (WPAS).</p> <p>HT highlighted the critical importance of a single instance of WPAS. Joint sessions are now taking place between Betsi Cadwaladr University Health Board (BCU), Velindre University Trust and DHCW. Velindre are the next implementation with BCU following immediately. The initial data standard testing work is underway with the timeline for delivery to both organisations a collective endeavour.</p> <p>SD asked how DHCW will know that we are a successful organisation? Also, how does the organisation demonstrate progress to the stakeholders and how do patients or clinicians know DHCW have done what was planned?</p> <p>MS responded to say the Executive Team recognise the need to demonstrate the benefits and provide traceability back to the initial intention and the flow to the benefit for the citizen. There will be a need to work with stakeholders and citizens to capture that data.</p> <p>The Chair recognised the development of the plan and the framework it has created for moving forward in our work with stakeholders.</p> <p>The Board resolved to:</p> <p>Approve the Annual plan subject to any feedback received from Welsh Government.</p>		
4.2	<p>Strategic Procurement Report</p> <p>The Chair invited MS to present the item.</p> <p>MS explained the approach for presenting procurements</p>	Approved	None to note

to the Board. Procurements over £750,000 will require approval by the Board in line with the Standing Financial Instructions, of which there is one such procurement for approval today. A number of further contracts have been identified in a forward plan for presentation to the Board for review and approval throughout the year.

MS clarified the contracts are All Wales procurements, the amounts are indicative, and the figures included are the maximum potential value of the contract over its duration.

The Chair sought confirmation that the indicative contract amount is for the lifetime of the contract, which MS confirmed.

The Chair invited MS to present the contract award in 4.2ii appendix b for review by the board.

The contract award is for the Vaccination Programme to government digital services GDS, a public sector organisation that provide messaging systems. The contract is in support of the response to Covid-19 and the supplier is fully endorsed by the UK and Welsh Governments. There was an existing lower value contract in place of approximately £70,000, this new procurement would allow for expansion of the provision. There is a maximum contract value of £5.7m, the procurement has factored in multiple options to ensure as much flexibility as possible. There is no commitment for NHS Wales regarding levels of expenditure, it is a pay as you go service. MS asked the Board to approve the execution of the contract.

RG asked if exploring other suppliers to deliver messaging would be taking place should the pandemic not be happening?

MS acknowledged that decisions have taken place at a expedited pace but the value for money and underpinning market assessment consideration were still undertaken for this contract as with all procurements. DHCW have welcomed any move toward digital provision of services, this provision also supports accessibility for citizens without digital access and will also support the Digital Service for Patients and the Public (DSPP) in the digital space to fulfill messaging. Should this be an ongoing strategic requirement, consideration will be reassessed in 12 months with this contact provision allowing a 12-month extension. This would provide time to explore additional options.

RGR confirmed support for the initiative, understanding

	<p>the usefulness of the system. In addition to value for money, RGR stated the importance of value for mission, such as considerations to measure the citizen responses in the use of this system.</p> <p>GQ asked for the Board to consider worldwide best practice for messaging services, as there are exemplars that can provide organisational learning.</p> <p>MS confirmed that reflections on this service and the response to Covid-19 in general would certainly be key considerations moving forward.</p> <p>GQ recognised Wales place in both a learning and teaching position with regard to the response to Covid-19.</p> <p>The Chair closed the item by asking the Board for approval of the contract award.</p> <p>The Board resolved to:</p> <p>Approve the contract award for the procurement and note the plan of future strategic procurement items likely to come back to the Board in the future.</p>		
4.3	<p>Shared Listening and Learning Approach to DHCW Board Meetings</p> <p>The Chair invited Chris Darling (CD) to present the item.</p> <p>The proposal presented supports the principles of organisational learning as a component of Board business. The proposal is considered best practice and good governance for NHS bodies throughout the UK in building quality, safety, sustainability, and ongoing learning into NHS organisations. The approach is to include a patient, citizen , staff/health and care professional story in the agenda for each Board meeting to remind the Board of the core purpose of Digital Health and Care Wales in supporting the provision of health and care.</p> <p>The aim is to take forward lessons learned and bring to life the real stories involved in the provision of health and care. There will be a number of avenues for stories to be shared with the Board, working with other NHS organisations and Programmes such as Digital Services for Patients and the Public.</p> <p>Discussions, actions and related tracking will be captured to ensure the Board are operating in an organisational learning space.</p> <p>The Chair thanked CD and welcomed the paper, stating the importance of finding mechanisms for connectivity</p>	Approved	Create framework for monitoring embedding of organisational learning from shared listening and learning

	<p>and links to the wider health and care system.</p> <p>MWJ was very supportive of the approach and wanted to understand how the lessons learned would be taken forward and shared.</p> <p>CD responded that a framework will be developed with actions logged and reported to the Board at each meeting with full transparency in regard to what is seen and heard in order to ensure the learning is logged and embedded.</p> <p>ACTION 20210527-A01 Create framework for monitoring embedding of organisational learning from shared listening and learning.</p> <p>The Board resolved to:</p> <p>Approve the Shared Listening and Learning Approach to DHCW Board Meetings.</p>		
4.4	Comfort Break		
GOVERNANCE, RISK, PERFORMANCE AND ASSURANCE			
5.1	<p>Integrated Organisational Performance Report</p> <p>The Chair invited MS to present the item.</p> <p>MS explained to the Board the report had been created with the senior leaders in the organisation and was a work in progress. Feedback on the content and pitch of the report is welcomed.</p> <p>MS outlined the structure of the report as having two sections:</p> <ul style="list-style-type: none"> • Performance against the plan • Operational performance <p>A scorecard has been included in the front as a quick view of organisational health and to highlight areas of focus that need closer monitoring and management.</p> <p>There are five areas not reporting a green status currently.</p> <p>Appraisal data and statutory and mandatory training compliance figures have data issues in the third-party system due to the migration to a new organisation, DHCW are working with the third-party supplier to rectify.</p> <p>Audit Actions are not being completed as quickly as anticipated, this is being monitored weekly with a sustained approach to close-out.</p> <p>The compliance with key requirements of DHCW's ISO and BSI standards, additional resource has been recruited and</p>	Discussed	<p>Include the progress of services in development in the reporting.</p> <p>Corporate Governance Team to include performance reporting in a Board development session.</p>

a new quality team has been established to address this.

With regard to Commercial Services Contract Management, there has been a need to divert resource to priority Covid-19 procurement work. Key posts have now been recruited and moving forward contract metrics will be reported to the Board.

MS brought the Board's attention to slide 10, the plan on a page. The position reflected is for April and reporting as on track. Achievements are on the following slide.

MS indicated that COL would provide the financial context in the next item.

MS moved to the workforce section of the report highlighting the low sickness rates. Additionally, MS recognised recruitment as being a key point discussed throughout today's Board. Slide 17 provides a tracker overview of recruitment activity which began in March when the funding position was confirmed, and the recruitment task force was stood up to focus on recruitment at pace to reflect the priority this has for the organisation.

MS drew the attention of the Board to Operational Performance slides. In addition to the new deliveries planned each year, DHCW supports over 100 systems.

There are agreed service level agreements in place with each of the services. Slide 22 shows some amber instances for April, this reflected the resource diverted to deal with three Significant Incidents. There is also some missing data due to validation required on information from the third-party supplier. This will be provided at the next Board.

BH thanked MS for the report and welcomed the scorecard in giving a broad performance overview across the organisation. BH then invited the other Board members to ask questions.

DS reiterated support for the scorecard and asked does the operational service delivery include systems in development?

MS responded to say the service delivery indicators is for live services, the services in development will be managed via overall plan on a page.

DS asked for more detail of services in development included in the performance report.

ACTION 20210527-A02 Include the progress of services in future performance reports.

	<p>RGR recognised the ambition of plan on a page but highlighted this doesn't provide any assurance in how we are working with partners in the delivery. RGR asked the Board to schedule time into a Board development session to discuss performance reporting.</p> <p>ACTION 20210527-A03 – Corporate Governance Team to include performance reporting in a Board development session.</p> <p>MWJ welcomed the clarity provided by the report proposing deep dives in different areas of the report. Recruitment and retention was a proposed consideration noting the effort the organisation is taking to recruit.</p> <p>MWJ congratulated DHCW on the GO Wales award.</p> <p>SD suggested some further work to develop the executive summary to focus on the overall position by highlighting the key risks and challenges. Also noting, the milestones for coming month and the scale of the projects, with reflections at the next Board.</p> <p>The Chair thanked the Board for their participation.</p> <p>The Board resolved to:</p> <p>Note the discussion of the Integrated Organisational Performance Report.</p>		
5.2	<p>Finance Report</p> <p>BH invited COL to present the item.</p> <p>COL explained the report highlights including the responsibilities of the organisation, with particular emphasis on</p> <ul style="list-style-type: none"> • remaining within resource limits of revenue and capital. • ensuring adherence to the public sector payment policy. <p>Financial year end closure for 2020/21 is being finalised in conjunction with Velindre and in readiness for the ledger balances to be signed over on the 30th September. There is an interim working agreement in place with Welsh Government regarding cash to allow for the variable nature of the initial period for DHCW as a new organisation.</p> <p>In the first operating month DHCW reported a revenue surplus of £299,000, which reflects the vacancy position across the Organisation. The recruitment task force led by Workforce is co-ordinating activity across the organisation to address this. The Covid-19 and Digital investment</p>	Discussed	None to note

projections are progress to plan.

The outlook following the first month is a balanced position for the year end. There will be a detailed analysis at the end of the first quarter to accurately forecast for the remainder of the year.

Capital investments come from a range of sources including Digital Priorities Investment Funding, discretionary and Covid-19 work. The capital spend is slightly behind plan with a £30,000 surplus reported. The report outlines the current capital position as being balanced at the end of the year.

COL highlighted that DHCW is in full compliance with the key deliverable including the planned 2% savings target.

COL concluded by outlining the risks and opportunities for DHCW from a financial perspective.

Currently the funding requirements for the Vaccine Programme is being substantiated, DHCW are awaiting an imminent confirmation from Welsh Government.

COL referenced two minor financial risks detailed in the paper relating to the outstanding action to finalise Service Level Agreements with Health Boards, due for completion in June.

COL then brought potential opportunities for savings to the attention of the Board.

- Pay efficiencies
- Test, Trace, Protect – the licence requirement is lower than expected, this monies will be credited back to Welsh Government when realised.

COL outlined the current work focus for the finance department is on the infrastructure and cloud strategy. The Office 365 contract renewal which will be finalised next year in collaboration with Health Board and Trust colleagues. Finally, the finance department will work with Velindre NHS Trust to close the year end position and transfer the balance sheet.

The Chair then invited questions from Board Members

SD commented on the large variance in revenue of budget vs actual in month one. SD asked if there was a specific reason for this large deviation?

COL responded outlining several factors, the main driver of the variance was the high vacancy factor. COL will report back to the Board on the progress of the recruitment task force in addressing the vacancy factor. The first quarter will give a true insight into the position

	<p>and impact.</p> <p>The Chair noted the content of the report and the forecast year end position.</p> <p>The Board resolved to:</p> <p>Note the discussion of the Finance Report.</p>		
5.3	<p>Risk Management and Board Assurance Framework Strategy</p> <p>Chair invited CD to give an overview of the item to the Board.</p> <p>CD provided an overview of the papers included for approval by the Board.</p> <p>The proposal builds on the existing arrangements in place inherited from the NHS Wales Informatics Service but expands the scope to include not only risk management but Board assurance.</p> <p>The strategy proposes:</p> <ul style="list-style-type: none"> • that the DHCW Committees have a role in overseeing and scrutinising risk on the Corporate Risk Register relating to the areas of Committee responsibly. • the need for a consistent approach when describing and articulating risks as set out in section 2.4 of the cover paper. • The risk management reporting structure and escalation arrangements. <p>The Board are on a journey to agree the principle risks to delivery of DHCW’s strategic organisational objectives and articulate the organisations risk appetite. These will form part of the delivery of the Risk Management and Board Assurance Framework Strategy.</p> <p>The key milestones for implementing the strategy are included at item 5.3ii appendix b with the view it will take six to nine months to establish the Board Assurance and Risk appetite approach.</p> <p>Milestones 1 – 3 relate to the approval of the Risk Management and Board Assurance Framework Strategy with implementation of the changes to risk articulation and understanding the strategy in detail via the risk management group. A key consideration of this will be understanding how the organisation will manage risks that potentially impact on the wider NHS Wales system and how they are communicated with our partners.</p> <p>Milestone 4 – 7 outline facilitated sessions planned</p>	Approved	None to note

	<p>which are designed to agree principle risks, assurance and control mapping to identity and address any gaps.</p> <p>Milestone 8 – outlines proposed training</p> <p>Milestones 9 and 10 outline the work to understand board members approach to risk and define the Board’s risk appetite, to set and embed the culture and approach to risk management.</p> <p>CD reiterated this work will take a number of months to complete.</p> <p>The Chair invited questions from the Board</p> <p>RG commented that the key concern for her is the setting of the risk appetite. In relation to milestone 8, culture matters most regarding approach to risk and how staff operate within the framework. RG expects this to be very clearly communicated.</p> <p>MWJ observed the strategy was reviewed at the Audit and Assurance Committee, it was very well received and fully endorsed.</p> <p>The Chair commented that some of our risks are system risks that go beyond DHCW. It would be useful to see the reflection of the whole system issues and the DHCW approach to wider dialogue on these as shared risks. Noting that the collaborative networks and Board to Board engagement present an opportunity to explore shared approaches to common risks.</p> <p>HT noted that there are a number of avenues for sharing and addressing these risks nationally. There is a National Digital Delivery Leadership Group with a key focus on risk with the opportunity for escalation up to NHS Wales Executive Board</p> <p>The Chair thanked the Board for their contributions.</p> <p>The Board resolved to:</p> <p>Approve the Risk and Board Assurance Strategy and note the associated milestone plan.</p>		
5.4	<p>Corporate Risk Register</p> <p>The Chair invited the Executive Director of Finance (COL) to present the item.</p> <p>COL explained that risk currently sits under the responsibility of the Executive Director of Finance, this will be migrating to sit under the Office of the Board Secretary from the 1st July.</p> <p>COL relayed to the Board that the corporate risk register was reviewed as part of the Audit and Assurance</p>	Discussed	None to note

	<p>Committee agenda on the 11th May and the Digital Governance and Safety Committee reviewed the areas of risk proposed as within their remit on 12th May.</p> <p>COL outlined the contents of the risk register. There are 19 risk in total, with 15 public and 4 private due to their sensitive nature. 8 of the corporate risks are classed as critical but mitigation actions are in place with detailed scrutiny being undertaken through committees.</p> <p>The Chair noted the uncertain environment the NHS in Wales is currently operating in and it's important for DHCW to keep a fresh look at risks as the horizon changes.</p> <p>The Board resolved to:</p> <p>Note the Corporate Risk Register.</p>		
5.5	<p>Audit and Assurance Committee Highlight Report</p> <p>The Chair invited MWJ to present the highlight report.</p> <p>MWJ reported the Audit and Assurance Committee met on 11th May with a productive meeting, MWJ thanked CD and COL for the extensive support in preparing for the Committee.</p> <p>MWJ outlined the items that were approved, noted and received by the Committee as detailed in the highlight report.</p> <p>The delegated action taken was:</p> <p>Approval of the Audit and Assurance Committee Terms of Reference for inclusion in the updated DHCW Standing Orders.</p> <p>Approval of the Committee Annual Cycle of Business.</p> <p>Approval of the Internal Audit plan 21/22.</p> <p>Approval of Audit Wales initial plan 21/22.</p> <p>Endorsement of the Risk Management and Board Assurance Framework Strategy.</p> <p>Approval of Financial Control Procedures.</p> <p>The Board resolved to:</p> <p>Receive and note the report for assurance.</p>	Received for Assurance	None to note
5.6	<p>Digital Governance and Safety Committee Highlight Report</p> <p>The Chair invited SD to present the highlight report.</p> <p>SD outlined the key elements within the report. The Terms of Reference were approved for the Committee,</p>	Received for Assurance	None to note

	<p>which is the first Digital Governance and Safety Committee in NHS Wales. SD pointed out the evolving nature of the Committee as assurance reports start to be developed and received.</p> <p>The Committee approved the Annual Cycle of Business and noted the forward workplan as well as receiving the closure report from the Velindre Committees.</p> <p>The leads for each of the areas within the remit of the Terms of Reference provided presentations to the Committee setting out the governance landscape for each area. The reporting requirements were discussed and commitment by Members and Officers to define the parameters for reporting was noted.</p> <p>SD stated there were no actions regarding the EU settlement status report.</p> <p>SD reported a very good discussion on risk management.</p> <p>The closed session received reporting and the risks for Cyber Security.</p> <p>SD wanted to extend thanks to the Corporate Governance team, Rowan Gardner and David Selway for their contributions and support at the first Committee meeting.</p> <p>The Board resolved to:</p> <p>Receive and note the report for assurance.</p>		
5.7	<p>Remuneration and Terms of Service Committee Highlight Report</p> <p>The Chair (BH) presented the highlight report for this item.</p> <p>The first meeting of the Remuneration and Terms of Service Committee took place on the 30th April 2021.</p> <p>The first motion to be undertaken was the appointment of Ruth Glazzard to the position of Vice Chair of the Committee.</p> <p>The Terms of Reference were noted as those adopted by the Board on 1st April 2021 in line with the adoption of the Standing Orders.</p> <p>A proposal for the continuation of the overtime payment scheme was presented for approval by the Committee. The proposal outlines that the agenda for change pay scale does not allow for overtime payment for 8a and above. This is designed for the wider NHS but on occasion this doesn't meet the requirements for specialist organisations to deliver services in incident</p>	Received for Assurance	None to note

	<p>management situations.</p> <p>BH reiterated this was a handful of individuals in special and occasional circumstances. The proposal was approved subject to strategic review of more sustainable options to be re-presented to the Committee at a later date.</p> <p>The ratification of the appointment of the Executive Director of Finance and the Executive Medical Director took place as well as approving the remuneration and terms of service for both.</p> <p>BH reported a discussion took place regarding the permanent CEO, which has since evolved and come to a conclusion with the appointment of Helen Thomas to the permanent CEO post.</p> <p>BH closed by reiterating the importance of timely appointment of the two additional executive posts in the context of the wider organisation structure.</p> <p>The Board resolved to:</p> <p>Receive and note the report for assurance.</p>		
CLOSING MATTERS			
6.1	<p>Any other urgent business</p> <p>No items to note</p>	Discussed	None to note
6.2	<p>Date and Time of Next Meeting – 29TH July 2021 10am</p> <p>Details of how to join the meeting on the new platform will be issued well in advance.</p>	Noted	None to note

2.2 Action Log

Title	Date of Meeting	Business Area	Action/Decision Narrative	Action Lead	Due Date	Status/Outcome Narrative	Revised due date	Status
20210401-A01	01/04/2021	Corporate Governance	Committee membership to be agreed as priority	Chris Darling (DHCW – Board Secretary)	16/04/2021	Bob Hudson, Chair of the Board met with all Independent members to discuss skill sets and preference. Chris Darling, Board Secretary supported this and administered appointments for Committee membership.		Complete
20210527-A01	27/05/2021	Corporate Governance	Create framework for monitoring embedding of organisational learning from shared listening and learning	Chris Darling (DHCW – Board Secretary)	29/07/2021	13/07/2021 This is currently being written up for the shared listening and learning from the Board meetings		Underway
20210527-A02	27/05/2021	Performance Reporting	Include the progress of services in future performance reports.	Michelle Sell (DHCW – Chief Operating Officer)	29/07/2021	19/07/21 Planning will add this in for the September Board meeting.		Underway
20210527-A03	27/05/2021	Corporate Governance	Corporate Governance Team to include performance reporting in a Board development session.	Chris Darling (DHCW – Board Secretary)	29/07/2021	13/07/2021 This has been included in the Board Development Session on the 2nd September.		Complete

DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN REPORT

Agenda Item	2.3
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Name of Meeting	SHA Board
Date of Meeting	29 July 2021

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

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

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

Acronyms			
DHCW	Digital Health and Care Wales	WIDI	Wales Institute for Digital Information
OD	Organisational Development Plan	RISP	Radiology Information System Procurement
SHA	Special Health Authority	LINC	Laboratory Information Network Cymru

1 SITUATION/BACKGROUND

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

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Below are the additional items for the September Board meeting.

- Technium 2 Swansea Lease Common Seal
- Performance Framework
- Laboratory Information Network Cymru (LINC) Contract Award Approval
- Cloud Strategy Approach
- Radiology Information System Procurement Outline Business Case – This will be in a private session due to commercial sensitivity
- Research and Development Strategy Approach

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The Full Business Case for LINC was originally planned to be received by all NHS Wales Boards in private session in July will now be received in private session in August. This will ensure appropriate review ahead of the planned contract award at the September Board.
- 3.2 The Performance Management Framework has moved from the July meeting to September.
- 3.3 The Governance Assurance Framework has moved from the July meeting to November to reflect the risk appetite work being undertaken in the coming weeks.
- 3.4 Please see attached the updated forward workplan at Appendix 1.

4 RECOMMENDATION

The Board is being asked to:

NOTE the content of the report.

5 IMPACT ASSESSMENT

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

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

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

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

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

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

LEGAL IMPLICATIONS/IMPACT	The LINC Contract award is legally binding.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below There are financial implications of the LINC Contract award, RISP Outline Business Case, Cloud Strategy and Research and Development strategy.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below There will be additional resource requirements for LINC Contract award, RISP Outline Business Case, Cloud Strategy and Research and Development strategy.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Digital Health and Care Wales Board Work Programme 21/22

Meeting Date	Standing items	Governance	Additional items
29 th July 2021	<ul style="list-style-type: none"> • Welcome and Introductions • Minutes • Declarations of interest • Action log • Forward Work Programme • Shared listening and learning – Patient/User Story • Chairs Report • Chief Executives Report • Review of Corporate Risk Register • Integrated Organisational Performance Report • Committee Highlight Reports • Local Partnership Forum (LPF) Highlight Report • Financial Report • Procurement and large tender Report 	<ul style="list-style-type: none"> • Respect and Resolution Policy 	<ul style="list-style-type: none"> • Stakeholder Engagement Strategy • Cloud Strategy Update • Top level organisation proposal
August Date - To Be Confirmed	<ul style="list-style-type: none"> • Welcome and Introductions • Declarations of interest 		<ul style="list-style-type: none"> • The LINC Full Business Case - PRIVATE
30 th September	<ul style="list-style-type: none"> • Welcome and Introductions • Minutes • Declarations of interest • Action log • Forward Work Programme • Shared listening and learning – Patient/User Story • Chairs Report • Chief Executives Report • Review of Corporate Risk Register • Integrated Organisational Performance Report • Committee Highlight Reports • Local Partnership Forum (LPF) Highlight Report • Financial Report • Risk Management and Board Assurance Framework Report 	<ul style="list-style-type: none"> • Transfer of Lease - 1st Floor, Technium 2 – Common Seal 	<ul style="list-style-type: none"> • Data Centre Transition Report • Performance Framework • LINC Contract Award Approval • Cloud Strategy Approach • RISP OBC – PRIVATE • Research and Development Strategy Approach

	<ul style="list-style-type: none"> • Procurement and large tender Report 		
25 th Nov	<ul style="list-style-type: none"> • Welcome and Introductions • Minutes • Declarations of interest • Action log • Forward Work Programme • Shared listening and learning – Patient/User Story • Chairs Report • Chief Executives Report • Review of Corporate Risk Register • Integrated Organisational Performance Report • Committee Highlight Reports • Local Partnership Forum (LPF) Highlight Report • Financial Report • Risk Management and Board Assurance Framework Report • Procurement and large tender Report 	<ul style="list-style-type: none"> • Governance Assurance Framework 	<ul style="list-style-type: none"> • GP Print services Contract Award Approval • Audit Wales Structured Assessment
27 th Jan	<ul style="list-style-type: none"> • Welcome and Introductions • Minutes • Declarations of interest • Action log • Forward Work Programme • Shared listening and learning – Patient/User Story • Chairs Report • Chief Executives Report • Review of Corporate Risk Register • Integrated Organisational Performance Report • Committee Highlight Reports • Local Partnership Forum (LPF) Highlight Report • Financial Report • Risk Management and Board Assurance Framework Report • Procurement and large tender Report 		<ul style="list-style-type: none"> •

DIGITAL HEALTH AND CARE WALES POLICY UPDATE REPORT

Agenda Item	2.4
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Name of Meeting	SHA Board
Date of Meeting	29 July 2021

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

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

Purpose of the Report	For Noting
Recommendation	
The Board is being asked to: NOTE the new All Wales policy for implementation.	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
NHS	National Health Service		

1 SITUATION/BACKGROUND

- 1.1 The NHS in Wales have a number of policies covering a range of subjects. These policies are reviewed by national working groups and updated in line with evolving best practice approaches and the most recent legislation.
- 1.2 The NHS in Wales is committed to the [core principles of NHS Wales](#) one of which is valuing staff. The valuing staff principle states that as NHS organisations we support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns., a number of key policies in recent years have been reviewed and updated to reflect this approach.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 DHCW is required as an NHS organisation to adopt and embed the new ways of working that accompany the publication of a new All Wales policy.
- 2.2 The new All Wales policy called Respect and Resolution replaces the Dignity at work and grievance policies in line with the approach to valuing staff.
- 2.3 A number of familiarisation sessions have been provided by NHS Employers and the DHCW Workforce and Organisational Development team will be working to support embedding the policy with managers within DHCW to provide clarity and guidance on the policy and the specific changes in approach that the adoption will bring.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 None to escalate.

4 RECOMMENDATION

The Board is being asked to:

NOTE the new All Wales policy for implementation.

5 IMPACT ASSESSMENT

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

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below: All Standards rely on policy information.	

HEALTH CARE STANDARD	Staff & Resources
If more than one standard applies, please list below: Effective Care	

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

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	17 th June 2021	Endorsed for adoption

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

<p>WORKFORCE IMPLICATION/IMPACT</p>	<p>Yes, please see detail below</p> <p>The policy outlines the roles and responsibilities of the employee and manager, providing clarity on assistance and avenues available regarding the situations outlined in the policy.</p>
<p>SOCIO ECONOMIC IMPLICATION/IMPACT</p>	<p>No. there are no specific socio-economic implications related to the activity outlined in this report</p>

**POLISI
PARCH A
DATRYS**



Adrannau

01

Ynglŷn â'r polisi hwn

02

Defnyddio'r polisi hwn

03

Datrysiaid Anffurfio

04

Cais Ffurfiol am Ddatrysiaid

05

Cyfarfodydd Datrys Ffurfiol

06

Apeliadau

07

Yr hawl i gael rhywun gyda chi

08

Cais ar y Cyd am Ddatrysiaid

09

Ceisiadau am Ddatrysiaid a Phrosesau Disgyblu sy'n gorgyffwrdd

10

Dysgu o Ddigwyddiadau

11

Siart Lif

CYNNWYS

TUDALEN

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4.	Cais Ffurfiol am Ddatrysiad	11
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9.	Ceisiadau am Ddatrysiad a Phrosesau Disgyblu sy'n gorgyffwrdd	21
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11.	Siart Lif	25



POLISI PARCH A DATRYS

Cymeradwywyd gan: Fforwm Partneriaeth Cymru

Dyddiad Cyhoeddi: Ebrill 2021



01

Ynglŷn â'r polisi hwn



01 Ynglŷn â'r polisi hwn

1. Ynglŷn â'r polisi hwn

1.1 Rydym yn ceisio sicrhau bod gan bob cyflogai fynediad at bolisi i helpu i ymdrin ag unrhyw geisiadau am ddatrysiad yn ymwneud â'i gyflogaeth yn deg, yn adeiladol a heb oedi afresymol.

1.2 Ein nod yw annog tegwch a pherthnasoedd cadarnhaol yn y gweithle. Ein nod yw atal bwlio, aflonyddu ac unrhyw fath o ymddygiad annerbyniol.

1.3 Rydym yn cydnabod bod amgylchedd gwaith cadarnhaol a pherthnasoedd gwaith da yn cael effaith gadarnhaol ar lesiant ac ymgysylltiad y cyflogai ac ar brofiad cleifion. Gall amgylchedd gwaith cadarnhaol hefyd arwain at berfformiad gwell, cadw mwy o gyflogai a llai o absenoldeb salwch sy'n gysylltiedig â straen. Mae canolbwyntio ar ddatrys yn dda i'n sefydliad, mae'n dda i chi ac mae'n dda i'n cleifion a'n defnyddwyr gwasanaeth.

1.4 Rydym yn cydnabod bod gwrthdaro ac anghydfodau yn digwydd yn y gweithle, ond ni ddylid eu hystyried yn negyddol bob amser. Pan fydd gwrthdaro yn cael ei reoli'n dda, mae'n creu perthnasoedd gwaith iach, cydnerth a chadarnhaol. Rydym yn ymdrechu i gael gweithle lle gall pawb ymwneud â'i gilydd yn adeiladol a defnyddio'r pecyn cymorth sydd ar gael i ddod o hyd i'w datrysiadau eu hunain cyn belled ag y bo modd.

1.5 Os bydd hyn yn digwydd, byddwn yn cefnogi cyflogeion a rheolwyr i gydweithio i ddatrys unrhyw faterion a gwrthdaro yn adeiladol ac yn gyflym.

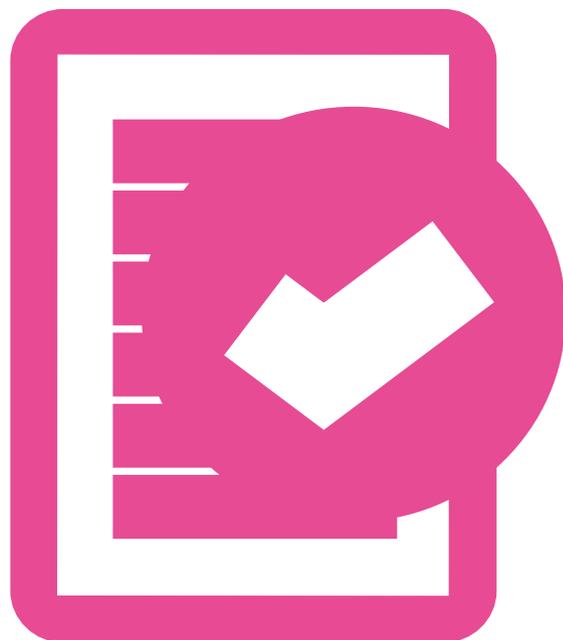
1.6 Rydym yn ymrwymo i ddatrys materion ar y cyfle cyntaf heb ddefnyddio polisi ffurfiol. Os bydd popeth arall yn methu, efallai y bydd angen defnyddio rhan ffurfiol y polisi hwn i ddatrys anghydfodau neu faterion. Mae'r polisi hwn yn amlinellu ein hymrwymiad i'ch helpu chi i ddod o hyd i ddatrysiad.

1.7 Mae'r polisi hwn yn berthnasol i'r holl gyflogeion.

1.8 Mae Fforwm Partneriaeth Cymru wedi cytuno ar y polisi hwn.

1.9 Mae'r polisi hwn yn ffurfio'r polisi cwynion ffurfiol.

1.10 Mae [Egwyddorion Craidd GIG Cymru](#) yn ganolog i'r polisi hwn ac maent yn berthnasol drwyddi draw.



02

Defnyddio'r polisi hwn



2 Defnyddio'r polisi hwn

2. Defnyddio'r polisi hwn

2.1 Nod y Polisi Datrys hwn yw sicrhau datrysiadau adeiladol a pharhaol i anghytundebau, gwrthdaro a chwynion yn y gweithle. Gall materion sy'n achosi anghytundebau, gwrthdaro a chwynion gynnwys, ond nid ydynt yn gyfyngedig i'r canlynol:

- (a) telerau ac amodau cyflogaeth
- (b) iechyd a diogelwch
- (c) perthnasoedd gwaith
- (d) bwlio ac aflonyddu
- (e) arferion gwaith newydd
- (f) amgylchedd gwaith
- (g) newid sefydliadol; a
- (h) gwahaniaethu.

2.2 Bydd y status quo ar yr adeg y byddwch yn gwneud eich cais am ddatrysiad fel arfer yn parhau ar waith trwy gydol y polisi.

2.3 Dylai pawb sicrhau yr ymdrinnir â materion mewn ffordd deg a chyson a hynny'n gyflym a chyda chefnogaeth.

2.4 Dylai pob gweithle yn GIG Cymru fod yn rhydd rhag bwlio ac aflonyddu. Rydym wedi ymrwmo i sicrhau bod yr holl staff yn cael eu trin, ac yn trin pobl eraill, ag urddas a pharch. Mae'r polisi hwn yn cynnwys aflonyddu a bwlio sy'n digwydd yn y gwaith a'r tu allan i'r gweithle, megis ar dripiâu gwaith, mewn digwyddiadau sy'n gysylltiedig â'r gwaith, digwyddiadau cymdeithasol neu ar-lein.

2.5 Mae'n cynnwys bwlio ac aflonyddu gan staff (a all gynnwys contractwyr a gweithwyr asiantaeth) a hefyd gan drydydd partion megis cleifion ac ymwelwyr â'n hadeiladau.



03

Datrysiad Anffurfio



3 Datrysiad Anffurfio

3. Datrysiad Anffurfio

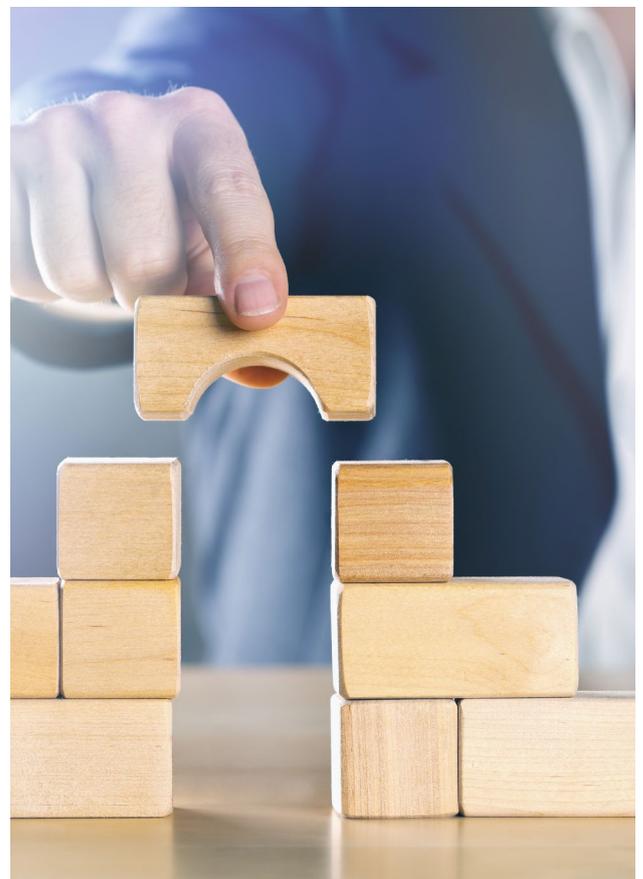
3.1 Ein nod yw bod pob un ohonom yn cymryd cyfrifoldeb am ein perthnasoedd fel eu bod mor iach â phosibl.

3.2 I helpu hyn, mae [pecyn cymorth](#) wedi'i ddatblygu sy'n cynnwys y dulliau defnyddiol hyn:

- (a) Awgrymiadau Myfyrio ar sut y gallwn gael perthnasoedd iach
- (b) Cael Sgwrs dros Baned
- (c) Trafod ag arweinydd/rheolwr priodol
- (d) Cymryd rhan mewn Sgwrs wedi'i Hwyluso'n annibynnol
- (e) Cael mynediad at Gyfryngu achrededig.

3.3 Disgwylir bod yr amrywiaeth o offer ac adnoddau sydd ar gael yn cael eu defnyddio i helpu i ddatrys y mater(ion) cyn gwneud cais ffurfiol am ddatrysiad. Gellir gwneud hyn gyda chefnogaeth eich rheolwr llinell, er efallai na fydd hyn yn angenrheidiol bob tro.

3.4 Gellir datrys y rhan fwyaf o anghytundebau yn gyflym ac yn anffurfiol drwy drafod â'ch cydweithwyr neu reolwr llinell. Os nad ydych yn teimlo eich bod yn gallu siarad â'ch rheolwr, er enghraifft, oherwydd bod y mater yn ei gynnwys, yna dylech gael sgwrs anffurfiol ag uwch reolwr, eich Cynrychiolydd Undeb Llafur neu aelod o Adnoddau Dynol. Os nad yw hyn yn datrys y mater, dylech ddilyn rhan ffurfiol y polisi isod.



04

Cais Ffurfiol am Ddatrysiad



4

Cais Ffurfiol am Ddatrysiad

4. Cais Ffurfiol am Ddatrysiad

4.1 Mae'r cam hwn o'r polisi yn gwyn ffurfiol.

4.2 Os na ellir datrys eich materion yn anffurfiol trwy ddefnyddio'r adnoddau a amlinellir yn y pecyn cymorth, dylech wneud eich cais am ddatrysiad yn ysgrifenedig a'i gyflwyno i'ch rheolwr llinell (neu uwch reolwr os yw'r mater yn cynnwys eich rheolwr llinell) neu aelod o Adnoddau Dynol.

4.3 Bydd Adnoddau Dynol yn penodi rhywun diduedd, o brofiad digonol i ystyried y cais. Mae'r penodiad hwn fel arfer yn digwydd cyn pen saith diwrnod ar ôl derbyn y cais. Caiff yr unigolyn hwn ei adnabod fel y Cadeirydd a bydd yn penderfynu ar ganlyniad eich cais.

