DHCW Special Health Authority Board Meeting - Public

Thu 27 May 2021, 10:00 - 14:00

Agenda

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

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*

10:00 - 10:00 **2. CONSENT AGENDA**

2.1. Unconfirmed Minutes of 1st April 2021 Board Meeting

For Approval *Chair*

2.1 Minutes_Board Meeting_010421_Unconfirmed.pdf (6 pages)

2.2. Action Log

For Noting *Chair*

2.2 DHCW Board Action Log 01.04.21.pdf (1 pages)

2.3. Ratification of DHCW Standing Orders and Standing Financial Instructions

For Approval *Board Secretary*

2.3 Ratification of Standing Orders and Standing Financial Instructions report.pdf (5 pages)
2.3i Appendix A DHCW Standing Orders Reservation and Delegation of Powers Final Version March 2021.pdf (92 pages)
2.3ii Appendix B DHCW Schedule 2.1 Model SFIs - Final - Version 1 - May 2021mc D-01.pdf (79 pages)
2.3ii Appendix Bi SFIs Grants vs Procurement WRO3988.pdf (4 pages)

2.4. DHCW Board Annual Cycle of Business

For Approval *Board Secretary*

2.4 DHCW Board Annual Cycle of Business Report.pdf (4 pages)
2.4i Appendix 1 DHCW - Board Business Cycle 21_22 v2.pdf (3 pages)
2.4ii Appendix 2 DHCW - Board Work Programme 21_22 v1.pdf (2 pages)

10:00 - 10:00 **3. FOR REVIEW**

3.1. Chair's Report

For Noting *Chair*

3.1 Chair's Report April 21 v1.pdf (5 pages)

3.2. Chief Executive's Report

For Noting *Chief Executive Officer*

3.2 Chief Executive's Report April 21 v4.pdf (5 pages)

10:00 - 10:00

4. STRATEGIC ITEMS

4.1. DHCW Annual Plan 2021-22

For Approval *Chief Executive Officer/Chief Operating Officer*

4.1 Annual plan 21_22 Report.pdf (4 pages)
4.1i Appendix A PLN DHCW Annual Plan 21_22 to WG FINAL.pdf (69 pages)

4.2. Strategic Procurement Report

For Approval *Chief Operating Officer*

4.2 Strategic Procurement Report 2021_22 v1.pdf (4 pages)
4.2i Appendix A Strategic Contracts Plan.pdf (1 pages)
4.2ii Appendix B Vaccination Procurement Recommendation.pdf (6 pages)

4.3. Shared Listening and Learning Approach to DHCW Board Meetings

For Approval *Board Secretary*

4.3 Shared Listening and Learning Approach To DHCW Board Meetings Report.pdf (5 pages)

4.4. COMFORT BREAK

10:00 - 10:00

5. GOVERNANCE, RISK, PERFORMANCE AND ASSURANCE

5.1. Integrated Organisational Performance Report

For Discussion *Chief Operating Officer*

5.1 April 2021 Integrated Organisational Performance Report.pdf (6 pages)
5.1i April 2021 Integrated Organisational Performance Report.pdf (35 pages)

5.2. Finance Report

For Discussion *Executive Director of Finance*

5.2 Finance Report.pdf (10 pages)

5.3. Risk Management and Board Assurance Framework Strategy

For Approval *Board Secretary*

5.3 Risk Management and Board Assurance Framework Strategy Report v1.pdf (5 pages)
5.3i Appendix A DHCW Risk and Board Assurance Framework Strategy v1 .pdf (34 pages)
5.3ii Appendix B Risk Management & BAF Milestone Plan v1.pdf (1 pages)

5.4. Corporate Risk Register

For Discussion *Executive Director of Finance*

- 5.4 Corporate Risk Management Report May 21 Board.pdf (4 pages)
- 5.4i Appendix A RR_DHCW Corporate Risk Register Apr 21-v1.0_.pdf (3 pages)

5.5. Audit and Assurance Committee Highlight Report

For Assurance *Committee Chair*

- 5.5 DHCW Audit and Assurance Committee Highlight Report v1.pdf (5 pages)

5.6. Digital Governance and Safety Committee Highlight Report

For Assurance *Committee Chair*

- 5.6 DHCW Digital Governance and Safety Committee Highlight Report.pdf (5 pages)

5.7. Remuneration and Terms of Service Committee Highlight Report

For Assurance *Committee Chair*

- 5.7 DHCW Remuneration and Terms of Service Committee Highlight Report.pdf (4 pages)

10:00 - 10:00

6. CLOSING MATTERS

6.1. Any Other Urgent Business

For Discussion *Chair*

6.2. Date and Time of Next Meeting - 29th July 2021, 10am

For Noting *Chair*

DHCW Special Health Authority Board Meeting

Thu 01 April 2021, 13:00 - Thu 01 April 2021, 16:00

Board

Members Present

Bob Hudson (Interim Chair), Marian Wyn Jones (Independent Member), Sian Doyle (Independent Member), Ruth Glazzard (Vice Chair), David Selway (Independent Member), Rowan Gardner (Independent Member), Grace Quantock (Independent Member), Helen Thomas (Interim CEO), Rhidian Hurle (Executive Medical Director), Claire Osmundsen-Little (Executive Director of Finance)

In Attendance

Michelle Sell (Chief Operating Officer), Rachael Powell (Deputy Director of Finance), Carwyn Lloyd-Jones (Director of Information & Communication Technology), Chris Darling (Board Secretary), Alyson Smith (Head of Organisational Performance (Secretariat)), Sophie Fuller (Corporate Governance and Assurance Manager)

Absent: Gary Bullock (Director of Application Development and Support)

Meeting minutes

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

For Noting
Chair

The Interim Chair commenced the meeting by welcoming all to the meeting and reflecting on the excitement felt in the launch of Digital Health and Care Wales. The Digital Health and Care Wales Special Health Authority is created today on the 1 April 2021 building on the work of the NHS Wales Informatics Service (NWIS) and becoming the twelfth statutory member of the NHS Wales family. The Interim Chair explained that the DHCW remit is to support the wider system enabling improvements in the quality of health and care and taking advantage of new technologies and delivering services to patients and the public, as well as how we use data to improve health and wellbeing for people in Wales.

The Interim Chair emphasised that the creation of DHCW is not a re-branding but the creation of a new organisation with new Board leadership, and a system wide responsibility in taking forward the digital agenda for the NHS working with wider stakeholders across Wales. The organisation has a wider remit across health and care and in terms of its wider role working with stakeholders and partners across Wales building digital capability and the digital ecosystem and supporting the economy in Wales.

The Interim Chair welcomed Board members and any members of the public observing the meeting, and noted that there are constraints in relation to public gatherings therefore it is not possible to meet face to face at this time. Board meetings will continue to be broadcast live in the future irrespective of when meetings can take place in public.

The Interim Chair advised Board members that the Consent Agenda had been used for items 2.1 and 2.2, with questions on these items sought in advance of the meeting which were received and have been addressed by the relevant Officer lead and the questions and answers will be included as an appendix to the minutes.

The public appointments of DHCW Independent Members were made by the Minister for Health and Social Care and announced formally last week. The Vice Chair is Ruth Glazzard and five Independent Members were noted and a warm welcome extended.

1.2. Apologies for Absence

For Noting
Chair

It was **noted** that Gary Bullock (Director of Application Development and Support) had given his apologies.

1.3. Declaration of Interests

For Noting
Chair

There were no declarations of Interest received.

2. CONSENT AGENDA - ESTABLISHMENT OF DIGITAL HEALTH AND CARE WALES

2.1. Ratification of Standing Orders and Standing Financial Instructions

For Approval
Board Secretary/Director Of Finance

The Board resolved to:

Approve the Standing Orders and Standing Financial Instructions

2.1 DHCW Standing Orders and Standing Financial Instructions Report.pdf
2.1a Appendix 1 DHCW Standing Orders Reservation and Delegation of Powers Final Version March 2021.pdf
2.1c Appendix 2.1 SFIs Grants vs Procurement WRO3988.pdf
2.1b Appendix 2 DHCW Schedule 2.1 Model SFIs - Final - Version 1 - March 2021.pdf

2.2. Essential Policies for Adoption

For Approval
Board Secretary

The Board resolved to:

Approve the Policies for adoption.

2.2 Policies for Adoption by DHCW.pdf

3. MAIN AGENDA - ITEMS FOR REVIEW

3.1. Chairs Report

For Noting
Chair

The Interim Chair stated that he was appointed in November 2020 as Interim Chair by the Minister for Health and Social Care to provide leadership and support the transition to the Digital Health and Care Wales Special Health Authority. The Interim Chair role was in place until October 2021 at the latest and the process for recruiting the substantive Chair will take place following the Welsh Parliament Elections in May 2021.

The Interim Chair stated that Helen Thomas was appointed by Ministerial appointment to the Interim Chief Executive position until September 2021 whilst the recruitment of the substantive role is underway; interviews will take place in early May 2021 for the substantive Chief Executive.

DHCW is a member of the NHS Confederation alongside the other eleven NHS bodies in Wales. The Interim Chair stated that the Chair of the NHS Confederation's term in office had been extended until 2022.

The Board resolved that:

The Chair's report was **noted**

3.1 DHCW Chair s Report March 21.pdf

3.2. Chief Executives Report

For Noting
Interim Chief Executive

The Interim Chief Executive Officer (CEO) noted that there were no outstanding actions or risks to be inherited by Digital Health and Care Wales from the Special Health Authority (SHA) Programme Board. A number of activities have taken place to mark the launch of Digital Health and Care Wales as Special Health Authority took place on the 1st April including an organisation-wide staff briefing, with Board members and the Director General/ Chief Executive Officer for NHS Wales Andrew Goodall in attendance; the inaugural Board meeting being the culmination in activities.

The Interim CEO welcomed Rhidian Hurle as the recently appointed Executive Medical Director (MD), Claire Osmundsen-Little as Executive Director of Finance and Chris Darling, Board Secretary. The Interim CEO also introduced other DHCW Directors in attendance at the meeting. It was noted the remaining two DHCW Executive Director positions will be appointed once the permanent Chief Executive Officer was in place.