4.4 Dylai eich cais ysgrifenedig am ddatrysiad gynnwys disgrifiad o natur eich mater, gan gynnwys unrhyw ffeithiau, dyddiadau, enwau unigolion dan sylw perthnasol a'r datrysiad rydych yn gobeithio ei gael. Mewn rhai sefyllfaoedd, efallai y byddwn yn gofyn i chi roi mwy o wybodaeth.

4.5 Gall cyflogai wneud cwyn neu godi mater yn Gymraeg a gall hefyd ymateb yn Gymraeg i unrhyw honiadau a wneir yn ei erbyn a dylid ei hysbysu o hyn ar ddechrau unrhyw achos. Dylai unrhyw achos dilynol gael ei gynnal yn Gymraeg neu dylid darparu gwasanaeth cyfieithu ar y pryd.



05

Cyfarfodydd Datrys Ffurfiol



5. Cyfarfodydd Datrys Ffurfiol

5.1 Bydd y Cadeirydd yn cwrdd â chi i drafod eich cais am ddatrysiad. Dylai hyn ddigwydd cyn pen 14 diwrnod ar ôl penodi'r cadeirydd. Diben y cyfarfod hwn yw caniatáu i chi egluro'ch mater, egluro sut rydych yn meddwl y dylid ei ddatrys, gan alluogi dod i benderfyniad yn seiliedig ar y dystiolaeth sydd ar gael a'r sylwadau rydych chi wedi'u gwneud. Dod o hyd i ddatrysiad fydd ffocws y cyfarfod hwn.

5.2 Yn dibynnu ar y manylion sydd wedi'u cynnwys yn eich cais am ddatrysiad, bydd y Cadeirydd naill ai'n edrych ar y materion gyda chi yn y cyfarfod hwn ac yn penderfynu ar ganlyniad neu bydd yn cychwyn ymchwiliad i alluogi ystyried eich cais ymhellach.

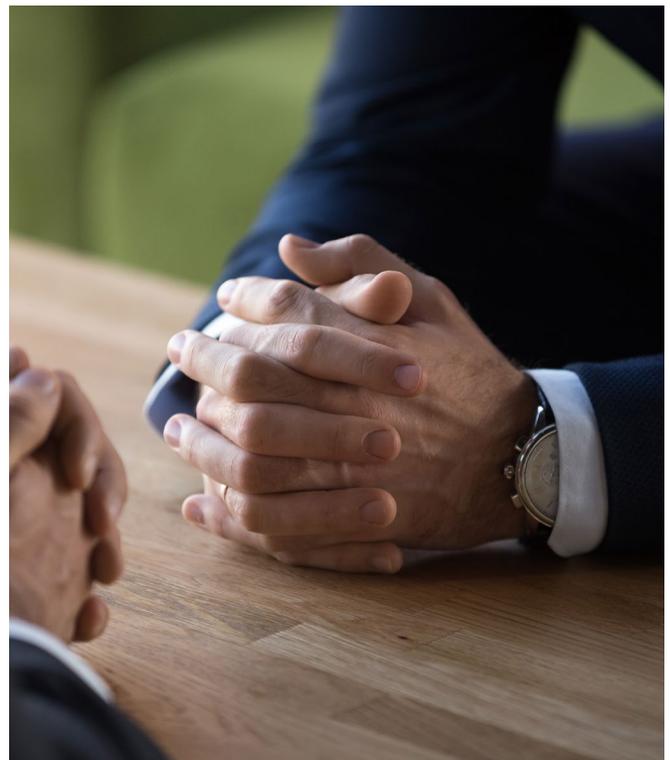
5.3 Os bydd angen ymchwiliad manwl, bydd y Cadeirydd yn penodi ymchwilydd. Cyflogai diduedd yn y sefydliad fydd hwn fel rheol. Ar y cam hwn, cytunir ar y cylch gorchwyl a'r amserlen.

5.4 Bydd lefel unrhyw ymchwiliad sy'n ofynnol yn dibynnu ar natur y materion dan sylw a bydd yn amrywio o achos i achos. Gall gynnwys cyfweiliadau a chymryd datganiadau gennych chi ac unrhyw dystion, a/neu adolygu dogfennau perthnasol.

5.5 Bydd y Cadeirydd yn gwneud penderfyniad yn seiliedig ar yr wybodaeth a gasglwyd yn y cyfarfod(ydd) datrys ffurfiol a chan gyfeirio at unrhyw ymchwiliad, os yw'n briodol.

5.6 Os yw'n bosibl, bydd y Cadeirydd yn rhoi penderfyniad ar lafar i chi ar ddiwedd y cyfarfod. Beth bynnag, byddwn yn ysgrifennu atoch, cyn pen saith diwrnod ar ôl y cyfarfod datrys ffurfiol fel rheol, i'ch hysbysu o'r canlyniad ac unrhyw gamau pellach y bwriedir iddynt ddatrys y materion. Byddwn yn eich atgoffa hefyd o'ch hawl i apelio.

5.7 Gwneir cofnod cywir o'r cyfarfod a bydd ar gael ar gais.



06

Apeliadau



6 Apeliadau

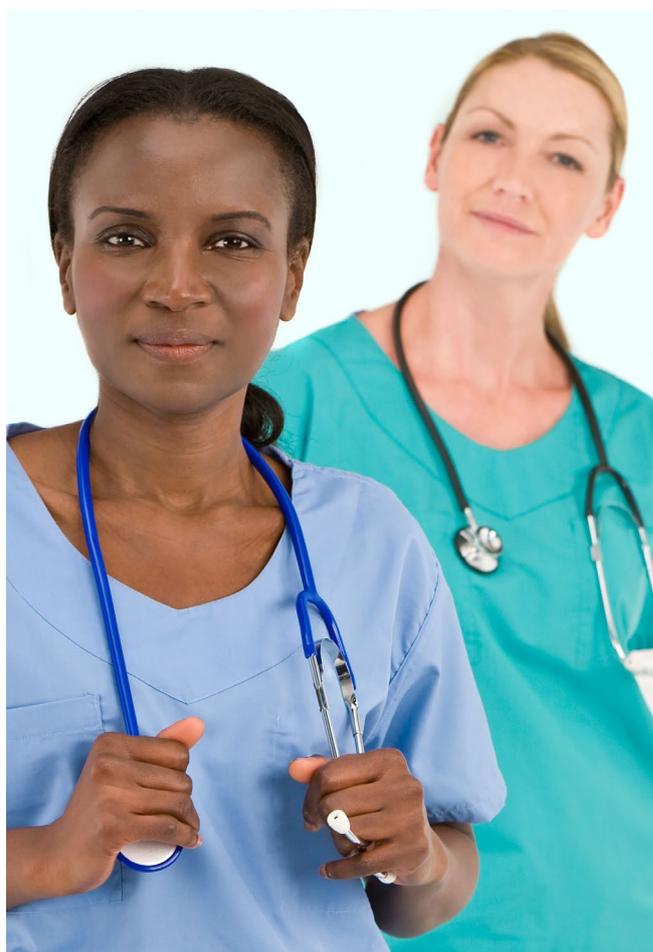
6. Apeliadau

6.1 Os na chafodd eich mater ei ddatrys yn foddhaol, gallwch wneud apêl ysgrifenedig cyn pen 14 diwrnod ar ôl y dyddiad y mynegwyd y penderfyniad i chi yn ysgrifenedig.

6.2 Byddwn yn cynnal cyfarfod apêl, fel rheol cyn pen mis ar ôl derbyn eich apêl ysgrifenedig. Ymdrinnir â hwn yn ddiduedd gan unigolyn ar lefel uwch na'r Cadeirydd nad yw wedi bod yn rhan o'r achos o'r blaen (er y gallant ofyn i rywun sydd wedi bod yn rhan o'r achos o'r blaen i fod yn bresennol lle bo hynny'n berthnasol i egluro rhai pwyntiau).

6.3 Bydd y person hwn yn cael ei ad-nabod fel Cadeirydd yr Apêl. Bydd Ad-noddau Dynol yn penodi Cadeirydd yr Apêl a bydd yn cael ei benodi fel rheol cyn pen saith diwrnod ar ôl derbyn yr apêl. Unwaith eto, bydd y cyfarfod yn canolbwyntio ar ddod o hyd i ddatrysi-ad.

6.4 Byddwn yn cadarnhau ein penderfyniad terfynol yn ysgrifenedig cyn pen saith diwrnod ar ôl y cyfarfod apêl. Dyma ddiwedd y weithdrefn ac nid oes apêl bellach.



07

**Yr hawl i gael
rhywun gyda chi**



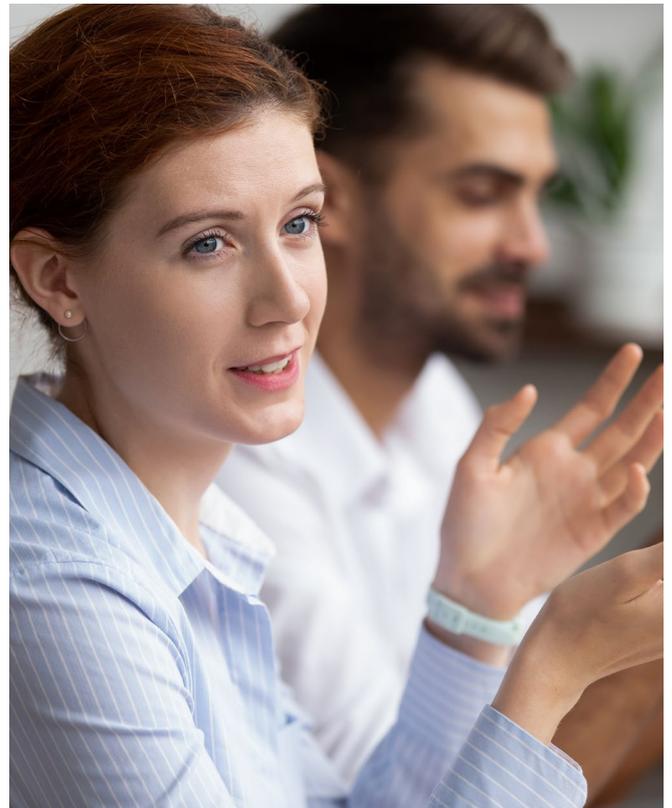
7 Yr hawl i gael rhywun gyda chi

7. Yr hawl i gael rhywun gyda chi

7.1 Gallwch ddod â chydymaith i unrhyw gyfarfod ymchwilio, cyfarfod datrys neu gyfarfod apêl i'ch helpu a'ch cefnogi. Gall y cydymaith fod yn Gynrychiolydd Undeb Llafur neu'n gydweithiwr.

7.2 Yn y cyfarfodydd datrys ac apêl, gall y cydymaith annerch y cyfarfod i gyflwyno a chrynhoi'ch achos, ymateb ar eich rhan i unrhyw safbwyntiau a fynegir, gofyn cwestiynau a thrafod â chi yn ystod y cyfarfod. Ni ddylai eich cydymaith ateb cwestiynau ar eich rhan. Gallwch adael i siarad â'ch cydymaith yn breifat ar unrhyw adeg yn ystod y cyfarfod.

7.3 Bydd gan dystion yr hawl i gael rhywun gyda nhw.



08

Cais ar y Cyd am Ddatrysiad



8. Cais ar y Cyd am Ddatrysiad

8.1 Mae'r rhan hon o'r polisi yn berthnasol pan fydd mwy nag un cyflogai yn dymuno gweithredu'r polisi ar yr un mater. Byddai hyn yn gŵyn ffurfiol ar y cyd.

8.2 Os oes angen datrysiad ar gyfer mater ar y cyd, dilynir camau'r polisi hwn yn unol ag adrannau 3 i 7 uchod. Bydd angen nodi'r holl gyflogeion sy'n cefnogi'r cais ar y cyd am ddatrysiad yn y cyflwyniad.

8.3 Bydd nifer y cyflogeion sy'n mynd i'r cyfarfod ffurfiol i gynrychioli'r grŵp ar y cyd yn cael ei gytuno ar y cychwyn (ond, fel rheol, ni ddylai'r nifer fod yn fwy na thri chyflogai ynghyd â'u cymdeithion).

8.4 Lle bo'r polisi hwn yn methu â sicrhau datrysiad i'r gŵyn a gyflwynwyd ar y cyd, gall y naill ochr gyfeirio'r mater i'r Gwasanaeth Cynghori, Cymodi a Chyflafareddu (ACAS) am gyngor neu gymodi.



09

**Ceisiadau am
Ddatrysiad a
Phrosesau
Disgyblu sy'n
gorgyffwrdd**



9

Ceisiadau am Ddatrysiad a Phrosesau Disgyblu sy'n gorgyffwrdd

9.Ceisiadau am Ddatrysiad a Phrosesau Disgyblu sy'n gorgyffwrdd

9.1 Pan fyddwch yn gwneud cais am ddatrysiad yn ystod proses ddisgyblu, bydd y rheolwr yn trafod â chi a'ch cynrychiolydd cyn gwneud penderfyniad ynghylch a ddylid atal y broses ddisgyblu dros dro er mwyn delio â'r cais am ddatrysiad. Lle bo cais am ddatrysiad ac achosion disgyblu'n gysylltiedig, gallai fod yn briodol ymdrin â'r ddau fater ar yr un pryd.

9.2 Efallai y bydd adegau pan fydd anghytundebau neu wrthdaro wedi'u datrys gan ddefnyddio'r pecyn cymorth, ond gall y sefydliad deimlo bod angen proses ddisgyblu pan fydd gwerthoedd neu safonau craidd wedi'u torri.

9.3 Mewn rhai amgylchiadau, megis mewn achosion o aflonyddu neu wahaniaethu, gall y Cadeirydd benderfynu ei bod yn fwy priodol atal y broses ddatrys a symud y mater ymlaen o dan y polisi disgyblu priodol.



10

Dysgu o Ddigwyddiadau

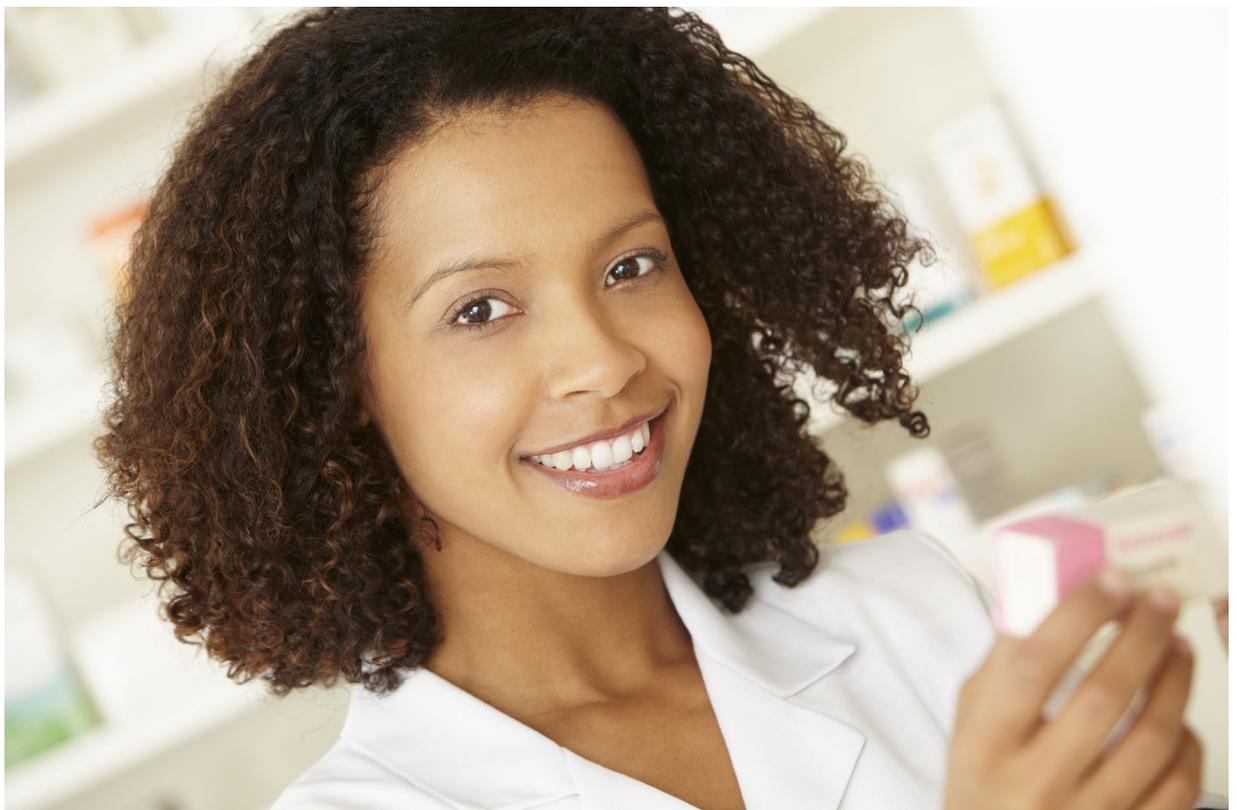


10 Dysgu o Ddigwyddiadau

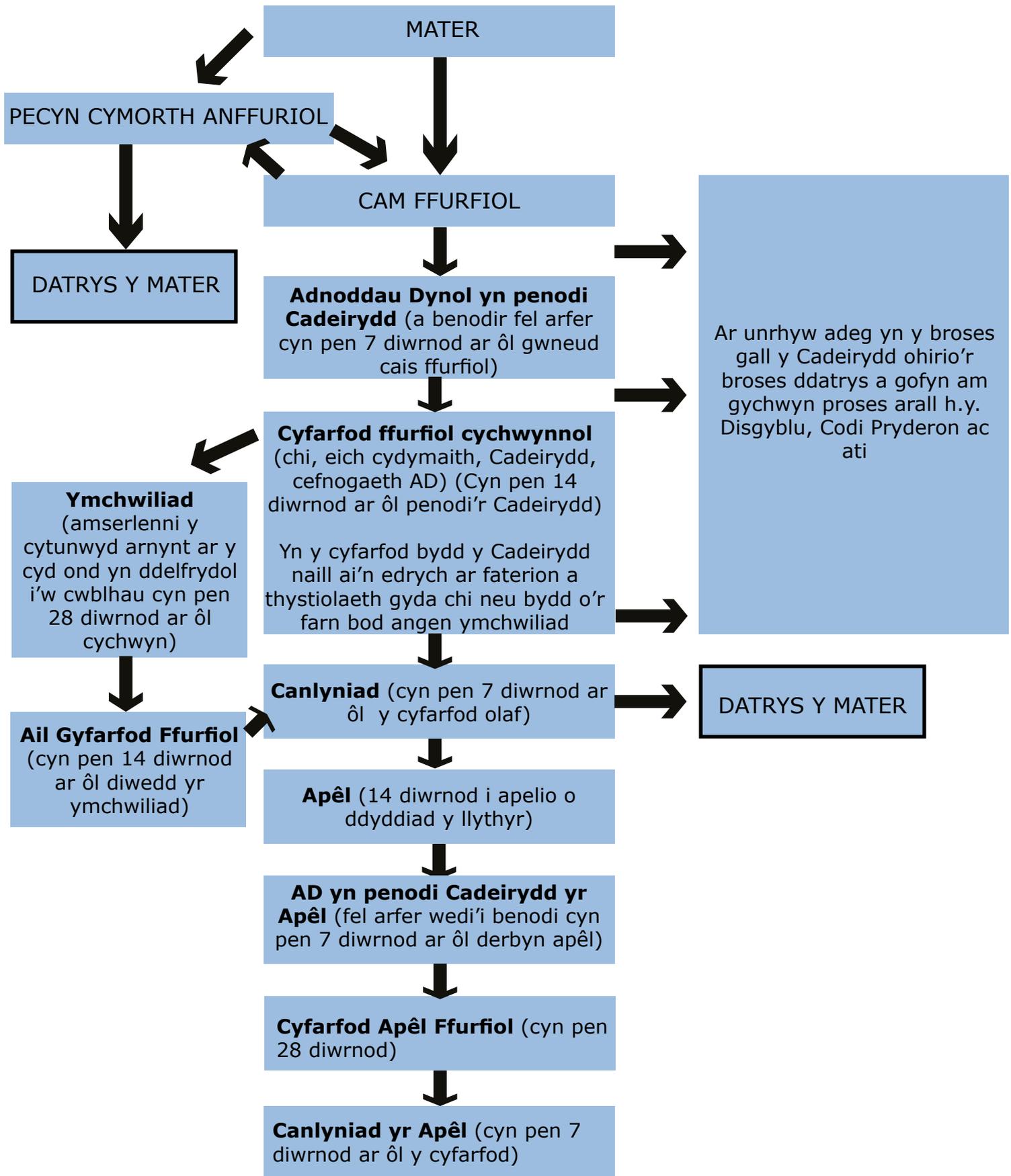
10. Dysgu o Ddigwyddiadau

10.1 Lle y bo'n briodol, byddwn yn myfyrio ar y broses ddatrys ac yn dysgu ohoni. Nid yw'r cam hwn yn ofyniad ond mae'n cael ei annog a gallai fod yn ddefnyddiol wrth helpu i ddatblygu amgylcheddau a pherthnasoedd gwaith iachach.

10.2 Dylai'r adolygiad hwn gael ei gynnal mewn partneriaeth lle bo hynny'n briodol, gyda'r bwriad o ddatblygu a chefnogi diwylliant gwaith iach. Dylai'r trafodaethau hyn ganolbwyntio ar ganlyniadau cadarnhaol a newid ([gweler y pecyn cymorth](#)).



11 Siart Lif



A light green map of the United Kingdom is centered on a teal background. The map shows the outlines of the four constituent countries: England, Scotland, Wales, and Northern Ireland. The text 'RESPECT AND RESOLUTION POLICY' is overlaid on the left side of the map in white, bold, uppercase letters.

RESPECT AND RESOLUTION POLICY

Sections

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Using this policy

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**Informal
Resolution**

04

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for Resolution**

05

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**Overlapping
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Resolution and
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10

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11

Flowchart



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RESPECT AND RESOLUTION POLICY

Approved by: Welsh Partnership Forum

Issue Date: April 2021



01

About this policy



01 About this policy

1. About this policy

1.1 We seek to ensure that all employees have access to a policy to help deal with any requests for resolution relating to their employment fairly, constructively and without unreasonable delay.

1.2 We aim to encourage fairness and positive relationships within the workplace. We aim to prevent bullying, harassment and any form of unacceptable behaviour.

1.3 We recognise that a positive working environment and good working relationships have a beneficial impact on employee wellbeing, engagement and patient experience. A positive working environment can also lead to better performance, improved employee retention and reduced stress related sickness absence. Focusing on resolution is good for our organisation, it is good for you and it is good for our patients and service users.

1.4 We recognise conflict and disagreements in the workplace happens but should not always be viewed negatively. When conflict is managed well it leads to healthy, resilient and positive working relationships. We strive for a workplace where everyone can engage with each other constructively and use the toolkit available to seek their own resolution as far as possible.

1.5 If this happens, we will support employees and managers to work together to resolve any issues and conflict constructively and quickly.

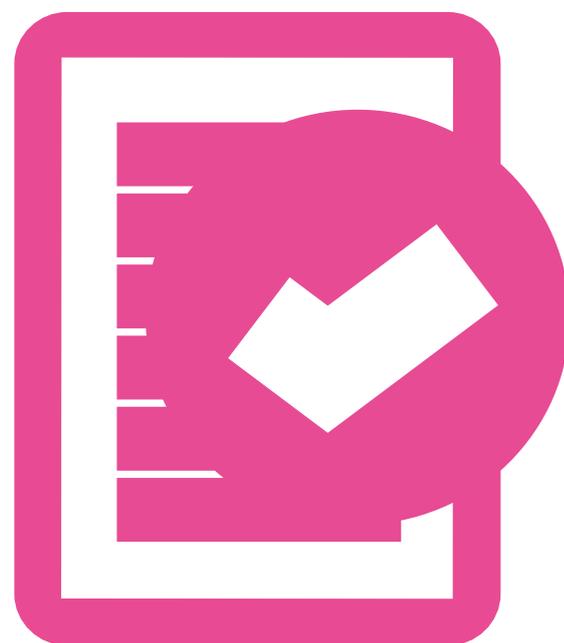
1.6 We commit to resolving issues at the earliest opportunity without resorting to a formal policy. As a last resort it may be necessary to use the formal part of this policy to resolve disputes or issues. This policy sets out our commitment to helping you seek a resolution.

1.7 This policy applies to all employees.

1.8 This policy has been agreed by the Wales Partnership Forum.

1.9 This policy constitutes the formal grievance policy.

1.10 The [Core Principles of NHS Wales](#) are central to this policy and apply throughout.



02

Using this policy



2 Using this policy

2. Using this policy

2.1 This Resolution Policy is aimed at securing constructive and lasting solutions to workplace disagreements, conflicts and complaints. Issues that could cause disagreements, conflicts or complaints may include but are not limited to:

- (a) terms and conditions of employment
- (b) health and safety
- (c) work relations
- (d) bullying and harassment
- (e) new working practices
- (f) working environment
- (g) organisational change; and
- (h) discrimination.

2.2 The status quo at the time you make your request for resolution will normally remain in place throughout the policy.

2.3 Everyone should ensure that issues are dealt with in a fair and consistent way and dealt with quickly and supportively.

2.4 Every workplace in the NHS in Wales should be free from bullying and harassment. We are committed to ensure all staff are treated, and treat others, with dignity and respect.

2.5 This policy covers harassment or bullying which occurs at work and out of the workplace, such as on business trips, at work-related events or online. It covers bullying and harassment by staff (which may include contractors and agency workers) and also by third parties such as patients and visitors to our premises.



03

Informal Resolution

3 Informal Resolution

3. Informal Resolution

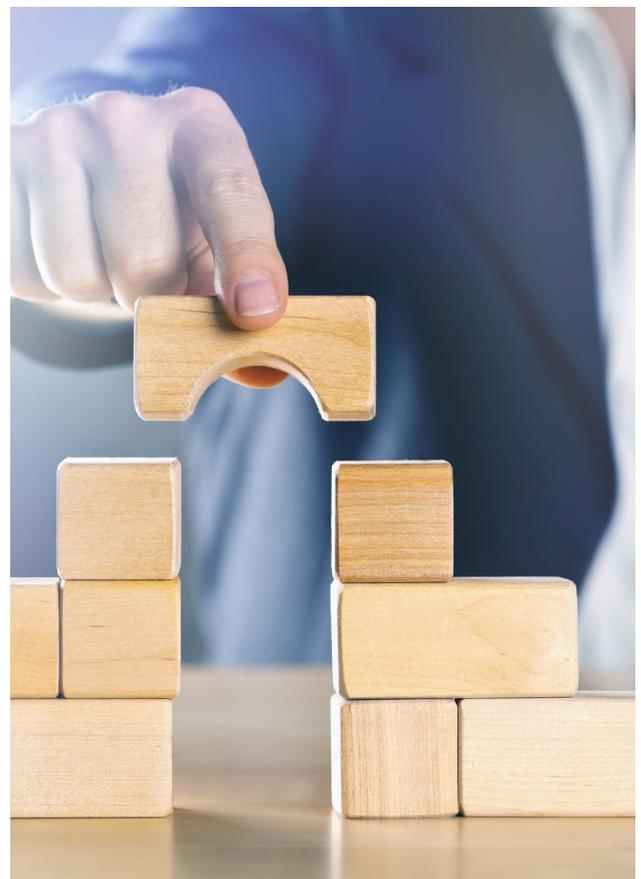
3.1 It is our aim that we each take ownership of our relationships so that they are as healthy as possible.

3.2 To help this, a [toolkit](#) has been developed which includes these useful approaches:

- (a) Reflecting Tips on how we can have healthy relationships
- (b) Having a Cuppa Conversation
- (c) Discussing with an appropriate leader/manager
- (d) Taking part in an independently Facilitated Conversation
- (e) Accessing accredited Mediation.

3.3 It is expected that the variety of tools and resources available are used to help resolve the issue(s) prior to raising a formal request for resolution. This can be done with the support of your line manager though this may not always be necessary.

3.4 Most disagreements can be resolved quickly and informally through discussion with your colleagues or line manager. If you feel unable to speak to your manager, for example, because the issue involves them, then you should speak informally to a more senior manager, your Trade Union Representative or a member of Human Resources. If this does not resolve the issue, you should follow the formal part of the policy below.



04

Formal Request for Resolution



4 Formal Request for Resolution

4. Formal Request for Resolution

4.1 This step of the policy constitutes a formal grievance.

4.2 If your issues cannot be resolved informally by using the resources outlined in the toolkit, you should put your request for resolution in writing and submit it to your line manager (or a more senior manager if the issue involves your line manager) or a member of Human Resources.

4.3 Human Resources will appoint someone impartial, of sufficient seniority to consider the request. This appointment usually takes place within seven days of receiving the request. This person will be known as the Chair and will decide on the outcome of your request.

4.4 Your written request for resolution should contain a description of the nature of your issue, including any relevant facts, dates, names of individuals involved and the desired resolution you hope to achieve. In some situations, we may ask you to provide more information.

4.5 An employee may make a complaint or raise an issue in Welsh and may also respond in Welsh to any allegations made against them and they should be advised of this at the beginning of any proceedings. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided below.



05

Formal Resolution Meetings



5 Formal Resolution Meetings

5. Formal Resolution Meetings

5.1 The Chair will meet with you to discuss your request for resolution. This should happen within 14 days of the chair being appointed. The purpose of this meeting is to allow you to explain your issue, explain how you think it should be resolved, enabling a decision to be reached based on the available evidence and representations you have made. The focus of this meeting will be seeking a resolution.

5.2 Depending on the detail included within your request for resolution the Chair will either explore the issues with you at this meeting and decide on an outcome or will initiate an investigation to enable your request to be considered further.

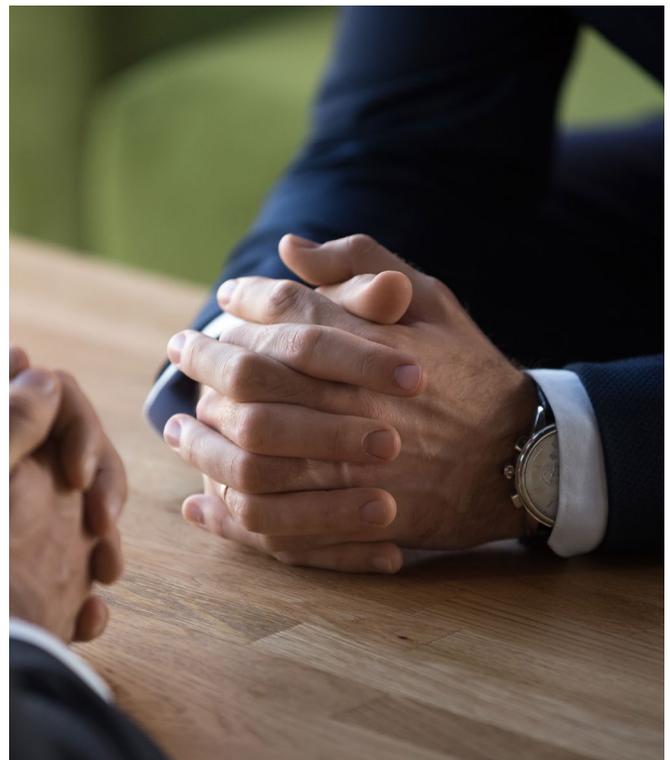
5.3 If a detailed investigation is necessary, the Chair will appoint an investigator. This will normally be an employee of the organisation who is impartial. At this stage, the terms of reference and the timescales will be agreed.

5.4 The level of any investigation required will depend on the nature of the issues involved and will vary from case to case. It may involve interviewing and taking statements from you and any witnesses, and/or reviewing relevant documents.

5.5 The Chair will make a decision based on the information gathered at the formal resolution meeting(s) and with reference to any investigation, if appropriate.

5.6 If it is possible the Chair will provide you with a verbal decision at the end of the meeting. In any event, we will write to you, usually within seven days of the formal resolution meeting, to inform you of the outcome and any further action that is intended to resolve the issues. We will also remind you of your right of appeal.

5.7 An accurate record of the meeting will be made and will be available upon request.



06

Appeals



6 Appeals

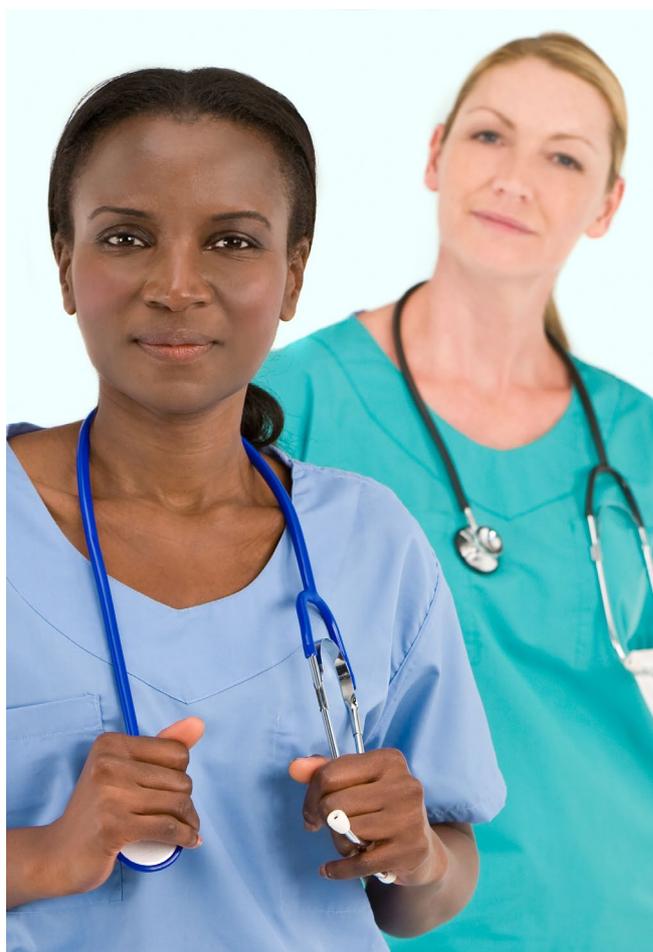
6. Appeals

6.1 If your issue has not been resolved to your satisfaction you may appeal in writing within 14 days of the date on which the decision was communicated to you in writing.

6.2 We will hold an appeal meeting, normally within one month of receiving your written appeal. This will be dealt with impartially by a more senior person than the Chair who has not previously been involved in the case (although they may ask anyone previously involved to be present where relevant for points of clarification).

6.3 This person will be known as the Appeal Chair. The Appeal Chair will be appointed by Human Resources and will usually be appointed within seven days of the appeal being received. The focus of this meeting, again, will be on seeking a resolution.

6.4 We will confirm our final decision in writing within seven days of the appeal meeting. This is the end of the procedure and there is no further appeal.



07

Right to be accompanied

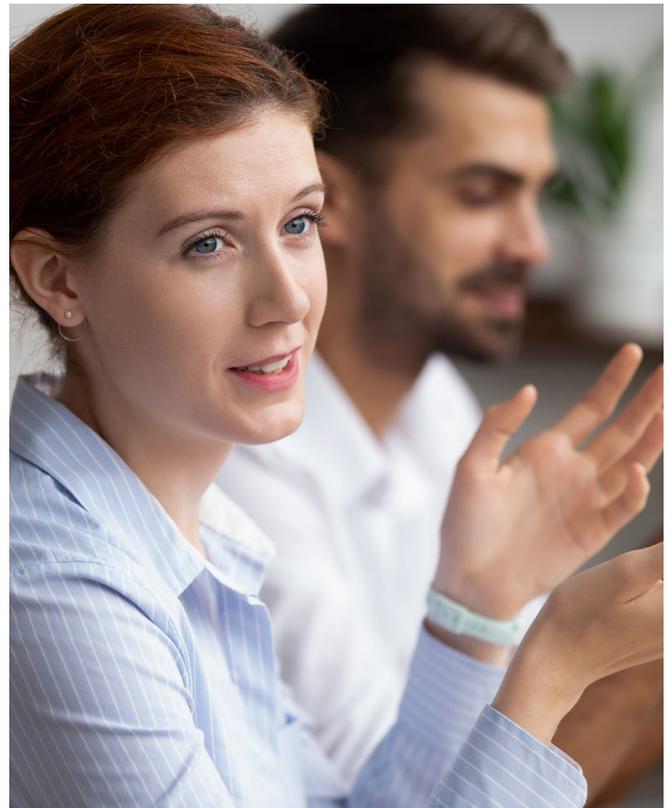
7 Right to be accompanied

7. Right to be accompanied

7.1 You may bring a companion to any investigatory meeting, resolution meeting or appeal meeting to help and support you. The companion may be either a Trade Union Representative or a work colleague.

7.2 At the resolution and appeal meetings your companion may address the meeting to put and sum up your case, respond on your behalf to any views expressed, ask questions and confer with you during the meeting. Your companion should not answer questions on your behalf. You may adjourn and talk privately with them at any time during the meeting.

7.3 All witnesses will also have the right to be accompanied.



08

Collective Request for Resolution



8

Collective Request for Resolution

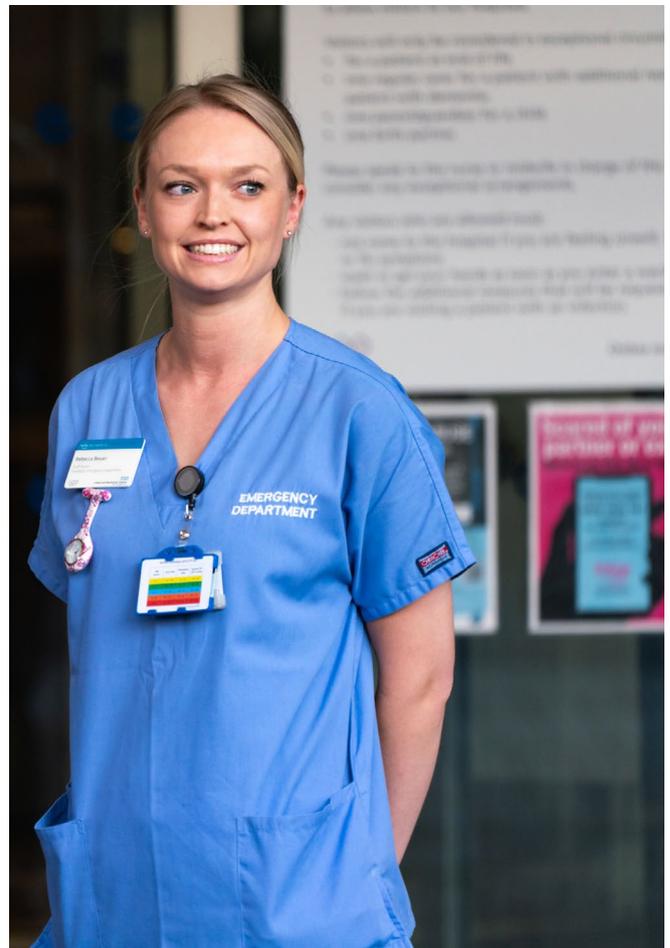
8. Collective Request for Resolution

8.1 This part of the policy applies where more than one employee wishes to invoke the policy on the same issue. This would constitute a formal collective grievance.

8.2 If resolution is required for a collective issue the stages of this policy will be followed in accordance with sections 3 to 7 above. All employees who are in support of the collective request for resolution will need to be identified on the submission.

8.3 The number of employees attending the formal meeting to represent the collective group will be agreed at the outset (but should not normally exceed three employees plus their companion).

8.4 Where this policy fails to reach a resolution to the collective issue, either side may refer the matter to the Advisory Conciliation & Arbitration Service (ACAS) for advice or conciliation.



09

Overlapping Requests for Resolution and Disciplinary Processes

9

Overlapping Requests for Resolution and Disciplinary Processes

9. Overlapping Requests for Resolution and Disciplinary Processes

9.1 Where you raise a request for resolution during a disciplinary process, the manager will discuss with you and your representative before a decision is made on whether the disciplinary policy should be temporarily suspended in order to deal with the request for resolution. Where the request for resolution and disciplinary cases are related it may be appropriate to deal with both issues concurrently.

9.2 There may be occasions when disagreements or conflict have been resolved using the toolkit however the organisation may feel that a disciplinary process is required where core values or standards have been breached.

9.3 In some circumstances, such as in cases of harassment or discrimination, it may be decided by the Chair that it is more appropriate to suspend the resolution process and progress the matter under the appropriate disciplinary policy.



10

Learning From Events

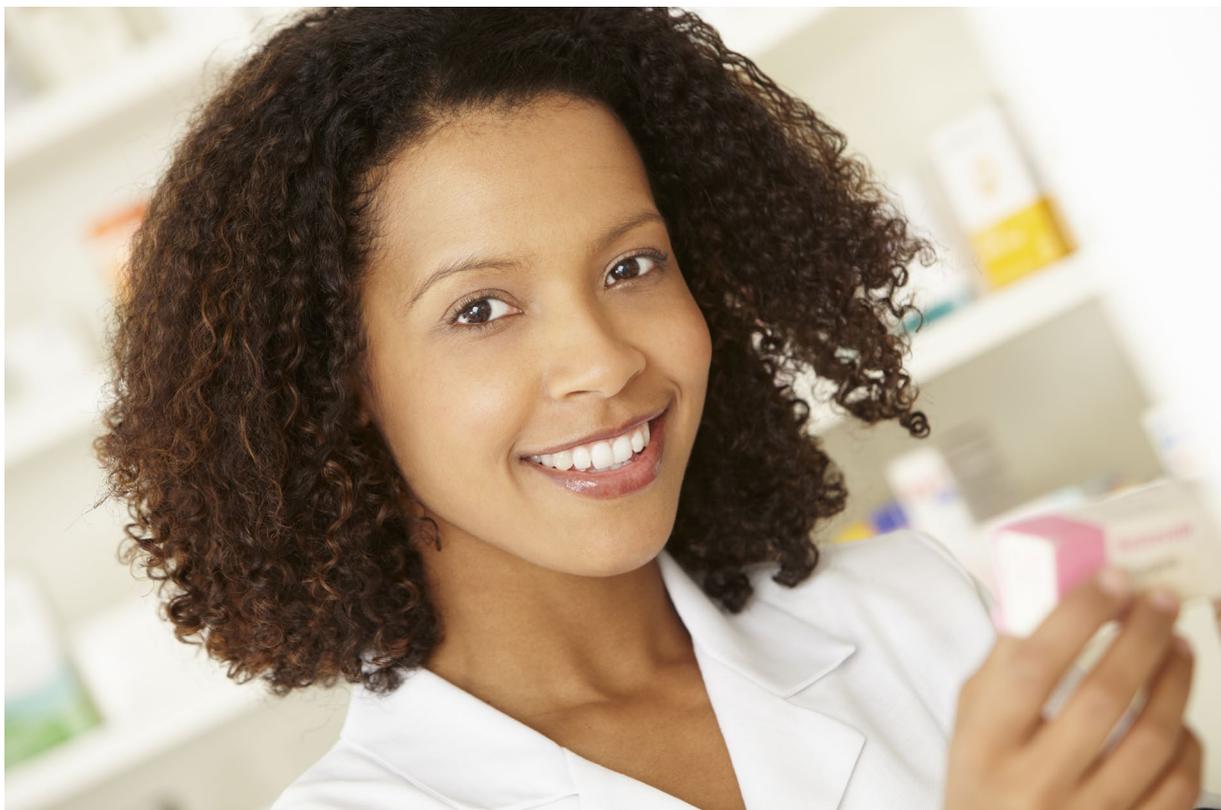


10 Learning From Events

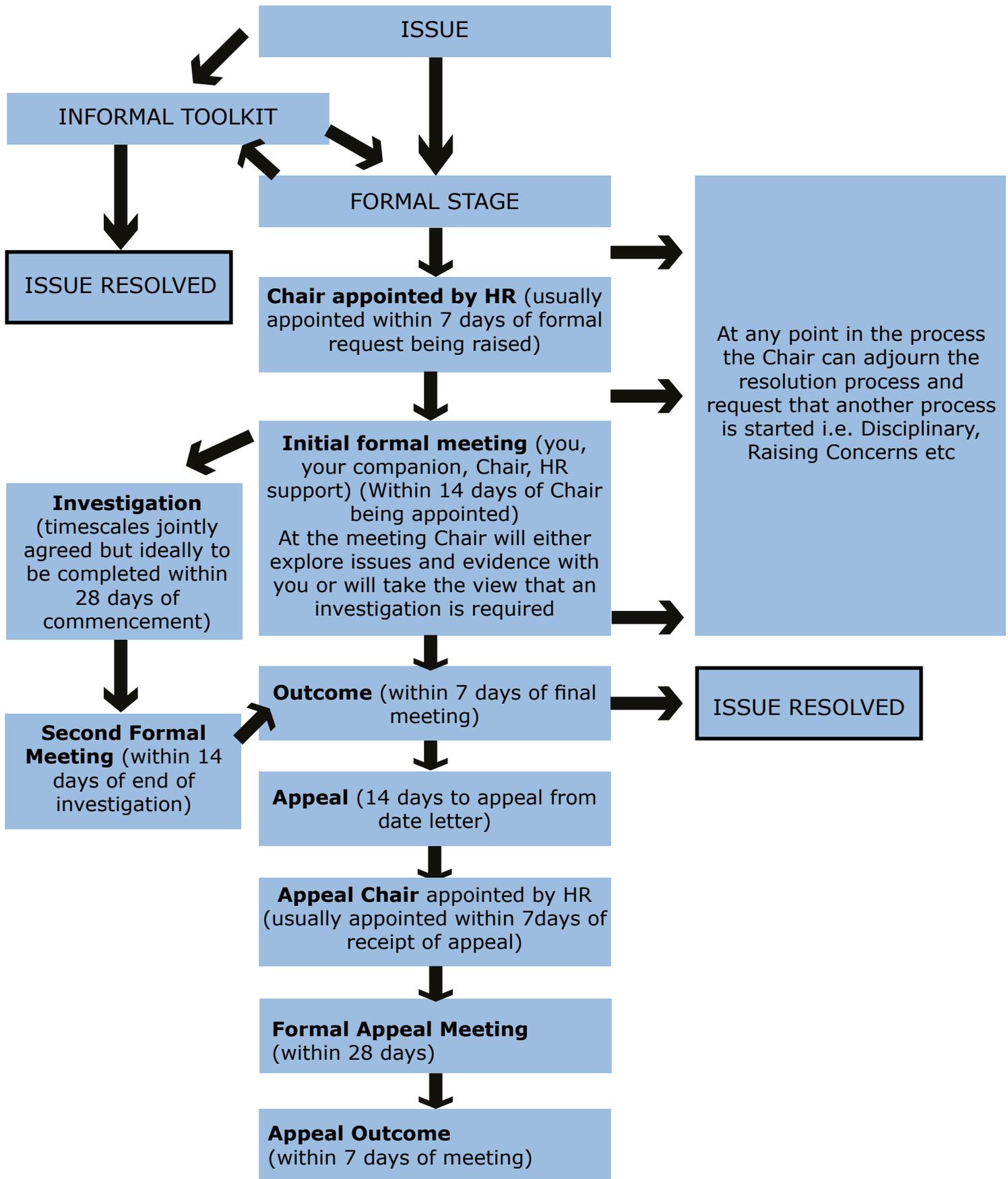
10. Learning From Events

10.1 Where appropriate we will reflect and learn from the resolution process. This stage is not a requirement but is encouraged and may be useful in helping develop healthier working environments and relationships.

10.2 This review should be conducted in partnership where appropriate, with a view to developing and supporting a healthy working culture. These discussions should be focused on positive outcomes and change (see [toolkit](#)).



11 Flowchart



DIGITAL HEALTH AND CARE WALES ANNUAL PLAN 2021/22 UPDATE REPORT

Agenda Item	2.5
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Name of Meeting	SHA Board
Date of Meeting	29 July 2021

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

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

Purpose of the Report	For Noting
Recommendation	
<p>The Board is being asked to: NOTE the feedback on the Annual Plan for 1st April 2021 to 31st March 2022 from Welsh Government and subsequent response.</p>	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WG	Welsh Government		

1 SITUATION/BACKGROUND

- 1.1 In accordance with the requirements under the Welsh Government Planning Framework the DHCW Annual Plan for 2021-22 was submitted to Welsh Government on the 31 March 2021. This version of the Plan was formally approved by the DHCW Board in its' public board meeting on 27th May 2021.
- 1.2 Welsh Government requested a further submission from all organisations for the 30 June 2021 which should address specific feedback provided and any further updates the organisation wished to make. The feedback is included at item 2.5i Appendix 1.
- 1.3 Version 2 was submitted by DHCW on 30th June 2021 which included 'Appendix 2' was added to the plan addressing the specific feedback and no changes were made to the main body of the report or deliverables in the plan.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The appendix to the DHCW Annual Plan included three pages, this is attached at item 2.5ii Appendix 2 to this Report, and summarised as follows:
 - Summary Plan on a Page
 - Triangulation of Delivery, Finance and Workforce
 - Response to Welsh Government Feedback, including elaboration as requested on the following points:
 - 1) **Engagement with Social Care** – narrative is provided evidencing the ongoing stakeholder engagement with social care and working up an approach on joint initiatives between social care and programmes such as the Welsh Community Care Information System and the National Data Resource.
 - 2) **Balancing Covid-19 Demands with Core Business** – narrative is provided around the approach to dealing with the fluctuating requirements for Covid-19, the use of a dedicated team, and prioritisation through the Digital Pathways Group whilst managing DHCW capacity through the DHCW Planning and Performance Management Group.
 - 3) **Potential Recruitment Shortfalls** - narrative is provided which explains the three areas of shortfall as: building up to a full Special Health Authority workforce formation; developing a

sustainable workforce model for Covid – an area of uncertain requirements; and bringing in the right skills for the Digital Priorities Investment Fund Programmes. Approaches are in place such as third party support and a recruitment task force.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 None

4 RECOMMENDATION

The Board is being asked to:

NOTE 'Appendix 2' of the Annual Plan included at item 2.5ii for 1st April 2021 to 31st March 2022.

5 IMPACT ASSESSMENT

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

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

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below The allocation of resources required to deliver this plan will have a financial impact on the organisation as detailed in the plan.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below The Annual plan provides a clear outline of where the organisation's resources will be focused
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report



Ruth Chapman
Director of Planning
Digital Health and Care Wales

27th May 2021

Dear Ruth,

DIGITAL HEALTH AND CARE WALES DRAFT ANNUAL PLAN 2021-22

Thank you for receipt of your draft annual plan for 2021-22. We recognise the considerable work involved in developing this plan and also that as this is an iterative process, your draft plan will have evolved since the original submission.

All draft plans have been reviewed and discussed internally by Welsh Government colleagues and NHS Wales Delivery Unit and Finance Delivery Unit.

Overall this is a firm first plan from the new organisation that continues to build on previous NWIS IMTPs with due consideration to the ministerial priorities. The detail outlining the alignment to the Wellbeing of Future Generations Act was welcomed and demonstrates a sound understanding of the 5 ways of working. It also indicates the ambition and intention of Digital Health and Care Wales to establish itself as a sustainable organisation.

The review group raised a number of areas for further consideration:

- Further engagement needed with stakeholders, including social care, to ensure alignment across the system and ensure Social Care is a key part of DHCW's Digital strategy and portfolio roadmaps.
- The plan indicates that workforce capacity gaps are considered in planning assumptions. Further assurance is required on risks and mitigations relating to potential shortfall in recruitment, including any impacts on the capacity and deliverability of the plan including leveraging all commercial mechanisms to maintain pace of delivery.
- Clearly demonstrate how the organisation will support the system with the ongoing COVID response alongside delivering core activity and addressing any backlog in activity. This should triangulate with workforce and financial plans and take account of emerging recommendations falling out of the strategic reviews being undertaken by Welsh Government (e.g. Workforce, infrastructure etc.).

Finally, the expectations for revised plans remain as set out in correspondence from Andrew Goodall on 20 April 2021, recognising that there will be some that will not relate directly to all organisations.

If it would be helpful to discuss the plan further in support of your work to submit a final plan in June, we would be happy to arrange an informal discussion. If this would be helpful, please contact Danielle Seivwright at Danielle.Seivwright@gov.wales.

Yours sincerely,

A handwritten signature in black ink, appearing to read "S. Saeed-Edmonds".

Samia Saeed-Edmonds
Planning Programme Director

C c Helen Thomas, Chief Executive, Digital Health and Care Wales



Appendix 2

June 2021 Addendum including response to Welsh Government Feedback

Portfolios	Qtr1 Apr-Jun 2021	Qtr2 Jul-Sep 2021	Qtr 3 Oct-Dec 2021	Qtr 4 Jan-Mar 2022
 Information Availability and Flow	Defining our Architectural Vision	Procuring an Application Programming Interface Management System		
		Building national data stores and standards as part of the National Data Resource Programme		
 Protecting Patient Data	Launch the Cyber Resilience Unit	Support Welsh Government with development of Information Governance Framework		
 Sustainable Infrastructure		Develop the Cloud Strategy	New Data centre move	
 Digital Health Professional Empowerment	Go Live with Nursing Care Record	Cancer Minimum Viable Product		
	Populating the Digital Health Record			
 Digital Patient Empowerment			Proof of Concept of new Digital Service for Patients and Public	
 Public Health	Respond to confirmed requirements for Test Trace and Protect	Respond to confirmed requirements for Test Trace and Protect	Respond to confirmed requirements for Test Trace and Protect	Respond to confirmed requirements for Test Trace and Protect
 Primary and Community Care	New GP supplier chosen	Mental Health Core Data Set	Community data sharing across primary and secondary care	
 Planned and Unscheduled Care	Respond to Covid-19 recovery initiatives			
		Emergency dept system available for roll out		Intensive Care System available for roll out
 Diagnostics		Business Case for new radiology system	All Wales Image Sharing Pilot	
	Electronic radiology requesting available for further roll out			
 Medicines management	Hospital Pharmacy available for roll out	Respond to Medicines Management Review		
 Value from Data	Responding to analytical requirements from Covid-19, Essential Services and Value Based Healthcare			

Note: this is a high level milestone view of funded initiatives.

Delivery Projection

Our extra activities include digital solutions for :

- Covid-19 – Test Trace and Protect
- Data Centres services (discretionary plus new business cases)
 - Cancer Care
 - Patient and Public
 - Critical Care
- National Data Resource
 - Digital Prescribing
 - Community Care



Finance Projection

Extra activities are projected to cost:

- Digital Prioritisation Investment Fund (DPIF): £18m revenue
- Covid-19: £14m
- Capital: £16m (DPIF and discretionary)

Workforce Projection

Extra activities are projected to need 90 staff (Q1,Q2)



Maintaining our business as usual is a recurrent cost of ~£95m and is undertaken by 800 staff. This covers over 100 products and services, our underpinning infrastructure and support departments





The following is an elaboration of key areas of focus in the plan.

Engagement with Social Care

Engagement is ongoing around the health and social care data vision. The 'Statement of Strategic Intent – A strategic approach to social care data in Wales' was published in March 2021 signifying the intention to work more closely across health and care to make better use of data to improve outcomes for those receiving care and support services. DHCW have contributed to the discovery phase and the statement and are fully supportive of the work.

The Welsh Community Care Information System and the National Data Resource programmes have worked together to share data between health and social care through a proof of concept dashboard with Powys County Council, providing insight into the Covid pressure on front-line services and feeding into local decision making. (This initiative has won a Local Area Research and Intelligence Association Award for ground breaking work.) The next phase will be to roll out across Wales and look into the demand for rehabilitation services. A memorandum of understanding is being drafted between Social Care Wales and DHCW to look at joint initiatives and funding arrangements and to ensure the Governance is aligned between the relevant Programmes such as WCCIS and NDR.

Balancing Covid-19 Demands with Core Business

The DHCW Board has been asked to note the rapidly changing digital requirements to support health and care as part of the response to the Covid-19 pandemic. The resources required at short notice have been mitigated by establishing a permanent dedicated team, however the rapid and fluctuating nature of the requirements could have potential impact on planned work over the coming months. Governance is in place to assess pandemic priorities – the Digital Pathways Group. The dedicated team may be supplemented with staff from other areas in times of particular pressure.

The impact of any new requirements are fed into the DHCW new service request and planning process which considers and manages the impact on the wider plan. Finance, Workforce and Planning colleagues work as one to address the risks on core delivery. These may include targeted recruitments, funding requests and reprioritisation. The plan is managed to consider other new requirements such as recommendations falling out of strategic reviews.

Potential Recruitment Shortfalls

Our Corporate risks consider the impact of recruitment delays and shortfalls and the need to review priorities if demand exceeds capacity (risks 13697 and 15847). These risks are actively managed by our Planning and Performance Management Group which drives forward mitigations and capacity assessments against key delivery. There are three key areas of risk: building up to a full Special Health Authority workforce formation; developing a sustainable workforce model for Covid – an area of uncertain requirements; and bringing in the right skills for the Digital Priorities Investment Fund Programmes.

Mitigations in train for potential shortfalls include a recruitment task force which is focussed on speeding up the process, and utilising specialist recruitment agencies to target hard to fill posts. Also DHCW are reviewing retention of existing staff and developing the future workforce pipeline. There will also be an expansion in the variety of recruitment channels to increase the reservoir of resources, eg universities, veterans groups.

DHCW will use 3rd party resources to supplement in-house teams, to temporarily increase our capacity or where we don't carry the highly specialised technical skills. Infrastructure examples include supporting Office 365, movement to Cloud, and new data centre networking.

DHCW are also utilising commercial support as part of the risk stratification work directly linked with the Covid-19 response. Commercial suppliers provide technical expertise and help develop the National Data Resource (NDR) environment as part of a robust approach to risk stratification, with phase 1 looking at running and hosting the QCOVID algorithm. The next area of focus is on codifying and automating the Shielded Patient List process, again hosted within the NDR risk stratification platform. Future commercial support will be sought to help establish an NDR solution for acquisition and storage of GP data.

DIGITAL HEALTH AND CARE WALES SHARED LISTENING AND LEARNING CHOOSE PHARMACY

Agenda Item	3.1
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Name of Meeting	SHA Board
Date of Meeting	29 July 2021

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

Executive Sponsor	Rhidian Hurle, Medical Director
Prepared By	Sophie Fuller, Corporate Governance and Assurance Manager
Presented By	Cheryl Way, Clinical Lead - Pharmacy

Purpose of the Report	For Discussion/Review
Recommendation	
The Board is being asked to: DISCUSS the Shared listening and learning presentation provided by the Choose Pharmacy story.	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
NWIS	NHS Wales Informatics Service	HEIW	Health Education and Improvement Wales
ABX	Antibiotics	STTT	Sore Throat Test and Trace

1 SITUATION/BACKGROUND

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

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The story presented to the July Board meeting from a health and care professional perspective centres on the Sore Throat Test and Treat (STTT), part of the Choose Pharmacy project.
- 2.2 The Choose Pharmacy Platform was developed by NHS Wales Informatics Service (NWIS) now DHCW, as part of a Welsh Government project in response to a Programme for Government commitment to deliver a Common Ailments Service in community pharmacies. Central to the Choose Pharmacy project is the focus on delivering efficiencies in Primary and Community care using the opportunities in the system.
- 2.3 The STTT was identified as an area for focus by analysing data collected on the 27 identified common ailments available in the Choose Pharmacy system, sore throat treatment was low given its prevalence.
- 2.4 Pharmacists were limited in what they were able to provide for sore throats. General Practitioners recognised that sore throats could be diagnosed and treated in Community pharmacies. Cwm Taf Morgannwg requested a service model with pilot and evaluation for such a service in response. The benefits and efficiencies were quickly recognised, and national rollout was the next step. Training was delivered in collaboration with Health Education and

Improvement Wales (HEIW) in order to enable delivery of treatment in community pharmacies.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 There are a number of academic publications on the Choose Pharmacy system which are included at Appendix A.
- 3.2 A copy of the presentation is included at Appendix B.

4 RECOMMENDATION

The Board is being asked to:
DISCUSS the Shared listening and learning presentation provided by the Choose Pharmacy story.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objective apply

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

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

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
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No, (detail included below as to reasoning)	Outcome:
Statement: The Choose Pharmacy system underwent a EQIA in line with requirements for the design and release of all software in NHS Wales.	

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

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

3.1ii Appendix A

Choose Pharmacy Publications

Mantzourani E, Cannings-John R, Evans A, Ahmed H, Meudell A, Hill I, Williams E, Way C, Hood K, Legay B, Houldcroft L, Deslandes R 2020 Understanding the impact of a new pharmacy sore throat test and treat service on patient experience: A survey study *Research in Social and Administrative Pharmacy* <https://doi.org/10.1016/j.sapharm.2020.07.034>

Mantzourani E, Evans A, Cannings-John R *et al.* 2020 Impact of a Pilot NHS Funded Sore Throat Test and Treat Service in Community Pharmacies on Provision and Quality of Patient Care *BMJ Open Quality* <https://doi.org/10.1136/bmjopen-2019-000833>

Mantzourani E, Hicks R, Evans A, Williams E, Way C, Deslandes R 2019 Community Pharmacist Views on the Early Stages of Implementation of a Pathfinder Sore Throat Test and Treat Service in Wales: an Exploratory Study *Integrated Pharmacy Research and Practice* <https://doi.org/10.2147/IPRP.S225333>

Mantzourani E, Nazar H, Phibben C, *et al.* 2020 Exploring the association of the discharge medicines review with patient hospital readmissions through national routine data linkage in Wales: a retrospective cohort study *BMJ Open* 10:e033551 <https://doi.org/10.1136/bmjopen-2019-033551>

Mantzourani E, Hodson K, Way C, Andrew E. 2020 The Discharge Medicines Review service in Wales: What is it and what are the benefits? *International Pharmacy Journal*, Vol 38, No1, pp34-37. Available at <https://lnkd.in/eHitMXC>

Mantzourani E. 2019 Evaluating the first NHS-funded sore throat test and treat service in the UK *Clinical Pharmacist* Available at: [Evaluating the first NHS-funded sore throat test and treat service in the UK - The Pharmaceutical Journal \(pharmaceutical-journal.com\)](https://www.pharmaceutical-journal.com/news-features/clinical-pharmacist/evaluating-the-first-nhs-funded-sore-throat-test-and-treat-service-in-the-uk)

Mantzourani E, Way C, Hodson K 2017 Does an integrated information technology system provide support for community pharmacists undertaking Discharge Medicines Reviews? An exploratory study. *Integrated Pharmacy Research and Practice*. <https://doi.org/10.2147/IPRP.S133273>

Mantzourani E, Richards T, Hughes L 2015 New roles in pharmacy - learning from the All Wales Common Ailments Service *International Journal of Pharmacy Practice* doi: 10.1111/ijpp.12231 [New roles in pharmacy - learning from the All Wales Common Ailments Scheme - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/26111111/)



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Digital Health and Care *Wales*

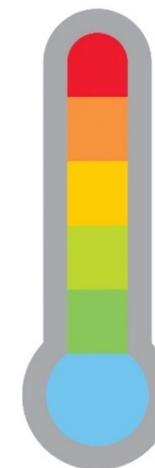
Choose Well – Choose Pharmacy

Cheryl Way, Efi Mantzourani and Gareth Hughes

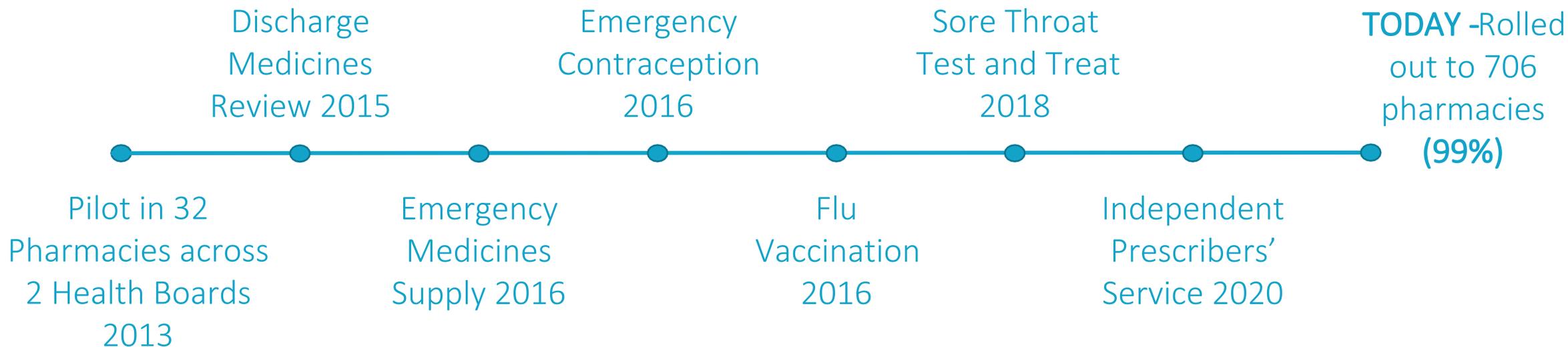
29/7/2021

Choose Well and Choose Pharmacy

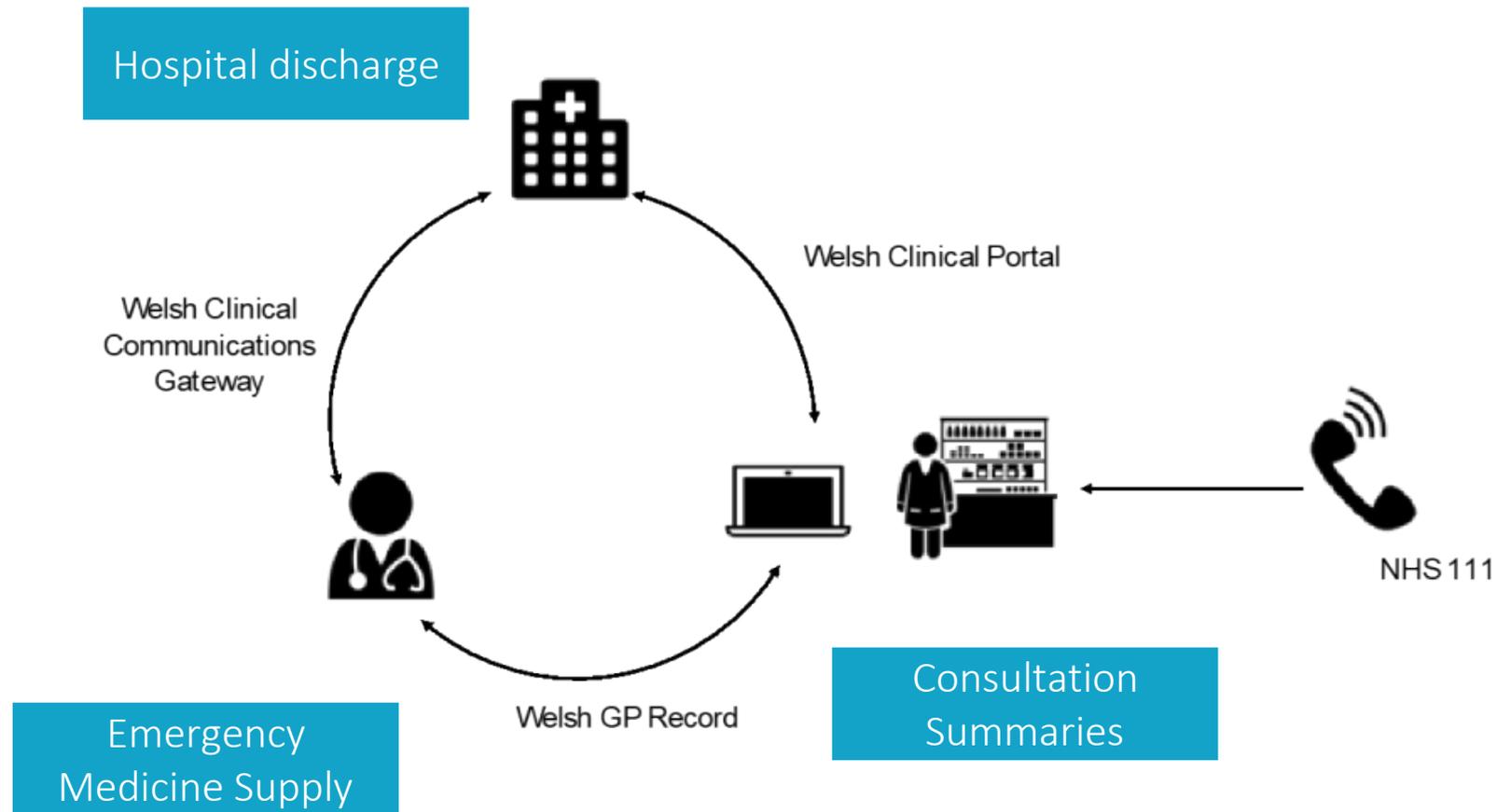
- Choose Well - the official NHS Wales campaign
- Commitment to deliver a Common Ailments Service in community pharmacies
- Further developments
- Community Pharmacy Contractual Framework



Dewis doeth Choose well



Choose Pharmacy integration with other health information systems:



Choose Pharmacy Services – the stats

250,713 common ailments service (CAS) consultations have been completed since September 2013

43,371 discharge medicines reviews have been completed since March 2015

76,827 emergency medicine supply consultations have been provided and 122,919 items of medication have been supplied since April 2016

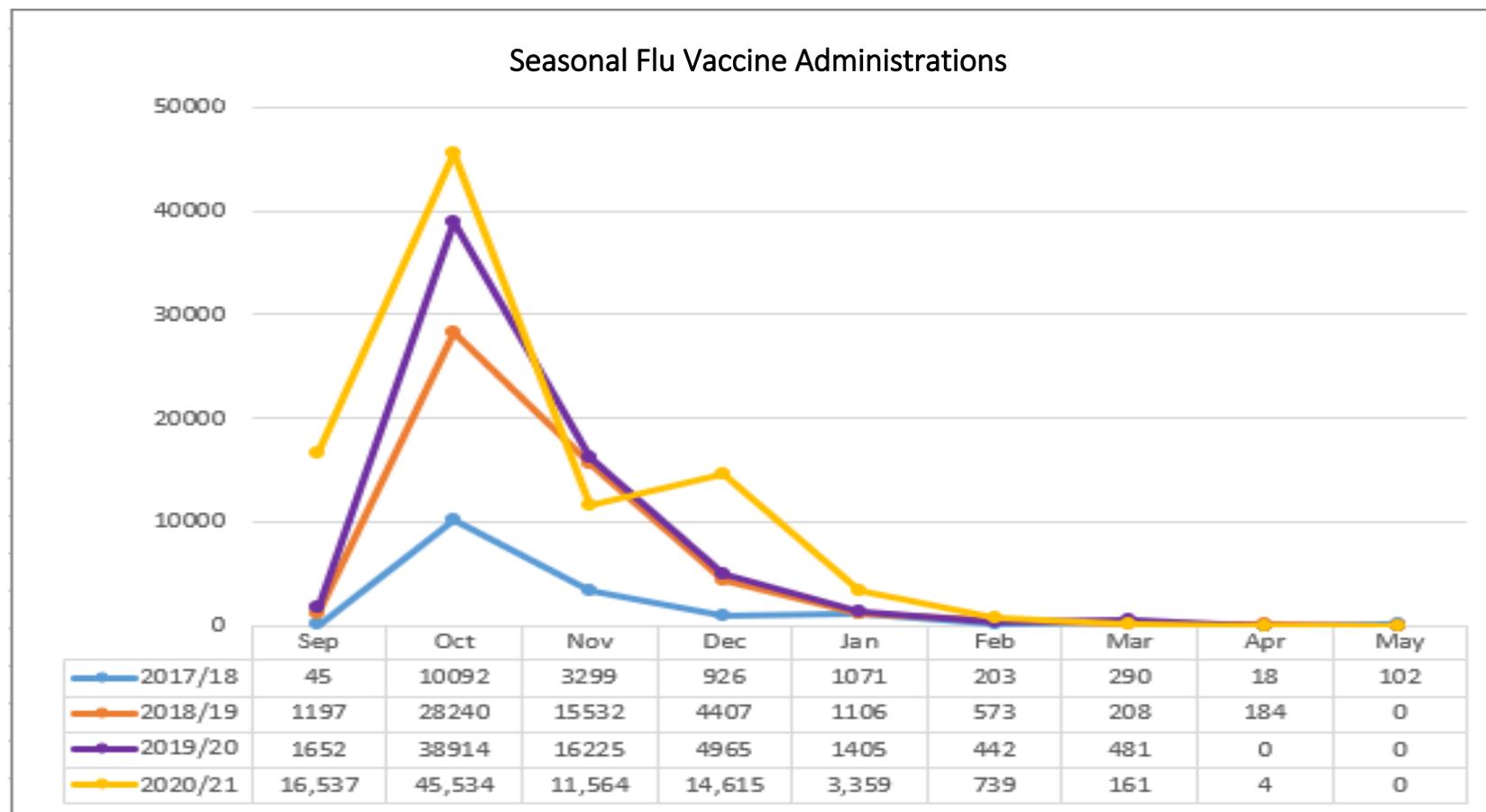
37,405 EC consultations have been provided since September 2016

12,777 sore throat test and treat consultations completed from Nov 2018 to March 2020

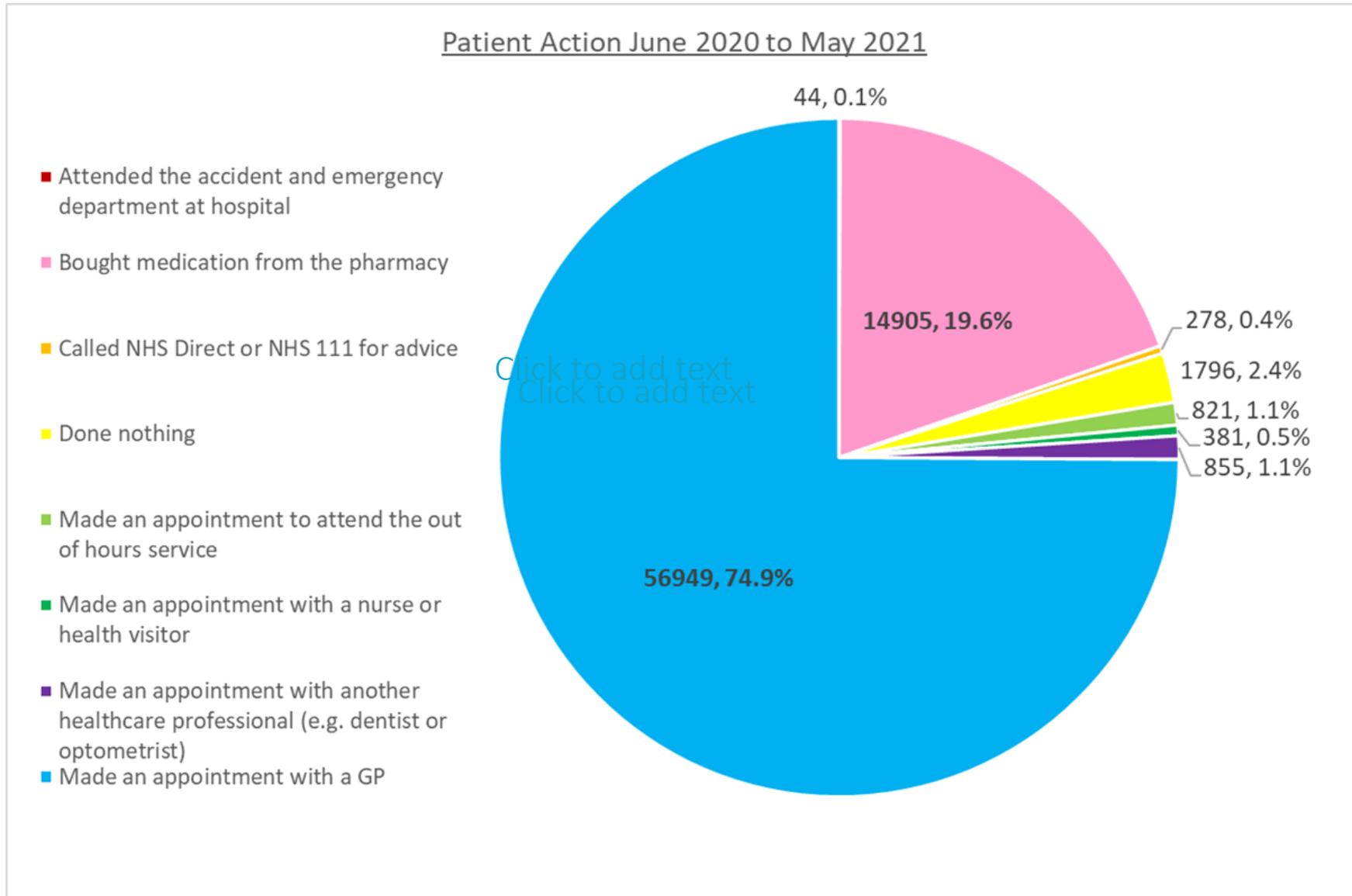
107,430 CAS e-Summary consultations have been sent to GPs since July 2019

4,500 independent prescribers' consultations have been recorded since June 2020

Choose Pharmacy service growth year on year



If the Common Ailments Service wasn't available in pharmacies:



Interest in Choose Pharmacy from other UK nations

The Chief Pharmaceutical Officer for England and colleagues visited DHCW to see Choose Pharmacy in April 2017

Choose Pharmacy Clinical Lead (Emma Williams) presented on Choose Pharmacy at the Celtic Pharmacy Conference in Edinburgh in 2019

HSC Northern Ireland then requested a visit which was arranged for October 2019

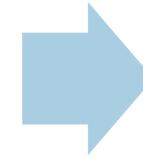
NI submitted a request to procure the Choose Pharmacy service for their pharmacies in 2020, this was deferred because of Covid -19 priorities

So why Sore Throat Test and Treat Service?