The draft Annual Plan 2021-22 was submitted to Welsh Government on 31st March 2021 and will be discussed with Board members at the first Board Development Session in April 2021. The Annual Plan will return to the DHCW Board meeting on 27 May for formal approval.

The Board resolved that:

The Chief Executives report was **noted**

3.2 DHCW Chief Executive Report March 21.pdf

4. GOVERNANCE, PERFORMANCE AND ASSURANCE

4.1. DHCW Board and Committee Structure

For Noting
Board Secretary

The Board Secretary presented the Board and Committee Structure Report. The Board's role was summarised by the Board Secretary, the DHCW Committee structure will cover DHCW Board business to include:

1. Audit
2. Remuneration and Terms of Service; and
3. Oversight and scrutiny of quality, safety, information governance, data quality, security and risk.

Action:

1. Committee membership to be agreed as priority.

The Interim Chair noted that the Board will operate in an open and transparent way moving forward and would work to agree the Committee membership.

The Board resolved that:

The Board and Committee Structure Report was **noted**.

4.1 DHCW - Board and Committee Structure Report.pdf

4.2. DHCW Annual Programme of Business

For Noting
Board Secretary

The Board Secretary presented the DHCW draft Annual Cycle of Board Business. The Cycle of Business, currently in draft format will be worked on further in advance of 27th May 2021 Board Meeting, where it will be presented for approval. In future years the Programme would be presented in advance of the new financial year.

The Interim Chair noted that the pattern of Board dates and cycle of business falls in line with other NHS Wales organisations.

The Board resolved that:

The draft DHCW Annual Cycle of Business is **noted**.

The summary of Key Board Dates for meetings and Board Development Sessions is **noted**.

4.2a Appendix 1 DHCW - Board Business Cycle 19.03.21 v2.pdf
4.2b Appendix 2 DHCW Board Key Dates 2021.pdf
4.2 DHCW Board Annual Cycle of Business Report.pdf

4.3. DHCW Financial Allocation

For Approval
Director Of Finance

The Director of Finance presented the DHCW Finance Allocation for 2021-22 outlining how the financial allocation has been internally applied to DHCW. C Osmundsen-Little distinguished between the revenue and capital allocation received, and talked Board members through each of the funding streams. Annual priorities are set out in the DHCW Annual Plan, the resource allocation is then translated and put into the financial plan. In establishing the budget baselines there are a number of planning assumptions DHCW have adhered to. Savings plans have been allocated to DHCW budgets which will be monitored by the Board.

The key risks within the financial plan were highlighted including: in year cost pressures, the speed of recruiting to current vacancies and external factors such as Covid-19. The allocations will allow DHCW to deliver their priorities for the forthcoming year.

The Interim Chair reflected on the uplift to baseline funding from NWIS to DHCW, as well as funding identified for the developmental work in order to take forward DHCW's future plans. Board members will have the opportunity to come back and look at elements of the financial plan in more detail going forward, recognising the financial plan is being received on day 1 of DCHW being established.

S Doyle commented that the Board needs to understand the current plans and programmes that have been committed to via the Annual Plan going forward in more detail, commenting that the methodology for the financial plan feels fine for now, but understanding key priorities and objectives within the plan was important going forward.

M Jones questioned whether the funding allocation would be sufficient to deliver the ambitions of the organisation, particularly when considering industry best practice regarding investment in digital. It was confirmed the current direct baseline funding has increase by £10m reflecting the new Board structures and legacy funding issues. In addition, Welsh Government have increased the national digital transformation funding from £50 to £75m this year to support any transformative initiatives. The challenge ahead will be to define the necessary funding requirements for digital and demonstrate the additional value this will create.

The Interim Chair thanked the Director of Finance and her team for the work that has gone into production of the budget.

The Board resolved that:

The current funding allocations within which DHCW will have to deliver a balanced plan was **noted**.

The methodology utilised in establishing the 2021-22 delegated budgets was **approved.**

The savings allocation and future actions were **approved.**

The initial 2021-22 delegated budgets were **approved.**

The key risks outlined within the report were **noted**.

4.3 DHCW Financial Plan and Allocation 2021_22 - Delegated Budget Allocation.pdf
4.3a Appendix A DHCW Allocation Letter 202122.pdf

4.4. Future Board Meeting arrangements

For Noting
Board Secretary

The Board Secretary presented the report outlining the arrangements proposed for how the Board will operate during the Covid-19 restrictions.

The DHCW Board will conduct as much of its business as possible in public. However, due to restrictions the Board will not meet in public until it is safe to do so. The Board will actively engage citizens and stakeholders with Board meetings live streamed to those with internet access so that the meeting can be observed. The recording of the Board meeting will also be made available for those not able to watch live, via the DHCW website.

The Audit Wales Report (Doing it Differently, Doing it Right) was drawn to the attention of the Members, this report highlights key findings that have enhanced governance efficiency, openness and transparency, including livestreaming Board meetings.

DHCW will work quickly to explore how the Board and Committees can conduct its business as openly as possible under current Covid-19 restrictions. In particular DHCW will consider a platform which can be used to maximise access for citizens and allow for Welsh Language simultaneous translation.

The Board resolved that:

The Future Board Meeting arrangements report was **noted**

4.4 DHCW Future Meeting Arrangements Report v1.pdf

5. Comfort Break

This break was not used.

6. STRATEGIC ITEMS

6.1. Emergency Response Command Structure

For Noting
Chief Operating Officer

The Chief Operating Officer summarised the approach taken by NWIS in response to the Covid-19 pandemic including standing up the emergency command structures in NWIS in March 2020. The command structure enabled the predecessor Organisation NWIS to support NHS Wales ensure service continuity and additional support responding to Covid-19. A number of drivers were summarised as protecting DHCW staff and in doing so ensuring service continuity of essential services provided across NHS Wales and enabling DHCW to provide additional support. The other key driver was to respond to digital requirements from NHS Wales in response to services NHS colleagues were delivering on the frontline.

R Gardner noted that the response to the Covid-19 pandemic had shown some of the best experience of NWIS into the new organisation. The digital agenda is about delivering better health and flexibility in the ways of working, and the experience and response had demonstrated the benefit of being a flexible and efficient organisation. The Interim Chair reiterated the importance of, and opportunities of, working differently in the future.

The Board resolved to:

The Emergency Response Command Structure report was **noted.**

6.1a Appendix B Eng COVID-19 Response.pdf
6.1b Appendix B Wel COVID-19 Response.pdf
6.1 DHCW Emergency Response Command Structure.pdf

6.2. NWIS Legacy and Opportunities for DHCW

For Discussion
Interim Chief Executive

The Interim Chair noted the important legacy that DHCW will build on from the NHS Wales Informatics Service (NWIS).The Interim CEO presented an overview of the NWIS history over the last 11 years - areas of work and key digital achievements over that time, culminating in the foundations of DHCW.

M Jones asked when are we likely to see the Welsh patient referral system (WPRS) operating throughout Wales or is that the position currently? R Hurle (Medical Director) responded that WPRS is a live product that can be configured and implemented locally in any Local Health Boards.

M Jones recognised the achievements of NWIS but raised the fact that there have been concerns raised previously via the Public Accounts Committee and Wales Audit Office, and asked about the priorities going forward, particularly in relation to engagement and building relationships with partner organisations. H Thomas (Interim CEO) recognised DHCW need and want to focus on their strategic engagement to build relationships and collaborate to become a trusted partner and agree a joint plan with Health Boards and Trusts, as well as working in partnership with industry partners. It was acknowledged that there was a way to go maturing into this engagement process.

The Interim Chair stated that DHCW will build on existing relationships and explore the wider networks that function across NHS Wales and which DHCW can be a part of as a statutory body. Board to board engagement will be explored further.

S Doyle praised the great foundation that has been built by the predecessor organisation, but is keen to see how DHCW safeguard true involvement of stakeholders moving forward to include clinicians and patients. Furthermore, there needs to be a focus on how to track the benefits, and being clear how DHCW knows that they are being successful. H Thomas (Interim CEO) outlined the importance of the patient voice in developing digital services and ensuring digital services are service led. In terms of tracking benefits, DHCW programmes and projects have business cases in place to outline the expected benefits. H Thomas (Interim CEO) acknowledged that the approach to tracking benefits could be improved and will be a major area of focus for DHCW working with the delivery organisations where the benefits are realised.

G Quantock commented that there is a need to be mindful of the digital disenfranchisement across Wales. H Thomas (Interim CEO) advised that the Board will be asked to sign up to the Digital Inclusion Charter to bridge inequity and identify what the role of DHCW will be; as well as how to work with services to ensure the breadth of services can be developed and nobody is left behind in terms of digital exclusion.

R Hurle (Medical Director) provided a number of examples of good practice, including wider system benefits particularly scenarios of why digital access to cross-border results are vital.

R Gardner reiterated that change in clinical practice is hard to do and that the Executive team should be reassured the Board recognises this is hard and there is work to be done to build relationships with the other eleven NHS partner organisations. R Gardner further asked that consideration is given to what DHCW can do to build an internal dashboard to provide an early warning system of where DHCW have not landed digital services successfully with partner organisations.

The Board resolved to:

The NWIS Legacy and Opportunities for DHCW report was **noted.**

The Interim Chair brought the meeting to a close and reflected on the discussion, thanking Velindre Trust for their hosting of NWIS and their work on a smooth transition into DHCW and wishing them well.

6.2 DHCW NWIS Legacy and Opportunities for DHCW Report.pdf
6.2a Appendix 1 NWIS Legacy DHCW Board 1 April 2021.pdf

7. OTHER ITEMS

7.1. Any Other Urgent Business

For Discussion
Chair

No items of urgent business were presented.

7.2. Date of Next Meeting: 10am 27 May 2021

For Noting
Chair

The Board **noted** the date and time of the next meeting.

2.2 Action Log

Title	Date of Meeting	Business Area	Action/Decision Narrative	Action Lead	Due Date	Status/Outcome Narrative	Revised due date	Status	Organisational Lead
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. Appointments to all DHCW Committees have since been agreed with Board members.		Complete	Bob Hudson (DHCW – Board)

DIGITAL HEALTH AND CARE WALES
RATIFICATION OF STANDING ORDERS INCLUDING STANDING FINANCIAL INSTRUCTIONS

Agenda Item	2.3

Name of Meeting	SHA Board
Date of Meeting	27 May 2021

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

Executive Sponsor	Chris Darling, Board Secretary Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Chris Darling, Board Secretary
Presented By	Chris Darling, Board Secretary Claire Osmundsen-Little, Executive Director of Finance

Purpose of the Report	For Approval
Recommendation	
The Board is being asked to: APPROVE the DHCW Standing Orders (Appendix A) which include the Standing Financial Instructions (Appendix B).	

Acronyms			
DHCW	Digital Health and Care Wales	SO	Standing Orders
NWSSP	NHS Wales Shared Services Partnership	SFI	Standing Financial Instructions
LPF	Local Partnership Forum	SHA	Special Health Authority

1 SITUATION/BACKGROUND

1.1 Digital Health and Care Wales (DHCW) or Iechyd a Gofal Digidol Cymru became operational on 1 April 2021. Digital Health and Care Wales (Membership and Procedures) Regulations 2020 provides that Digital Health and Care Wales (DHCW) must make standing orders for the regulation of its proceedings and business, including provision for the suspension of all or any of the standing orders.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The DHCW Board considered and agreed to adopt the Standing Orders for the regulation of their proceedings and business on the 1st April 2021. They are designed to translate the statutory requirements set out in legislation into day to day operating practice. The Standing Orders include the Scheme of Decisions reserved to the Board; a Scheme of Delegations to officers and others; and Standing Financial Instructions. The SOs provide the regulatory framework for the business conduct of DHCW.

2.2 The Standing Orders agreed by the DHCW Board on the 1st April 2021 have been updated to include the following changes:

- The Digital Governance and Safety Terms of Reference have been added.
- The Audit and Assurance Committee Terms of Reference have been updated to reflect the version approved by the Audit and Assurance Committee on the 11th May, to include Committee membership being 4 Independent Members rather than 3.
- The Remuneration and Terms of Service Committee has formally appointed the DHCW Vice Chair as Vice Chair of the Remuneration and Terms of Service Committee and this is reflected in the Terms of Reference.

2.3 The updated Standing Orders with the above changes made are included as Appendix A.

2.4 The Standing Financial Instructions, which form part of the Standing Orders, have also been updated since the last meeting, and are attached as Appendix B. The changes made to the Standing Financial Instructions are listed below and the changes tracked in Appendix B for ease of reference.

- SCHEDULE 1 – Revised General Consent to Enter Individual Contracts – page 77

- Section 12.2.1 – Amended to reference Schedule 1, remove reference to Schedule 2
- Section 12.6.6 – Remove reference to Schedule 1
- Section 16.1.2 Changed the Capital Plan responsibility from the Director responsible for Workforce and OD to the Executive Director of Finance.

2.5 Whilst DHCW has the authority to amend the Model Standing Orders any amendment or variation must not contravene directions issued by Welsh Ministers or statutory requirements. The following provisions cannot be varied without the consent of Welsh Ministers:

- Section A – Introduction – The role of the Board Secretary
- Non-officer Members – Paragraph 1.1.4
- Associate Members – May include the Chief Digital Officer for NHS Wales – Paragraph 1.1.7
- Tenure of Board Members – Paragraph 1.3
- Committees Established by DHCW – Paragraph 3.4.1
- Advisory Groups – as a minimum to include the Local Partnership Forum (LPF)
- Arrangements relating to meetings, with particular emphasis on timescales and the quorum
- Matters reserved for the Board where the full Board is required to retain responsibility or is in accordance with statutory requirements.
- Removal of requirements of the Committee model terms of reference, although these can be added to.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 All DHCW Special Health Authority members and officers must be made aware of these SOs and, where appropriate, should be familiar with their detailed content. If approved the SOs will be uploaded to the DHCW Internet site and DHCW SharePoint site.

4 RECOMMENDATION

The Board is being asked to:
Approve the updated DHCW Standing Orders (Appendix A) which include the Standing Financial Instructions (Appendix B).

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 acccountability
If more than one standard applies, please list below: Effective Care	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: March 2021
Yes, applicable	Outcome: Positive
Statement: The impact of the Model SOs has been assessed as positive.	

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Establishment of Digital Health and Care Wales Programme Board	25/02/2021	Approved subject to minor amendments
DHCW Board	01/04/2021	Approved Standing Orders

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
	The SOs are a key foundation of DHCW's governance and accountability framework. A robust governance and accountability framework is more likely to impact favourably on the safety and experience of patients and staff.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	The SOs are designed to translate the statutory requirements for DHCW set out in legislation into day to day operating practice.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
	No, there is no direct impact on resources as a result of the

WORKFORCE IMPLICATION/IMPACT	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

Model Standing Orders

Reservation and Delegation of Powers

Digital Health and Care Wales

Executive Sponsor & Function:

Board Secretary

Document Author:

Chris Darling

Approved by:

DHCW Board

Approval Date:

1 April 2021

Date of Equality Impact Assessment:

22 March 2021

Equality Impact Assessment Outcome:

Positive Outcome

Review Date:

Annual Review required by DHCW – 1 April 2022

Version: 2

Foreword

The Digital Health and Care Wales (Membership and Procedures) Regulations 2020 provides that Digital Health and Care Wales (DHCW) or Iechyd a Gofal Digidol Cymru must make standing orders for the regulation of its proceedings and business.

The DHCW Board must consider and agree to adopt the Standing Orders (SOs) for the regulation of their proceedings and business. They are designed to translate the statutory requirements set out in legislation into day to day operating practice, and, together with the adoption of a Scheme of Decisions reserved to the Board; a Scheme of Delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of DHCW.

These documents form the basis upon which DHCW's governance and accountability framework is developed and, together with the adoption of the DHCW's Values and Standards of Behaviour Framework, is designed to ensure the achievement of the standards of good governance set for health organisations in Wales.

All DHCW Board members and officers must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Board Secretary will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements within DHCW.

Further information on governance in the NHS in Wales may be accessed at https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/

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Section A – Introduction

Statutory framework

i) Digital Health and Care Wales (DHCW) is a Special Health Authority (SHA) that was established on 30 December 2020 and became operational on the 1 April 2021, under The Digital Health and Care Wales (Establishment and Membership) Order 2020 (SI No. 2020/1451 (W. 313)) "the Establishment Order".

ii) The principal place of business of DHCW is Ty Glan-yr-Afon, 21 Cowbridge Road East, Cardiff, CF11 9AD.

iii) All business shall be conducted in the name of Digital Health and Care Wales.

iv) DHCW is a corporate body and its functions must be carried out in accordance with its statutory powers and duties. DHCW's functions are set out in the Establishment Order and in Directions issued by Welsh Ministers.

v) In addition to Directions the Welsh Ministers will issue an annual remit letter and may from time to time issue guidance which DHCW must take into account when exercising any function.

vi) Under powers set out in sections 25(1)(b), 25(2 and 203(9) and (10) of, and paragraphs 3(3) and (4), 5 and 13of Schedule 5 to the NHS (Wales) Act 2006, the Welsh Ministers have made **the Digital Health and Care Wales (Membership and Procedure) Regulations 2020 (S.I. 2020/1469 (W.315))** ("the Membership and Procedure Regulations") which make provision concerning the membership and procedures of DHCW.

vii) In carrying out its duties it will co-operate with others.

viii) Section 72 of the NHS Act 2006 places a duty on NHS bodies, including an SHA to co-operate with each other in exercising their functions.

ix) Section 82 of the NHS Act 2006 places a duty on NHS bodies, including an SHA, and local authorities to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales. The Welsh Language (Wales) Measure 2011 makes provision with regards to the development of standards relating to the Welsh language. The Welsh Language Standards (No. 7) Regulations 2018 for the health sector do not currently apply to DHCW. They will apply at a future date but in the interim DHCW will develop a Welsh Language policy/scheme to deliver commitments relating to Welsh language.

x) As a SHA, DHCW is also bound by any other statutes and legal provisions which govern the way that NHS bodies do business. The powers of NHS bodies established under statute shall be exercised by NHS bodies meeting in public session, except as otherwise provided by these SOs.

NHS framework

xi) In addition to the statutory requirements set out above, NHS bodies including SHAs must carry out all business in a manner that enables them to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.

xii) Adoption of the principles will better equip NHS bodies to take a balanced, holistic view of their organisations and their capacity to deliver high quality, safe health and care services for all its citizens within the NHS framework set nationally.

xiii) The overarching NHS governance and accountability framework incorporates these SOs; the Schedules of Reservation and Delegation of Powers; SFIs together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the *'Doing Well, Doing Better: Standards for Health Services in Wales'* (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

xiv) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the **Well-being of Future Generations (Wales) Act 2015**, have stated that sustainable development should be the central organising principle for the public sector and a core objective for the restructured NHS in all it does.

xv) DHCW is not considered a public body under the Act but is committed to achieving the Well-being Goals and the sustainable development principle

xvi) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Government's Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/. Directions or guidance on specific aspects of business are also issued electronically, usually under cover of a Welsh Health Circular.

xvii) DHCW will from time to time agree and approve policy statements which apply to the Board members and/all or specific groups of staff employed by DHCW. The decisions to approve these policies will be recorded in the appropriate Board minute and, where appropriate will be considered to be an integral part of DHCW's SOs and SFIs. Details of the key policy statements will be included in Schedule 2.

xviii) DHCW shall ensure that an official is designated to undertake the role of the Board Secretary (the role of which is set out in paragraph xxv below).