Review of the 27 common ailments available
Sore throat treatment was low given its prevalence.



Pharmacists limited in service they could provide



Local GPs thought sore throats could be managed by pharmacists following national clinical guidance and point of care testing.

Sore Throat Test and Treat pilot

Service aims and benefits:



To transfer the **care of uncomplicated sore throats** from **GPs to community pharmacies**, thereby freeing up GP time to deal with patients with more complex needs and supporting self-care



To improve **antimicrobial stewardship** by supplying antibiotics only when clinically appropriate



To reduce the **number of out of hours service** appointments for uncomplicated sore throats, thereby increasing the availability of appointments for patients with greater clinical need



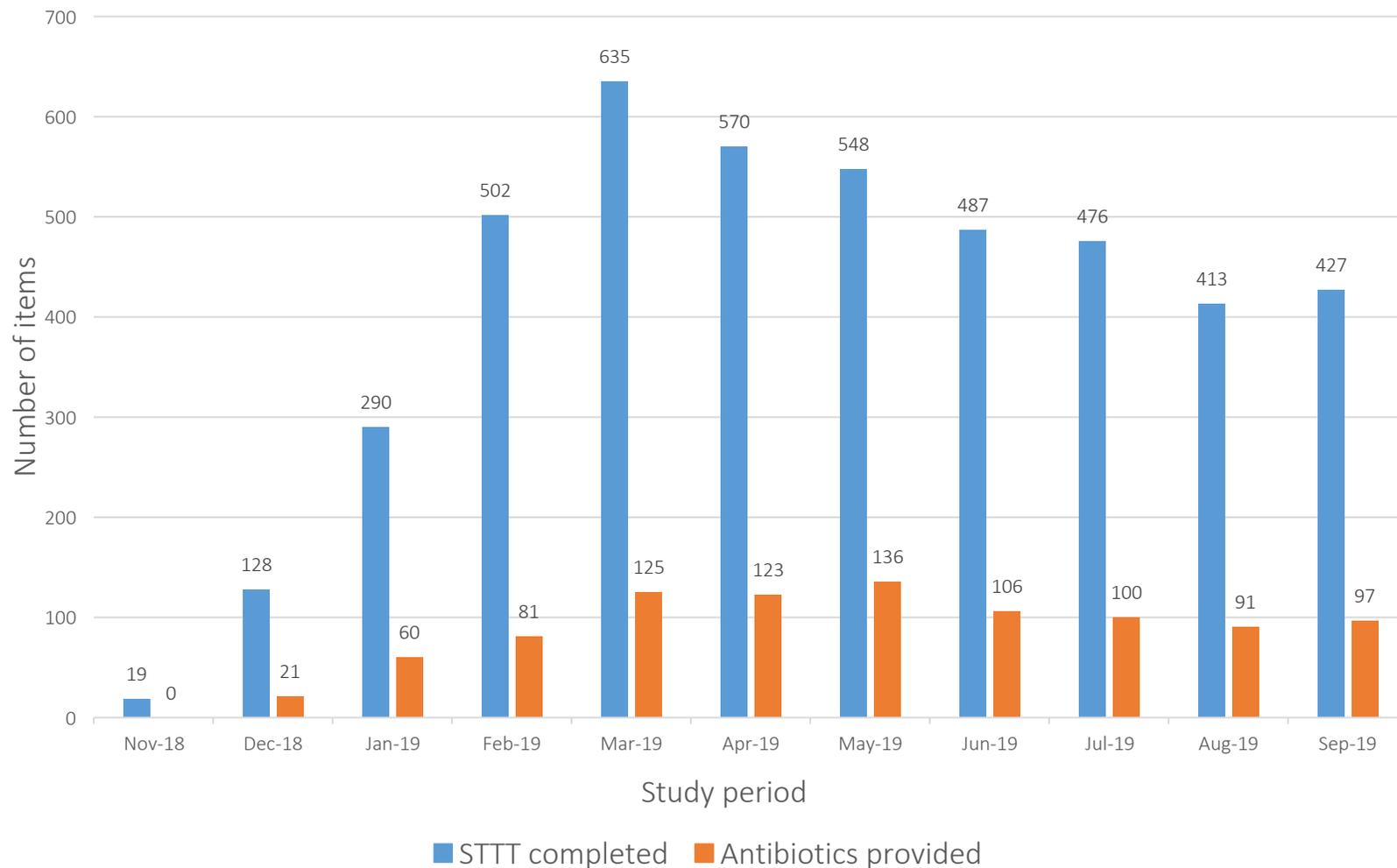
To **educate patients** to seek advice and treatment from the most appropriate healthcare setting, to reduce requests for inappropriate supplies of antibiotics



To encourage **collaborative working** within primary care

Service Outcomes and unexpected benefits

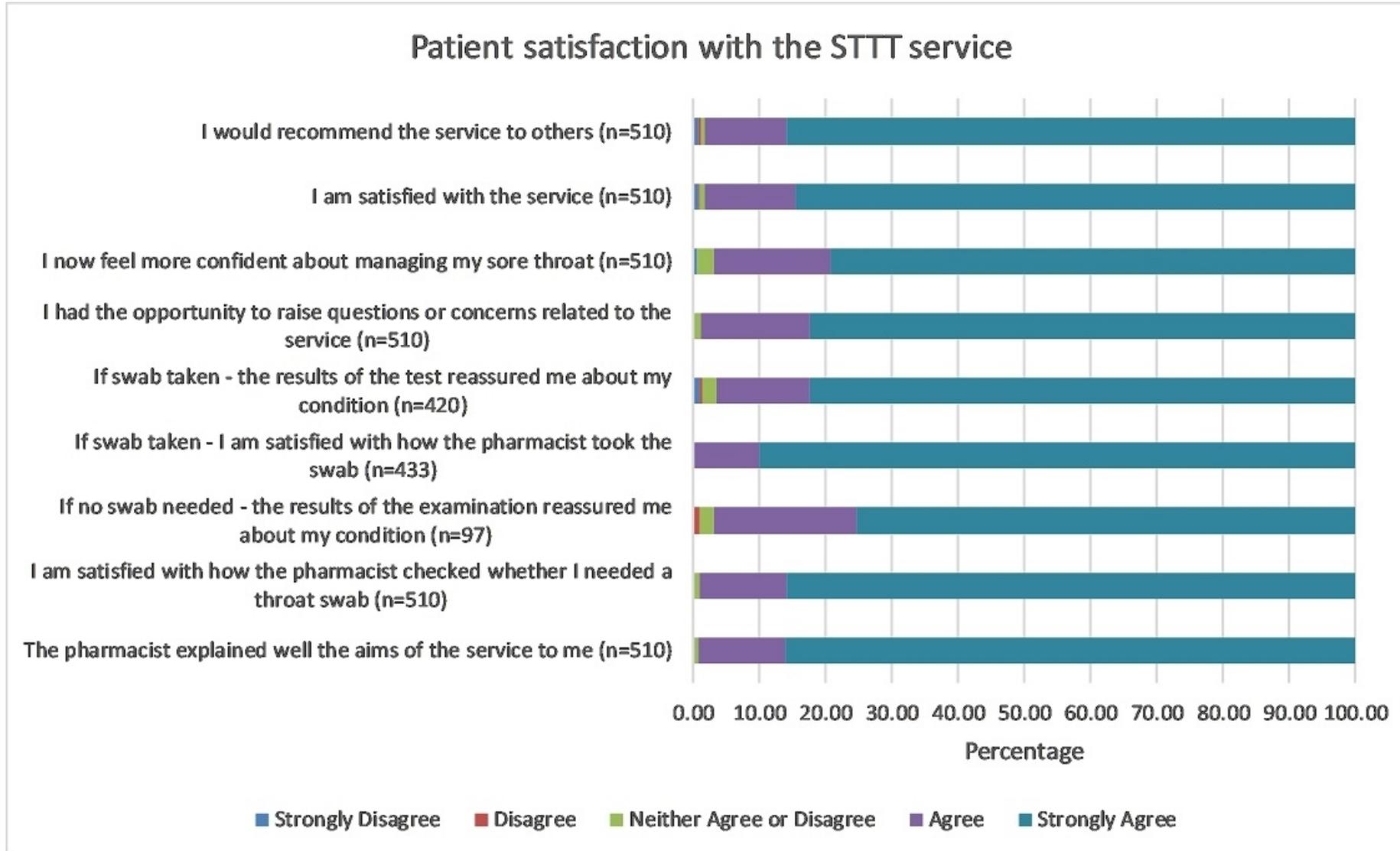
Number of STTT consultations completed (n=4495) and Antibiotics supplied (n=940);
20.7% overall Antibiotics supply



- 2 cases of epiglottitis identified, referred urgently, confirmed and treated
- 170 patients referred appropriately (9.9%) (GPs n=167; dentist n=3)

How satisfied were the patients?

510 surveys received by 31/05/2019
 Response rate: 18% (510/2839 consultations completed)
 Spread of age ranges
 70 surveys completed on behalf of children under 12



What have we learned?

Co-design with Welsh Government, Community Pharmacy Wales, Health Boards and users was key to developing the system to support community pharmacists and their patients

Piloting and early evaluation allowed us to develop Choose Pharmacy to meet users needs

Dedicated funding - Welsh Government technology funds provided the opportunity and ability to innovate and respond to change. Without these funding streams, the project team could not have delivered many of the modules at pace and a national service which has improved patient access to healthcare in Wales

Clinical Reference Group input – clinicians, including Community Pharmacists, involved as service users to inform the design of the service

The **SUCCESS** of Choose Pharmacy is due to a strong DHCW project team, clinical leads and technical support

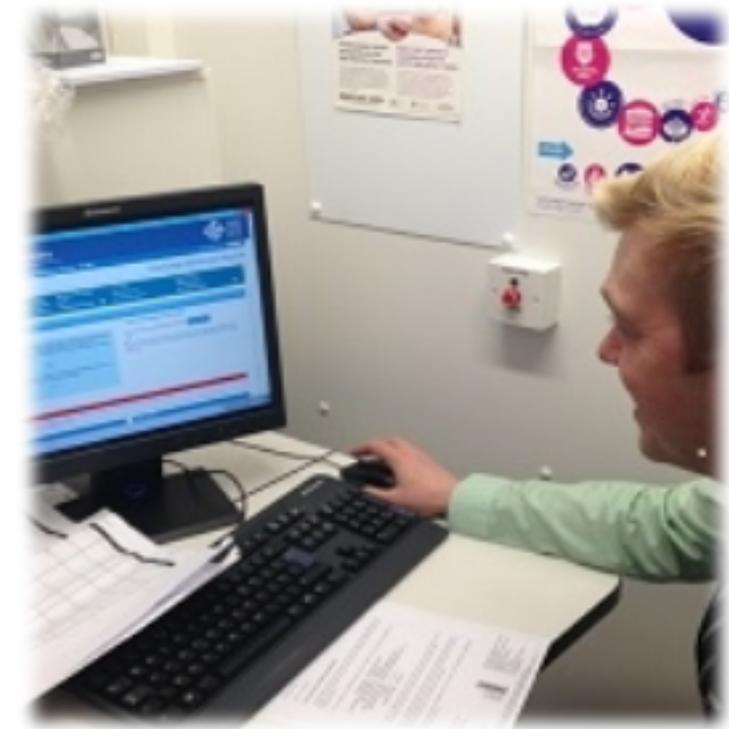
Quotes from Patient Surveys

- *“Excellent service, attended due to no voice rather than "simple throat". Would have waited another day before a GP appointment - simply wanted clarification that a viral infection.”*
- *“Quick, professional, good to know its available as GP appointments are hard to get.”*
- *“This service worked very well for me today and I hope this will continue as it was quick and got the results on the spot and not like A DAY wait on the NHS VERY GOOD. I did get in touch with my local surgery and went to see the practice nurse but they told me of this very good service.”*

- *“Pharmacist and pharmacy could not have been more helpful or friendly. The service was quick and efficient and comfortable. Amazing!”*
- *“The pharmacist was very welcoming, explaining the entire process and ensured I was happy/comfortable throughout.”*
- *“The pharmacy was brilliant from start to finish with my daughter (7 years old), would recommend this pharmacy and treatment to anyone with children. My child was very happy to have the test and get antibiotics. The lady went beyond to make my child happy and comfortable.”*
- *“Pharmacist really made me feel at ease. Thank you.”*
- *“The pharmacist was lovely with my daughter, thorough check over. Super service; it feels as if it's not an inconvenience, the pharmacist was patient and reassuring at all times.”*

Pharmacist Quotes

“I think it [STTT] would be **really positive** for pharmacy. For us to show that we can actually **make an impact on patient care and for GPs**, it [STTT] should **reduce their workload** a lot, because I’m sure they see an awful lot of people with sore throats that could be dealt with by this service.”



“Yes, we can reduce the workload of the GP, but it’s also about **educating our patients** and **reassuring our patients** they don’t need to see a GP.”



MediWales Innovation Awards, NHS Judges Award 2017 awarded to NWIS Choose Pharmacy Team



Innovation and Technology Award Winner for Choose Pharmacy Sore Throat Test and Treat at the **Antibiotic Guardian Awards 2019**

Best of Clinical Pharmacy Awards

2018, Excellence in use of Technology in Pharmacy Practice, awarded to Emma Williams, Choose Pharmacy Clinical Lead, NWIS



DIGITAL HEALTH AND CARE WALES CHAIR'S REPORT

Agenda Item	4.1
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Name of Meeting	SHA Board
Date of Meeting	29 July 2021

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Chris Darling, Board Secretary
Presented By	Bob Hudson, Interim Chair

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

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

1 SITUATION/BACKGROUND

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

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

DHCW Board to NHS Wales Board Meetings

- 2.1 In July we started a schedule of initial Board to Board introduction meetings with other NHS Bodies in Wales. DHCW Independent Members are very keen to understand Health Board, Trust and other Special Health Authority perspectives on the digital agenda and how DHCW can work in partnership with NHS bodies to deliver to the people of Wales first-class digital health and care services.
- 2.2 Our first meeting was with Cwm Taf Morgannwg University Health Board (UHB) on the 14th July and I would like to extend my thanks to colleagues in Cwm Taf Morgannwg for a rich and productive discussion focused on how we can work collaboratively to deliver digital solutions and improve population health and wellbeing. These initial Board to Board meetings are symbolic meetings with further meetings scheduled over the coming weeks and months to explore strategic collaboration opportunities.

Programme for Government

- 2.3 Since our last meeting there has been the publication of the Programme for Government 2021 – 2026 for the 6th Senedd. The publication provides DHCW with a clear steer on the direction of travel over the next five years and I was pleased to see the explicit reference to ‘extend the use of new technologies’ under the ‘Provide effective, high quality and sustainable healthcare. In addition to the publication we have also received a letter from Andrew Goodall, Director General for Health and Social Services and the NHS Wales Chief Executive confirming the ministerial priorities for NHS Wales.

Chair and Chief Executive Meeting with the Minister

- 2.4 On the 17th June 2021 myself, Helen Thomas, and all other NHS Wales Chairs and Chief Executives met Eluned Morgan, the Minister for Health and Social Services, also in attendance at this meeting were Deputy Ministers Lynne Neagle and Julie Morgan. This meeting allowed the Minister to set out her priorities to NHS Chairs and Chief Executives. The Minister expressed a heartfelt thankyou to all NHS staff for their continuing efforts responding to the COVID-19 pandemic, and the Minister described the Government’s priorities as we move towards COVID-19 recovery.

DHCW Chair Appointment

- 2.5 As previously advised the DHCW substantive Chair post is currently going through the recruitment process, with the Public Appointments Unit of Welsh Government leading the process. It is hoped that interviews for this position can take place in August 2021.

Associate Board Member – Trade Union

- 2.6 In-line with the DHCW Membership Regulations work has progressed with Trade Union colleagues to appoint a DHCW Associate Member – Trade Union. I am delighted to say that following a formal nomination process Andrew Fletcher has been put forward to undertake this vital role, and this nomination has been agreed and ratified by the DHCW Independent Members. Andrew will formally take up this role from the 1st August 2021 and the tenure for this role will be for an initial twelve-month period, with the option to extend this. The Trade Union Associate Member of the Board will attend DHCW Board meetings in an ex-officio capacity, as well as engage in other Board activities such as attend Board Development sessions. I look forward to welcoming Andrew into this Associate Board Member role.
- 2.7 With the appointment of an Associate Board Member – Trade Union, Board colleagues should note the next Local Partnership Forum (LPF) to take place on the 10th August 2021 will be as a formal Advisory Group to the DHCW Board. A highlight report from all future LPF meetings will be considered at future Board meetings.

Board Development Session 1st July 2021

- 2.8 The Board held a Board Development session on the 1st July, where we considered a number of important areas, and work we need to do with colleagues and partners including:
- Risk and Board Assurance
 - The role of Audit Wales and NWSSP Internal Audit
 - The National Clinical Framework
 - The NHS Wales Governance Framework and the role of Collaboration
 - Stakeholder Engagement

I would like to thank all those colleagues who attended the session we had some excellent

discussions about DHCW’s role and how we can best deliver digital solutions and make best use of information and intelligence to improve health and care outcomes.

Meeting with Head of Internal Audit

- 2.9 In addition to the Board Development session on the role of NWSSP Internal Audit, I was also able to have an initial induction discussion with James Quance, Head of Internal Audit responsible for DHCW. This was a very useful discussion, and our regulator colleagues will play a key role during DHCW’s first few years as we establish our governance systems and processes.

Appointment of DHCW Vice Chair to the Centre for Digital Public Services Board

- 2.10 I am pleased to say that our Vice Chair, Ruth Glazzard has been appointed as an Interim Board Member for the Centre for Digital Public Services (CDPS). There will be lots of synergy between the DHCW work and work of the CDPS and I’m sure this appointment will bring great benefit to DHCW moving forward. I would like to congratulate Ruth on her appointment. Building strategic partnerships and forward-looking collaboration is of great importance to DHCW as a new organisation, in addition to Ruth’s appointment we are also fortunate that Grace Quantock our Vice Chair of the Audit and Assurance Committee is an existing Board member of Social Care Wales.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 If the DHCW Chair recruitment process does not attract sufficient interest to progress to interview, alternative arrangements will need to be considered for the position of Chair for DHCW.

4 RECOMMENDATION

The Board is asked to:

NOTE the content of the report.

5 IMPACT ASSESSMENT

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

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

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below The appointment of DHCW Chair will ensure continuity for when the Interim Chair's tenure comes to an end.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

DIGITAL HEALTH AND CARE WALES CHIEF EXECUTIVE'S REPORT

Agenda Item	4.2
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Name of Meeting	SHA Board
Date of Meeting	29 July 2021

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

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

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

Acronyms			
CEO	Chief Executive Officer	SHA	Special Health Authority
DHCW	Digital Health and Care Wales	NWIS	NHS Wales Informatics Service
MOU	Memorandum of Understanding	POSA	Provision of Service Agreement
NDR	National Data Resource	SCW	Social Care Wales

1 SITUATION/BACKGROUND

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

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Special Health Authority Programme Board Meeting

The Special Health Authority (SHA) Programme Board Meeting took place on the 8th July. This meeting considered the Programme closure report and recognised that the Programme had successfully delivered the objective of transitioning from NWIS to DHCW on the 1st April 2021. The outstanding risks were noted, and a final SHA Programme Board meeting is scheduled for the 14th October 2021, at which point oversight and governance for the SHA arrangements will be fully overseen by the DHCW Board.

2.2 Memorandum of Understanding (MOU) and Provision of Service Agreement (POSA) with NHS Digital Update

DHCW has been directed by the Welsh Ministers to carry out functions in relation to the provision or promotion of effective digital platforms, systems and services, including arrangements for the digital collection, storage, processing, analysis, use and dissemination of health service data. This involves working with NHS Digital in England to ensure information flows are appropriately managed and shared to ensure safe and effective care across the system. An MOU and POSA have been drafted to capture the related activities for both parties to ensure clarity of purpose and seamless delivery of services with a plan to finalise the agreement by September 2021.

2.3 Memorandum of Understanding between National Data Resource (NDR) and Social Care Wales (SCW)

There is a clear need for DHCW to establish a very close working relationship with SCW to jointly deliver many of the strategic digital health and care priorities, in line with NHS, Social Care and Welsh Government strategic aims.

The NDR programme was established in January 2020 and joint working between the NDR and SCW started soon after focusing on the development and publication of the Strategic Approach to Data (Social Care) report which was approved by Ministers in early 2021.

Discussions between myself and Sarah McCarty (SCW Director) have established a need to build on that existing relationship and create an MoU between DHCW and SCW which has been developed by the National Data Resource (NDR) Social Care Sub-group to set out and enable the joint funding arrangements approved as part of the NDR business case to deliver the desired strategic aims. We hope to finalise and agree the MoU with SCW in the near future.

2.4 Memorandum of Understanding between DHCW and NHS Wales Collaborative

The NHS Wales Health Collaborative works on behalf of the health boards, trusts and special health authorities in NHS Wales, to support the improvement of NHS Wales' services across HB boundaries, and improve the quality of care for patients. The Collaborative is hosted by Public Health Wales, on behalf of NHS Wales and governed by the Collaborative Executive Group under the overall direction of a Board.

DHCW and the Collaborative work together on many specific initiatives focused on supporting clinically led service transformation through digital solutions. It is anticipated that the need for digital transformation will grow in the future, reinforcing the requirement for the two organisations to work closely together. Work is ongoing with the NHS Wales Collaborative to develop a way of working that is consistent with the wider governance arrangements for organisations in NHS Wales.

2.5 Strategic Engagement

As reported to our last Board, the DHCW Senior Leadership team continue to undertake scheduled strategic engagement meetings with NHS Wales Health Boards and NHS Trusts to support the delivery of joint objectives. Five initial meetings have already taken place with another five being finalised over the coming weeks.

The DHCW Stakeholder Engagement Strategy is in development with a number of further sessions including the Board and staff across the organisation planned in readiness for presentation to the September Board.

2.6 DHCW Covid-19 Response

The response to Covid-19 by the Welsh and UK Government' has been fully supported by Digital Health and Care Wales predominantly via the Test, Trace and Protect and Vaccine Programmes. The Programmes have undertaken further priority work since May to:

- Deliver the Covid-19 printed certificate for Welsh citizens;
- Worked in partnership with the UK Government to deliver the Covid-19 digital certificate;
- Worked with Health Boards and Welsh Government support the Vaccine booster Programme; and
- Are exploring delivery of a citizen facing vaccine booking solution

2.7 Joint Executive Team (JET) Meeting feedback

A meeting with the Joint Executive Team in Welsh Government took place on Wednesday 14th July, the remit was to look back at performance during 2020/21 as well as looking ahead to 2021/22. The DHCW Senior Leadership in attendance shared the achievements of the past year, gave an overview of the current position including our key Projects and Programmes, the key challenges and risks for the organisation and the plan for the coming year including the systems leadership role as the new SHA. Overall, the feedback was positive and encouraging, the DHCW Senior Leadership embraced the opportunity to reflect on the past year and feel ready to focus on the year ahead supporting the reset and recovery of health and care services in Wales.

2.8 Data Centre Transition

As previously reported the contract for one of our two data centres comes to an end on 31st October 2021. The planned system moves have been agreed for each service and all service cloud migrations have now successfully taken place and the project is on track to be completed by the October deadline.

2.9 Top Level Organisational Structure

The establishment order for DHCW set out the requirement for five executive roles, the CEO, Finance Director and Medical/Clinical Director were specified and have been appointed to. In order to ensure strong leadership and accountability, I have set out the remaining two Executive roles and identified additional Director posts in the new top-level organisational structure for DHCW. I have included the timeline for consultation and any NHS Wales Organisational Change Policy requirements in the paper at item 5.1 and will be asking the Board to discuss the proposed structure later in the meeting.

2.10 Annual Plan Welsh Government Feedback

Included at item 2.5 on the agenda is the DHCW response to Welsh Government feedback on the initial annual plan submission.

2.11 CEO Meeting with the Health and Social Services Minister

As noted in the Chair's Report I attended a meeting with the new Minister for Health and Social Services, Eluned Morgan with other Chief Executives and Chairs as part of an initial discussion on the 17th June. In addition, I have more recently (8th July) had a meeting with the Minister focused on the DHCW agenda and priorities moving forward. We discussed the opportunities for the new organisation with the Minister expressing the need for an open and transparent culture and ambitions to deliver digital transformation in NHS Wales. In particular, building on the positive digital response to the pandemic to ensure digital is at the heart of NHS recovery, embracing digital ways of communicating and supporting patients and ePrescribing are clear priority areas for this government term. Further meetings will be arranged later in the year.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The approach to the appointment of the additional two DHCW Executive Director Board posts has been discussed and endorsed at the Remuneration and Terms of Service Committee and is progressing with support from Workforce colleagues.

4 RECOMMENDATION

The Board is asked to:

NOTE the content of the report.

5 IMPACT ASSESSMENT

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

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

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	The ongoing development of the TTP and WIS Programmes to ensure patient safety.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	The appointment of new Executive Director positions will have a financial impact on the organisation
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	The appointment of DHCW Board members to date ensures the Board can meet and be quorate from its inception.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

DIGITAL HEALTH AND CARE WALES EXECUTIVE STRUCTURE PROPOSAL

Agenda Item	5.1
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Name of Meeting	SHA Board
Date of Meeting	29 July 2021

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

Executive Sponsor	Helen Thomas, Chief Executive Officer
Prepared By	Helen Thomas, Chief Executive Officer
Presented By	Helen Thomas, Chief Executive Officer

Purpose of the Report	For Approval
Recommendation	
The Board is asked to: DISCUSS the proposed Executive Structure and APPROVE the outline approach set out in this paper.	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
OCP	Organisational Change Policy	CEO	Chief Executive Officer

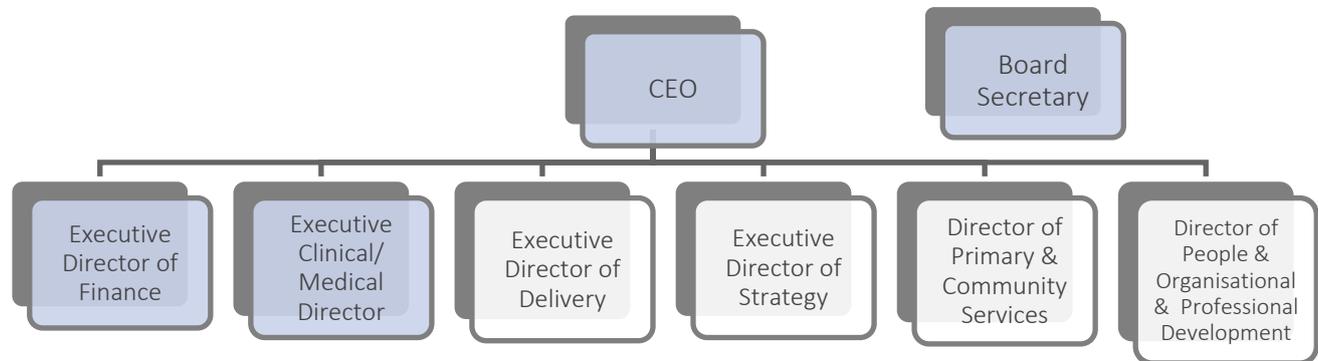
1 SITUATION/BACKGROUND

- 1.1 The purpose of this document is to provide the Board with the proposed Executive structure for the newly established Special Health Authority (SHA) Digital Health & Care Wales (DHCW) and set out the timeline for consultation on this proposed structure and implementation in line with NHS Wales Organisational Change Policy requirements.
- 1.2 The establishment order of Digital Health & Care Wales stipulates that the Board will have five Executive roles. The Chief Executive Officer (CEO), Finance Director and Executive Medical Director, were specifically identified, with the two remaining Executive roles to be agreed and recruited by the new CEO and the Board.
- 1.3 Appointments have been made to the three statutory posts of CEO, Executive Finance Director and Executive Medical Director. In addition, the post of Board Secretary has also recently been appointed to.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 DHCW has responsibility for the development and delivery of a range of national digital, data and technology services for the NHS in Wales and will require a clear vision and strategy to support digital transformation across health and care and a strong focus on system wide engagement and partnership working.
- 2.2 The proposed structure and approach set out below is intended to support the development of the new organisation to effectively support the development and delivery of our key functions.

2.3 The proposed Executive structure Organisation diagram is set out below:



Nb: Where appointments have already been made boxes are shaded in blue.

- 2.4 The focus on Delivery and Strategy as the two remaining Executive roles provide the senior executive leadership required in these key areas for the organisation. These roles also respond to findings of previous reviews and reports on the predecessor organisation to have a greater focus on operational delivery and stability and a role in developing and driving forward the strategic roadmap for digital services in NHS Wales.
- 2.5 The inclusion of a dedicated Director for Primary and Community Care (& Mental Health) in the proposed structure provides a strategic focus for the integrated working agenda that is developing at pace and will need to be accelerated as part of the wider NHS Wales recovery and renew plans, this also ensures a clear line of sight for Primary care services for key stakeholders, as this service has ringfenced funding arrangements.
- 2.6 In addition, a dedicated Board level role to focus on our workforce and ensuring a professionally developed workforce of the future demonstrates the great importance DHCW places on its people. Development of our workforce strategy and supporting the wider digital workforce strategy and plan for NHS Wales will be a key focus for the new organisation and the Board.
- 2.7 An organisation chart for each of the proposed Directorates is included as Appendix 1.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The table below sets out the process as set out in the All Wales Organisation Change Policy with key milestones and timescales to support these proposed changes in order to move forward with the appointment of the remaining senior leadership roles for the organisation.
- 3.2 Board members should note that based on the timeline set out it is likely to take until circa January 2022 to get the new Board level posts into position.
- 3.3 Board members should note that as part of the timeframes a consultation period with DHCW Senior Management Teams is being undertaken, as a result of feedback received during this consultation period there is a chance further changes may be made to the proposed structure.

3.4 Key Milestones and Proposed Timescales

Task	When	Who
Present DHCW Executive Structure to the R&TOS Committee	1 July	Helen Thomas
Pre-engaging with Directors 1:1 meeting to run through the proposal to the Board and provide an overview of process with indicative timeline.	By 9 July	Helen Thomas/ Shikala Mansfield
Issue consultation paper to the DHCW Senior Management Team	20 July – 6 August	Helen Thomas/ Shikala Mansfield
Communicate proposed structure via Staff Briefing Session across DHCW	26 July	Helen Thomas
Present outline proposal to the DHCW Board	End of July	Helen Thomas
Communicate with Key Stakeholders including the Local Partnership Forum	End of July/Early August	Helen Thomas
Review Questions and Answers and issue final version	By 13 August	Helen Thomas/ Shikala Mansfield
1:1 with individuals likely to be affected (Directorate Director level).	Early August	Helen Thomas/ Shikala Mansfield
Assess current Directorate Directors roles against new/revised Tier 3 posts which report directly to Executive Directors - permanent positions only	6 - 13 August	Shikala Mansfield
1:1 with individuals directly affected - confirm outcome in writing	6 - 13 August	Helen Thomas/ Shikala Mansfield
Executive Director posts advertise externally	Mid-August	Shikala Mansfield
Shortlist Executive Directors posts	Mid-September	Helen Thomas with DHCW Chair
Interview	End September	Helen Thomas with DHCW Chair and panel (tbc)
Anticipated Commencement Date	January 2022	

4 RECOMMENDATION

The DHCW Board is asked to:

DISCUSS the proposed Executive structure and **APPROVE** the approach outlined.

5 IMPACT ASSESSMENT

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

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

HEALTH CARE STANDARD	Staff & Resources
If more than one standard applies, please list below:	
Effective Care	

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

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Remuneration and Terms of Service Committee	1 July 2021	Proposed structure supported

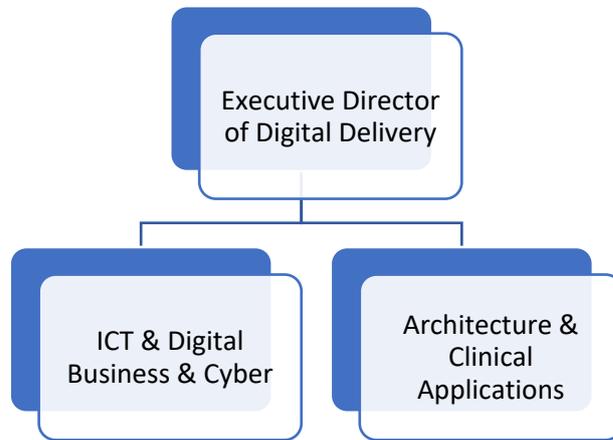
IMPACT ASSESSMENT	
QUALITY AND SAFETY	No, there are no specific quality and safety implications related to the activity outlined in this report.

IMPLICATIONS/IMPACT	
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below The Executive structure proposed would change reporting arrangements and Executive responsibility for a number of staff, the Organisational Change Policy will be adhered to where appropriate, and clear communication to staff effected.
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below

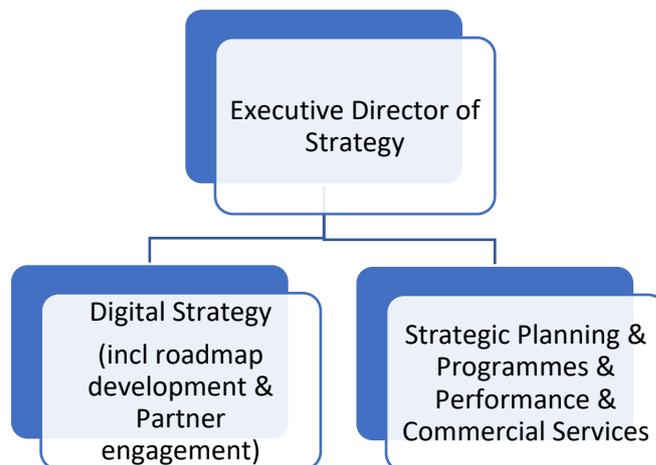
5.1i – Appendix 1

Executive Directorate structures

Executive Director of Digital Delivery

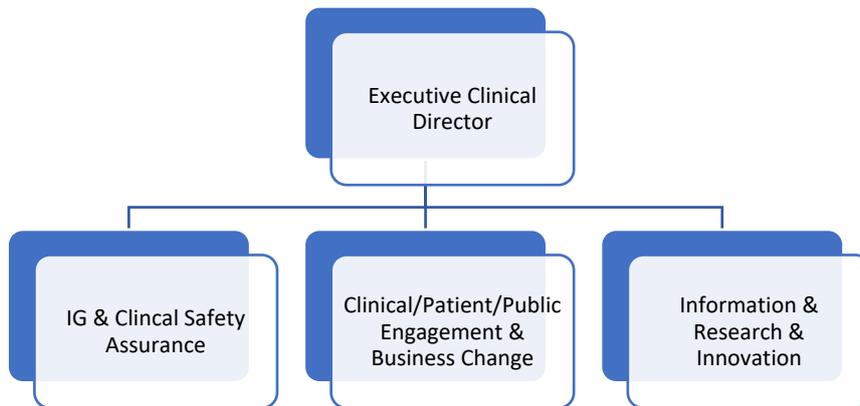


Executive Director of Strategy

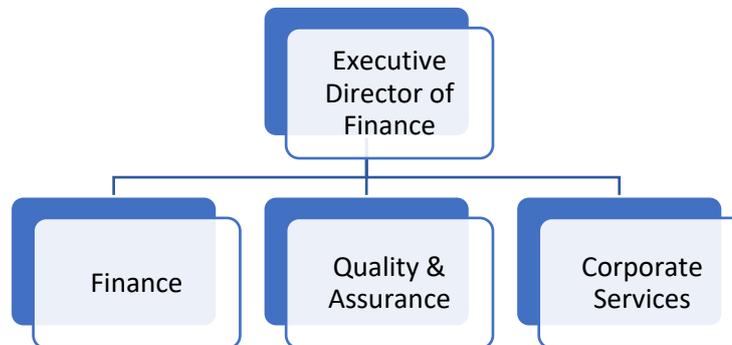


5.1i – Appendix 1

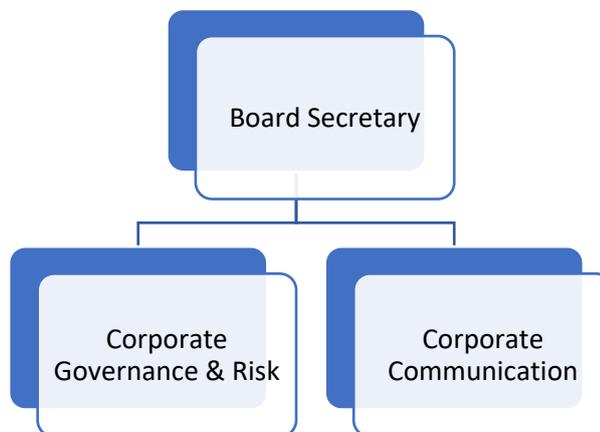
Executive Clinical Director



Executive Finance Director

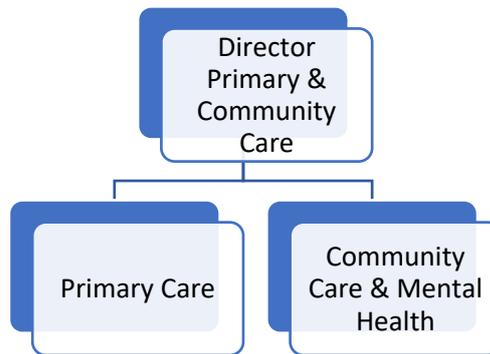


Board Secretary



5.1i – Appendix 1

Director of Digital Primary & Community Care Services



Director of People, Organisational & Professional Development



DIGITAL HEALTH AND CARE WALES STAKEHOLDER ENGAGEMENT STRATEGY UPDATE

Agenda Item	5.2
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Name of Meeting	SHA Board
Date of Meeting	29 July 2021

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

Executive Sponsor	Michelle Sell, Chief Operating Officer
Prepared By	David Sheard, Assistant Director of Service Transformation
Presented By	Michelle Sell, Chief Operating Officer

Purpose of the Report	For Noting
Recommendation	
The Board is being asked to NOTE the update on the development of the Stakeholder Engagement Strategy and Plan	

Acronyms			
DHCW	Digital Health & Care Wales	SHA	Special Health Authority

1 SITUATION/BACKGROUND

1.1 Background

At the inaugural board meeting held on 1st April 2021 it was emphasised that establishing Digital Health and Care Wales is not a re-branding exercise, rather the creation of a new organisation.

The support for greater collaborative working is something that was highlighted in the Welsh Government's consultation 'A Digital Special Authority for Wales.'

One of the organisation's early priorities is to develop a Stakeholder¹ Engagement² Strategy and Plan but to do so in a collaborative manner. To support the organisation in their deliberations Digital Health and Care Wales has appointed the Consultation Institute to work on several areas with the following deliverables:

- The Vision and Values of the new organisation
- A Stakeholder Map
- A Stakeholder Engagement Strategy
- A Stakeholder Engagement Plan

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Approach

Early deliberation including board feedback highlighted the need for clarity around Aim and Purpose and Scope which is important in positioning the Stakeholder Engagement Strategy.

Specifically, the Institute have been asked to work on the Engagement Strategy with external audiences. A Communication Strategy will also need to be prepared to support the promotion of the Engagement Strategy and agreeing key messages but is not in scope of this assignment. Associated elements such as feed-back, complaints, customer service and Freedom of Information Inquiries are also not in scope.

The aim of the Engagement Strategy is to enable Digital Health and Care Wales to work as a trusted strategic partner with key organisations across and beyond the NHS in order to deliver improved services and better

¹ Stakeholder: A person with an interest or concern in something, especially a business or organisation.

² Engagement: An active and participative process by which people can influence and shape policy and services that includes a wide range of different methods and techniques

outcomes and in so doing build a reputation for excellence in everything we do.

An excellent external Stakeholder Engagement Strategy will allow the organisation to develop into a listening organisation, committed to continuous learning and improving through engagement at all levels³.

2.2 Proposed Timeline

The original intention was for the board to consider the outputs at their meeting scheduled for 29th July 2021. While good progress is being made to ensure there is sufficient time to get both external stakeholder and board input it is now proposed to bring the final draft outputs for consideration to the September Board Meeting. A proposed revised timeline has been prepared (Appendix 1).

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

This section gives a brief update on progress to date.

3.1 The Vision and Values of the New Organisation

- Created and delivered a Vision and Values survey for staff – to inform and help the Board shape the vision for the new organisation. Including opinions on clarity and conciseness. Staff survey closed on Friday 16th July 2021 with 210 responses.
- Prepared letter and brief ready to be issued to ten external stakeholders (Executives with Digital Responsibilities) to seek views on Vision. This will also prompt who else we should speak to within their organisations and beyond.
- Dialogue with all Board Members to be arranged as part of a wider discussion to frame the, Mission, Vision and Values for the organization to underpin the development of our long-term Strategy and Plans.

3.2 Stakeholder Maps

- Made significant progress with stakeholder categories, profiling and mapping but has taken longer than anticipated. Partly due to securing dedicated slots in diaries but also some time needed (not unreasonably) for some to fully understand the concept.
- In completing this work, it will be important to think of the new organisation with a wider remit and identify which stakeholders are missing, whilst considering what is unique about the organisation.

³ One of the features of the Stakeholder Engagement Strategy is that it will describe the different levels and the range of engagement activities

3.3 Stakeholder Engagement Strategy

- Three workshops with staff held and written up. Recognition and support of the value to improve engagement but initial lack of understanding around the full range of engagement activities. This has slowed the process. Not just 'business to business', not communication and must be multi-faceted.
- Have held one session as part of Board Development but further session(s) needed to share feedback on Vision, Stakeholders and Strategy to inform board thinking prior to reshaping Vision, Mission and Values and agreeing Strategy and Plan.
- Identified the key elements of a future Stakeholder Engagement Strategy and started to document. Aim. Purpose, Scope, Assumptions, Risks, Issues and requirement to document & analyse current engagement activities, interests, and influence.

4 RECOMMENDATION

The Board is being asked to:

NOTE the update on the development of the Stakeholder Engagement Strategy and Plan.

5 IMPACT ASSESSMENT

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

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

HEALTH CARE STANDARD	Effective Care
If more than one standard applies, please list below: Staff & Resource	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:
No, (detail included below as to reasoning)	Outcome:
Statement: EQIA does not apply in this case	

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	15 July 2021	Noted

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below The Vision and Values of the organisation are important for setting culture and this will have an impact on existing staff, new members to the organisation and our recruitment approach
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

5.2i APPENDIX 1

Appendix 1 Key Activities and Timeline: June to December 2021



(*) Some risks due to availability, holidays etc

DIGITAL HEALTH AND CARE WALES STRATEGIC PROCUREMENT REPORT

Agenda Item	5.3
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Name of Meeting	SHA Board
Date of Meeting	29th July 2021

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

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

Purpose of the Report	For Approval
Recommendation	
<p>The Board is being asked to:</p> <p>APPROVE that the Contracts as detailed in Appendix 1 can progress to award; on the basis that the respective Programme Boards established to direct the provision of these services have approved their content and the recommendation to award and ring fenced funding has been allocated to cover the associated costs.</p>	

Acronyms	
DHCW	Digital Health & Care Wales
DO	Deployment Order
DPIF	Digital Priorities Investment Fund – managed by Welsh Government
DPS	Dynamic Purchasing System
DSPP	Digital Services for Patients and the Public
GMS IM&T	General Medical Services; Information Management and Technology
GP	General Practitioner
TPP	The Phoenix Partnership

1 SITUATION/BACKGROUND

- 1.1 The Commercial Services Team, within the Engagement and Digital Transformation Services Directorate, in Digital Health and Care Wales 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 a number of staff from the NHS Wales Shared Services Procurement Service.
- 1.2 In accordance with the scheme of delegation in DHCW's Standing Financial Instructions contracts to be awarded with a total contract value in excess of £750,000 (excl. VAT) will be presented for the Board's approval.
- 1.3 In scenarios where DHCW is acting on an All-Wales basis and on behalf of a Programme or Project Board the recommendation to proceed to award will be approved through an appropriate governance process that confirms that the content and recommendation are acceptable to the stakeholders prior to its presentation to the DHCW Board. This is the case for the three specific contracts set out below.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Details of the Contracts that we anticipate will be presented to the Board in this financial year 2021-22 are included within the Organisational Performance Report. The indicative dates set out are based on the DHCW Annual Plan and are intended to indicate to the Board when they should expect to receive the award recommendations for approval.
- 2.2 Set out at Appendix 1 are three (3) Contract Award Approvals for the consideration of the Board:
 - I. GP Systems and Services All Wales Framework (P675)
 - II. Digital Application Partner (P659) for Digital Services for Patients and the Public; and
 - III. Technical Development Partner (P660) for Digital Services for Patients and the Public.

GP Systems and Service Framework

- 2.3 The GP Systems and Services Framework is an all Wales agreement that has been established for Health Boards to call off GP Systems for the General Practices in their geographical localities. Under the new agreement GP Practices will, via a call off process, choose a GP System Supplier. Health Boards will then enter into direct contractual agreements (Deployment Orders) with the suppliers on the Framework to deliver these Services. These Deployment Orders and the Services will be managed by DHCW Primary Care Services and Commercial Services with oversight provided by the GMS IM&T Board.
- 2.4 It is an expressed term within the Framework Agreement that the Contractors will only be eligible to participate in a Mini Competition or receive a Deployment Order once the Authority has confirmed to the Contractor, in writing, that the GP System and Services have been 'Assured'. This Assurance will require the Contractor to have achieved all Tests or Milestones in relation to the GP Services and Catalogue Items which could form a Deployment Order. This will mitigate the risk of suppliers entering into Deployment Orders if they cannot deliver the required services.

Digital Services for Patients and the Public

- 2.5 The further two (2) agreements where approval is sought to award are for the provision of a Digital Application Partner (P659) and a Technical Development Partner (P660), both of which are to support the delivery of the Digital Services for Patients and the Public ("DSPP") Programme. Both agreements were tendered as individual 'Lots' under the P470 Digital Patient Services Partner(s) Dynamic Purchasing System ("DPS"). Following a thorough procurement exercise, Kainos Software Ltd, were identified as the overall Rank 1 supplier in the competitions and the procurement projects team have made a recommendation to the DSPP Programme Board to make both awards to Kainos.
- 2.6 Both agreements are fundamental to the development of the construction of new patient facing digital services and will be managed by the DHCW Commercial Services team and with oversight from the Engagement & Digital Transformation Services Directorate and DSPP Programme Board. Funding for these agreements has been allocated to DHCW by Welsh Government. This is intended to enable an agile development with Services under each agreement called off as Work Packages, with each of these Work packages being formally documented to include deliverables and costs and only commencing following formal approval by both parties.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Appendix 1 includes a Contract Award recommendation for the Board's approval relating to:
- I. **GP Systems and Services All Wales Framework (P675)**, in respect of which

- (i) The procurement has been undertaken in accordance with the requirements of the Standing Financial Instructions, including Public Contract Regulations 2015, as assured by the Chief Operating Officer; and
 - (ii) The GMS IM&T Programme Board ¹is responsible for the content of the proposed contracts and has agreed the recommendation to award to these three suppliers as assured by the Director of ICT; and
 - (iii) Funding of the Agreement is provisioned by ringfenced GMS IM&T funding, as assured by the Executive Director of Finance.
- 3.2 The resources required to deliver these Services from a DHCW perspective are included within the Annual Plan. The inclusion of a new supplier to NHS Wales, The Phoenix Partnership (TPP), will require further resource in terms of development, testing and deployment this will not be incurred until 2024 and will be factored into that year's plan.
- 3.3 Two further Contract Award recommendations are included for the Board's approval
- II. Digital Application Partner (P659) for **Digital Services for Patients and the Public**; and
 - III. Technical Development Partner (P660) for **Digital Services for Patients and the Public** in respect of which:
 - (i) The procurement has been undertaken in accordance with the requirements of the Standing Financial Instructions, including Public Contract Regulations 2015, as assured by the Chief Operating Officer; and
 - (ii) The DSPP Programme Board ² is responsible for the content of the proposed contracts and has agreed the recommendation to award to this supplier, as confirmed in writing by the DSPP SRO and assured by the Chief Operating Officer; and
 - (iii) Funding of the Agreement is provisioned by commitment of funding from Welsh Government specifically in respect of the DSPP Programme, as assured by the Executive Director of Finance.
- 3.4 The resources required to deliver these Services from a DHCW perspective are being funded specifically through a Welsh Government DPIF funding allocation. The development will be undertaken in an iterative way to enable review and engagement with the key stakeholders at each stage to shape the development.

¹ The General Medical Services (GMS) Information Management and Technology Board was established to direct the provision and oversee the central GMS Budget allocation for GP IT Services. It includes representatives from Health Boards (Directors of Primary Care and Associate Medical Directors), Royal College of GP, General Practitioners Committee Wales [part of the BMA], Practice Managers, Welsh Government and DHCW.

² The Digital Services for Patients and the Public Programme Board was established specifically to take forward this programme of work, chaired by the Senior Responsible Officer for the Programme Huw George, Director of Finance & Deputy Chief Executive for Public Health Wales.

4 RECOMMENDATION

4.1 The Board is being asked to:

APPROVE that the Contracts as detailed in Appendix 1 can progress to award; on the basis that the respective Programme Boards established to direct the provision of these services have approved their content and the recommendation to award and ring fenced funding has been allocated to cover the associated costs.

5 IMPACT ASSESSMENT

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

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

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

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

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
PERSON/COMMITTEE/GROUP	DATE	OUTCOME
Julie Francis – Head of Commercial Services	09/07/2021	Endorsed
Michelle Sell – Chief Operating Officer	16/07/2021	
Claire Osmundsen-Little – Executive Director of Finance	16/07/2021	
Helen Thomas – CEO	09/07/2021	

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

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

Scheme Title	GP Systems and Services All Wales Framework Agreement (ref P675)
Directorate	Primary Care Services
Date Prepared	6 th July 2021
Prepared By	Matthew Perrott, Deputy Head Commercial Services
Scheme Sponsor	Dr Carwyn Lloyd-Jones

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

1. DESCRIPTION OF GOODS / SERVICES / WORKS

Digital Health and Care Wales ("**DHCW**") acting as the Contracting Authority (the "**Authority**") is procuring an All Wales Framework Agreement for GP Systems and Services, contract reference P675.

The Framework Agreement has been procured at the request of the GMS IM&T Board. It is the responsibility of the Health Boards to provide GP Practices in Wales with a choice of IT Systems. The DHCW Framework Agreement is to be utilised as the vehicle by which the Health Boards will establish Deployment Orders / Call Off Agreements with each of the suppliers on behalf of the GP Practices. GP Practices participate and select the supplier, off the framework in accordance with a Call Off Procedure, detailed in the Framework Agreement.

Health Board's Deployment Orders shall be for a period of not less than two (2) years and not more than (5) years each with an option to extend by up to a further two (2) years each.

DHCW shall manage the selection and delivery of these Services with each of the Practices, Health Boards and Suppliers. Funding for GP IT Systems is provided to DHCW by Welsh Government ("**WG**") to pay for these Services and is managed by the Primary Care Services Team.

The overall scope of the procurement is summarised below:

The Authority is seeking to establish a new multi-vendor Framework Agreement of up to four (4) suppliers ("**Contractors**") for the provision of GP IT Clinical Systems and Services ("**GPSS**") and the ongoing development, upgrade and maintenance of GP clinical system software solutions via

this Framework Agreement. Solutions available to NHS Wales users under this Framework Agreement must satisfy the following objectives:

- (i) Provision of GP Clinical System functionality and associated services to GP Practices via a central hosting arrangement (cloud, third party or on-premise);
- (ii) Provision of application support services at an infrastructure level and at the user level (as first line to the NHS Wales Service Desk); and
- (iii) Services (including appropriate third-party products) which support core clinical business functions through compliance with NHS Wales national Architecture and Interoperability Framework Standards.

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

Expected Start Date of Contract	1 st October 2021
Expected End Date of Contract	30 th September 2026
Contract Extension Options (E.g. maximum term in months)	Option to extend by a further period of up to five (5) years in increments of not less than twelve (12) months.

2. STRATEGIC FIT

2.1 VISION AND OUR STRATEGIC PILLARS

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

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

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

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

2.2 INTEGRATED MEDIUM-TERM PLAN

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

Yes

No

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

2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES

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

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

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

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

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

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

Demonstrate respect for the diverse cultural heritage of modern Wales.

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

2.4 FIVE WAYS OF WORKING (SUSTAINABLE DEVELOPMENT PRINCIPLES) CONSIDERED

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

Click [here](#) for more information

Prevention

Long Term

Integration

Collaboration

Involvement

3. PROCUREMENT ROUTE

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

Competition

 Three (3) Quotes

 Formal Tender Exercise

 Mini Competition

 Find a Tender

 (replaces OJEU, Public Contract Regulations
2015 still apply)

Single source

 Single Quotation Action

 Single Tender Action

 Direct call off Framework

 All Wales contract

3.2 Please outline the procurement procedure.

As part of the procurement, a Contract Notice was placed on 9 March 2021 Reference: 004719-2021 (See Appendix 1). The Notice advertised the Authority's intention to procure a Framework Agreement, the term of which would be five (5) years with the option to extend for five (5) further periods of twelve (12) months up to a maximum of ten (10) years.

Call Off/Deployment Orders placed under the Framework Agreement shall be for a period of between two (2) and five (5) years, with the option to extend by up to a further two (2) years in increments of not less than twelve (12) months each.

This Open procurement procedure has been undertaken as set out in Regulation 27 of the PCR 2015.

The formal issue and receipt of tender documentation relating to this requirement was conducted via the e-Tenderwales Bravo Solution secure e-Tendering Web Application in accordance with the Velindre NHS Trust's Electronic Tendering Code.

The Terms and Conditions of the Framework Agreement were disseminated to the market prior to the undertaking of the procurement. In line with best practice, and in accordance with Regulation 40 PCR2015, Pre-Market Engagement was undertaken during December 2020, January and February 2021 to ensure that the terms of the agreement were acceptable. No option was provided for the mark up of the Terms and Conditions which are drafted in line with the Crown Commercial Services Model Form Contract for IT Projects over £10m.

In all instance's compliance with Digital Health and Wales' Standing Orders has been undertaken.

3.3 What has been the approximate timeline for procurement?

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Activity	Date
Contract notice and Initiation to Tender (ITT) published	9 th March 2021
Closing date for Bidders to submit clarification questions	21 st April 2021
Closing date for clarification responses	23 rd April 2021
Initiation to Tender (ITT) Closing date	28 th April 2021
Evaluation Undertaken	13 th – 25 th May 2021
Approval of the procurement project teams award recommendation by GMS IM&T Board	10 th June 2021
Standstill Period commences (10 days)	11 th June 2021
Standstill period concludes	21 st June 2021
WG Notification provided to NWSSP (as per DHCW SFI's)	Est. 17 th June 2021
DHCW Board Approval for Contracts exceeding £750k	27 th July 2021
Contract award (Contract Commences)	1 st August 2021

4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option

This new Framework Agreement will not only ensure the ongoing delivery of the current suite of GP Systems in use in Wales (EMIS and Cegedim) but will also introduce a new supplier into Wales for 2024, The Phoenix Partnership (“TPP”).

The introduction of a new supplier will increase the level of competition and the opportunities for innovative solutions to data, workload sharing and cluster based primary care delivery models.

All Bidders have offered their solution within the designated affordability threshold at £1.46 per patient per annum.

5. RISKS & MITIGATION

Please state risks of not proceeding with the scheme	Please state any mitigation to reduce the risk if the scheme is not approved
In the event that the Framework is not awarded c.137 GP Practices will cease to have a GP system as of 31/12/2021.	All Practices could migrate to the sole supplier on P189.02 Framework but would require approx. 13 months to undertake a migration at 4 practices per week.
Wales becomes a single source GP System state. Significant barriers of entry would occur as technology develops and would result in Wales having no credible, affordable alternatives.	Welsh Requirements could be added to GP IT Futures (NHS England Agreement) but this would be at the expense and resource effort of DHCW resources to draft develop and test compliance
Single point of failure by being a one system state – if the single supplier fails all GP Practices are affected	None.

6. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract	Excluding VAT £71,400,000	Including VAT £85,680,000		
The nature of spend	Capital <input type="checkbox"/>	Revenue <input checked="" type="checkbox"/>		
How is the scheme to be funded? Please mark with a (x) as relevant.				
Existing budgets	<input checked="" type="checkbox"/>			
Additional Welsh Government funding	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
DHCW has a ring-fenced budget into Primary Care Services from Welsh Government for the costs of providing GP Systems and Services.				
EXPENDITURE CATEGORY	Year 1 (exc. VAT)	Year 2 (exc. VAT)	Total (exc. VAT)	Total (inc. VAT)
Revenue	£5,100,000	£5,100,000	£71,400,000	£85,680,000
Overall Total	£5,100,000	£5,100,000	£71,400,000	£85,680,000

NOTES: During the first five (5) years of the Framework Agreement, Deployment Orders (call-off Contracts) may be raised by Health Boards on behalf of the GP Practices within their geographical area for up to seven (7) years. Services costed at £1.46 per patient per annum.

Breakdown of Costs:

Estimated number of patients are 3,219,178
 $(3,219,178 \times £1.46) \times 7 = \mathbf{£32,900,000}$

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£400,000 per annum provision in Contract terms and Conditions for the procurement of Application Program Interface (“API”) from all Contractors to integrate third party applications across the GP estate.

£400,000 x 7 = **£2,800,000**

On the assumption that a further extension to the Framework Agreement of five (5) years could yield a further seven (7) years of Deployment Orders, this would double the initial value of the Agreement.

£71,400,000 (£85.68M inc. VAT)

7. DECLARATION OF COMPLIANCE

7.1 Procurement Approval

The Head of Commercial Services / Delegated Authority has approved the procurement route and confirms that policies and procedures have been followed.

Deputy Head of Commercial Services:	Matthew Perrott
Signature:	
Date:	7 th July 2021

7.1 Director Approval

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

Lead Director Name:	Helen Thomas
Signature:	
Directorate:	Interim CEO, Digital Health and Care Wales (“DHCW”)
Date:	



8. APPROVALS AND ASSURANCE RECEIVED

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

DIRECTORATES	Date of Meeting	Outcome
GMS IM&T Board	10 June 2021	APPROVED

9. CONFIRMATION OF DHCW BOARD APPROVAL

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

The Digital Health and Care Wales Board has approved the award of this agreement for the durations and values (including extensions and options) as set out in this paper at its meeting of 29th July 2021.

Interim Chair of DHCW Board:

Signature:

Date:

Independent Member:

Signature:

Date:



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

Scheme Title	DIGITAL SERVICES FOR PATIENTS AND THE PUBLIC: DIGITAL APPLICATION PARTNER (P659)
Directorate	Engagement and Digital Transformation Services
Date Prepared	9 th July 2021
Prepared By	Matthew Perrott, Deputy Head of Commercial Services
Scheme Sponsor	Michelle Sell, Chief Operating Officer

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

1. DESCRIPTION OF GOODS / SERVICES / WORKS

Digital Health and Care Wales (“DHCW” or the “Authority”) requires specialist resources for a Digital Application Partner (the purpose of this procurement evaluation report) and a Technical Development Partner (sourced under contract ref P660 and not within the scope of this report) to assist the Digital Services for Patients and the Public (“DSPP”) Programme (the “Programme”) to establish a platform of supporting services, including a mobile application for citizens that will become a gateway to an extended range of digital services.

The Digital Application Partner will be responsible for ensuring that a mobile application is created, maintained and available at all times. This application needs to ‘present’ functionality to the end-user in an intuitive, accessible and interactive fashion. Whilst the programme talks about the gateway application as a single App, it is envisaged that several applications will be needed to span a range of platforms including popular mobile devices, tablets and computers. Interfaces will need to support English alongside the Welsh language version and as a minimum will need to be compliant with the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.

A Technical Development Partner (procured under P660) will work closely with the Digital Application Partner and provide expertise to specify, set up and operate a ‘DevOps’ environment to support the data management and related programming requirements of the Programme. The Technical Development Partner will create and subsequently deploy microservices within this DevOps environment to provide the necessary data-related functionality to feed data to and from approved applications, including the gateway application, using the standards based data transfer concept, as required to meet the Functional Requirements.



1.1 Nature of contract: <small>Please indicate with a (x) in the relevant box</small>	First time	<input checked="" type="checkbox"/>	Contract Extension	<input type="checkbox"/>	Contract Renewal	<input type="checkbox"/>
1.2 Period of contract including extension options:						
Expected Start Date of Contract	1 st September 2021					
Expected End Date of Contract	31 st March 2024					
Contract Extension Options (E.g. maximum term in months)	The Authority may extend the Agreement in increments of not less than twelve (12) months up to a maximum of two (2) years					

2. STRATEGIC FIT

2.1 VISION AND OUR STRATEGIC PILLARS

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

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

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

2.2 INTEGRATED MEDIUM-TERM PLAN

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

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



Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

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

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

2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES

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

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

2.4 FIVE WAYS OF WORKING (SUSTAINABLE DEVELOPMENT PRINCIPLES) CONSIDERED

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

Click [here](#) for more information

Prevention	<input type="checkbox"/>	Long Term	<input checked="" type="checkbox"/>	Integration	<input checked="" type="checkbox"/>	Collaboration	<input checked="" type="checkbox"/>	Involvement	<input checked="" type="checkbox"/>
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3. PROCUREMENT ROUTE

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

Competition

- Three (3) Quotes
- Formal Tender Exercise
- Mini Competition
- Find a Tender

(replaces OJEU, Public Contract Regulations 2015 still apply)

Single source

- Single Quotation Action
- Single Tender Action
- Direct call off Framework
- All Wales contract

3.2 Please outline the procurement procedure.

In order to secure an appropriate Supplier, invitations to tender were issued under Lot 2 of DHCW's Digital Patient Services Partner(s) Dynamic Purchasing System (the "DPS"). For reference Lot 2 of the DPS is the provision of 'Application Development & integration'. This Lot is to be utilised for the procurement of Application Development and Integrations where NHS Wales

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wishes for the development of a specific product or service which would integrate with any of the NHS Wales National Products or Services.

3.3 What has been the approximate timeline for procurement?

Activity	Date
Tender issue date	16 th April 2021
Clarification questions open	16 th April 2021
Online bidder briefing event	5 th May 2021
Clarification questions close	19 th May 2021
Authority issued clarification responses by	26 th May 2021
Tender return date	12:00 (noon) 1 st June 2021
Evaluation of bid responses	1 st June – 15 th June 2021
Post tender clarification period	30 th June – 2 nd July 2021
DSPP Board Approvals anticipated by	21 st July 2021

4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option

The programme will provide services to support the digital interaction between the public and health care professionals. To a large extent this is now fully expected within the population. There are also a number of additional benefit areas that are also driving the programme:

- i. Improve the health and wellbeing of individuals and the population as a whole through empowerment and increased education, involvement and awareness of all issues impacting on health and wellbeing;
- ii. Improve the outcomes of health and social care interventions;
- iii. Improve the efficiency, efficacy and experience of healthcare interactions for both service users and health and care professionals;
- iv. Improve service effectiveness;
- v. Increase the value provided from investment in health and social care services;
- vi. Contribute valuable data to the National Data Repository.

5. RISKS & MITIGATION

5.1 Please state risks of not proceeding with the scheme	5.2 Please state any mitigation to reduce the risk if the scheme is not approved
In not proceeding with this scheme DHCW will not be able to take forward the programme of work to deliver Digital Services for Patients and the Public.	None

6. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract	Excluding VAT £7,000,000	Including VAT £8,400,000		
The nature of spend	Capital <input type="checkbox"/>	Revenue <input checked="" type="checkbox"/>		
How is the scheme to be funded? Please mark with a (x) as relevant.				
Existing budgets	<input type="checkbox"/>			
Additional Welsh Government funding	<input checked="" type="checkbox"/>			
Other	<input type="checkbox"/>			
[If you have selected 'Other' – please provide further details]				
EXPENDITURE CATEGORY	Year 1 (exc. VAT)	Year 2 (exc. VAT)	Total (exc. VAT)	Total (inc. VAT)
Revenue	TBC	TBC	£7,000,000	£8,400,000
Overall Total	TBC	TBC	£7,000,000	£8,400,000
This is the total estimated value to deliver the full five (5) work packages that could be called off under this agreement. The initial work package to be delivered by the Contractor for 'Discovery' has been set at £113,145 (ex VAT). Following this, all other work packages will be awarded at the discretion of the Authority and are subject to the outcome of the prior work packages deliverables being met.				
The contract is structured to enable an agile and iterative approach to development though the definition of a number of work-packages or 'Call-Offs' during the contract term. An extension of term option has been included to enable sufficient flexibility to support this approach. This additional duration shall not require additional cost.				



7. DECLARATION OF COMPLIANCE

7.1 Procurement Approval

The Head of Commercial Services / Delegated Authority has approved the procurement route and confirms that policies and procedures have been followed.

Deputy Head of Commercial Services: Matthew Perrott

Signature:

Date:

9th July 2021

7.1 Director Approval

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

Lead Director Name: Michelle Sell, Chief Operating Officer

Signature:

Directorate:

Engagement & Digital Transformation Services

Date:

9th July 2021

8. APPROVALS RECEIVED

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

DIRECTORATES

Date of Approval:

DSPP Programme Board

Est 21/07/2021

Management Board

CONFIRMATION OF DHCW BOARD APPROVAL

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



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Digital Health
and Care Wales

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

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

The Digital Health and Care Wales Board has approved the award of this agreement for the durations and values (including extensions and options) as set out in this paper at its meeting of 29th July 2021.

Interim Chair of DHCW Board:

Signature:

Date:

Independent Member:

Signature:

Date:



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

Scheme Title	DIGITAL SERVICES FOR PATIENTS AND THE PUBLIC: TECHNICAL DEVELOPMENT PARTNER (P660)
Directorate	Engagement and Digital Transformation Services
Date Prepared	9 th July 2021
Prepared By	Matthew Perrott, Deputy Head of Commercial Services
Scheme Sponsor	Michelle Sell, Chief Operating Officer

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

1. DESCRIPTION OF GOODS / SERVICES / WORKS

Digital Health and Care Wales (“**DHCW**” or the “**Authority**”) requires specialist resources for a Digital Application Partner (sourced under contract ref P659 and not within the scope of this report) and a Technical Development Partner (the purpose of this procurement evaluation report) to assist the Digital Services for Patients and the Public (“**DSPP**”) Programme (the “Programme”) to establish a platform of supporting services, including a mobile application for citizens that will become a gateway to an extended range of digital services.

The Technical Development Partner will provide expertise to specify, set up and operate a ‘DevOps’ environment to support the data management and related programming requirements of the Programme. The Technical Development Partner shall create and subsequently deploy microservices within this DevOps environment to provide the necessary data-related functionality to feed data to and from approved applications, including the gateway application, using the standards based data transfer concept, as required to meet the Functional Requirements.

A Digital Application Partner (procured under P659) will work closely with the Technical Development Partner and will be responsible for ensuring that a mobile application is created, maintained and available at all times. This application needs to ‘present’ functionality to the end-user in an intuitive, accessible and interactive fashion. Whilst the programme talks about the gateway application as a single App, it is envisaged that several applications will be needed to span a range of platforms including popular mobile devices, tablets and computers. Interfaces will need to support English alongside the Welsh language version and as a minimum will need to be compliant with the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.

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1.1 Nature of contract:							
Please indicate with a (x) in the relevant box		First time	<input checked="" type="checkbox"/>	Contract Extension	<input type="checkbox"/>	Contract Renewal	<input type="checkbox"/>
1.2 Period of contract including extension options:							
Expected Start Date of Contract		1 st September 2021					
Expected End Date of Contract		31 st March 2024					
Contract Extension Options (E.g. maximum term in months)		The Authority may extend the Agreement in increments of not less than twelve (12) months up to a maximum of two (2) years					

2. STRATEGIC FIT

2.1 VISION AND OUR STRATEGIC PILLARS

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

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

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

2.2 INTEGRATED MEDIUM-TERM PLAN

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

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



2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES

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

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

2.4 FIVE WAYS OF WORKING (SUSTAINABLE DEVELOPMENT PRINCIPLES) CONSIDERED

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

Click [here](#) for more information

Prevention	<input type="checkbox"/>	Long Term	<input checked="" type="checkbox"/>	Integration	<input checked="" type="checkbox"/>	Collaboration	<input checked="" type="checkbox"/>	Involvement	<input checked="" type="checkbox"/>
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3. PROCUREMENT ROUTE

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

<p>Competition</p> <p>Three (3) Quotes <input type="checkbox"/></p> <p>Formal Tender Exercise <input type="checkbox"/></p> <p>Mini Competition <input checked="" type="checkbox"/></p> <p>Find a Tender <input type="checkbox"/></p> <p><small>(replaces OJEU, Public Contract Regulations 2015 still apply)</small></p>	<p>Single source</p> <p>Single Quotation Action <input type="checkbox"/></p> <p>Single Tender Action <input type="checkbox"/></p> <p>Direct call off Framework <input type="checkbox"/></p> <p>All Wales contract <input type="checkbox"/></p>
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3.2 Please outline the procurement procedure.

In order to secure an appropriate Supplier, invitations to tender were issued under Lot 2 of DHCW's Digital Patient Services Partner(s) Dynamic Purchasing System (the "DPS"). For reference Lot 2 of the DPS is the provision of 'Application Development & integration'. This Lot is to be utilised for the procurement of Application Development and Integrations where NHS Wales wishes for the development of a specific product or service which would integrate with any of the NHS Wales National Products or Services.

3.3 What has been the approximate timeline for procurement?

Activity	Date
Tender issue date	16 th April 2021
Clarification questions open	16 th April 2021
Online bidder briefing event	5 th May 2021
Clarification questions close	19 th May 2021
Authority issued clarification responses by	26 th May 2021
Tender return date	12:00 (noon) 1 st June 2021
Evaluation of bid responses	1 st June – 15 th June 2021
Post tender clarification period	30 th June – 2 nd July 2021
DSPP Board Approvals anticipated by	21 st July 2021

4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option

The programme will provide services to support the digital interaction between the public and health care professionals. To a large extent this is now fully expected within the population. There are also a number of additional benefit areas that are also driving the programme:

- i. Improve the health and wellbeing of individuals and the population as a whole through empowerment and increased education, involvement and awareness of all issues impacting on health and wellbeing;
- ii. Improve the outcomes of health and social care interventions;
- iii. Improve the efficiency, efficacy and experience of healthcare interactions for both service users and health and care professionals;
- iv. Improve service effectiveness;
- v. Increase the value provided from investment in health and social care services;
- vi. Contribute valuable data to the National Data Repository.

5. RISKS & MITIGATION

Please state risks of not proceeding with the scheme	Please state any mitigation to reduce the risk if the scheme is not approved
In not proceeding with this scheme DHCW will not be able to take forward the programme of work to deliver Digital Services for Patients and the Public.	None

6. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract	Excluding VAT £6,250,000	Including VAT £7,500,000		
The nature of spend	Capital <input type="checkbox"/>	Revenue <input checked="" type="checkbox"/>		
<p>How is the scheme to be funded? Please mark with a (x) as relevant.</p> <p>Existing budgets <input type="checkbox"/></p> <p>Additional Welsh Government funding <input checked="" type="checkbox"/></p> <p>Other <input type="checkbox"/></p>				
<p>[If you have selected 'Other' – please provide further details]</p>				
EXPENDITURE CATEGORY	Year 1 (exc. VAT)	Year 2 (exc. VAT)	Total (exc. VAT)	Total (inc. VAT)
Revenue	TBC	TBC	£6,250,000	£7,500,000
Overall Total	TBC	TBC	£6,250,000	£7,500,000
<p>This is the total estimated value to deliver the full five (5) work packages that could be called off under this agreement. The initial work package to be delivered by the Contractor for 'Discovery' has been set at £114,937 (ex VAT). Following this, all other work packages will be awarded at the discretion of the Authority and are subject to the outcome of the prior work packages deliverables being met.</p>				
<p>The contract is structured to enable an agile and iterative approach to the development though the definition of a number of work-packages or 'Call-Offs' during the contract term. An extension of term option has been included to enable sufficient flexibility to support this approach. This additional duration shall not require additional cost.</p>				

7. DECLARATION OF COMPLIANCE

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7.1 Procurement Approval

The Head of Commercial Services / Delegated Authority has approved the procurement route and confirms that policies and procedures have been followed.