Applying Standing Orders

xix) The SOs of DHCW (together with SFIs and the Values and Standards of Behaviour Framework), will, as far as they are applicable, also apply to meetings of any formal Committees established by DHCW including any Advisory Groups, sub-Committees, joint-Committees and joint sub-Committees. These SOs may be amended or adapted for the Committees as appropriate, with the approval of the Board. Further detail on the Committees may be found in Schedule 3 of these SOs.

xx) Full details of any non-compliance with these SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Board Secretary, who will ask the Audit Committee to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and DHCW officers have a duty to report any non- compliance to the Board Secretary as soon as they are aware of any circumstance that has not previously been reported.

xxi) **Ultimately, failure to comply with SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Board.**

Variation and amendment of Standing Orders

xxii) Although these SOs are subject to regular, annual review by DHCW, there may, exceptionally, be an occasion where it is necessary to vary or amend the SOs during the year. In these circumstances, the Board Secretary shall advise the Board of the implications of any decision to vary or amend SOs, and such a decision may only be made by the Board if:

- The variation or amendment is in accordance with regulation 18 of the Membership and Procedure Regulations and does not contravene a statutory provision or direction made by the Welsh Ministers;
- The proposed variation or amendment has been considered and approved by the Audit Committee and is the subject of a formal report to the Board; and
- A formal notice of motion under Standing Order 7.5.14 has been given.

Interpretation

xxiii) During any Board meeting where there is doubt as to the applicability or interpretation of the SOs, the Chair of DHCW shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair shall take appropriate advice from the Board Secretary and, where appropriate the Chief Executive or the Director responsible for finance (in the case of SFIs).

xxiv) The terms and provisions contained within these SOs aim to reflect those covered within all applicable legislation. The legislation takes precedence over these SOs when interpreting any term or provision covered by legislation.

The role of the Board Secretary

xxv) The role of the Board Secretary is crucial to the ongoing development and maintenance of a strong governance framework within DHCW, and is a key source of advice and support to the DHCW Chair and other Board members. Independent of the Board, the Board Secretary acts as the guardian of good governance within DHCW. The Board Secretary is responsible for:

- Providing advice to the Board as a whole and to individual Board members on all aspects of governance;
- Facilitating the effective conduct of DHCW business through meetings of the Board, its Advisory Groups and Committees;
- Ensuring that Board members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Board acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of an organisational culture that embodies public services values and standards of behaviour; and
- Monitoring DHCW's compliance with the law, SOs and the governance and accountability framework set by the Welsh Ministers.

xxvi) As advisor to the Board, the *Board Secretary's* role does not affect the specific responsibilities of Board members for governing the organisation. The Board Secretary is directly accountable for the conduct of their role to the Chair in respect of matters relating to responsibilities of the Board, its Committees and Advisory Groups, and reports on a day-to-day basis to the Chief Executive with regard to the wider governance of the organisation and their personal responsibilities.

xxvii) Further details on the role of the Board Secretary within DHCW, including details on how to contact them, are available at on the DHCW website: https://dhcw.nhs.wales. Direct contact can be made by emailing: Chris.Darling@wales.nhs.uk

Section B – Standing Orders

1. DIGITAL HEALTH AND CARE WALES

1.0.1 DHCW's principal role is to exercise such functions as the Welsh Ministers may direct in connection with:

- the provision, design, management, development and delivery of digital platforms, systems and services;
- the collection, analysis, use and dissemination of health service data;
- the provision of advice and guidance to the Welsh Ministers about improving digital platforms, systems and services;
- supporting bodies and persons identified in directions given by the Welsh Ministers to DHCW in relation to matters relevant to digital platforms, systems and services; and
- any other matters so as to secure the provision or promotion of services under the **NHS (Wales) Act 2006**.

1.0.2 DHCW was established by **the Digital Health and Care Wales (Establishment and Membership) Order 2020 (SI No. 2020/1451 (W. 313)**). DHCW must ensure that all its activities are in exercise of those functions or other statutory functions that are conferred on it through directions issued by the Welsh Ministers.

1.0.3 To fulfil this role, DHCW will work with all its partners and stakeholders in the best interests of the population of Wales.

1.1 Membership of Digital Health and Care Wales Board

1.1.1 The membership of the DHCW Board shall be no more than 15 members comprising the Chair, Vice-Chair and non-officer members (appointed by the Minister for Health and Social Services), Associate Members, the Chief Executive and officer members, all appointed in accordance with the Membership and Procedure Regulations.

1.1.2 For the purposes of these SOs, the members of the DHCW Board shall collectively be known as "the Board" or "Board members"; the officer, non-officer members (which will include the Chair and Vice-Chair) shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer, Finance Officer and Clinical Officer shall respectively be known as the Chief Executive, the Director of Finance and the Medical Director. Officer and non-officer members shall have full voting rights Associate Members who do not have voting rights.

Officer Members [to be known as Executive Directors]

1.1.3 A total of 5 (including the Chief Executive, Director of Finance, and Medical Director, appointed in accordance with the Membership and Procedure Regulations. Executive Directors may have other responsibilities as

determined by the Board and set out in the scheme of delegation to officers.

Non Officer Members [to be known as Independent Members]

1.1.4 A total of 7 (including the Chair and Vice-Chair), appointed by the Minister for Health and Social Services in accordance with the Membership and Procedure Regulations.

1.1.5 An addition to the eligibility, disqualification, suspension and removal provisions contained within Part 4 of the Membership and Procedure Regulations, an individual shall not normally serve concurrently as a non-officer member on the Board of more than one NHS body in Wales.

Associate Members

1.1.6 A total of up to 3 Associate Members may be appointed to the Board. They will attend Board meetings on an ex-officio basis, but will not have any voting rights.

1.1.7 The Welsh Ministers, or DHCW acting with the consent of the Welsh Ministers, may appoint up to 2 Associate Members. They may include the Chief Digital Officer for NHS Wales.

1.1.8 The non-officer members must appoint a Trade Union Associate Member where one or more trade unions are recognised by DHCW. The arrangements for appointment of the Trade Union Associate Member must be in accordance with Regulation 4 of the Membership and Procedure Regulations.

Use of the term 'Independent Members'

1.1.9 For the purposes of these SOs, use of the term 'Independent Members' refers to the following voting members of the Board:

- Chair
- Vice Chair (if appointed)
- Non Officer Members

unless otherwise stated.

1.2 Joint Post Holders

1.2.1 Where a Board position is shared between more than one person because of their being appointed jointly to a post:

i) Either or both persons may attend and take part in Board meetings;
ii) If both are present at a meeting they shall cast one vote if they agree;
iii) In the case of disagreement no vote shall be cast; and
iv) The presence of both or one person will count as one person in relation to the quorum.

1.3 Tenure of Board members

1.3.1 Independent Members shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not serve a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

1.3.2 Any Associate Member appointed to the Board by Welsh Ministers under 1.1.6 will be appointed in accordance with the terms and conditions of appointment. They may be re-appointed as an Associate Member subject to any provisions to the contrary in their terms of appointments.

1.3.3 Any Associate Member appointed by the Board with the consent of Welsh Ministers may be appointed in accordance with terms and conditions approved by the Welsh Ministers. This would normally be for a period of up to one year. They may be re-appointed but they would normally not hold office as an Associate Member appointed by the Board with the consent of Welsh Ministers for more than four years. This is to recognise the need to keep this role under review to ensure it remains necessary or expedient for the performance of DHCW's functions. Time served includes time as an Independent Member (if relevant) which need not be consecutive and will still be counted towards the total period even where there is a break in the term. They may therefore, in accordance with the provisions contained within these Standing Orders, hold office for a maximum of 8 years when all roles are combined.

1.3.4 The Trade Union Associate Member if appointed, may be appointed for a period of office not exceeding 4 years. Subject to the arrangements agreed by the non-officer members for seeking a nomination, they may be eligible for reappointment.

1.3.5 Executive Directors' tenure of office as Board members will be determined by their contract of appointment.

1.3.6 All Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable, as specified in Part 4 of the Membership and Procedure Regulations. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Minister in writing of any such cases immediately.

1.3.7 DHCW will require Board members to confirm in writing their continued eligibility on an annual basis.

1.4 The Role of the DHCW Board and responsibilities of individual members

Role

1.4.1 The principal role of DHCW is set out in SO 1.0.1. The Board's main role is to

add value to the organisation through the exercise of strong leadership and control, including:

- Setting the organisation's strategic direction;
- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour; and
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of DHCW's performance across all areas of activity.

Responsibilities

1.4.2 The Board will function as a corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.

1.4.3 Independent Members appointed to the Board must act in a balanced manner, ensuring that any opinion expressed is objective and based upon the best interests of the health and care service in Wales.

1.4.4 DHCW shall issue an indemnity to any Chair and Independent Member in the following terms: "A Board [or Committee] member, who has acted honestly and in good faith, will not have to meet out of their personal resources any personal liability which is incurred in the execution of their Board function. Such cover excludes the reckless or those who have acted in bad faith".

1.4.5 Associate Members, whilst not sharing corporate responsibility for the decisions of the Board, are nevertheless required to act in a corporate manner at all times, as are their fellow Board members who have voting rights.

1.4.6 All Board members must comply with their terms of appointment. They must equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes, engaging fully in Board activities and promoting DHCW within the communities it serves.

1.4.7 **The Chair** – The Chair is responsible for the effective operation of the Board, chairing Board meetings when present and ensuring that all Board business is conducted in accordance with these SOs. The Chair may have certain specific powers delegated by the Board and set out in the Scheme of Delegation.

1.4.8 The Chair shall work in close harmony with the Chief Executive and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

1.4.9 **The Vice-Chair** – The Vice-Chair shall deputise for the Chair in their absence

if they are unable to perform their duties, or any reason, and will do so until either the existing chair resumes their duties or a new chair is appointed.

1.4.10 In addition to their corporate role across the breach of the Board's responsibilities, the Vice-Chair has a specific brief to provide strong, effective and visible leadership, across digital systems and services within primary, community, mental health and learning disability services. This will be discharged internally through the Board and its Committees and externally through their connections with a wide range of stakeholders and partners within the wider community.

1.4.11 **Chief Executive** – The Chief Executive is responsible for the overall performance of the executive functions of DHCW. They are the appointed Accountable Officer for DHCW and shall be responsible for meeting all the responsibilities of that role, as set out in their Accountable Officer Memorandum.

1.4.12 **Lead roles for Board members** – The Chair will ensure that individual Board members are designated as lead roles or "champions" as required by the Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operate in accordance with the requirements set by DHCW, the Welsh Ministers or others. In particular, no operational responsibilities will be placed upon any Independent Member fulfilling such a role. The identification of a Board member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board members for that particular aspect of Board business.