Deputy Head of Commercial Services: Matthew Perrott

Signature:

Date:

9th July 2021

7.1 Director Approval

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

Lead Director Name: Michelle Sell, Chief Operating Officer

Signature:

Directorate:

Engagement & Digital Transformation Services

Date:

9th July 2021

8. APPROVALS RECEIVED

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

DIRECTORATES

Date of Approval:

DSPP Programme Board

Est 21/07/2021

Management Board

15/07/2021

CONFIRMATION OF DHCW BOARD APPROVAL

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





Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

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

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

The Digital Health and Care Wales Board has approved the award of this agreement for the durations and values (including extensions and options) as set out in this paper at its meeting of 29th July 2021.

Interim Chair of DHCW Board:

Signature:

Date:

Independent Member:

Signature:

Date:

DIGITAL HEALTH AND CARE WALES INTEGRATED ORGANISATIONAL PERFORMANCE REPORT

Agenda Item	6.1
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Name of Meeting	SHA Board
Date of Meeting	29 th July 2021

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

Executive Sponsor	Michelle Sell, Chief Operating Officer
Prepared By	Alyson Smith, Head of Organisational Performance
Presented By	Michelle Sell, Chief Operating Officer

Purpose of the Report	For Discussion/Review
Recommendation	
<p>The Board is being asked to: DISCUSS /REVIEW the report as representative of the performance of the organisation for the period May/June 2021.</p>	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
ESR	Electronic Staff Record	RAG	Red Amber Green
KPI	Key Performance Indicator		

1 SITUATION/BACKGROUND

- 1.1 An Integrated Organisational Performance Report is presented to the Digital Health and Care Wales (DHCW) Special Health Authority (SHA) Board at every meeting.
- 1.2 This Integrated Organisational Performance Report provides evidence of performance against key indicators across Digital Health and Care Wales (DHCW) and is linked to the Strategic Objectives within the Annual Plan; data is produced and verified at various levels throughout the DHCW governance structure, with final approval taking place at Management Board.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Scorecard

- 2.1 The Scorecard is under development as the organisation develops new key performance indicators (KPI's).
- 2.2 The items below are those not reporting as green in this period.
 - **Statutory and Mandatory Training - AMBER** compliance has reduced from 84.5% to 82.9%; there are ongoing issues with access to and reporting of some training modules on ESR, as well as some staff reporting issues with access to modules or missing data; this has been taken up with the supplier.
 - **ISO and BSI standards - AMBER** are overseen by the Quality and Regulatory Compliance Group; additional resource is in post to make improvements to the quality and regulatory standards approach.
 - **Commercial Services Contract Management – AMBER** The team are now at full capacity so it is expected to see positive change in this area by the next Board meeting.

The following items are now reporting as green – previously amber.

- **Audit** actions is now green as all actions are expected to complete on time.

The full report attached at Appendix A provides the full rationale for the Red, Amber, Green (RAG) ratings.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 **Appraisal compliance** is again not reported for the period due to ongoing issues experienced with the Electronic Staff Record (ESR) following the transition from Velindre Trust to Digital Health and Care Wales; this has been taken up with the supplier and a resolution agreed to be applied in July 2021.

3.2 **Workforce vacancy factor**

The Board are asked to note the vacancy factor, the steps being taken by the organisation to address this to ensure delivery of the strategic objectives and planned activity in support of their achievement. There is currently a vacancy factor listed on the Corporate Risk Register under risk DHCW0259. This reflects the recruitment target as set out in the Annual Plan and additional vacancies arising as a result of additional funding allocated by Welsh Government.

The Recruitment Task Force continues to make a positive impact on recruitment – the volume of new recruits has improved significantly in this period and is now 1.4 WTE behind target. DHCW is working with three recruitment agencies to support recruitment of the volume of staff needed. If recruitment continues to fall below the target set in the Annual Plan it will mean that planned tasks will be impacted.

3.3 **Defining the architecture vision** has been re-forecast to Q2, this is due to staff reallocation to unplanned high priority Covid work. The team has seen some additional resource recruited within June and have replanned the work in order to meet the re-planned deadline.

4 RECOMMENDATION

4.1 The Board is being asked to:

DISCUSS /REVIEW the report as representative of the performance of the organisation for the period May/June 2021.

5 IMPACT ASSESSMENT

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

DHCW QUALITY STANDARDS	ISO 9001
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HEALTH CARE STANDARD	Governance, leadership and accountability
If more than one standard applies, please list below:	

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

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	15 July 2021	Approved

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Additional scrutiny and development of transparent organisational performance reporting has a positive impact on quality.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below There is a duty to monitor, report on and improve performance.
	Yes, please see detail below

<p>FINANCIAL IMPLICATION/IMPACT</p>	<p>Should effective performance management not take place there could be financial implications.</p>
<p>WORKFORCE IMPLICATION/IMPACT</p>	<p>Yes, please see detail below Key organisational decision makers and leaders should be aware of and act upon the elements of performance for which they hold responsibility or accountability.</p>
<p>SOCIO ECONOMIC IMPLICATION/IMPACT</p>	<p>No. there are no specific socio-economic implications related to the activity outlined in this report</p>

SPECIAL HEALTH AUTHORITY BOARD REPORT JUNE 2021



Integrated Organisational Performance Report

DIGITAL HEALTH AND CARE WALES

BOARD

REPORT



CONTENTS

Executive Summary

Corporate Planning

Financial Performance

Workforce

Commercial Services

Operational Service Management

Clinical Assurance and Information Governance

Governance and Quality

Engagement

Introduction

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

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

Scorecard

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

- **Appraisal compliance** is again not reported for the period due to ongoing issues experienced with ESR following the transition from Velindre Trust to Digital Health and Care Wales; this has been taken up with the supplier.
- **Statutory and Mandatory Training** compliance has reduced from 84.5% to 82.9%; there are ongoing issues with access to and reporting of some training modules on ESR, as well as some staff reporting issues with access to modules or missing data; this has been taken up with the supplier.
- **Audit actions** is now green as all actions are expected to complete on time.
- **ISO and BSI standards** are overseen by the Quality and Regulatory Compliance Group; additional resource is in post to make improvements to the quality and regulatory standards approach which remains at amber.
- **Commercial Services Contract Management** remains amber. It is envisaged that the full team will be in place by the beginning of July 2021.

	FINANCE & WORKFORCE			GOVERNANCE & QUALITY			
FINANCE	Forecast Revenue Break Even to ensure the organisation's expenditure does not exceed aggregated income	Forecast to Remained within Capital Expenditure Limit to ensure net Capital spend does not exceed Capital Expenditure Limit	Maintain within Public Sector Payment Policy to pay a minimum of all non NHS creditors within 30 days of receipt of valid invoice	All outstanding Audit actions are on target to complete by agreed dates	Other Governance and Quality metric under development	ISO and BS Standards compliant with requirement	GOVERNANCE & QUALITY
WORKFORCE	Sickness absence below 6% (actual 1.93%)	Appraisals compliance at 85% (not reportable in May)	Statutory and Mandatory Training compliance above 85% (achieved 82.9%)	Clinical Risk Management	Corporate Risk Management	Other Governance and Quality metric under development	
OPERATIONAL SERVICE DELIVERY	Commercial Services contract management compliant with KPI	Operational Service Support is stable with KPIs being achieved across all domains but one	Contribution to keeping NHS Wales working through Covid-19 pandemic	Service Level Agreement performance meetings with stakeholders conducted to schedule	Strategic engagement meetings with NHS partners conducted to schedule	Other Engagement metric under development	ENGAGEMENT & FEEDBACK
	Clinical Assurance and Information Governance requests and incidents resolved within KPI	All significant IT Service Incidents managed within SLA target to restore service	Other Engagement metric under development	Customer feedback Satisfaction to Local Service Desk above 90% (actual = 96%)	Other Engagement metric under development	Other Engagement metric under development	
	OPERATIONAL SERVICE DELIVERY			ENGAGEMENT & FEEDBACK			

Annual Business Plan: Quarter one has been a relatively good quarter and is marked as amber. There have been resourcing issues with key DHCW staff needing to work on Covid-19 priorities. However, there have also been significant achievements in digital transformation made across all eleven portfolio areas.

Financial Management: A full finance report is submitted to the SHA Board. We are reporting achievement of all key financial indicators within the period.

Workforce: The Recruitment Task Force continues to make a positive impact on recruitment – the volume of new recruits has improved significantly and is now 1.4 WTE behind target. DHCW is working with three recruitment agencies to support recruitment of the volume of staff needed.

Strategic Procurements: The Vaccination Programme contract for use of the government messaging platform, UK Gov Notify to support the Welsh Immunisation System and the continued management of the Vaccination service, has been approved and awarded in the period. Two procurements will be removed from the schedule: HEIW Point of Care tools has been reduced in scope and will no longer require Board approval; National Integrated Intelligent Audit Tool will no longer be procured this year.

Operational Service Management: Operational Service Management performance improved in May and returned to Green in June. There were six significant IT Service Incidents in May and four in June, none of which breached their Service Level target fix time. There was a higher rate of calls abandoned this month as a result of Telephony issues and a Major Incident relating to the VPN service, but this remains within threshold and is green.

Quality Standards Management: A sustained approach to the outstanding actions has reduced numbers considerably over recent months and this work will continue as required.

Corporate Risk: There are 18 corporate risks (an increase of one). Six of these are Critical. Risk Management is now in the domain of the Board Secretary.

Strategic Engagement: DHCW is working with an external partner to develop an Engagement Strategy. Strategic meetings have taken place with Cardiff & Vale, NHS Wales Shared Service Partnership, Betsi Cadwaladr, Powys and Cwm Taf Morgannwg during the period. Service Level review meetings have taken place with several NHS Wales organisations as per the enclosed schedule.



CONTENTS

- Achievement Summary
- Plan on a Page
- Risks to the Plan

Corporate Planning Annual Business Plan

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

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



Q1 2021 Summary:

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

Q1 2021

has been a relatively good quarter: We have seen some significant achievements in key areas in the first quarter of this year:

Portfolio Ref	Strategic Objective	Achieving our strategic objectives
01	Information Availability and Flow: Develop an 'open platform' approach to digital innovation, by responding to national standards for how data, software and technologies work together, and how external partners can work with the national digital platform and national data resource	<p>We have made the Operational Terminology Service available which enables consistent recording of the core components of the patient record using SNOMED-CT. We have also published a new advanced analytics catalogue for the National Data Resource and a contract award was made for a clinical data repository which will initially include Cancer treatment data and the Welsh Adverse Reactions Service.</p> <p>We have enabled Medilogik Endoscopy Results in our results repository for the first Health Board.</p> <p>Impact: these additional functionalities work towards national data standards and an open platform, whilst the endoscopy results in WRRS enables better and quicker patient care as clinicians can access important endoscopy patient results via the single patient record.</p>
02	Protecting Patient Data: Develop an Information Governance and Cyber Security framework, standards and mechanisms that prioritise patient and service user safety and confidentiality, and protect data from external and internal threats, resulting in data remaining secure and NHS Wales being trusted to host patient and service user personal information	<p>The launch of the new Cyber Resilience Unit has been completed and the various readiness activities started, such as setting up an Information Asset Register (IAR).</p> <p>Impact: this work enables the next phases of protecting patient data through Information Governance and Cyber Security to proceed, therefore enabling standards and mechanisms which protect data and NHS services.</p>
03	Sustainable Infrastructure: Develop and maintain a high-quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility	<p>Considerable preparatory work has taken place in readiness for the Data Centre Transition and move to cloud. Services continue to migrate to new and appropriate infrastructure to support the Data Centre and cloud migrations over coming months.</p> <p>Impact: the preparation work is key to enabling a successful transition of systems and services to new infrastructure / cloud / data centre later in the year. This work also ensure systems are up to date for patching, security and therefore software support.</p>

Portfolio Ref	Strategic Objective	Achieving our strategic objectives
04	Digital Healthcare Empowerment: Accessing a content rich care environment, agnostic of health board and geographical boundaries by expanding the content, availability and functionality of the Digital Health and Care Record to be the front-door for real-time access to person-specific health and care data	<p>We have gone live across Hywel Dda, Velindre and Swansea Bay with our electronic Welsh Nursing Care Record with over 1100 users so far. This is a key national milestone – for the first time nurses will be using nationally agreed standard assessment forms completed by them electronically. Over 48,000 nurse records have been created since the first go-live in April 2021.</p> <p>Impact: This is the start of a journey to remove the reliance on paper – and to free up nurses to spend more time with the patient. Less duplicated data entry, less transcribing errors, better data.</p> <p>We continue to populate our national repositories with electronic reports and test results and now Nursing assessments. This month has seen increased sharing of data across health board boundaries. Views of data have increased significantly compared with last year. In particular we are seeing growth in cross boundary views of pathology tests (+59% growth pa) and patient documents (+77% growth pa)</p> <p>Impact: this directly improves patient care as the clinician is better informed and it releases more time for direct care as no need to request document copies. It also removes the need for unnecessary repeat investigations for patients.</p>
05	Digital Patient Empowerment: Provide Digital services for patients and the public to enable seamless interaction with health and care services supporting patients to fully participate in their own health and well being	<p>Procurement of the new Digital Services for Patients and the Public (DSPP) platform has commenced, with bids from 7 suppliers. Qualitative evaluation sessions have been held by a panel including representatives from DSPP, DHCW and Health Boards. Funding has been confirmed and a baseline plan agreed.</p> <p>Impact: Getting this in place will help patients participate electronically with the health service and ultimately benefit from the convenience and speed of digital services to improve self care and wellbeing.</p>
06	Public Health: Develop, operate and maintain a set of high-quality national digital services to support Public Health prevention and early intervention Programmes	<p>The pandemic solutions provided by DHCW are seeing continued growth in users and activity and the focus has been on the ‘Welsh Pandemic Record’ development – with integration work and dashboard go lives. The Covid-19 Vaccine Pass Wales Interim Solution and the Digital Solution with Vaccine Data have both also been delivered this quarter.</p> <p>Impact: streamlining the process and allowing more citizens to be Covid-19 tested per day and provide a real time status of the patient journey during their Covid -19 testing. The Covid-19 Pass offers a ‘Vaccine passport’ to the public enabling overseas travel.</p>
07	Primary and Community Care: Building digital infrastructure across primary and community care by developing, operating and maintaining a set of high-quality national digital services reflecting new models of local care, closer to home	<p>The Preferred Supplier has been identified for the new GP Supplier and engagement has started to look at cluster working within GPs and the existing interoperability standards available through GP IT Futures (Framework) for GP systems.</p> <p>Impact: this enables the next stage of the new GP Supplier procurement to continue and for integrated working across primary and community care settings to progress, promoting to care close to home.</p>

Portfolio Ref	Strategic Objective	Achieving our strategic objectives
08	Planned and Unscheduled Care: Develop, operate and maintain a set of high-quality national digital services to enable new models of planned and unscheduled patient care and management	We have made functionality from the Welsh Patient Administration System (WPAS) around follow up appointments in hospitals available within the Single Record - the consultant 'Follow Up Not Booked List means data is available to consultants to remotely manage their patient list without needing to wait for a list to come from another system (WPAS) - this could include virtual consultations or agreeing to only see on symptoms presenting. Impact: The additional functionality of Follow up not Booked list allows clinicians and support staff to work remotely or with reduced staffing levels, whilst ensuring the appointment outcome is documented.
09	Diagnostics: Develop, operate and maintain a set of high-quality national digital services to enable the modernisation of diagnostics	The LINC preferred supplier has been identified and work is moving towards awarding the contract. The National Architecture requirements for the new radiology informatics Solution procurement have been agreed. Impact: these early stages in both programmes ensures the next steps can progress and the move towards modernised diagnostic systems will continue.
10	Medicines Management: Develop, operate and maintain a set of high-quality national digital services to enable modernisation of medicines management.	We have continued our roll out of the Hospital Pharmacy system with a very successful go-live in Hywel Dda; we are now live in 12 sites, 4 in Aneurin Bevan, 4 in Cwm, Taf and 4 in Hywel Dda. Impact: Users have confirmed that we are supporting modernisation by allowing like for like comparisons of activity such as dispensing data 'for the first time'. This is an essential factor in driving up efficiency in this area
11	Value from data: Driving value from data for better patient outcomes and service planning	We have provided continual development and support the scope of Essential Services Programme including available data identification, investigations and analytical work. We have also scoped out the requirements and service options for the development of a Research and Innovation Programme. The Value based Health programme has also progressed PROMs releases and disease specific dashboards. Impact: this provides key data and information informing better patient outcomes and service planning, and also improves service planning for innovation.

Ref	Portfolios	Qtr1 Apr-Jun 2021	Qtr2 Jul-Sep 2021	Qtr 3 Oct-Dec 2021	Qtr 4 Jan-Mar 2022
1	Information Availability and Flow	Develop an 'open platform' approach to digital innovation, by responding to national standards for how data, software and technologies work together, and how external partners can work with the national digital platform and national data resource	Defining our Architectural Vision	Procuring an Application Programming Interface Management System	Building national data stores and standards as part of the National Data Resource Programme
			RAG REASON: Architecture Design staff still working on COVID priorities		
2	Protecting Patient Data	Develop an IG and Cyber Security framework, standards and mechanisms resulting in data remaining secure and NHS Wales being trusted to host patient and service user personal information	Launch the Cyber Resilience Unit	Support Welsh Government with development of Information Governance Framework	
3	Sustainable Infrastructure	Develop and maintain a high-quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility		Develop the Cloud Strategy	New Data centre move
4	Digital Health Professional Empowerment	Accessing a content rich care environment, agnostic of health board and geographical boundaries by expanding the content, availability and functionality of the Digital Health and Care Record to be the front-door for real-time access to person-specific health and care data	Go live with the Nursing Care Record	Cancer Minimum Viable Product	Populating the Digital Health Record
			Populating the Digital Health Record		
5	Digital Patient Empowerment	Provide Digital services for patients and the public to enable seamless interaction with health and care services supporting patients to fully participate in their own health and well being			Proof of Concept of new Digital Service for Patients and Public
6	Public Health	Develop, operate and maintain a set of high-quality national digital services to support Public Health prevention and early intervention Programmes	Respond to confirmed requirements for Test Trace and Protect	Respond to confirmed requirements for Test Trace and Protect	Respond to confirmed requirements for Test Trace and Protect
7	Primary and Community Care	Building digital infrastructure across primary and community care by developing, operating and maintaining a set of high-quality national digital services reflecting new models of local care, closer to home	New GP supplier chosen	Mental Health Core Data Set	Community data sharing across primary and secondary care
8	Planned and Unscheduled Care	Develop, operate and maintain a set of high-quality national digital services to enable new models of planned and unscheduled patient care and management	Respond to Covid-19 recovery initiatives	Respond to Covid-19 recovery initiatives	
				Emergency dept system available for roll out	Intensive Care System available for roll out
9	Diagnostics	Develop, operate and maintain a set of high-quality national digital services to enable the modernisation of diagnostics		Business Case for new radiology system	All Wales Image Sharing Pilot
				Electronic radiology requesting available for further roll out	
10	Medicines management	Develop, operate and maintain a set of high-quality national digital services to enable modernisation of medicines management	Hospital Pharmacy available for roll out	Respond to Medicines Management Review	
11	Value from Data	Driving value from data for better patient outcomes and service planning	Responding to analytical requirements from Covid-19, Essential Services and Value Based Healthcare	Responding to analytical requirements from Covid-19, Essential Services and Value Based Healthcare	

Summary Risk:

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

Portfolio Ref	Strategic Objective	Risks to delivering our strategic objectives
ALL	ALL	<p>NWIS 0259 IF DHCW are unable to recruit to vacancies due to skills shortages and unavailability of suitable staff THEN this will impact on service deliverables and timescales resulting in delays to system support and new functionality for NHS Wales users.</p> <p>Mitigation A recruitment Task and Finish Group has been established to focus on all outstanding vacancies and put into action a plan to get staff into position. Extra help has been identified to help speed up the administration of the recruitment process.</p>
ALL	ALL	<p>NWIS 0237 IF new requirements for digital solutions to deal with Covid-19 and recovery of services continue to come in, THEN staff may need to be moved away from other deliverables in the plan resulting in non delivery of our objectives and ultimately a delay in benefits being realised by the service.</p> <p>Mitigation The 2021/22 DHCW Plan was approved by the DHCW Board in May subject to detailed feedback from Welsh Government. . Ongoing assessment of impact of new requirements being managed by the Planning and Performance Management group and Planning team.</p>
03	Sustainable Infrastructure: Develop and maintain a high-quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility	<p>NWIS 0268 IF the dates for the data centre physical transition need to moved from Quarter 2 into Quarter 3, THEN there may be a resource constraint in various teams RESULTING IN a risk of failing to deliver some items in the annual plan and the risk of increased costs.</p> <p>Mitigation Project team to liaise closely with other DHCW teams to take a holistic view to re-planning and to minimise the risk of disruption to the plan and keep costs to a minimum</p>



Financial Management

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



DHCW is reporting achievement of all 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 £0.389m after applying savings target profile.
- Capital – Current Spend of £0.851m against plan
- PSPP – Met at 97% (target 95%)

SUMMARY:

- The organisation continues to recruit to key SHA and Covid related posts, particularly in the Engagement and Finance Directorate. Pressures of both pay and non-pay relating to ICT remain
- Annual savings target for each Directorate have been achieved through vacancies.
- The draft funding letter has been received from Welsh Government for the Vaccine Covid funding for 2021-22.
- Progress against the DPIF pipeline been presented to the Welsh Government Digital Team in the month, with the hope that the July scrutiny process will confirm funding for 21-22 key initiatives.
- Year 3 of the Microsoft contract calculations have concluded. An order amounting to £22.9m has been placed supported by the appropriate organisation cash management to facilitate prompt payment of invoices.

INDICATOR	RESULT	SUMMARY
Revenue Breakeven (To secure that the organisations expenditure does not exceed aggregated income)		Small operational surplus of £0.389m – The current forecast is for an end of year breakeven position.
Remain within Capital Expenditure Limit (To ensure net Capital Spend does not exceed the Capital Expenditure Limit)		£0.851m spend for period which represent an underspend pf £0.167m against plan for period.
Public Sector Payment Policy (To pay a minimum of all non NHS creditors within 30 days of receipt of a valid invoice)		PSPP target achieved. Target – 95%, Actual 97%



Workforce

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

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

- Sickness Absence
- Appraisals
- Statutory & Mandatory Training

SUMMARY INDICATORS	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21	APR-21	MAY-21	JUN-21
Sickness Absence	3.09%	3.30%	3.23%	2.69%	1.98%	2.44%	1.93%	1.71%
Appraisals*	68.76%	65.03%	56.91%	59.05%	65.15%	^	^	^
Statutory and Mandatory Training*	90.03%	89.12%	88.57%	87.7%	89.1%	84.5%	82.9%	81.4%

* Welsh Government target = 85%

^ not available

Summary:

- The overall **sickness** rate is below the NHS Wales threshold of 6%. Sickness absence has reduced further by 0.22% from last month to 1.71%. Long term sickness has reduced from 1.41% to 0.94% whilst short term sickness has increased slightly by 0.25% from 0.52% to 0.77%. There is one Covid-19 Related Case (1 day due to Covid-19 symptoms)
- Recorded **sickness** in relation to Anxiety/Stress/Depression is 5 cases, reduction by one from last month.
- **Appraisal** data is not reported this month due to continued issues related to the new set up of ESR for DHCW; we continue to link in with IBM to resolve the issue.
- **Statutory and Mandatory Training** is 3.6% below the Welsh Government target for NHS Wales of 85%. Three directorates are above the 85% target; ADS, EDTS, Dir/IM and ICT are below target. Note this figure excludes compliance with the following modules since March due to an all-Wales system problem. This has now been resolved and will be included within the figures from July onwards:
 - Cyber Security; Covid-19 Risk Assessment; Environmental, Waste & Energy.
- **Turnover** is low however it has increased slightly from 4.74% in May to 4.93%.
- A **Recruitment Task Force** continues to focus on advertising current vacancies. Recruitment is just below target by 1.4 WTE.

Recruitment Task Force weekly meetings held and update provided at the weekly Directors meeting.

Focus during June

- Marketing campaigns developed in-house and utilised widely
- Participated in a Career Fair in June and prepared for fairs for period July to October
- Successfully recruited 6 graduates from recent assessment day
- Task Force set to map TTP vacancies and explore alternative working arrangement (part time, weekend, evenings, fixed-permanent posts)
- Developed specific recruitment plan for TTP /vaccinations vacancies

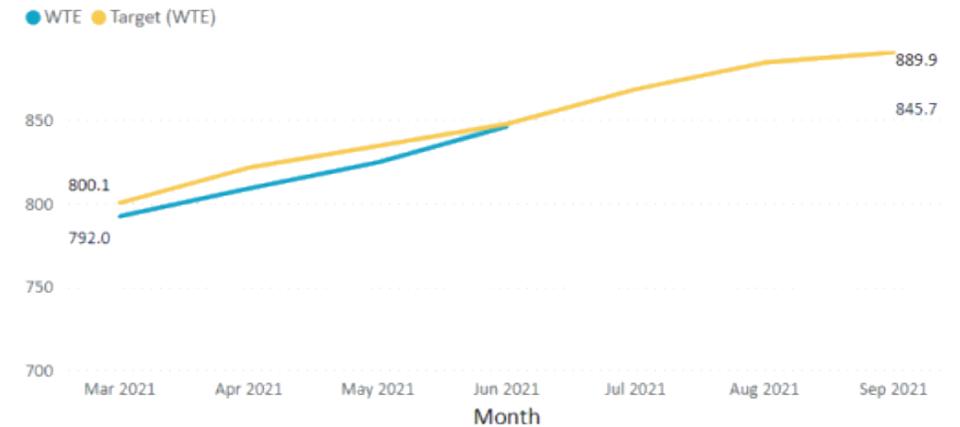
Progress to date - WTE (6th July 2021)

- 137.5 posts filled to date (56 internal and 81.5 external)
- 34 vacancies currently live on Trac
- 26 at shortlisting stage
- 15 at interview stage
- 21 due to start – candidate working notice period
- 10 starting in the week commencing 5th July

Focus next month

- Increase social media advertising
- Review progress from recruitment agencies – calibre of candidates, pace and support
- Planning for ePrescribing recruitment campaign

WTE and Target (WTE)





Commercial Services

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

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

Summary: 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 YRS	CONTRACT START DATE	SHA BOARD DATE	CURRENT STATUS
HEIW Point of Care Tools	All Wales	Component part of the national e-library service. Point-of-care tools are those research and reference resources that a clinician can utilize immediately at the point-of-care with a patient.	£1.4m	1+1	02/09/2021	29/07/2021	To be removed. This procurement has been reduced in scope following a reduction in the number of resources needed and will no longer require Board approval.
GP System	All Wales	Agreement to procure GP Digital Solutions for GP Practices in Wales.	£71.4m	5+5	01/08/2021	29/07/2021	Board papers to be submitted for approval at July Board, Notification request issued to WG, awaiting final approval.
Digital Applications Partner	DHCW Internal	The Digital Application Partner will be required to develop an application (the Gateway Application) available for citizens to download on a mobile device (Apple phone or Android phones, tablets, notebooks etc.) to help them access information about their healthcare, access services (such as booking appointments), communicate with people involved in their care delivery and capturing information that they may wish to share with others (such as friends, relatives, carers, clinicians and other practitioners).	£4m	3+1+1	TBC	29/07/2021	Procurement has concluded quicker than planned, efforts being made to submit the Contract Award Approval to the DHCW Board in July to allow works to commence ahead of schedule. Previously planned for September Board.
Digital Development Partner	DHCW Internal	A Technical Development Partner is required to provide resources and expertise to set up and operate the data processes that underpin the range of Digital Services in Wales, including the Gateway Application, building the components of the technical eco-system that will be necessary to deliver the vision.	£4m	3+1+1	TBC	29/07/2021	Procurement has concluded quicker than planned, efforts being made to submit the Contract Award Approval to the DHCW Board in July to allow works to commence ahead of schedule. Previously planned for September Board.
Laboratory Information Network Cymru	All Wales	Procurement of a national Laboratory Information System - an enterprise resource planning tool that manages multiple aspects of laboratory informatics, to support laboratory's key business operations, workflow and data tracking support, flexible architecture, and data exchange interfaces, which fully support its use in regulated environments.	£22.5m	9	01/10/2021	30/09/2021	FBC due 29/07/21; contract award deferred to 30/09/21
National Integrated Intelligent Audit Tool	All Wales	NHS Wales Audit monitoring system. Solution detects potential instances of unauthorised access to patient information held within national digital solutions.	£1.3m	5+1+1	24/11/2021	30/09/2021	Contract Extension option has been utilised and will not be procured this Financial Year.

Summary: 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 YRS	CONTRACT START DATE	SHA BOARD DATE	CURRENT STATUS
Managed Print Services - GP Practices	All Wales	The managed print service provides reliable, supported printers for GP practices, who rely on printers for producing prescriptions to support patient care. The service also recognises when new printer cartridges are required and automatically issues new cartridges to the GP practice.	£10m	3+1+1	01/10/2021	30/09/2021	Progressing to plan
Telephony Solution for TTP	All Wales	Telephony solution which underpins the Test Trace and Protect System to effectively manage the Covid Pandemic.	£1m	1+1+1	01/10/2021	TBC	Requirements being reviewed again with Local Authority and Welsh Government likely that a new procurement to be run to take effect in April 2022 at expiration of current agreement with Solgari.
VMWare ELA	DHCW Internal	Enterprise Licensing Arrangement to enable the organisation to run more applications using fewer physical servers i.e. on virtualised machines.	£800k	1+1	01/04/2022	31/03/2022	Progressing to plan
Microsoft Enterprise Agreement	All Wales	Enterprise Agreement to give over 100,000 NHS Wales staff access to Office 365 to enable organisations to have robust, modern tools and capabilities needed to enable new ways of working and better collaboration and secure sharing of information more easily within the NHS and the wider public sector in Wales using Office 365.	£80m	3+1	01/07/2022	2022-23	In plan
Dental Referral System	All Wales	Digital solution to facilitate and track dental referrals on a health board by health board basis across Wales.	£1.5m	3+1+1	01/06/2023	2022-23	In plan



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

Operational Service Management

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

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

In addition to standard reporting, this report includes updates on key infrastructure components that are being managed closely to ensure that NHS Wales staff can continue to work remotely during the Covid-19 pandemic.

DIGITAL HEALTH AND CARE WALES



REPORT

JUNE 21

Summary:

- During the month operational service performance was in line with targets, with improvement and then recovery from the April position.
- EMIS resolution rates for incidents has dropped significantly due to the service level targets of EMIS' third party supplier being different to DHCW's targets. Under the new agreement, EMIS will be providing their own document management solution.
- There were six significant Incidents in May and 4 in June, all resolved within target SLA fix times.
- Service Desk abandoned call rates have increased slightly but remain 'green'. This is as a result of Telephony issues and a Major Incident relating to the VPN service.



PERFORMANCE AREA	Metric	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
National Services - Critical (excluding GP Systems)	Total Calls Logged as Incidents (% resolved within timescale)	2142 (97%)	1904 (95%)	2267 (95%)	1901 (87%)	1457 (91%)	1442 (93%)	1703 (95%)	1791 (92%)	1476 (94%)	1632 (95%)
	Total Calls Logged as Service Requests (% resolved within timescale)	6662 (98%)	7241 (97%)	6495 (100%)	5847 (94%)	6437 (95%)	5813 (96%)	5746 (97%)	5547 (97%)	5054 (96%)	5322 (97%)
National Services - Standard (excluding GP Systems)	Total Calls Logged as Incidents (% resolved within timescale)	522 (99%)	460 (98%)	332 (99%)	300 (98%)	282 (98%)	288 (98%)	374 (98%)	474 (98%)	430 (97%)	441 (99%)
	Total Calls Logged as Service Requests (% resolved within timescale)	961 (97%)	1128 (98%)	1089 (100%)	897 (97%)	1017 (96%)	1152 (98%)	2046 (99%)	1170 (98%)	1061 (96%)	1799 (96%)
Desktop Support Service - Critical	Total Incidents Resolved (% resolved within timescale - Target > 90%)	1636 (98%)	1645 (98%)	1475 (98%)	1195 (98%)	1537 (97%)	1365 (97%)	1537 (97%)	1332 (98%)	1430 (97%)	1431 (97%)
	Total Service Requests Resolved (% resolved within timescale - Target > 90%)	1190 (98%)	1169 (99%)	1050 (98%)	834 (98%)	1141 (99%)	987 (97%)	1267 (99%)	1115 (99%)	1042 (97%)	1060 (98%)
National GP Services - Critical - Vision	Total Calls Logged as Incidents (% resolved within timescale)	778 (99%)	797 (98%)	788 (99%)	482 (99%)	509 (99%)	482 (100%)	551 (100%)	649 (100%)	554 (99%)	*
	Total Calls Logged as Service Requests (% resolved within timescale)	276 (100%)	258 (99%)	236 (99%)	166 (99%)	245 (100%)	231 (100%)	242 (100%)	249 (100%)	222 (100%)	*
National GP Services - Critical - EMIS	Total Calls Logged as Incidents (% resolved within timescale)	212 (97%)	245 (95%)	202 (85%)	194 (93%)	133 (91%)	248 (92%)	219 (91%)	377 (94%)	238 (84%)	*
	Total Calls Logged as Service Requests (% resolved within timescale)	93 (99%)	84 (99%)	67(99%)	40 (95%)	36 (100%)	30 (100%)	30 (100%)	28 (100%)	37 (100%)	*

Summary:

Critical Services incident resolution rate for logged calls within the month has improved. OSB are recommending a new approach for monitoring Incident and Service Request performance.

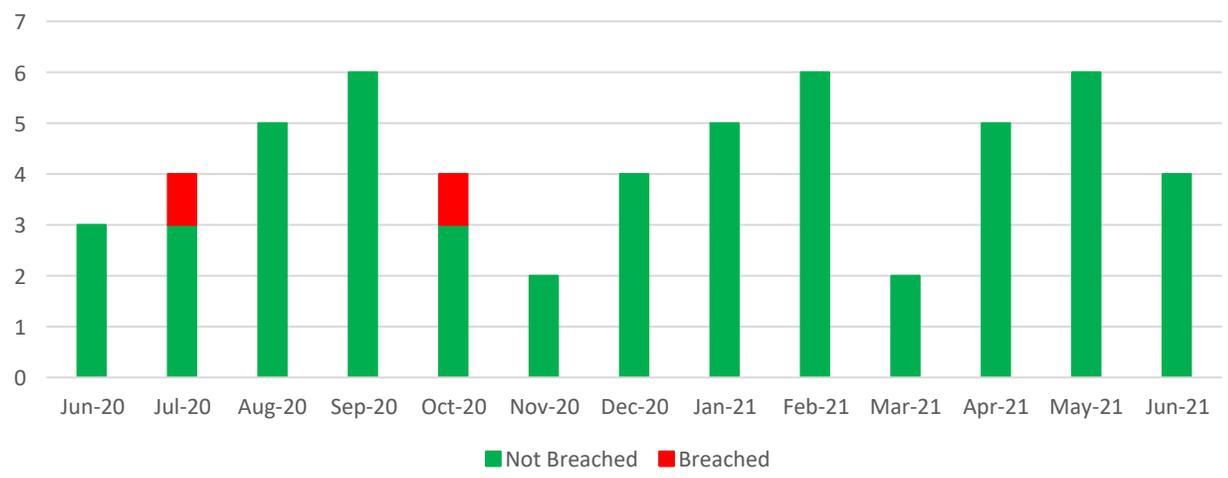
EMIS performance has dropped. This is as a result of issues related to the Docman system, provided by a 3rd party (sub contractor).

* GP Service Desk call volumes are provided by GP System Suppliers a month in arrears.

Call Resolution	Target Definition
95% - 100%	Green denotes that the KPI target has been achieved.
80% - 94%	Amber denotes that the KPI target has been breached, but within tolerance.
<80%	Red denotes that the KPI target has been breached.

PERFORMANCE AREA		Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Significant Incident	Number of Significant Incidents	6	4	2	4	5	6	2	5	6	4
Significant Incident	Number of Significant Incidents that breached	0	1	0	0	0	0	0	0	0	0

Significant Incidents



Summary:

- Six significant Incidents in May and four in June, none of which breached the SLA times.
- Summarised details are included on the following page.