2. RESERVATION AND DELEGATION OF DHCW FUNCTIONS

2.0.1 Subject to any directions that may be given by the Welsh Ministers, the Board shall make arrangements for certain functions to be carried out on its behalf so that the day to day business of DHCW may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Board must set out clearly the terms and conditions upon which any delegation is being made.

2.0.2 The Board's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

i) Schedule of matters reserved to the Board;
ii) Scheme of delegation to committees and others; and
iii) Scheme of delegation to officers.

all of which must be formally adopted by the Board in full session and form part of these SOs.

2.0.3 DHCW retains full responsibility for any functions delegated to others to carry out on its behalf. Where DHCW has a joint duty, it remains fully responsible for its part, and shall agree through the determination of a written Partnership

Agreement the governance and assurance arrangements for the partnership, setting out respective responsibilities, ways of working, accountabilities and sources of assurance of the partner organisations.

2.1 Chair's action on urgent matters

2.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

2.1.2 Chair's action may not be taken where either the Chair or the Chief Executive has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the Executive Director acting on behalf of the Chief Executive will take a decision on the urgent matter, as appropriate.

2.2 Delegation of Board functions

2.2.1 The Board shall agree the delegation of any of their functions except for those set out within the 'Schedule of Matters reserved to the Board' to Committees and others, setting any conditions and restrictions it considers necessary and following any directions or regulations given by the Welsh Ministers. These functions may be carried out:

i) By a Committee, sub-Committee or officer of DHCW; or
ii) Jointly with one or more Special Health Authorities through a joint-Committee or joint sub-Committee

2.2.2 The Board shall agree and formally approve the delegation of specific executive powers to be exercised by Committees, sub-Committees joint-Committees and joint sub-Committees which it has formally constituted.

2.2.3 Any arrangements put in place by the Board for certain functions to be carried out on its behalf does not affect the Board's responsibility for, or its ability to, exercise a delegated function.

2.3 Delegation to officers

2.3.1 The Board may delegate certain functions to the Chief Executive. For these aspects, the Chief Executive, when compiling the Scheme of Delegation to Officers, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Executive will still be accountable to the Board for all functions delegated to them irrespective of any further delegation to other officers.

2.3.2 This must be considered and approved by the Board (subject to any

amendment agreed during the discussion). The Chief Executive may periodically propose amendment to the Scheme of Delegation to Officers and any such amendments must also be considered and approved by the Board.

2.3.3 Individual Executive Directors are in turn responsible for delegation within their own directorates/departments in accordance with the framework established by the Chief Executive and agreed by the Board.

3. COMMITTEES

3.1 DHCW Committees

3.1.1 The Board may, and where directed by the Welsh Ministers must, appoint Committees of DHCW either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees. The Board shall, wherever possible, require its Committees to hold meetings in public unless there are specific, valid reasons for not doing so.

Use of the term 'Committee'

3.1.2 For the purposes of these SOs, use of the term 'Committee' incorporates the following:

- Board Committee
- Joint-Committee
- sub-Committee
- joint sub-Committee

3.2 Joint-Committees

3.2.1 The Board may, and where directed by the Welsh Ministers must, together with one or more Special Health Authority[1] appoint joint-Committees or joint sub-Committees. These may consist wholly or partly of DHCW members or Board members of other Special Health Authorities or of persons who are not DHCW Board members or Board members of Special Health Authorities. Any such appointments must be made in accordance with the Board's defined requirements on membership (including definition of member roles, powers and terms and conditions of appointment) and any directions given by the Welsh Ministers.

3.2.2 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others on its behalf.

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[1] In accordance with Part 2, Chapter 3, Section 25 of the NHS (Wales) Act 2006 any Special Health Authority which DHCW wishes to form a joint-Committee with must have had provision made within their Regulations

The Board shall wherever possible determine, in agreement with its partners, that its joint-Committees hold meetings in public unless there are specific, valid reasons for not doing so.

Joint Committee Standing Orders, terms of reference and operating arrangements

3.2.3 The Board shall formally approve SOs or terms of reference and operating arrangements for each joint-Committee established. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership (including member appointment and removal; role, responsibilities and accountability; and terms and conditions of office) and quorum;
- Meeting arrangements;
- Communications;
- Relationships and accountabilities with others (including the SHA Board, its Committees and Advisory Groups);
- Any budget, financial and accounting responsibility;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

3.2.4 In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the joint-Committee, keeping any such aspects to the minimum necessary.

3.3 Sub-Committees

3.3.1 A Committee appointed by the Board may establish a sub-Committee to assist it in the conduct of its business provided that the Board approves such action. Where the Board has authorised a Committee to establish sub-Committees they cannot delegate any executive powers to the sub-Committee unless authorised to do so by the Board.

3.4 Committees established by DHCW

3.4.1 The Board shall establish a Committee structure that it determines best meets its own needs, taking account of any regulatory or Welsh Government requirements. As a minimum, it must establish Committees which covers the following aspect of Board business:

- Audit;
- Remuneration and Terms of Service; and
- Oversight and scrutiny of quality, safety, information governance, data quality, security and risk.

3.4.2 In designing its Committee structure and operating arrangements, the Board shall take full account of the need to:

- Embed corporate standards, priorities and requirements, e.g., equality and human rights across all areas of activity; and
- Maximise cohesion and integration across all aspects of governance and assurance.

3.4.3 Each Committee established by or on behalf of the Board must have its own SOs or detailed terms of reference and operating arrangements, which must be formally approved by the Board. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others (including the Board its Committees and Advisory Groups)
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

3.4.4 In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the Committee, keeping any such aspects to the minimum necessary. Detailed terms of reference and operating arrangements for the Committees established by the Board are set out in Schedule 3.

3.4.5 The membership of any such Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Board, based on the recommendation of DHCW Chair, and subject to any specific requirements, directions or regulations made by the Welsh Ministers. Depending on the Committee's defined role and remit, membership may be drawn from the DHCW Board, its staff (subject to the conditions set in Standing Order 3.4.6) or others not employed by DHCW.

3.4.6 Executive Directors or other DHCW officers shall not normally be appointed as Committee Chairs, nor should they be appointed to serve as members on any Committee set up to review the exercise of functions delegated to officers. Designated DHCW officers shall, however, be in attendance at such Committees, as appropriate.

3.5 Other Committees

3.5.1 The Board may also establish other Committees to help DHCW conduct its business.

3.6 Confidentiality

3.6.1 Committee members and attendees must not disclose any matter dealt with

by or brought before a Committee in confidence without the permission of the Committee's Chair.

3.7 Reporting activity to the Board

3.7.1 The Board must ensure that the Chairs of all Committees operating on its behalf report formally, regularly and on a timely basis to the Board on their activities. Committee Chairs' shall bring to the Boards specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4. NHS WALES SHARED SERVICES PARTNERSHIP

4.0.1 From 1 June 2012 the function of managing and providing Shared Services to the health service in Wales was given to Velindre NHS Trust. The Trust's Establishment Order has been amended to reflect the fact that the Shared Services function has been conferred on it.

4.0.2 The **Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012** (S.I. 2012/1261 (W.156)) ("the Shared Services Regulations") require the Trust to establish a Shared Services Committee (known for operational purposes as the Shared Services Partnership Committee) which will be responsible for exercising the Trust's Shared Services functions. The Shared Services Regulations (as amended) prescribe the membership of the Shared Services Committee in order to ensure that all Local Health Boards, Trusts and SHAs in Wales have a member on the Shared Services Committee and that the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.

4.0.3 The Director of Shared Services will be designated as Accountable Officer for Shared Services.

4.0.4 These arrangements necessitate putting in place a Memorandum of Co-operation and a Hosting Agreement between all LHBs, Trusts and SHAs setting out the obligations of NHS bodies to participate in the Shared Services Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales. Responsibility for the exercise of the Shared Services functions will not rest with the Board of Velindre NHS Trust but will be a shared responsibility of all NHS bodies in Wales.

4.0.5 The Shared Services Committee is to be known as the Shared Services Partnership Committee for operational purposes.

5. WORKING IN PARTNERSHIP

5.0.1 DHCW shall work constructively in partnership with others to plan and secure the provision and delivery of digital health and care services as described

within paragraph 1.0.1, in accordance with its statutory duties and any specific requirements or directions made by the Welsh Ministers.

5.0.2 The Chair shall ensure that the Board has identified all its key partners and other stakeholders and established clear mechanisms for engaging with and involving them in the work of DHCW.

5.0.3 The Board shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership.

6. ADVISORY GROUP(S)

6.0.1 DHCW may and where directed by Welsh Ministers, must appoint Advisory Group(s) to the SHA to provide advice to the Board in the exercise of its functions.

6.0.2 Details of the SHA's Advisory Group(s), their membership and terms of reference are set out in Schedule 4.

6.0.3 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board shall, wherever possible require its Advisory Group(s) to hold meetings in public unless there are specific, valid reasons for not doing so.

6.1 Advisory Group(s) established by DHCW

6.1.1 DHCW shall establish the following Advisory Group(s):

- Local Partnership Forum

6.2 Terms of reference and operating arrangements

6.2.1 The Board must formally approve terms of reference and operating arrangements in respect of any Advisory Group it has established. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership (including member appointment and removal, role, responsibilities and accountabilities, and terms and conditions of office) and quorum;
- Meeting arrangements;
- Communications;

- Relationships with others (including the Board, its Committees and Advisory Groups) as well as other relevant local and national groups;
- Any budget and financial responsibility (where appropriate);
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

6.2.3 In doing so, the Board shall specify which of these SOs are not applicable to the operation of the Advisory Group, keeping any such aspects to the minimum necessary. The detailed terms of reference and operating arrangements for the SHA's Advisory Groups are set out in Schedule 4.

6.2.4 The Board may determine that any Advisory Group it has set up should be supported by sub-groups to assist it in the conduct of its work, or the Advisory Group may itself determine such arrangements, provided that the Board approves such action.

6.3 Support to Advisory Group(s)

6.3.1 The Board Secretary, on behalf of the Chair, will ensure that Advisory Group(s) are properly equipped to carry out their role by:

- Co-ordinating and facilitating appropriate induction and organisational development activity;
- Ensuring the provision of governance advice and support to the Advisory Group Chair on the conduct of its business and its relationship with the DHCW Board and others;
- Ensuring the provision of secretariat support for Advisory Group meetings (for specific arrangements relating to Local Partnership Forum see 6.7 and Schedule 4);
- Ensuring that the Advisory Group receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups/professionals as appropriate; and
- Facilitating effective reporting to the Board

6.4 Confidentiality

6.4.1 Advisory Group members and attendees must not disclose any matter dealt with by or brought before a Group in confidence without the permission of the Advisory Group Chair.

6.5 Advice and feedback

6.5.1 DHCW may specifically request advice and feedback from the Advisory Group(s) on any aspect of its business and they may also offer advice and feedback even if not specifically requested by the organisation. The Group(s) may provide advice to the Board:

- In written advice;
- In any other form specified by the Board

6.6 Reporting activity

6.6.1 The Board shall ensure that the Chairs of all Advisory Groups report formally, regularly and on a timely basis to the Board on their activities. Advisory Group Chairs shall bring to the Board's specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

6.6.2 Each Advisory Group shall also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-groups it has established.

6.6.3 Each Advisory Group shall report regularly on its activities to those whose interests they represent.

6.7 The Local Partnership Forum (LPF)

Role

6.7.1 The LPF's role is to provide a formal mechanism where DHCW, as employer, and trade unions/professional bodies representing DHCW employees (hereafter referred to as staff organisations) work together to improve digital health and care services for the citizens served by DHCW - achieved through a regular and timely process of consultation, negotiation and communication. In doing so, the LPF must effectively represent the views and interests of the DHCW workforce.

6.7.2 It is the forum where the organisation and staff organisations will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues; and inform thinking around national priorities on digital health and care matters.

6.8 Relationship with the Board and others

6.8.1 The LPF's main link with the Board is through the Executive members of the LPF.

6.8.2 The Board may determine that designated Board members or DHCW staff shall be in attendance at LPF meetings. The LPF's Chair may also request the attendance of Board members or DHCW staff, subject to the agreement of the DHCW Chair.

6.8.3 The Board shall determine the arrangements for any joint meetings between the Board and the LPF's staff representative members.

6.8.4 The Board's Chair shall put in place arrangements to meet with the LPF's Joint Chairs on a regular basis to discuss the LPF's activities and operation.

6.8.5 The LPF shall ensure effective links and relationships with other groups/fora at a local and, where appropriate, national level.

Refer to Schedule 4 for detailed Terms of Reference and Operating Arrangements.

7. MEETINGS

7.1 Putting Citizens first

7.1.1 DHCW's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens, community partners and other stakeholders. DHCW, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings when these are not held via electronic means;

- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read (where requested and required) and in electronic formats; Requesting that attendees notify DHCW of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh.

In accordance with legislative requirements, e.g., Disability Discrimination Act, as well as its Communication Strategy and Welsh language requirements.

7.1.2 The Chair will ensure that, in determining the matters to be considered by the Board, full account is taken of the views of partners and stakeholder and interests of the communities served by DHCW.

7.2 Annual Plan of Board Business

7.2.1 The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year, taking account that ordinary meetings of the Board will be held at regular intervals and as a minimum six times a year. The Plan shall also set out any standing items that will appear on every Board agenda.

7.2.2 The plan shall set out the arrangements in place to enable DHCW to meet its obligations whilst also allowing Board members to contribute in either English or Welsh languages, where appropriate.

7.2.3 The plan shall also incorporate formal Board meetings, regular Board Development sessions and, where appropriate, the planned activities of the Board's Committees and Advisory Groups.

7.2.4 During the first year of establishment the Board shall agree the plan of business for the forthcoming year as close to 1 April 2021 as possible. This first plan will be kept under review and will be amended as necessary. For subsequent years the Board shall agree the plan for the forthcoming year by the end of March. The annual plan of board business will be published on the organisations website.

Annual General Meeting (AGM)

7.2.5 DHCW must hold an AGM in public no later than the 31 July each year. The first AGM will be scheduled to take place on or before 31 July 2022. At least 10 calendar days prior to the meeting a public notice of the intention to hold the meeting, the time and place of the meeting, and the agenda shall be displayed bilingually (in English and Welsh) on the SHA's website.

The notice shall state that:

- Electronic or paper copies of the Annual Report and Accounts of the

SHA are available, on request, prior to the meeting; and
- State how copies can be obtained, in what language and in what format, e.g. as Braille, large print, easy read etc.

7.2.6 The AGM must include presentation of the Annual Report and audited accounts, together with (where applicable), an audited abridged version of the annual accounts and, may also include presentation of other reports of interest to citizens and others.

7.2.7 A record of the meeting shall be submitted to the next ordinary meeting of the Board for agreement.

7.3 Calling Meetings

7.3.1 In addition to the planned meetings agreed by the Board, the Chair may call a meeting of the Board at any time. Individual Board members may also request that the Chair call a meeting provided that at least one third of the whole number of Board members, support such a request.

7.3.2 If the Chair does not call a meeting within seven days after receiving such a request from Board members, then those Board members may themselves call a meeting.

7.4 Preparing for Meetings

Setting the agenda

7.4.1 The Chair, in consultation with the Chief Executive and Board Secretary, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Board business; any standing items agreed by the Board; any applicable items received from the Board's Committees; and the priorities facing DHCW. The Chair must ensure that all relevant matters are brought before the Board on a timely basis.

7.4.2 Any Board member may request that a matter is placed on the Agenda by writing to the Chair, copied to the Board Secretary, at least 12 calendar days before the meeting. The request must set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of board business.

Notifying and equipping Board members

7.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least 7 calendar days before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.

7.4.4 No papers will be included for consideration and decision by the Board unless the Chair is satisfied (subject to advice from the Board Secretary, as appropriate) that the information contained within it is sufficient to enable the Board to take a reasonable decision. It will include evidence that appropriate impact assessments have been undertaken and take into consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Board, and the outcome of the assessment shall accompany the report to the Board to enable the Board to make an informed decision.

7.4.5 In the event that at least half of the Board members do not receive the Agenda and papers for the meeting as set out above, the Chair must consider whether or not the Board would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.

7.4.6 In the case of a meeting called by Board members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

7.4.7 Except for meetings called in accordance with Standing Order 7.3, at least 7 days before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):

- On the DHCW website, together with the papers supporting the public part of the Agenda; as well as
- Through other methods of communication as set out in DHCW's communication strategy.

7.4.8 When providing notification of the forthcoming meeting, DHCW shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

7.5 Conducting Board Meetings

Admission of the public, the press and other observers

7.5.1 DHCW shall encourage attendance at its formal Board meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in DHCW business. The venue for such meetings (when meetings are not held via electronic means) shall be appropriate to facilitate easy access for attendees and translation services; and appropriate facilities wherever practicable to maximise accessibility.

7.5.2 The Board and its Committees shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the

public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Board shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

7.5.3 In the circumstances, when the Board is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Board in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Board meeting held in public session.

7.5.4 The Board Secretary, on behalf of the Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

7.5.5 In encouraging entry to formal Board Meetings from members of the public and others, the Board shall make clear that attendees are welcomed as observers. The Chair shall take all necessary steps to ensure that the Board's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

Addressing the Board, its Committees and Advisory Groups

7.5.6 The Board will decide what arrangements and terms and conditions it feels are appropriate in extending an invitation to observers to attend and address any meetings of the Board, its Committees and Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Board will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in its work and to demonstrate openness and transparency in the conduct of business.

Chairing Board Meetings

7.5.7 The Chair of DHCW will preside at any meeting of the Board unless they are and unable to perform their duties (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside. If both the Chair and Vice-Chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.

7.5.8 The Chair must ensure that the meeting is handled in a manner that enables the Board to reach effective decisions on the matters before it. This includes ensuring that Board members' contributions are timely and relevant and move

business along at an appropriate pace. In doing so, the Board must have access to appropriate advice on the conduct of the meeting through the attendance of the nominated Board Secretary. The Chair has the final say on any matter relating to the conduct of Board business.

Quorum

7.5.9 At least six Board members, at least two of whom are Executive Directors and four are Independent Members, must be present to allow any formal business to take place at a Board meeting.

7.5.10 If the Chief Executive or an Executive Director is unable to attend a Board meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, Board members' voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Board member in their own right, e.g., a person deputising for the Chief Executive will usually be an Executive Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.

7.5.11 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Board member disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes.

Dealing with motions

7.5.12 In the normal course of Board business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of delivery is a cause for particular concern, a Board member may put forward a motion proposing that a formal review of that service area is undertaken by a Committee of the Board. The Board Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Board unless moved by a Board member and seconded by another Board member (including the Chair).

7.5.13 **Proposing a formal notice of motion –** Any Board member wishing to propose a motion must notify the Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Chair has determined that the proposed motion is relevant to the Board's business, the matter shall be included on the Agenda, or, where an emergency motion has been proposed, the Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

7.5.14 The Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Board business.

7.5.15 **Amendments -** Any Board member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Board alongside the motion.

7.5.16 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

7.5.17 **Motions under discussion –** When a motion is under discussion, any Board member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned and the meeting proceed to the next item of business;
- A Board member may not be heard further;
- The Board decides upon the motion before them;
- An ad hoc Committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

7.5.18 **Rights of reply to motions –** The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

7.5.19 **Withdrawal of motion or amendments –** A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Chair.

7.5.20 **Motion to rescind a resolution –** The Board may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Board members.

7.5.21 A motion that has been decided upon by the Board cannot be proposed again within six months except by the Chair, unless the motion relates to the receipt of a report or the recommendations of a Committee/Chief Executive to which a matter has been referred.

Voting

7.5.22 The Chair will determine whether Board members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Chair must require a secret ballot or recorded vote if the majority of voting Board members request it. Where voting on any question is

conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Board.

7.5.23 In determining every question at a meeting the Board members must take account, where relevant, of the views expressed and representations made by individuals and organisations who represent the interests of stakeholders.