Service Name	Welsh PAS	Service Level: Critical	Priority: 1	Incident no: 6665938
Start Date/Time	11/05/2021 11:51	Time to resolution was 2 hours 33 minutes: did not breach 4-hour SLA target		
Description	Some users in Swansea Bay, Cwm Taf Morgannwg and Powys experienced a loss of service to Welsh PAS when the service became unresponsive. One call was received from a user in Cwm Taf, however Integration Services between Welsh Patient Administration System (WPAS) and Welsh Clinical Portal (WCP) was also affected, with WCP failing back to a read only service for affected Health Boards. A failover to the NDC was undertaken and service was restored for all users.			
Service Name	HOWIS and Related Web Apps (Mura)	Service Level: Standard	Priority: 2	Incident no: 6671323
Start Date/Time	12/05/2021 15:38	Time to resolution was 47 minutes: did not breach 36-hour SLA target		
Description	Mura CMS sites such as heiw.nhs.wales and nwssp.nhs.wales were unavailable to external users. Investigations suggested a possible metrics failure as the VM was running with high CPU usage for instance 1 sites (instance 2 was OK). Users were advised to log off and try again, as new connections should be allocated to an available server.			
Service Name	HOWIS and Related Web Apps (Mura)	Service Level: Standard	Priority: 2	Incident no: 6675333
Start Date/Time	13/05/2021 16:01	Time to resolution was 1 hour 15 minutes: did not breach 36-hour SLA target		
Description	Mura CMS sites such as heiw.nhs.wales and nwssp.nhs.wales were unavailable to external users. Investigations suggested a possible metrics failure as the VM was running with high CPU usage for instance 1 sites (instance 2 was OK). Users were advised to log off and try again, as new connections should be allocated to an available server. DHCW team increased the number of available Virtual Machines s to 4 which restored site access.			
Service Name	Welsh Radiology Information System (WRIS)	Service Level: Critical	Priority: 1	Incident no: 6705623
Start Date/Time	25/05/2021 23:44	Time to resolution was 1 hours 38 minutes: did not breach 4-hour SLA target		
Description	Some users in Aneurin Bevan reported that the Welsh Radiology Information System was unavailable, and they were unable to login. The root cause was a known problem. A restart of the Service was required, which cleared the errors and allow users to log back in.			
Service Name	Hospital Pharmacy (Legacy System)	Service Level: Critical	Priority: 2	Incident no: 6701999
Start Date/Time	25/05/2021 08:30	Time to resolution was 1 hours 42 minutes: did not breach 8-hour SLA target		
Description	Some users within Cardiff and Vale and Cwm Taf Morgannwg reported error messages restricting the printing of some hospital prescriptions. Mitigation was that users were able to revert to hand written prescriptions when the patient presents at the outpatients window. A restart of the application pool restored service.			

Service Name	Welsh Clinical Portal	Service Level: Critical	Priority: 2	Incident no: 6705623
Start Date/Time	25/05/2021 09:48	Time to resolution was 10 hours 38 minutes: breached 8-hour SLA target		
Description	Some users in Betsi Cadwaladr (BCU) West reported that patient list and searches were unavailable in Welsh Clinical Portal. The impact was lessened through the use of the eMPI ('All Wales') search within WCP, meaning that health documents and GP records remain accessible in a read only view for the period of the Welsh PAS outage. Out of Hours investigations undertaken by Integration Services identified no issues with National systems. In hours investigations by DHCW Network Services and Welsh Clinical Portal identified a local Issue within BCU. A workaround was communicated to users who were advised to use the advanced search for any urgent tests.			

Service Name	DCS SQL Failure affecting multiple national services (Detailed below)	Service Level: Critical	Priority: 1	Problem no: 25005
Start Date/Time	28/05/2021 12:11	Time to resolution was up to 3 hours depending on service: Did not breach 4-hour SLA target		
Description	Users across NHS Wales reported disruption across a number of National services, including:- Canisc, Choose Pharmacy, Welsh Clinical Communications Gateway, GP Test Requestnig, GP Links, ServicePoint, ActionPoint, HOWIS search, unscheduled care, fire system, self service portal, DCS Hosting and Storage, DCS SQL National Operational Database, Welsh Pandemic Record, My Health Online, INPS (Vision), Injectable Medicines Guide, Formulary, QPulse (Sub services), electronic Master Patient Index and associated downstream services, Test, Trace, Protect Dashboard, Welsh Admin Portal, Test Requesting and Results Reporting, Welsh Results Reporting Service, Welsh Clinical Portal. This was caused by a fibre failure affecting multiple Hyper-V Hosts. Resolution was provided by resolving the port issue on the switch.			

Service Name	Test, Trace, Protect	Service Level: Critical	Priority: 2	Incident no: 6748918
Start Date/Time	14/06/2021 09:01	Time to resolution was 5 hours 59 minutes: did not breach 8-hour SLA target		
Description	Failure of supplier web phone – the phone rings out but when answered, the call is ended and the user receives an error message. The issue affected all users in the National Team, with users unable to contact citizens through outbound calls. Users were logged out and logged back in, and the problem resolved. There is now an active project in place to replace Solgari.			

Service Name	Network Services	Service Level: Critical	Priority: 2	Incident no: 6772060
Start Date/Time	22/06/2021 10:04	Time to resolution was 45 minutes: did not breach 8-hour SLA target		
Description	Some users across NHS Wales reported that they had lost access to Virtual Private Network (VPN) and were unable to reconnect. Users were unable to connect to some internet sites. Debugging was turned on which restored connectivity. The issues relating to the firewalls are being managed by the supplier at the highest priority.			

Service Name	My Health Online	Service Level: Standard	Priority: 2	Incident no: 6775853
Start Date/Time	22/06/2021 20:36	Time to resolution was 16 hours 28 minutes: did not breach 36-hour SLA target		
Description	Some patients across Wales reported that they were unable to access My Health Online. EMIS reported that the service had been unavailable since 7:30pm on 22/06/2021. Service was restored and the Root Cause remains under investigation.			

Service Name	Welsh Clinical Portal (WCP)	Service Level: Critical	Priority: 2	Incident no: 6777346
Start Date/Time	23/06/2021 11:21	Time to resolution was 32 minutes: did not breach 8-hour SLA target		
Description	Users in Velindre Cancer Centre reported a range of issues with WCP, from not being able to login, to unable to load documents or view results. Root cause was identified as relating to WRRS where one of the secondary servers was taken out of read only routing due to recent SQL patching & failovers. Server was added back in, and service was restored. Patching of the node will now be scheduled to take place out of business hours.			

	MAY-20	JUN-20	JUL-20	AUG-20	SEP-20	OCT-20	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21	APR-21	MAY-21	JUN-21
Total Number of calls logged	18053	20292	19730	17235	21434	21142	20238	17461	23337*	23033*	22545*	20044*	17749*	18473*
% All Abandoned Calls (Threshold 5%)	3.0%	4.0%	5.3%	4.0%	11.5%	5.9%	5.2%	4.0%	24.9%	19.2%	6.9%	3.1%	1.1%	4.5%

Summary:

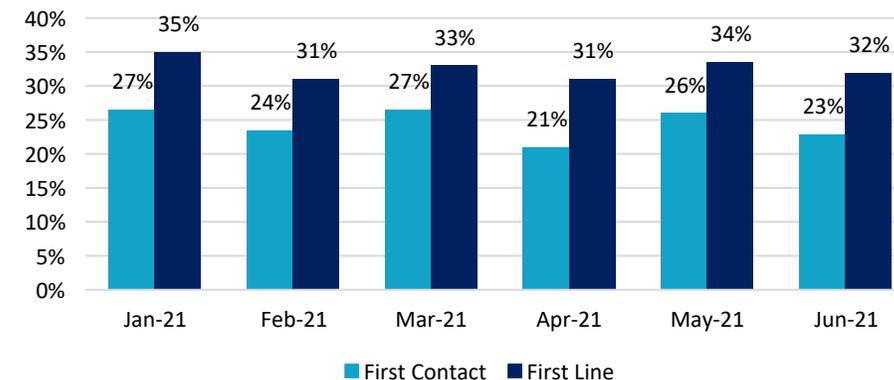
18,473 incidents and service requests were logged in June. This is the lowest amount of incidents logged in the month of June since 2017, however our service requests continue to rise. Higher rate of call abandoned this month as a result of Telephony issues and a Major Incident relating to the VPN service.

The First Contact and First Line Fix rates are as expected, work is ongoing to improve first contact and first line fix rates and introduce targets for both.

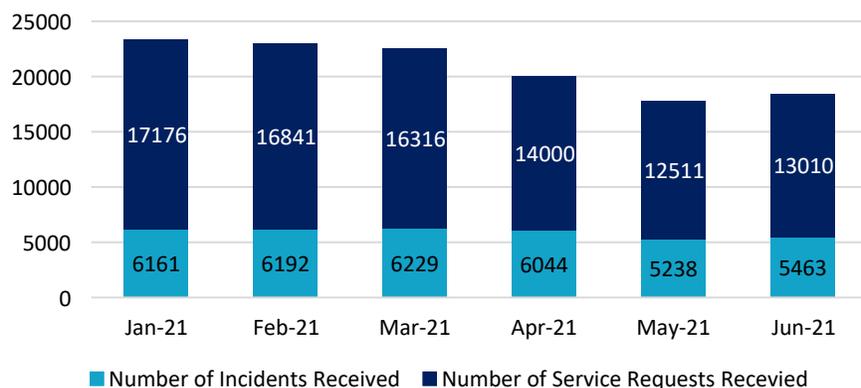
Additional information added for the Welsh Immunisation and Test, Trace & Protect service for the first time this month.

*Figures updated to include all new direct calls to all teams.

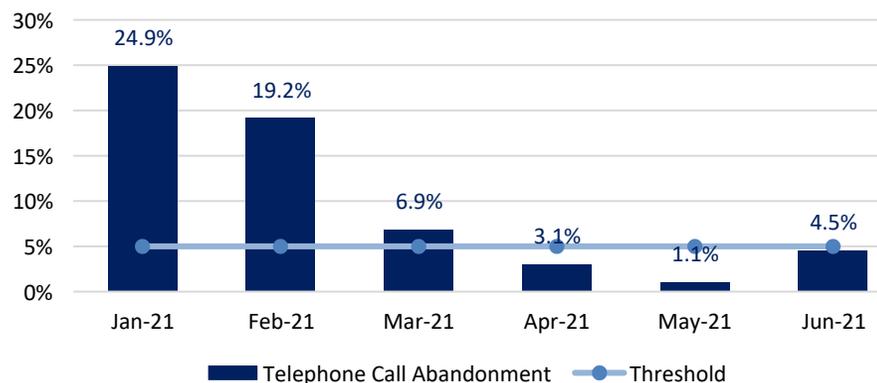
First Contact and First Line Fix Rate



Incidents and Service Requests Received



Telephone Abandoned Calls



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



Clinical Assurance & Information Governance

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

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

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

SUMMARY INDICATORS	AUG-20	SEP-20	OCT-20	NOV-20	DEC-20	JAN-21	FEB- 21	MAR-21	APR-21	MAY-21	JUNE-21
Clinical Incidents	Yellow	Green	Green	Green	Green						
Information Governance	Green	Green	Green	Green	Green						

Clinical Incidents Summary:

- No new issues or clinical incidents reported.
- There were two clinical incidents closed in the period.
- Four clinical incidents remained outstanding at the end of June.

Information Governance Summary:

- All requests were responded to within the statutory timescales.
- There are currently 7 open requests for information, which are all within the statutory timescales.
- A summary of open and responded requests are provided on subsequent slides.

Response

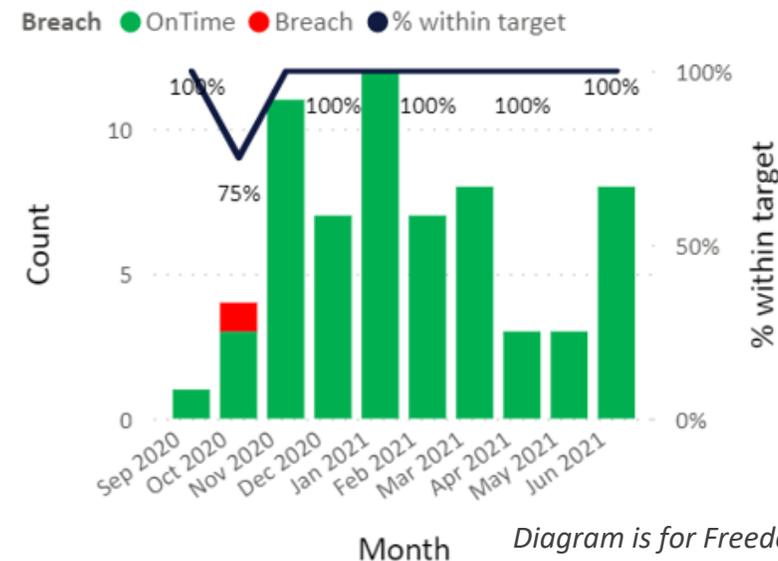


Diagram is for Freedom of Information Act requests.



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Quality Standards

Governance and Quality

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

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

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



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

The total number of open internal (NWSSP) and external (Audit Wales) audit actions in May 2021 was twelve. During June 2021, there was no Audit and Assurance Committee resulting in no new actions being added and no actions being closed although the number of completed actions (which can be closed following review at the next Audit & Assurance Committee) has increased from two to seven.

Following advice from Internal Audit two actions dependent on third parties are now managed via a separate log where they will be tracked.

The number of actions open (twelve) consists of seven completed actions and five actions on target for completion by the agreed target date.

KEY MATTERS FOR CONSIDERATION OF THIS MEETING

Submission of the Welsh Government 2021/22 Q1 Internal Audit Return confirming that we received no **limited or no assurance** internal audit ratings during the quarter.

Approval of the NWSSP Internal Audit Plan and Audit Wales External Audit Plan for 2021/22 at the first meeting of the DHCW Audit and Assurance Committee.

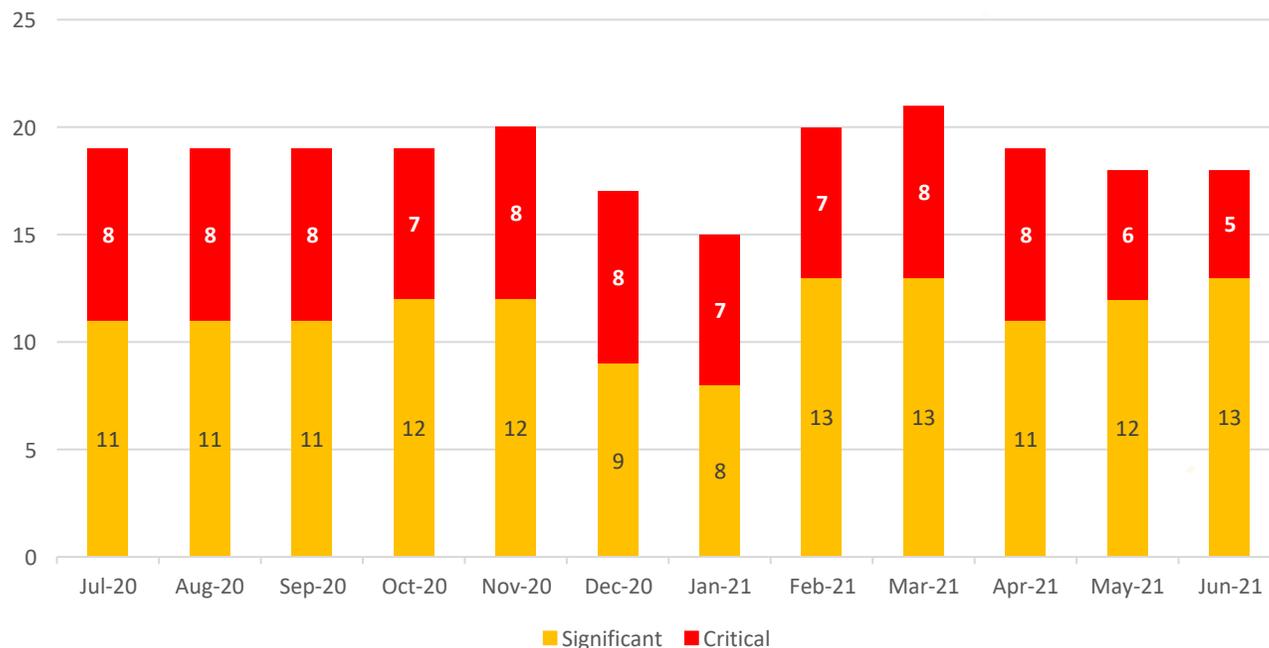
There are two Internal Audits scheduled for Quarter 2 include:

- *Project Assurance (of a current project)*
- *Data Analytics*

The next meeting of the Audit & Assurance Committee is on 6th July 2021. Over the course of the next year, Internal Audit have agreed to present All Wales Audit Reports to the Committee which will be of interest to DHCW. The following report is being presented to the next meeting:

- *Advisory Review of IM&T Controls and Risk Assessment*

Corporate Risk Profile



RISKS

In May 2021, there were 18 risks identified of which 6 were considered critical. In June 2021, the significant risks increased by one and the critical risks decreased by one resulting in 18 risks remaining at corporate level following the removal of one risk and the addition of another to the register, there is more detail in the dedicated risk report.

The following shows the detail of those changes.

- Reduced and de-escalated to Directorate level: DHCW-0266 VPN Capacity (Significant)
- Re-escalated to corporate level following review of all Canisc risks: DHCW0204 Canisc Replacement (Critical)
- DHCW0205 DMZ/Internet Failure and DHCW0228 Fault Domains have both decreased from critical to significant risks following implementation of mitigation actions.

The Risk Management Group met on 5th July and validated the Corporate Risks and any changes. Responsibility for risk has transitioned to the Board Secretary from 1 July 2021.

SUMMARY INDICATORS	JAN-21	FEB-21	MAR-21	APR -21	MAY-21	JUN-21
ISO 9001 Quality Management	Amber	Amber	Amber	Amber	Amber	Amber
ISO 14001 Environmental Management	Green	Amber	Amber	Amber	Amber	Amber
ISO 20000 Service Management	Amber	Amber	Amber	Amber	Amber	Amber
ISO 27001 Information Security Management	Amber	Amber	Amber	Amber	Amber	Amber
BS 76000 /76005 Valuing People	Amber	Amber	Amber	Amber	Amber	Amber

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

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

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

Summary:

- The new **Quality Portal** is being further developed to support the organisations needs and promote activities and news updates.
- **Quality Improvements Action List (QIAL)** items have continued to improve over recent months from 204 open to 112 (147 Overdue to 68).
- **Integrated Management System (IMS)** document reviews within KPI have decreased from 96% to 89%; work is underway to recover this.

Summary Indicators:

- **ISO 9001: Quality Management:** The status remains amber due to concerns about overdue corrective actions and IMS documents, however vast improvements have been made. We have started a scrum to prepare for upcoming audit(Nov time). Internal audit structure is being reviewed, aiming to develop an internal standard, consolidated schedule with specific auditing in areas with a view to improving compliance and adherence to audits.
- **ISO 14001 Environmental Management:** The status remains at amber. Work is underway to rectify the major non-conformance.
- **ISO 20000:** The status remains amber. Despite successful audit there will be work needed for 5-day licence renewal in August / September.
- **ISO 27001:** The status remains amber. Areas of improvement identified and working through as a department putting appropriate plans and resources in place. Next review is November 2021.
- **BS 76000 /76005 Valuing People:** The status remains amber and Workforce & OD are working through actions.



CONTENTS

- Strategic Engagement
- Service Desk Feedback
- User Experience Feedback

Engagement

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



STRATEGIC ENGAGEMENT MEETINGS:

DATE	ORGANISATION
4 th June 2021	Powys Teaching Health Board
11 th June 2021	Cwm Taf Morgannwg University Health Board
7 th July 2021	Aneurin Bevan University Health Board
19 th July 2021	Welsh Ambulance Services Trust
Being scheduled	Velindre University NHS Trust
Being scheduled	Powys Teaching Health Board
Being scheduled	Swansea Bay University Health Board
Being scheduled	Hywel Dda University Health Board
Being scheduled	Health Education and Improvement Wales
19 th July 2021	Welsh Ambulance Services Trust
26 th July 2021	Betsi Cadwaladr University Health Board

SERVICE LEVEL AGREEMENT

DATE	ORGANISATION
9 th June 2021	Powys Teaching Health Board
16 th June 2021	GP Systems and Services Review
23 rd June 2021	Velindre University NHS Trust
13 th July 2021	NHS Wales Shared Services Partnership
15 th July 2021	NHS Wales Health Collaborative
16 th July 2021	Community Health Councils
22 nd July 2021	Hywel Dda University Health Board
5 th August 2021	Aneurin Bevan University Health Board
8 th September 2021	GP Systems and Services Review
15 th October 2021	Community Health Councils
18 th October 2021	NHS Wales Health Collaborative
20 th October 2021	GP Systems and Services Review
22 nd October 2021	NHS Wales Shared Services Partnership
1 st December 2021	GP Systems and Services Review
Being scheduled	Welsh Ambulance Services Trust
Being scheduled	Public Health Wales

OBJECTIVES:

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

Summary:

- Service Desk customer satisfaction remains above our 90% target and there are plans to review this with a view to increasing the target in the coming weeks.
- Information is being collated for other areas of feedback and will continue to be updated here as it becomes available.

Feedback Received:

"Thank you as always for superb service and support..."

"Problem solved promptly and professionally..."

"always very pleasant and helpful staff..."

"Fast and efficient, thank you..."

"Excellent response and knowledge..."

"Very happy thank you..."

"Fantastic service thank you..."

"Brilliant.."



THANK YOU

DIGITAL HEALTH AND CARE WALES FINANCE REPORT FOR THE PERIOD ENDED JUNE 30TH 2021

Agenda Item	6.2
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Name of Meeting	SHA Board
Date of Meeting	29/7/21

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

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

Purpose of the Report	For Noting
Recommendation	
<p>The Board is being asked to: DISCUSS the contents of this finance report for 30 June 2021 and NOTE the forecast year end achievement of key financial targets.</p>	

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

1 EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to present DHCW's financial position to date and assess the key financial projections, risks and opportunities for the financial year. The report advises the Board of Financial Performance and issues for the period to June 30th 2021.
- 1.2 The report sets out the financial position as at the end of June 2021, reported against updated budgets. The delegated directorate budgets have been derived from the 2021/22 Resource Plan which was drawn from the 2021/22 Annual Financial Plan and further updated allocation adjustments from Welsh Government (DPIF & COVID-19 response) and commissioners (SLA changes). DHCW is required by statutory provision not to breach its financial duty (to secure that its expenditure does not exceed the aggregate of its resource allocations and income received). This duty applies to both capital and revenue resource allocations. In terms of key Organisational financial performance indicators they can be brigaded as follows:
- 1.3 The two key statutory financial duties are:
- To remain within its Revenue Resource Limit
 - To remain within its Capital Resource Limit
- 1.4 Additional financial targets for 21/22:
- **Public Sector Payment Policy (PSPP):** The objective for the organisation is all NHS Wales bodies are required to pay their non-NHS creditors in accordance with HM Treasury's public sector payment compliance target. This target is to pay 95% of non-NHS creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.

- **Cash:** Whilst there is no prescribed limit for cash held at the end of the month, WG encourages this to be minimised and as a rule of thumb, 5% of monthly expenditure is used, however, given the significant All Wales contracts the organisation carries, a more significant threshold may be appropriate for DHCW. The finance department will continue to work with Welsh Government representatives to determine the performance KPI.

1.5 GENERAL PERFORMANCE

- 1.5.1 Quarter 1 position** - Digital Health Care Wales is reporting achievement of all financial targets for the first quarter of the financial year with a presented revenue underspend of £0.389m and a capital underspend of £0.167m. The organisation has met the PSPP target (recording 97% of all invoices paid within the stipulated 30 day deadline) whilst of the £18.5m debt registered at June 30th none are required to be escalated for arbitration.
- 1.5.2 Savings** - The current savings target is expected to be met, with no risk reported.
- 1.5.3 Forecast End of Year position** - The organisation is forecasting a year end breakeven position for both revenue and capital with no identified unmitigated material 21/22 financial risks at the time of writing. The forecast is predicated upon any staff related underspends being used to procure 3rd party resource or other investment requirements. Should any gains accrue then these will be reflected within future forecast figures once identified.
- 1.5.4 Cash Management** - Cash balances stood at £6.4m with the intention to increase significantly during July in order to meet expected All Wales Microsoft Licencing costs of £22.9m.
- 1.5.5 SHA Transition Update** - The work to decouple assets and liabilities from the Velindre NHS Trust balance sheet continues with DHCW and Trust finance teams working to complete the process to enable approval by September 30th 2021.
- 1.5.6 Financial Risk** - Whilst there are no currently identified unmitigated financial risks for 2021/22 the situation will be continually monitored and reported via established processes.
- 1.5.7 Opportunities** - The organisation has achieved the stated target for June in relation to reducing the expected Microsoft licencing cost relating to provision of COVID-19 Response Test, Trace & Protect digital services. Any costs avoided will be made available to the Digital Pathway Task Group (a multi organisational management group with Welsh Government representation) who will assess emerging requirement, reprioritisation or repatriation with Welsh Government. Pay efficiencies will continue to be assessed and reported within future financial returns.

1.6 FUTURE DEVELOPMENTS

The organisation has a number of digital pipeline investment schemes current in varying stages of development, review and approval to be funded via the Digital Priority Investment Scheme. At present the indicative three funding requirement totals £19.1m (revenue & capital over three years). Further details on an individual scheme basis can be found in section 9.

High level performance against key targets

The following table presents a summary indicator of performance against key financial targets.

Movement indicators articulate a positive movement (upwards arrow), negative movement (downwards arrow) or no movement (sideways arrow). As this is the first reporting period no movement has been logged.

Table 1: Performance against KPI's

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

INDICATOR	CUMULATIVE PERFORMANCE	FORECAST OUTLOOK	COMMENT
Revenue Breakeven (To secure that the organisations expenditure does not exceed aggregated income)	£0.389m Underspend  Movement	Breakeven  Movement	Small operational surplus of £0.389m a decrease of £0.006m from the reported May position – The current forecast is for an end of year breakeven position.
Remain within Capital Expenditure Limit (To ensure net Capital Spend does not exceed the Capital Expenditure Limit)	£0.167m Underspend  Movement	Breakeven  Movement	£0.851m spend against the current capital funding envelope of £12.9m. Capital spend is expected to accelerate during quarters 2 & 3.
Public Sector Payment Policy (To pay a minimum of all non NHS creditors within 30 days of receipt of a valid invoice)	97%  Movement	95%  Movement	PSPP target achieved. Target – 95%, Actual 97%
Cash Balances Appropriate balances to meet creditor requirements	£6.4m  Movement	Movement  Movement	Balance decreased from £13.2m to £6.4m. This will increase in July to support settlement of the All Wales Microsoft Agreement.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

SUMMARY OF PERFORMANCE AGAINST KEY FINANCIAL TARGETS

2.1 REVENUE

2.1.1 Quarter 1 Revenue Performance

DHCW is reporting a revenue surplus of £0.389m net of cost improvement targets for the period to June 30th. The underspend is expected to increase over the next quarter as the underspend is largely due to pay slippage against funded posts. The end of year forecast breakeven position is subject to further recruitment taking place and fixed term/3rd party appointments used to address vacancy capacity gaps to ensure delivery of stated objectives the reported underspend is expected to decrease.

Income for both COVID-19 Response and Digital Priority Investment will be received on an 'expenditure only' basis meaning that any expenditure variances against plan will have balancing income variance resulting in a neutral effect on DHCW reported bottom line position.

Table 2: Summary of Revenue Performance by group

	Annual Forecast £000's	Period Budget £000's	Period Actual £000's	Underspend/- Overspend £000's
Income				
Core Organisational	98,046	22,236	22,272	36
COVID-19 Response	18,938	3,107	2,780	-327
Digital Priority Investments	19,230	4,041	3,009	-1,032
Total	136,214	29,384	28,061	-1,323
Expenditure				
Core Organisational	98,046	22,236	21,883	353
COVID-19 Response	18,938	3,107	2,780	327
Digital Priority Investments	19,230	4,041	3,009	1,032
Total	136,214	29,384	27,672	1,712
Period Surplus/(Deficit)	0	0	389	389

2.1.2 Revenue Forecast

The forecast revenue position is supported by anticipated Covid-19 response plan funding of £18.934m to support Test, Trace & Protect and the Mass Immunisation Programme (Vaccines) digital solutions.

2.2 CAPITAL

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

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

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

2.2.1 Quarter 1 Capital Performance

DHCW has recorded £0.851m capital spend against an allocated allowance of £12.865m (£0.167m underspend against plan for period) leaving a residual balance of £12.014m to be completed before the end of the financial year. The current capital plan outlines a further requirement of £0.385m to support COVID-19 response, this has been approved and will be formally added to our allocation. Since last reporting period £0.195m of capital funding was transferred to Hywel Dda Health Board in line with Hospital Pharmacy implementation milestones and no longer appears as part of the organisation's Capital Resource Limit (CRL).

Table 3: Capital Plan Performance

Scheme	Annual Forecast £000's	Period Plan £000's	Period Actual £000's	Under/- Overspend £000's	Residual Spend £000's
Discretionary					
Total Discretionary	2,969	320	270	50	2,699
Digital Priority Investment					
Digital Services for Patients & Public	2,790	0	0	0	2,790
Welsh Community Care Information System	183	0	0	0	183
Hospital Pharmacy	935	70	48	22	887
Digital Intensive Care Unit	2,183	72	68	4	2,115
CANISC	1,335	345	333	12	1,002
National Data Resource	1,100	141	62	79	1,038
Total Digital Priority Investment	8,526	628	511	117	8,015
COVID-19					
Test, Trace & Protect	1,370	70	70	0	1,300
Total COVID-19	1,370	70	70	0	1,300
Total Capital Plan	12,865	1,018	851	167	12,014

It should be noted that Digital Priority Investment Schemes disburse capital to organisations throughout the year in line with approved project milestones with a resulting adjustment in funding levels as appropriate.

2.2.2 Capital Forecast

The current forecast is for the organisation to remain within its resource limit. There will be continuous engagement with key scheme and commercial leads via established processes throughout the year to risk assess delivery/emerging issues and plan mitigating approaches for consideration. At present no material supply chain or price risk has been identified but this will be continually monitored and reported as appropriate.

2.3 DETAILED PERFORMANCE

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

2.3.1 DHCW Directorate Financial Performance

DHCW is currently organised into seven directorates and are currently reporting a net underspend of £0.389m against plan for the first quarter. The underspend is predominately due to recruitment slippage and is after recovery of the cost improvement target for this financial year.

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

The Information Communications Technology Directorate is reporting an overspend of £0.146m for the first quarter as a result of staffing requirement to support increased activity and non-pay maintenance and support items. A mitigation plan has been actioned to manage any overspend this financial year and provide for a recurrent sustainable position.

2.3.2 COVID-19 Response Financial Performance

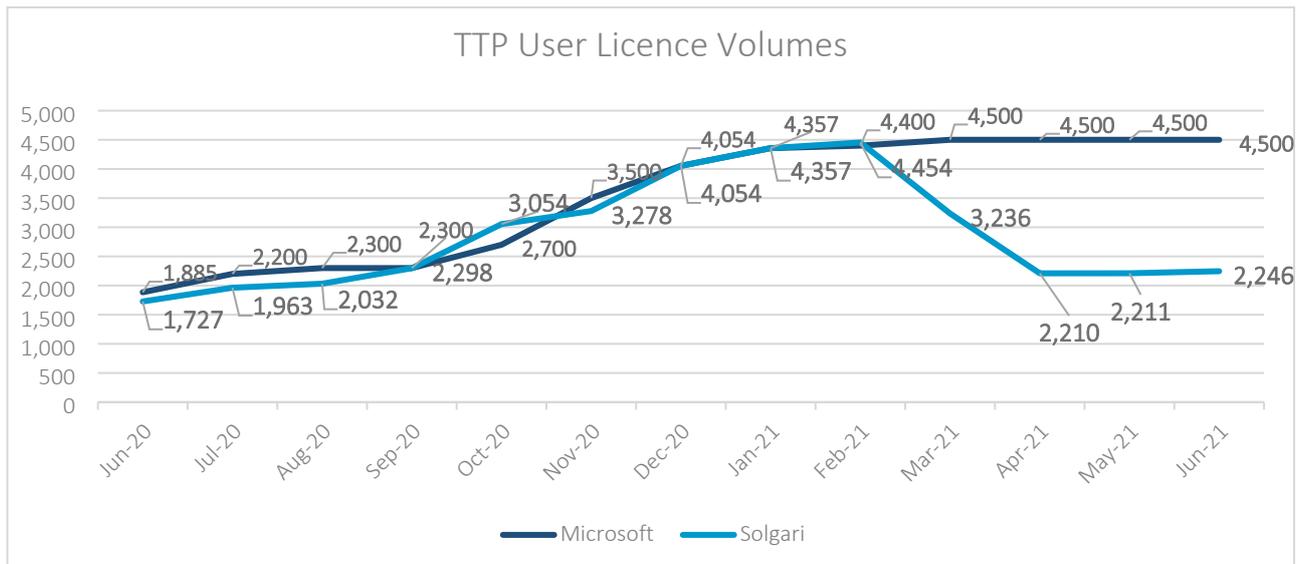
As part of the COVID-19 response DHCW provides digital solutions to support both the Test, Trace & Protect Programme and Mass Immunisation Vaccines scheduling digital solutions.

Cumulatively both schemes are reporting a £0.327m underspend to June 30th against indicative plan. In terms of Test, Trace & Protect, Solgari licences continue to track down in terms of requirement whilst vaccines text scheduling volumes increase. These cost elements will continue to be monitored with changes factored into the end of year forecast. For both schemes, meeting the planned recruitment profile will be key to managing the financial forecast. It should be noted that as COVID response funding is drawn down in line with spend (up to an agreed ceiling) there is no financial impact

on the organisational bottom line.

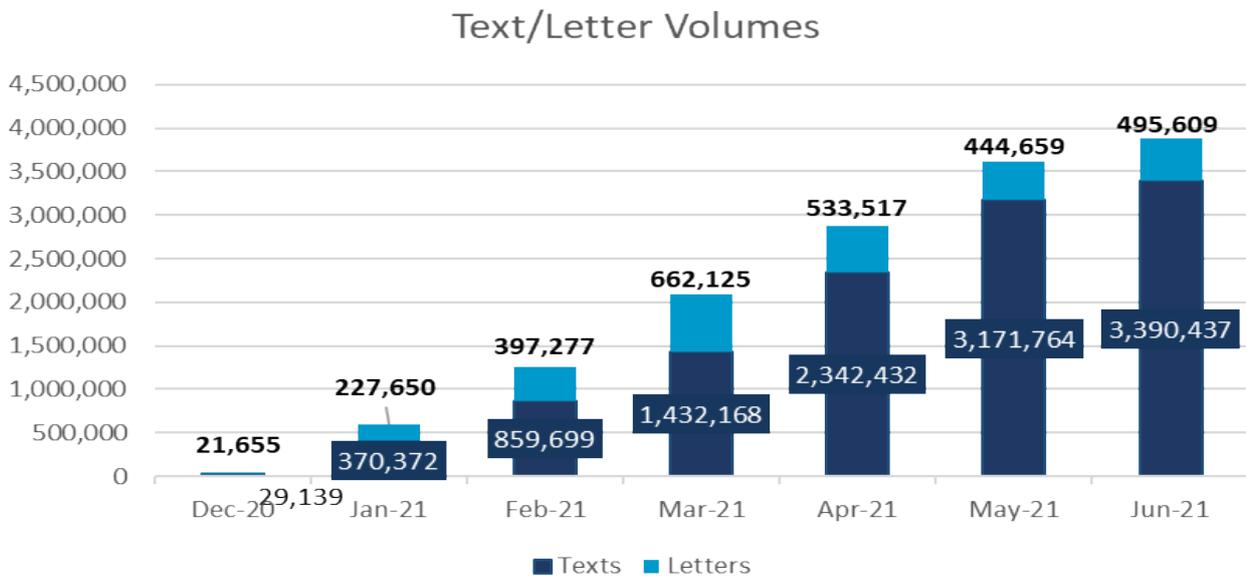
As stated, the current Solagri licence requirement is trending downwards (see graph). After a review with the Digital Pathway Task Group a reduction in CRM Microsoft licencing requirement was agreed – this will take effect in July and an initial decrease of 1000 licences (with a revised baseline of 3500 contracted). Any savings as a consequence of this reduced procurement will be managed via the established governance framework and will either remain with Welsh Government or used to support any agreed emerging priority requirements.

Figure 1: TTP 13 Month User Licence Requirement



Vaccines (WIS System) costs for profiled text/letter distribution lag being the main contributor to the £0.150m variance. The vaccines solution has made use of its free text messaging allocation for the first quarter and so costs are expected to increase. Whilst text messaging volumes increase we have seen a decrease in letter distribution over the last 3 months. DHCW will continue to monitor and manage impact and forecast assumptions via the Digital Pathway Task Group.

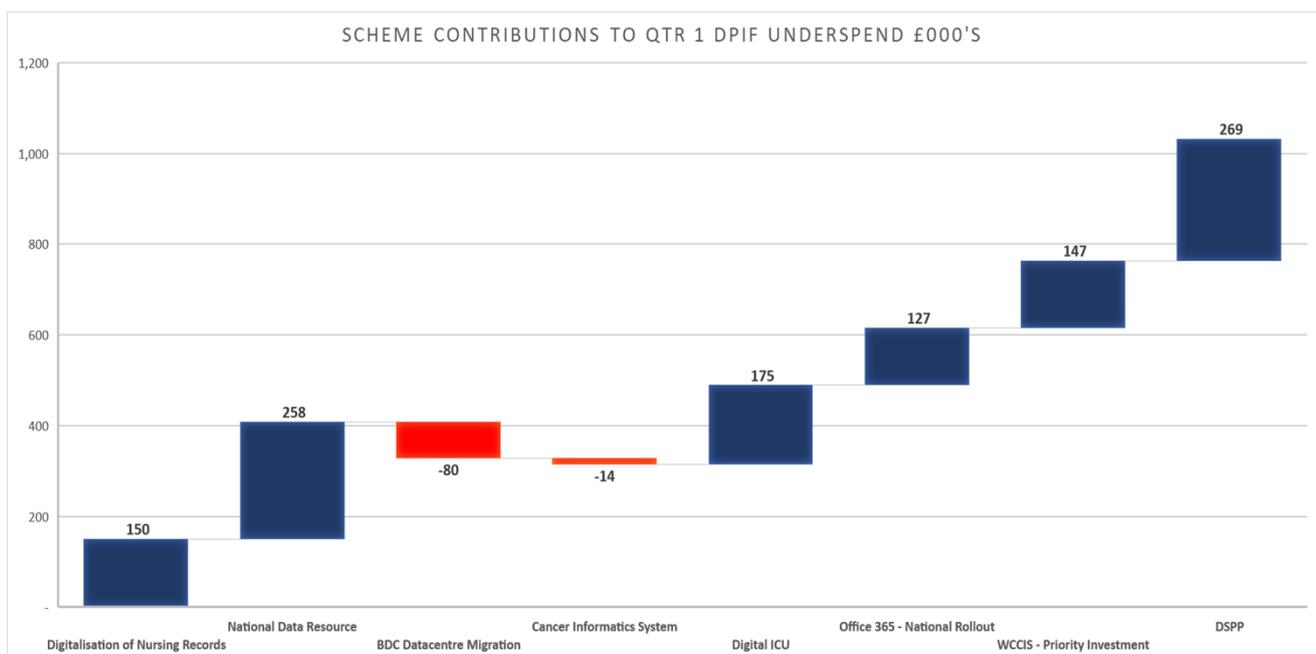
Figure 2: Vaccines Scheduling Text/Letter Volumes Profile



Text messaging costs are scheduled to increase as a consequence of all organisations (excluding Powys & Velindre) using all of their “free” text allowance. An exercise will be carried out to establish the rationale of letter class mix and whether there is likely to be a rise in first class requirement going forward (and any cost implications).

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

Forecast profiles submitted by scheme leads are reviewed with Welsh Government with any identified slippage returned via an established change control mechanism.



Phasing of spend is impacted by the disbursements to other NHS organisations which remain

unclaimed for the first quarter. During the first week of July a number of invoices have now been received and will be reflected within future reports. As an ongoing action DHCW leads have been requested to ensure timely submission of invoices from their Health Board colleagues.

2.4 SAVINGS

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

2.5 PUBLIC SECTOR PAYMENT POLICY (PSPP)

DHCW is reporting a figure of 97% achievement against a target of 95%. As part of a suite of service improvements to support delivery against this target and improve the user experience the finance department have opted to include online authorisation of invoices as part of the Oracle financial system offering.

2.6 CASH

The cash balances at the end of June amounted to £6.4m. The balances will continue to be managed to ensure that a sufficient balance is available to support settlement of a material expenditure item expected to be billed in July relating to the Microsoft Office 365 All Wales Contract.

As at June 30th the debtors total stood at £18.5m with no disputes lodged and no debt aged debt exceeding 3 months.

2.7 RISKS AND OPPORTUNITIES

2.7.1 Risks

There are no material unmitigated financial risks to achieving a balanced year end position to be brought to the attention of the Board as at the time of writing.

2.7.2 Opportunities

2.7.3 Pay efficiencies:

As part of the ongoing recruitment exercise, it is possible that some of the gains experienced within the early part of the year may not have to be deployed to increase capacity since deliverables may have been met/services covered. This will be monitored with any emerging financial impact presented within future forecasts.

Resolution: September 21

2.7.4 Test, Trace & Protect Licencing Volume Reductions

The actual user requirement for Microsoft licences has steadily tracked down over the last quarter (although due to contractual commitments they have remained at 4,500 licences).

The opportunity to reduce the amount from an initial forecast of 5,500 for 21/22 has now been

realised with an initial order for 3,500 licences placed (which can be quickly increased upon demand).

Funds are now available to be released for alternate activity/investment or return to Welsh Government for reprioritisation.

2.8 ADDITIONAL INFORMATION

- 2.8.1 Transfer on Current & Non-Current Assets From Velindre NHS Trust to Digital Health and Care Wales** - This update presents the current status and actions required by DHCW and Velindre UNHS Trust Finance Teams to enable the production of the formal documentation (termed S1 & S2¹) required to action the transfer of balance sheet items (assets & liabilities) to DHCW for agreement and submission to Welsh Government by their deadline of 30th September 2021.
- 2.8.2 Access to historical Oracle Reporting Ledger** - Access was originally due to be closed at 30th June 2021, this has been extended to 30th September 2021 to aid payment / closure of remaining orders and interrogation of transactions to coincide with the agreement of the S1 & S2 forms.
- 2.8.3 Unreceipted Orders** - Any non-receipted orders still open, will be closed at the end of July 2021.
- 2.8.4 Receipted Orders** - Where goods & services were received and receipted prior to 31st March 2021, these remain accrued in the Trust ledger. Over time invoices should be received and matched against them. As they age, the Trust will periodically share reports with DHCW to review their validity, and any subsequent credits to the ledger will be paid to DHCW.
- 2.8.5 Transfer of Fixed Assets** - The Trust has provided advice to DHCW on how they may wish to transfer historic fixed asset data, offered to provide information to the software provider, and to liaise with the Trust IT team to assist DHCW in the set-up of their own fixed asset system. This is being led by DHCW with the expectation that it will be concluded by 30th September 2021.
- 2.8.6 Aged Debt** - As at 30th June 2021, 10 debts remain outstanding with Velindre's accounts relating to NWIS totaling £39,224 (2 debts total £35,397 and only one of the list is older than one year – dated 18/06/2020). The Trust will continue to chase for these debts as they reside with Velindre.
- 2.8.7 Production of S1 & S2 Forms** - Individual current assets and liabilities are being reviewed by the Trust and a schedule will be provided to DHCW for review prior to agreement of the S1 & S2s. Whilst the deadline for submission of the S1 & S2s to Welsh Government is 30th September 2021, this work is being done now with the target of finalising by the end of August to enable ample time for review.

¹ S1 – Statement of Non Current Assets to transfer (e.g. buildings, Infrastructure etc)
S2 - Statement of Current Assets . (e.g. Debtors, Creditors etc)

2.8.8 Monthly Monitoring Return Reporting - To provide transparency to Welsh Government of where the assets and liabilities to be transferred are reported (i.e. within the Trust's MMR or the DHCW MMR), the Trust is including the following narrative within its supporting commentary until the S1 & S2s have been agreed:

“Assets & liabilities shown include some balances that will be transferred to DHCW. We are working to confirm those and reflect them in the S1 and S2 forms that Welsh Government have asked us to complete by 30th September 2021. As we have not yet completed this work, and therefore not agreed these balances with DHCW, DHCW are not including any such balances or estimates within their MMR to avoid double counting at an All Wales level. We expect that the Trust September MMR submitted in October will reflect the transfer of agreed balances on the S1 and S2 forms, and from that point on, will not include any balances relating to DHCW.”

2.8.9 Microsoft Office 365 Renewal

In July 2021, NHW Wales will enter into the final year of a three (3) year Enterprise Agreement for Microsoft Office and Windows products. The Enterprise Agreement is transacted via a Licence Agreement Reseller which for Wales is Trustmarque, who were appointed as the NHS Wales Microsoft reseller following a competitive procurement in 2019.

Each year the whole of NHS Wales submits the volumes of licences that it requires based on the number of Users and Devices that it has. These licences are aggregated by the DHCW Commercial Services Team and costings are determined in accordance with the contract prices in the Enterprise Agreement. A Single Purchase Order is then raised to order the entirety of the NHS Microsoft licence requirements.

Health Boards have been issued formal letters to identify their costs and agree to pay to DHCW these costs to ensure that DHCW are able to satisfy the invoice. The total order value (inclusive of VAT) is £22.4m.

Work will now begin on an exercise to review the requirements of NHS Wales for the next three (3) years and negotiate a new Enterprise Agreement. To do this, a cross functional team will be set up consisting of Commercial, Finance and Technical leads from across the Health Boards.

2.9 FUTURE DEVELOPMENTS

2.9.1 Pipeline Digital Investment

The following section presents pipeline digital investment schemes to be funded from the Welsh Government Digital Priority Investment Fund. Cases for investment are in various stages of completion, review and are awaiting approval by the Welsh Government Digital Scrutiny Panel. Costs are indicative three year estimates until formally agreed.

Digital Priority Investment Fund Scheme	Indicative 3 Year Requirement			Description
	Capital £000's	Revenue £000's	Grand Total £000's	
E-Prescribing Transformation Programme	0	7,340	7,340	Aligned to the Programme for Government as a key priority, DHCW will be taking forward this major initiative.
O365 Programme Completion and DHCW Centre of Excellence	0	3,188	3,188	The case details a requirement for funding the completion of O365 roll out, return on investment resource and the establishment of the Centre of Excellence to sustain and develop & support going forward.
Welsh Emergency Department System Acceleration	2,722	0	2,722	This is a jointly funded WG/Health Board project that aims to improve the clinical and operational information available to clinical teams treating patients in Emergency Departments, and then make that information available elsewhere on the clinical pathway for the safer and more informed treatment of the patient. It will also improve the ability to record structured clinical data and re use that data for better operational management, audit and planning purposes.
Digital Change Network	0	2,680	2,680	This case outlines a proposal to increase the capability and capacity of the National Business Change Team to drive forward, accelerated and effective roll out of digital solutions by supporting local resources to deliver, embed and sustain digital change/service transformation.
DHCW Welsh Patient Administration System (WPAS)	264	1,911	2,255	This case proposes changes to the Welsh PAS structure to align the team with a product approach which will include the consolidation of functions currently working across DHCW into an integrated team. In recognition of the WPAS product and team role in helping enable service transformation there is also a requirement for additional resources in all aspects of the team's specialist areas including architecture, development, implementation and support.
Powys Cross Border Pathways	0	586	586	This is a joint case with Powys THB that supports an enhanced multi-organisation digital solution to improve patient outcomes. It will allow NHS Wales patients who are treated in NHS England to have their administrative and clinical data managed and accessible through NHS Wales digital systems.
DHCW Research and development	0	360	360	As part of the consultation for DHCW, a proposal for a Research & Innovation function was developed to incorporate existing commitments in this area alongside a refreshed ambition for improving the clinical and social care research environment through improved access to large scale data and advanced analytics.

Digital Priority Investment Fund Scheme	Indicative 3 Year Requirement			Description
	Capital £000's	Revenue £000's	Grand Total £000's	
Infrastructure/Transition to Cloud	TBC	TBC	TBC	DHCW has now commissioned external expertise to draft recommendations relating to cloud strategy and transition. This will then be used to inform the 22/23 Integrated Medium Term Plan and subsequent business cases to be submitted to Welsh Government.
Total	2,986	16,145	19,131	

3 RECOMMENDATION

The Board are asked to:

NOTE the contents of the financial report for June 30th and the forecast year end achievement of key financial targets.

4 IMPACT ASSESSMENT

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

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

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

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

Statement:
N/A

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT

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

DIGITAL HEALTH AND CARE WALES CORPORATE RISK MANAGEMENT REPORT

Agenda Item	6.3
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Name of Meeting	SHA Board
Date of Meeting	29 July 2021

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

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

Purpose of the Report	For Discussion/Review
Recommendation	
<p>The Board is being asked to: DISCUSS the content of the report and NOTE the status of the Corporate Risk Register. NOTE the status of the Risk Management and Board Assurance Framework Strategy Milestone Plan delivery.</p>	

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Acronyms			
DHCW	Digital Health and Care Wales	ISD	Information Services Directorate
BAF	Board Assurance Framework	NDR	National Data Resource

1 SITUATION/BACKGROUND

1.1 The Digital Health and Care Wales Board adopted the Velindre Risk Management Policy on 1st April 2021. This outlined the approach the organisation will take to managing risk and Board assurance. The DHCW Risk Management and Board Assurance Framework (BAF) Strategy was endorsed by the Management Board, Audit and Assurance Committee and formally approved by the DHCW Board on the 27th May 2021. The Risk and Board Assurance Framework Milestone Plan associated with this strategy, overseen by the Audit and Assurance Committee can be seen as Appendix A.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 In considering the risks DHCW face, Board members are asked to consider ‘what could impact on the Organisation being successful in the short term (1 – 12 months) and in the longer term (12 – 36 months)’.
- 2.2 Consideration should also be given to organisational factors, sector, stakeholder, and system factors, as well as National and International environmental factors.
- 2.3 In considering environmental factors members should note the: Global landscapes 2020 – World Economic Forum Long Term Global Risks Landscape (2020), and the HM Government National Risk Register (2020 edition), more can be found as Appendix B.
- 2.4 There are currently 18 risks on the Corporate Risk Register. Board members are asked to note the following changes to the Corporate Risk Register (new risks, risks removed and changes in risk scores) since the last Board meeting:
- **one new risk** has been added – This is a re-escalated following a review of all Canisc risks with consolidation into one risk: DHCW0204 – Canisc Replacement
 - **one risk has been removed** – DHCW0266 – VPN Capacity was removed as a result of de-escalation. Mitigating action were undertaken to implement split tunnelling on the VPN service for Office 365 traffic, this resulted in a reduction in demand on the service.
 - DHCW0205 DMZ/Internet Failure **risk score has decreased** from 16 to 8 (a critical to a significant risk), following implementation of mitigating actions which included the

completion of the planned service migration to the cloud and increased resilience in the datacentre.

- DHCW0228 Fault Domains **risk score has decreased** from 16 to 12 (a critical to a significant risk), following implementation of actions to mitigate the risk which included deployment of new equipment to increase the fault domains for some services.

- 2.5 Four risks are classified as private due to their sensitivity.
- 2.6 The Board are asked to note the assignment of Committees (see Corporate Risk Register, item 3.4i) providing detailed scrutiny of Corporate Risks held on the Risk Register.
- 2.7 Following discussion at the Audit and Assurance Committee meeting on the 6th July, a deep dive review of the private risks will take place at the next Digital Governance and Safety Committee on the 11th August.
- 2.8 The Board are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes 13 Significant and 5 Critical risks.

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

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

- 2.9 The overall status of the current 18 Corporate risks is below.

Status	Number	Risk References
Increase from initial	2	DHCW0269, DHCW0204
Decrease from initial	5	DHCW0208, DHCW0205, DHCW0228, DHCW0218, DHCW0257
Same as Initial	11	DHCW0207, DHCW0259, DHCW0268, DHCW0260, DHCW0263, DHCW0264, DHCW0237, DHCW0201, DHCW0267, DHCW0229, DHCW0261

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The Board is to note the changes in the risk profile within June 2021 as a result of the update in the scoring of two service interruption risks and the removal of the VPN capacity risk from the corporate risk register and the addition of the overarching Canisc risk as replacement of multiple previous risks.

4 RECOMMENDATION

4.1 The Board is being asked to:
DISCUSS the contents of the report.

5 IMPACT ASSESSMENT

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

DHCW QUALITY STANDARDS	ISO 9001
If more than one standard applies, please list below: ISO 14001 ISO 20000 ISO 27001 BS 10008	

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

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

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	1 st June, 5 th July	Discussed and Verified
Audit and Assurance Committee	6 th July	Reviewed and Discussed
Management Board	15 th July 2021	Discussed

IMPACT ASSESSMENT

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

Appendix A: Risk and Board Assurance Framework Milestone Plan

	TASK	TIMELINE	STATUS UPDATE
DHCW Approach to Risk Management and Board Assurance Framework	1. Develop Risk Management and Board Assurance Framework Strategy, to be considered via the Risk Management Group, Audit and Assurance Committee, Management Board, DHCW Board.	May 2021	Approved at Special Health Authority Board on 27 th May 2021.
	2. Write and ask that new risks are articulated with; IF (this happens - cause) THEN (event) RESULTING IN (impact will be – effect). Ask that high risks and those on the corporate risk register are re-worded to use: IF, THEN, RESULTING IN.	May – July 2021	This approach has been discussed at the risk management group on the 1 st June. The Corporate Risk Register will now be re-written using this approach.
	3. Arrange time on the Risk Group agenda to: <ul style="list-style-type: none"> Review the draft Risk Management and BAF Strategy Discuss/confirm proposed process to include triggers and hierarchy, how risks get into the corporate risk register and Principal risks onto the BAF (informed by the Annual Plan/IMTP) The role of Management Board in owning the corporate risk register and initial identification of principle risks. The role of the DHCW Board in overseeing the Principal risks and BAR Review risk scores on risk registers Consider how DHCW risks with potential impact on the wider health and care system are best communicated to partners 	May – July 2021	The detail of the Risk and Board Assurance Framework Strategy was discussed at the risk management group on the 1 st June. The risk narrative and scores were reviewed, and suggestions made at the risk management group on the 1 st June for the owners of the risk to review and update where necessary.
	4. Board Risk Management and Board Assurance Training Provided. Amberwing to provide the training. <i>NB: DHCW Annual Plan to include Strategic Objectives to be reviewed/discussed at the Board Development Session on 01.07.2021</i>	1 July 2021	Session took place on 1 st July 9am – 11am

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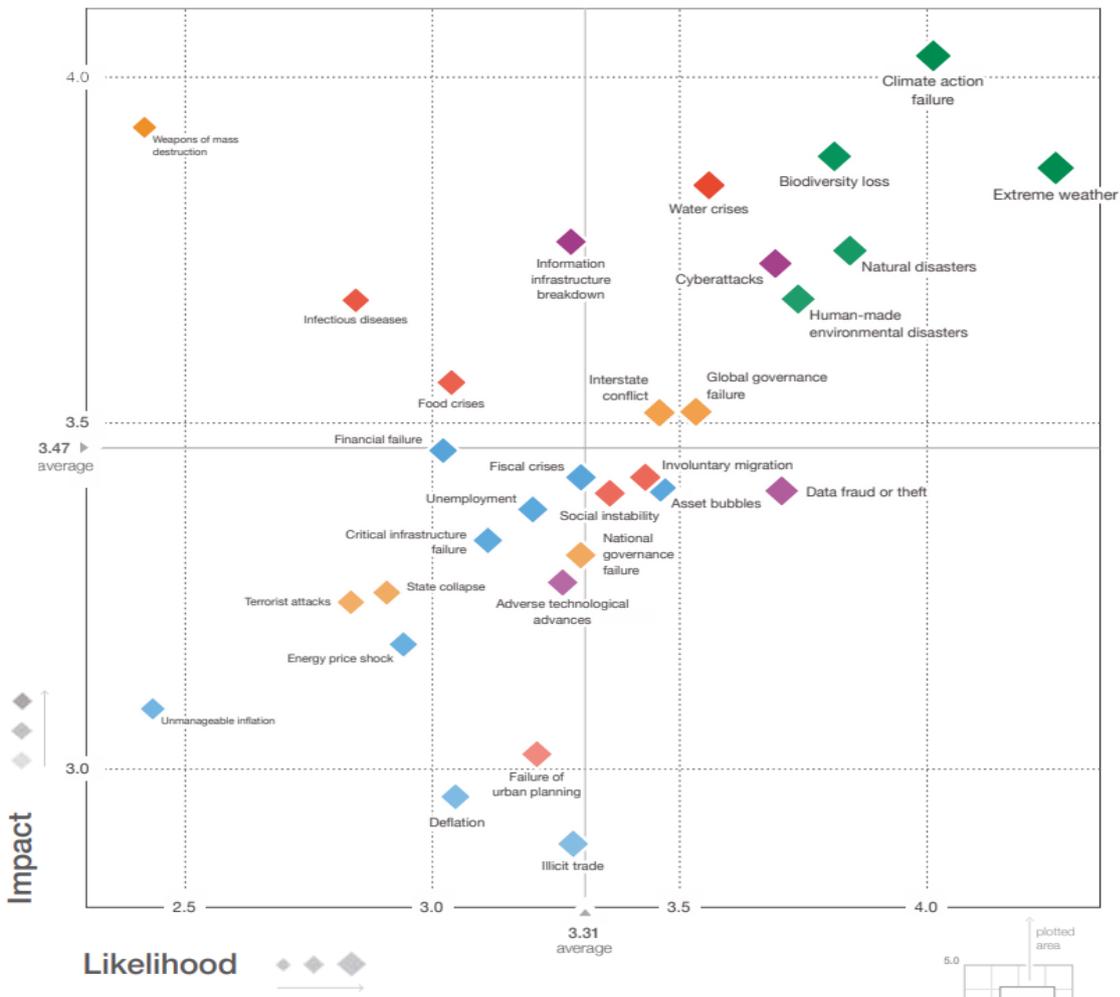
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5. The identification of principle risks to the organisation are considered at the Management Board (and the DHCW Risk Group) in June 2021. Facilitated by Amberwing.	22 July 2021 & 9 August	Facilitated sessions booked with Management Board colleagues.
6. Assurance and controls mapping exercise undertaken by Directorates based on the principle risks identified and agreed.	22 July – end of August 2021	Sessions are now booked in for: 22 nd July 1:30pm – 4pm, 9 th August 2pm – 5pm. Further consideration and work on controls mapping can take place after these sessions.
7. Risk Management training to be provided to relevant DHCW staff / Directorates to cover (building on training provided to Board members): <ul style="list-style-type: none"> • The basics of risk management • The process for escalating risk • The triggers for escalating risk • How risk will be discussed and reviewed at the Management Board 8. The DHCW risk appetite and what this means for the organisation.	August 2021 – November 2021	
9. Board Development session to consider and agree the DHCW Board risk appetite. Facilitated by Amberwing.	2 September 2021	Facilitated session booked for 2 nd September to discuss, agree and articulate DHCW's risk appetite.
10. Principle risks presented to DHCW Board at the September Board meeting, and first draft Board Assurance Report.	30 September 2021	
11. DHCW risk appetite statement to be presented to Board in September 2021 if ready, if not to go to the November Board.	30 September 2021	
12. Board Assurance Report to Board to be updated to include DHCW risk appetite statement, and statement to be added to Risk Management and BAF Strategy.	25 November 2021	
13. DHCW objectives agreed via the IMTP process for 2022/23 – 2024/25.	March 2022	
14. Principle risks considered and agreed against the DHCW plan for 2022/23	March – May 2022	Included in the Annual Cycle of Business for the SHA Board.

Appendix B: [World Economic Forum Long Term Global Risks Landscape \(2020\)](#)

Top 10 risks in terms of Likelihood	Top 10 risks in terms of Impact	Categories
1 Extreme weather	1 Climate action failure	Environmental
2 Climate action failure	2 Weapons of mass destruction	Geopolitical
3 Natural disasters	3 Biodiversity loss	Environmental
4 Biodiversity loss	4 Extreme weather	Environmental
5 Human-made environmental disasters	5 Water crises	Societal
6 Data fraud or theft	6 Information infrastructure breakdown	Technological
7 Cyberattacks	7 Natural disasters	Environmental
8 Water crises	8 Cyberattacks	Technological
9 Global governance failure	9 Human-made environmental disasters	Environmental
10 Asset bubbles	10 Infectious diseases	Societal

Figure II: The Global Risks Landscape 2020



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The HM Government National Risk Register (2020 edition)

Impact (of the reasonable worst case scenario using the impact indicators below)	Level E		7 25†		
	Level D	34*	12 13 29		
	Level C	18 28 33* 36*	14 19 21 26† 27* 38	2 3 6* 15 16 17 20	
	Level B	30 24	35*	4 5 9* 10* 11* 23 32* 37	1
	Level A		8* 22	31	
		< 1 in 500	1 to 5 in 500	5 to 25 in 500	25 to 125 in 500
Likelihood					
(of the reasonable worst case scenario of the risk occurring in the next year)					

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

Malicious Attacks

1. Attacks on publicly accessible locations
2. Attacks on infrastructure
3. Attacks on transport
4. Cyber attacks
5. Smaller scale CBRN attacks
6. Medium scale CBRN attacks
7. Larger scale CBRN attacks
8. Undermining the democratic process*

Serious and Organised Crime

9. Serious and organised crime – vulnerabilities*
10. Serious and organised crime – prosperity*
11. Serious and organised crime – commodities*

Environmental Hazards

12. Coastal flooding
13. River flooding
14. Surface water flooding
15. Storms
16. Low temperatures
17. Heatwaves
18. Droughts
19. Severe space weather
20. Volcanic eruptions
21. Poor air quality
22. Earthquakes
23. Environmental disasters overseas
24. Wildfires

Human and Animal Health

25. Pandemics†
26. High consequence infectious disease outbreaks†
27. Antimicrobial resistance*
28. Animal diseases

Major Accidents

29. Widespread electricity failures
30. Major transport accidents
31. System failures
32. Commercial failures*
33. Systematic financial crisis*
34. Industrial accidents – nuclear*
35. Industrial accidents - non nuclear*
36. Major fires*

Societal Risks

37. Industrial action
38. Widespread public disorder

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6.3i Corporate Risk Register

Domain	Risk Ref	Risk Description	Risk level (Initial)	Risk level (Current)	Risk level (Target)	Action Status	Last Reviewed	Next Review	Risk Owner	Trend	Assigned Committee
Business & Organisational	DHCW0207	Document Management Strategy IF DHCW do not update their Document Management Strategy in light of the adoption and roll-out of Microsoft 0365 THEN their processes may not be the most effective they can be RESULTING IN sub-optimal use of resources.	12	12	4	Third party company commissioned to undertake a review of Document Management and provide roadmap. Report received and reviewed. Workshops scheduled for August 2021. Implementation plan for iPassport.	15/07/21	02/08/21	Director of Finance & Business Assurance	Non-Mover	Audit and Assurance
	DHCW0208	Welsh Language Compliance IF DHCW are unable to comply with Welsh Language Standards outlined in the Welsh Language Scheme under development THEN they would not be compliant with national legislation applicable to other public bodies RESULTING IN potential disadvantage to Welsh speakers and the potential for reputational damage	16	12	8	Welsh Language Scheme to be developed to support compliance with Standards (which will not be applied to the new SHA at its outset) Corporate Apps team now progressing outstanding work on Standards 4/5 (All Wales Language Preference System) and demo arranged with Welsh Language Officers.	15/07/21	02/08/21	Director of ICT	Non-Mover	Audit and Assurance
	DHCW0259	Staff Vacancies IF DHCW are unable to recruit to vacancies due to skills shortages and unavailability of suitable staff THEN this will impact on service deliverables and timescales RESULTING IN delays to system support and new functionality for NHS Wales users.	12	12	6	A Recruitment Task and Finish Group has been established to focus on all outstanding vacancies and put into action a plan to get staff into position. Extra help has been identified to help speed up the administration of the recruitment process.	15/07/21	02/08/21	Chief Operating Officer	Non-Mover	Audit and Assurance and Local Partnership Forum
	DHCW0268	Data Centre Transition IF the dates for the data centre physical transition need to be moved from Quarter 2 into Quarter 3, THEN there may be a resource constraint in various teams RESULTING IN a risk of failing to deliver some items in the annual plan and the risk of increased costs.	12	12	4	Project team to liaise closely with other DHCW teams to take a holistic view to re-planning and to minimise the risk of disruption to the plan and keep costs to a minimum	15/07/21	02/08/21	Director of ICT	Non-Mover	Digital Governance and Safety
	DHCW0269	Switching Service IF the current switching service fails THEN no new data will be acquired into the ISD Data Warehouse RESULTING IN the inability to provide updates to multiple reporting systems.	9	16	6	Further engagement with NDR Team to consider acceleration of the switching service replacement as part of the wider requirement for the acquisition of data into NDR.	15/07/21	02/08/21	Deputy Director of Information	Non-Mover	Digital Governance and Safety
Clinical	DHCW0260	Shielded Patient List IF ISD are required to maintain the Shielded Patient List using current processes with significant manual intervention THEN the inherent risk of human error will persist RESULTING IN the possible incorrect identification of patients on the list.	12	12	4	ISD and NDR team are working with a third party on development of an automation process. This should remove the requirement for manual intervention and hence human error.	15/07/21	02/08/21	Deputy Director of Information	Non-Mover	Digital Governance and Safety
Information Governance	DHCW0263	DHCW Functions IF directions from Welsh Government do not provide a sound legal basis for the collection, processing and dissemination of Welsh resident data THEN (i) partners, such as NHS Digital, may stop sharing data, (ii) DHCW may	12	12	4	Actions set against Welsh Government to define a set of Directions that will enable DHCW to move forwards on BAU and to provide cover for important functions such as NDR	15/07/21	02/08/21	Medical Director	Non-Mover	Digital Governance and Safety

6.3i Corporate Risk Register

Domain	Risk Ref	Risk Description	Risk level (Initial)	Risk level (Current)	Risk level (Target)	Action Status	Last Reviewed	Next Review	Risk Owner	Trend	Assigned Committee
		be acting unlawfully if it continues to process data RESULTING IN (i) DHCW being unable to fulfil its intended functions regarding the processing of data, or, in the case of continued processing, (ii) legal challenge, or (iii) the need to submit a further application to the Confidentiality Advisory Group (which may not be successful) to assess the public interest in processing confidential data without a legal basis or consent.									
	DHCW0264	Data Promise IF the national conversation regarding the use of patient data (Data Promise) is delayed THEN stakeholders and patients will not be assured that the proposed uses of Welsh resident data include sufficient controls to ensure data is treated responsibly, handled securely and used ethically RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding 'data and collaboration' (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government's Digital Strategy.	12	12	4	Specific responsibilities for implementation of the Data Promise given to the Head of Digital Strategy/Technology, Digital & Transformation, WG	15/07/21	02/08/21	Medical Director	Non-Mover	Digital Governance and Safety
Project	DHCW0237	Covid-19 Resource Impact IF new requirements for digital solutions to deal with Covid-19 and recovery of services continue to come in, THEN staff may need to be moved away from other deliverables in the plan RESULTING IN non delivery of our objectives and ultimately a delay in benefits being realised by the service.	16	16	9	The 2021/22 DHCW Plan was approved by the DHCW Board in May subject to detailed feedback from Welsh Government. Ongoing assessment of impact of new requirements being managed by the Planning and Performance Management group and Planning team.	15/07/21	02/08/21	Chief Operating Officer	Non-Mover	Digital Governance and Safety
Service Interruption	DHCW0205	DMZ/Internet Failure at Data Centre IF a failure of the DMZ network or Internet Circuit in Data centre 1 occurred THEN DHCW patient facing digital services would be unavailable for users RESULTING IN service downtime and reputational damage.	12	8	4	All migrations of the planned services from Datacentre 1 DMZ to Azure have now completed. The MURA service is resilient across multiple Azure Data Centres, but other services are in a single Azure data centre. A single Azure data centre has increased resilience compared to the Datacentre 1 arrangement, so likelihood is being reduced to 'unlikely'.	15/07/21	02/08/21	Director of ICT	Reduced by 8	Digital Governance and Safety
	DHCW0228	Fault Domains IF fault domains are not adopted across the infrastructure estate THEN a single failure could occur RESULTING IN multiple service failures.	16	12	6	New equipment being deployed which will increase fault domains for some services. A Cloud Strategy and Business Case is being developed with a view of using Cloud services to provide the required fault domains	15/07/21	02/08/21	Director of ICT	Reduced by 4	Digital Governance and Safety

6.3i Corporate Risk Register

Domain	Risk Ref	Risk Description	Risk level (Initial)	Risk level (Current)	Risk level (Target)	Action Status	Last Reviewed	Next Review	Risk Owner	Trend	Assigned Committee
	DHCW0201	<p>Infrastructure Investment</p> <p>IF recurrent funding is not available to support the replacement of obsolete infrastructure THEN the risk of failure and under performance will increase RESULTING IN service disruption.</p>	12	12	4	A revised infrastructure Business Case and Funding Requirement needs to be developed and submitted to secure additional funding	15/07/21	02/08/21	Director of ICT	Non-Mover	Digital Governance and Safety
	DHCW0204	<p>Canisc System</p> <p>IF there is a problem with the unsupported software used within the Canisc system THEN the application will fail RESULTING IN disruption to operational service requiring workarounds.</p>	15	20	6	All Canisc Programme risks have been recently reviewed. All available mitigations are now complete. Being discussed and reviewed by SMB. The Cancer Informatics Programme has been accelerated to iteratively mitigate risk of disruption to services should Canisc fail.	15/07/21	02/08/21	Medical Director	Non-Mover	Digital Governance and Safety
	DHCW0267	<p>Host Failures</p> <p>IF a host fails on one of the virtual server environments THEN some guests may fail to migrate seamlessly to other hosts RESULTING IN some servers failing to recover.</p>	12	12	6	The periodic crashing issue continues. Latest recommendation is to install some new hardware in the servers. This is on order and will be installed in a controlled way when they are delivered.	15/07/21	02/08/21	Director of ICT	Non-Mover	Digital Governance and Safety

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

Date of Board Meeting	29 July 2021
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Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Name of Committee	Audit and Assurance Committee
Chair of Committee	Marian Wyn Jones, Independent Member and Chair of Audit and Assurance Committee
Lead Executive Director	Claire Osmundsen-Little, Director of Finance and Chris Darling, Board Secretary
Date of Last Meeting	6 July 2021
Prepared By	Chris Darling, Board Secretary
Presented By	Marian Wyn Jones, Independent Member and Chair of Audit and Assurance Committee

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

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

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

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

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

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Audit and Assurance Committee	06.07.21	The Chair summarised the key items to highlight at the end of the Committee meeting which were supported.

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

Acronyms			
A&A	Audit and Assurance	DHCW	Digital Health and Care Wales
NHS	National Health Service	NWIS	NHS Wales Informatics Service
SHA	Special Health Authority		

Summary of Key matters considered by the committee and any relevant decisions made:
<p>Internal Audit Update The Committee received the update on activity and future planned work from Internal Audit for assurance.</p> <p>Internal Audit IM&T Control and Risk Assessments – Advisory Review The Audit and Assurance Committee discussed the IM&T Control and Risk Assessments – Advisory Review, presented by Internal Audit. The baseline assessment of Summary of Risks for all Health Boards and two NHS Trusts were captured in the report. The advisory report was agreed as useful sharing of information and context including digital good practice and areas for future work. The report was discussed and noted by the Committee. The Committee agreed to assess DHCW’s position against each of the good practice areas identified.</p> <p>Audit Wales Update The Committee received the update from Audit Wales for assurance. The Committee noted the planned baseline Structured Assessment work scheduled to commence in July 2021.</p>

DHCW Audit Tracker

The Committee **approved** the request for the closure of 6 actions on the log now complete. The Committee **noted** all remaining audit actions are currently on track for delivery within the timeframes.

Counter Fraud Update

Members **received** the Counter Fraud Progress Report. The appointment of Rachel Powell, Deputy Director of Information as the Counter Fraud Champion for DHCW was **noted**.

Public Accounts Committee Review of NWIS Update Report

Members **noted** the content of the update report in relation to the historic Public Accounts Committee and Audit Wales Reports (2018) into NWIS and noted the status of the actions including the one action that remains open.

Risk Management and Board Assurance Framework Strategy Milestone Plan

The Risk and Board Assurance update against key milestones was **noted**. Committee members provided positive feedback in relation to the initial Risk and Board Assurance training provided to all Board members at the Board Development session on the 1st July 2021.

Corporate Risk Register

Members reviewed and discussed the Corporate Risk Register and **noted** the changes over the past two months, including new risks added to the Corporate Risk Register and risks mitigated and removed from the register.

Audit of Velindre University NHS Trust 2020/21 Accounts Report

Members **noted** the content of the 2021/21 Audit of Accounts Report which related to Velindre University NHS Trust but incorporated NWIS. Committee members were assured to note that no issues had been identified relating to NWIS/DHCW.

Banking Financial Control Procedure

Members **approved** the Banking Financial Control Procedure and noted it would continue to be reviewed.

Procurement and Scheme of Delegation Compliance Report

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

The Annual Quality Plan

Members welcomed the Annual Quality Plan for 2021/22 which was **approved** by the Committee and the key role Quality and Regulation will play within DHCW going forward.

Welsh Language Scheme Update Report

The Committee welcomed and **noted** the timeline presented to develop and consult on a Welsh Language Scheme for DHCW.

Estates Compliance Report

The Report was **noted** by Committee members in the context of the Green Health Wales context,

and the Government's commitment to launch a new 10-year Wales Infrastructure Investment Plan for a zero-carbon economy. Committee members were pleased to observe the reduction in DHCW energy CO2 usage levels.

The Committee noted the following:

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

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

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

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

Cyber Resilience Unit Status Report and Annual Plan was received for **assurance**.

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

No items for escalation.

Delegated action taken by the committee:

Approval of Banking Financial Control Procedure

Approval of the Quality and Regulatory Annual Plan.

Date of next committee meeting:

5 October 2021

DIGITAL HEALTH AND CARE WALES REMUNERATION AND TERMS OF SERVICE COMMITTEE CHAIR'S REPORT FOR BOARD

Date of Board Meeting	29 July 2021
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Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Name of Committee	Remuneration and Terms of Service Committee
Chair of Committee	Bob Hudson, Interim Chair of the DHCW Board
Lead Executive Director	Helen Thomas, Chief Executive Officer
Date of Last Meeting	1 July 2021
Prepared By	Chris Darling, Board Secretary
Presented By	Bob Hudson, Interim Chair of the DHCW Board

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

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

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

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below There are ratified appointments detailed within this report that have a financial impact on the organisation.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below There are implications of the proposed changes to the organisational structure which will in turn have a potential impact on the workforce within those areas.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

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

Appointment of Associate Board Member (Trade Union)

Members **approved** the appointment of the Associate Board Member (Trade Union) for an initial 12-month period, noting this period can be extended if agreed by both parties.

Chief Executive Officer Appointment Ratification

Members **ratified** the appointment of the Chief Executive Officer and **approved** the remuneration and terms of service.

Executive Structure Proposal

Committee members **discussed** options for the future Executive Structure, noting two Executive Director posts are currently vacant. The Committee took the decision to discuss this further during an Independent Member briefing session in order to fully understand the requirements and implications of any Executive Structure proposal.

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

Further discussion on the Executive structure proposal to take place at the next CEO/Chair Briefing in July. Concern was raised by Committee members regarding the ongoing gaps in the Executive Team.

Delegated action taken by the committee:

Chief Executive Officer Appointment Ratification

Members **ratified** the appointment of the Chief Executive Officer and **approved** the remuneration and terms of service.

Independent Members **approved** the Associate Member (Trade Union) nomination.

Date of next committee meeting:

To be confirmed