7.5.24 The Board will make decisions based on a simple majority view held by the Board members present. In the event of a split decision, i.e., no majority view being expressed, the Chair shall have a second and casting vote.

7.5.25 In no circumstances may an absent Board member or nominated deputy vote by proxy. Absence is defined as being absent at the time of the vote.

7.6 Record of Proceedings

7.6.1 A record of the proceedings of formal Board meetings (and any other meetings of the board where the Board members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Board member attendance (including the Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Board, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

7.6.2 Agreed minutes shall be circulated in accordance with Board members' wishes, and, where providing a record of a formal Board meeting shall be made available to the public both on DHCWs website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act 2018, General Data Protection Regulations, DHCW's Communication Strategy and Welsh language requirements.

7.7 Confidentiality

7.7.1 All Board members (including Associate Members), together with members of any Committee or Advisory Group established by or on behalf of the Board and DHCW officials must respect the confidentiality of all matters considered by the Board in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Chair of the Board or relevant Committee, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Values and Standards of Behaviour framework or legislation such as the Freedom of Information Act 2000, etc.

8. VALUES AND STANDARDS OF BEHAVIOUR

8.0.1 The Board must adopt a set of values and standards of behaviour for DHCW

that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of DHCW, including Board members, DHCW officers and others, as appropriate. The framework adopted by the Board will form part of these SOs.

8.1 Declaring and recording Board members' interests

8.1.1 ***Declaration of interests –*** It is a requirement that all Board members must declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Board member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Board's business. Board members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the Membership and Procedure Regulations. Board members must notify the Chair and Board Secretary of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Board members.

8.1.2 Board members must also declare any interests held by family members or persons or bodies with which they are connected. The Board Secretary will provide advice to the Chair and the Board on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Board members are in any doubt about what may be considered as an interest, they should seek advice from the Board Secretary. However, the onus regarding declaration will reside with the individual Board member.

8.1.3 ***Register of interests –*** The Chief Executive, through the Board Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Board members. The register will include details of all Directorships and other relevant and material interests which have been declared by Board members.

8.1.4 The register will be held by the Board Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Board members. The Board Secretary will also arrange an annual review of the Register, through which Board members will be required to confirm the accuracy and completeness of the register relating to their own interests.

8.1.5 In line with the Board's commitment to openness and transparency, the Board Secretary must take reasonable steps to ensure that the citizens served by DHCW are made aware of, and have access to view DHCW's Register of Interests. This may include publication on the DHCW website.

8.1.6 ***Publication of declared interests in Annual Report –*** Board members' declared directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in DHCW's Annual Report.

8.2 Dealing with Members' interests during Board meetings

8.2.1 The Chair, advised by the Board Secretary, must ensure that the Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Board members must demonstrate, through their actions, that their contribution to the Board's decision making is based upon the best interests of DHCW and the NHS in Wales.

8.2.2 Where individual Board members identify an interest in relation to any aspect of Board business set out in the Board's meeting agenda, that member must declare an interest at the start of the Board meeting. Board members should seek advice from the Chair, through the Board Secretary before the start of the Board meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Board minutes.

8.2.3 It is the responsibility of the Chair, on behalf of the Board, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions made by the Welsh Ministers. The range of possible actions may include determination that:

i) The declaration is formally noted and recorded, but that the Board member should participate fully in the Board's discussion and decision, including voting. This may be appropriate, for example where the Board is considering matters of strategy relating to a particular aspect of health and care and an Independent Member is a health and care professional whose profession may be affected by that strategy determined by the Board;
ii) The declaration is formally noted and recorded, and the Board member participates fully in the Board's discussion, but takes no part in the Board's decision;
iii) The declaration is formally noted and recorded, and the Board member takes no part in the Board discussion or decision;
iv) The declaration is formally noted and recorded, and the Board member is excluded for that part of the meeting when the matter is being discussed. A Board member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Board.

8.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Board member is compatible with an identified conflict of interest.

8.2.5 Where the Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice Chair, on behalf of the Board.

8.2.6 In all cases the decision of the Chair (or the Vice Chair in the case of an interest declared by the Chair) is binding on all Board members. The Chair should take advice from the Board Secretary when determining the action to

take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

8.2.7 ***Members with pecuniary (financial) interests –*** Where a Board member, or any person they are connected with[2] has any direct or indirect pecuniary interest in any matter being considered by the Board, including a contract or proposed contract, that member must at the meeting and as soon as practicable after its commencement, disclose the interest and must not take part in the consideration or discussion of that matter or vote on any question related to it. The Board may determine that the Board member concerned shall be excluded from that part of the meeting.

8.2.8 The Values and Behaviour Framework defines 'direct' and 'indirect' pecuniary interests and these definitions always apply when determining whether a member has an interest. These SOs must be interpreted in accordance with these definitions.

8.2.9 ***Members with Professional Interests -*** During the conduct of a Board meeting, an individual Board member may establish a clear conflict of interest between their role as a DHCW Board member and that of their professional role outside of the Board. In any such circumstance, the Board shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Board Secretary.

8.3 Dealing with officers' interests

8.3.1 The Board must ensure that the Board Secretary, on behalf of the Chief Executive, establishes and maintains a system for the declaration, recording and handling of DHCW officers' interests in accordance with the Values and Standards of Behaviour Framework.

8.4 Reviewing how Interests are handled

8.4.1 The Audit Committee will review and report to the Board upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

8.5 Dealing with offers of gifts[3] and hospitality

8.5.1 The Values and Standards of Behaviour Framework adopted by the Board prohibits Board members and DHCW officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

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[2] In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.
[3] The term gift refers also to any reward or benefit.

8.5.2 Gifts, benefits or hospitality must never be solicited. Any Board member or DHCW officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Board member or DHCW officer. Failure to observe this requirement may result in disciplinary and/or legal action.

8.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Board Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;

- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit DHCW;

- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);

- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, and sport, cultural or social events would only be acceptable if attendance is justifiable in that it benefits DHCW ; and

- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it should always be declined.

8.5.4 A distinction may be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

8.6 Sponsorship

8.6.1 In addition to gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or working visit. The sponsorship may cover some or all of the costs.

8.6.2 All sponsorship must be approved prior to acceptance in accordance with the Values and Behaviour Framework and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

8.7 Register of Gifts and Hospitality

8.7.1 The Board Secretary, on behalf of the Chair, will maintain a register of Gifts, Hospitality and Sponsorship to record offers of gifts, hospitality and sponsorship made to Board members. Executive Directors will adopt a similar mechanism in relation to DHCW officers working within their Directorates.

8.7.2 Every Board member and DHCW officer has a personal responsibility to volunteer information in relation to offers of gifts, hospitality and sponsorship, including those offers that have been refused. The Board Secretary, on behalf of the Chair and Chief Executive, will ensure the incidence and patterns of offers and receipt of gifts, hospitality and sponsorship are kept under active review, taking appropriate action where necessary.

8.7.3 When determining what should be included in the Register, individuals shall apply the following principles, subject to the considerations in Standing Order 8.5.3:

- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value, e.g., seasonal items such as diaries/calendars would not usually need to be recorded.

- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate[4]' hospitality need not be included in the Register.

8.7.4 Board members and DHCW officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

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[4] Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

- Acceptance would further the aims of DHCW;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

8.7.5 The Board Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by DHCW to be submitted to the Audit Committee (or equivalent) at least annually. The Audit Committee will then review and report to the Board upon the adequacy of the DHCW's arrangements for dealing with offers of gifts, hospitality and sponsorship.

9. SIGNING AND SEALING DOCUMENTS

9.0.1 The common seal of the DHCW is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board or Committee of the Board has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board or Committee of the Board.

9.0.2 Where it is decided that a document shall be sealed it shall be fixed in the presence of the Chair or Vice Chair (or other authorised independent Member) and the Chief Executive or Deputy Chief Executive (or another authorised individual) both of whom must witness the seal.

9.1 Register of Sealing

9.1.1 The Board Secretary shall keep a register that records the sealing of every document. Each entry must be signed by the persons who approved and authorised the document and who witnessed the seal. A report of all sealings shall be presented to the Board at least bi-annually.

9.2 Signature of Documents

9.2.1 Where a signature is required for any document connected with legal proceedings involving DHCW, it shall be signed by the Chief Executive, except where the Board has authorised another person or has been otherwise directed to allow or require another person to provide a signature.

9.2.2 The Chief Executive or nominated officers may be authorised by the Board to sign on behalf of DHCW any agreement or other document (not required to be executed as a deed) where the subject matter has been approved either by the Board or a Committee to which the Board has delegated appropriate authority.

9.3 Custody of Seal

9.3.1 The Common Seal of DHCW shall be kept securely by the Board Secretary.

10. GAINING ASSURANCE ON THE CONDUCT OF DHCW BUSINESS

10.0.1 The Board shall set out explicitly, within a Risk and Assurance Framework, how it will be assured on the conduct of DHCW business, its governance and the effective management of the organisation's risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

10.0.2 The Board shall ensure that its assurance arrangements are operating effectively, advised by its Audit Committee (or equivalent).

10.0.3 Assurances in respect of the services provided by the NHS Wales Shared Services Partnership shall primarily be achieved by the reports of the Director of Shared Services to the Shared Services Partnership Committee, and reported back by the Chief Executive (or their nominated representative). Where appropriate, and by exception, the Board may seek assurances direct from the Director of Shared Services. The Director of Shared Services and the Shared Services Partnership Committee shall be under an obligation to comply with any internal or external audit functions being undertaken by or on behalf of DHCW.

10.0.4 Arrangements for seeking and providing assurance in respect of any other services provided on behalf of or in association with DHCW shall be clearly identified and reflected within the practice of the organisation and within the relevant agreements.

10.1 The role of Internal Audit in providing independent internal assurance

10.1.1 The Board shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any other requirements determined by the Welsh Ministers.

10.1.2 The Board shall set out the relationship between the Head of Internal Audit (HIA), the Audit Committee (or equivalent) and the Board. It shall:

- Approve the Internal Audit Charter (incorporating the definition of internal audit) and adopt the Internal Auditing Standards (incorporating the code of ethics);
- Ensure the HIA communicates and interacts directly with the Board, facilitating direct and unrestricted access;
- Require Internal Audit to confirm its independence annually; and
- Ensure that the Head of Internal Audit reports periodically to the Board on its activities, including its purpose, authority, responsibility and performance. Such reporting will include governance issues and significant risk exposures.

10.2 Reviewing the performance of the Board, its Committees and Advisory

Groups

10.2.1 The Board shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Group. Where appropriate, the Board may determine that such evaluation may be independently facilitated.

10.2.2 Each Committee and, where appropriate, Advisory Group must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.

10.2.3 The Board shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Board Development Programme, as part of an overall Organisation Development framework; and
- The Board's report of its alignment with the Welsh Government's Citizen Centred Governance Principles.

10.3 External Assurance

10.3.1 The Board shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on DHCW's operations, e.g., the Auditor General for Wales.

10.3.2 The Board may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Board itself may commission specifically for that purpose.

10.3.3 The Board shall keep under review and ensure that, where appropriate, DHCW implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, Senedd Cymru/Welsh Parliament's Public Accounts Committee and other appropriate bodies.

10.3.4 DHCW shall provide the Auditor General for Wales with any assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

11. DEMONSTRATING ACCOUNTABILITY

11.0.1 Taking account of the arrangements set out within these SOs, the Board shall demonstrate to the communities it serves and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;

- Works collaboratively with NHS colleagues, regulators, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the communities it serves and other stakeholders, including its officers and health and care professionals.

11.0.2 The Board shall, in publishing its strategic and operational level plans, set out how those plans have been developed taking account of the views of others, and how they will be delivered by working with the community and other partners.

11.0.3 The Board shall also facilitate effective scrutiny of the DHCW's operations through the publication of regular reports on activity and performance, including publication of an Annual Report for each financial year on how it has discharged its functions during that year.

11.0.4 The Board shall ensure that within DHCW, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

12. REVIEW OF STANDING ORDERS

12.0.1 The Board Secretary shall arrange for appropriate impact assessments to be carried out on a draft of these SOs prior to their formal adoption by the Board, the results of which shall be presented to the Board for consideration and action, as appropriate. The fact that an assessment has been carried out shall be noted in the SOs.

12.0.2 These SOs shall be reviewed annually by the Audit Committee [or equivalent], which shall report any proposed amendments to the Board for consideration. The requirement for review extends to all documents having the effect as if incorporated in SOs, including appropriate impact assessments.

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS

This Scheme of Reservation and Delegation of Powers forms part of, and shall have effect as if incorporated in the Standing Orders

Introduction

As set out in Standing Order 2, the Board - subject to any directions that may be given by Welsh Ministers - should make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of DHCW may be carried out effectively, and in a manner that secures the achievement of the organisations aims and objectives. The Board may delegate functions to:

i) a committee, e.g. Remuneration and Terms of Service Committee;

ii) a sub-committee, any such delegation would, subject to the Boards authority, usually be via a main committee of the Board;

iii) a joint-Committee or joint sub-Committee, e.g. with other Special Health Authorities to take forward a matters as agreed by both organisations;

iv) Officers of DHCW (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of DHCW.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to Officers.

all of which form part of DHCW's Standing Orders.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- ***Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in Standing Orders or Standing Financial Instructions***

- ***The Board must retain that which it is required to retain (whether by statute or as determined by Welsh Government) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management***

- ***Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility***

- ***The Board must ensure that those to whom it has delegated powers (whether a committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development***

- ***The Board must take appropriate action to assure itself that all matters delegated are effectively carried out***

- ***The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes***

- ***Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others***

- ***The Board may delegate authority to act, but retains overall responsibility and accountability***

- ***When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.***

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT?

The Board
The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Executive
The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- the guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer; and
- associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in Standing Financial Instructions).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

The Board Secretary
The Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- a proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- effective arrangements are in place for the delegation of DHCW functions within the organisation and to others, as appropriate; and
- arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

The Audit Committee
The Audit Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated
Individuals will be personally responsible for:

- equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and

- exercising any powers delegated to them in a manner that accords with DHCW's values and standards of behavior.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Chief Executive of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within DHCW. The Scheme is to be used in conjunction with the system of control and other established procedures within DHCW.

SCHEDULE OF MATTERS RESERVED TO THE BOARD[1]

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	The Board may determine any matter for which it has statutory or delegated authority, in accordance with Standing Orders
2	FULL	GENERAL	The Board must determine any matter that will be reserved to the whole Board.
3	FULL	GENERAL	Approve DHCW's Governance Framework
4	FULL	OPERATING ARRANGEMENTS	Approve, vary and amend: ▪ Standing Orders (SOs); ▪ Standing Financial Instructions (SFIs);

1 Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements

			▪ Schedule of matters reserved to the Board; ▪ Scheme of delegation to Committees and others; and ▪ Scheme of delegation to Officers. In accordance with any directions set by Welsh Ministers.
5	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements
6	NO –Audit Committee	OPERATING ARRANGEMENTS	Formal consideration of report of the Board Secretary on any non-compliance with Standing Orders, making proposals to the Board on any actions to be taken
7	FULL	OPERATING ARRANGEMENTS	Receive report and proposals regarding any non-compliance with Standing Orders, and where required ratify in public session any instances of failure to comply with Standing Orders and Standing Financial Instructions
8	FULL	OPERATING ARRANGEMENTS	Authorise use of the DHCW's official seal
9	FULL	OPERATING ARRANGEMENTS	Approve DHCW's Values and Standards of Behavior Framework
10	FULL	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. from Audit Committee or Board Secretary
11	FULL	STRATEGY & PLANNING	Determine DHCWs strategic aims, objectives and priorities

12	FULL	STRATEGY & PLANNING	Approve the DHCWs key strategies and programmes related to: ▪ Communication and engagement ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital; ▪ DHCW Organisational Strategy – Digital Strategy ▪ Partnership and Stakeholder Engagement ▪ Quality Standards/Management
13	FULL	STRATEGY & PLANNING	Approve DHCW's annual business plan and three-year plan setting out how DHCW will meet the requirements set out in the remit letter.
14	FULL	STRATEGY & PLANNING	Approve DHCW's budget and financial framework (including overall distribution of the financial allocation)
15	FULL	OPERATING ARRANGEMENTS	Approve DHCW's framework and strategy for performance management.
16	FULL	OPERATING ARRANGEMENTS	Approve DHCW's framework and strategy for risk and assurance
17	FULL	OPERATING ARRANGEMENTS	Ratify policies for dealing with raising concerns, complaints and incidents in accordance with Welsh Government and health and safety requirements
18	FULL	OPERATING ARRANGEMENTS	Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of health and care and public/patient experience) to be met by DHCW, including standards/requirements determined by Welsh Government, regulators, professional bodies/others e.g. National Institute of Health and Care Excellence (NICE)
19	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of DHCW's aims, objectives and priorities

20	NO	ORGANISATION STRUCTURE & STAFFING	Non-officer members to appoint and approve the discipline, suspension and dismissal of the chief officer, with the exception of the first chief officer who is appointed by Welsh Ministers.
21	NO – Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE & STAFFING	Non-officer members and chief officer to appoint officer members with the exception of the first finance officer and clinical officer who are appointed by the non-officer members
22	NO – Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE & STAFFING	Non-officer members to approve the discipline, suspension and dismissal of the officer members.
23	NO – Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE AND STAFFING	Consider appraisal of officer members of the Board (Chief Officer and Executive Directors)
24	NO – Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE AND STAFFING	Approve the appointment, appraisal, discipline and dismissal of any other Board level appointments and other senior employees, in accordance with Ministerial Instructions e.g. the Board Secretary
25	NO – Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE AND STAFFING	Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.

26	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, review, and revise DHCW's top level organisation structure and corporate policies
27	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, review, revise and dismiss Board committees, including any joint-committee directly accountable to the Board
28	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any committee, joint-committee or Group set up by the Board
29	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
30	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the standing orders and terms of reference and reporting arrangements of all committees and groups established by the Board

31	FULL	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manual for Accounts
32	FULL	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers
33	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of DHCW
34	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions and Scheme of Delegation
35	FULL	PERFORMANCE & ASSURANCE	Approve DHCW's internal audit and assurance arrangements
36	FULL	PERFORMANCE & ASSURANCE	Receive reports from DHCW's Executive on progress and performance in the delivery of DHCW's strategic aims, objectives and priorities and approve action required, including improvement plans, as appropriate
37	FULL	PERFORMANCE & ASSURANCE	Receive assurance reports from the Board's committees, groups and other internal sources on DHCW's performance and approve action required, including improvement plans, as appropriate

38	FULL	PERFORMANCE & ASSURANCE	Receive reports on DHCW's performance produced by external auditors, regulators and inspectors that raise significant issues or concerns impacting on DHCW's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Board Committees (as appropriate)
39	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of DHCW's Chief Internal Auditor and approve action required, including improvement plans
40	FULL	PERFORMANCE & ASSURANCE	Receive the annual management report from the Auditor General for Wales and approve action required, including improvement plans
41	FULL	PERFORMANCE & ASSURANCE	Receive assurance regarding the organisations performance against appropriate Health and Care Standards for Wales approving required action, including improvement plans.
42	FULL	REPORTING	Approve DHCW's Reporting Arrangements, including reports on activity and performance to partners and stakeholders and nationally to the Welsh Government where required.
43	FULL	REPORTING	Receive, approve and ensure the publication of DHCW reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued.

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS			
	CHAIR		In accordance with statutory and Welsh Government requirements
	VICE CHAIR		In accordance with statutory and Welsh Government requirements
	CHAMPION/ NOMINATED LEAD		In accordance with statutory and Welsh Government requirements

DELEGATION OF POWERS TO COMMITTEES AND OTHERS[3]

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

Any delegated powers to Board Committees are set out in the Terms of reference of the relevant committee, which are appended to these SOs for the following Committees:

- Audit and Assurance Committee
- Remuneration and Terms of Service Committee; and
- Committee or committees to provide oversight and scrutiny of quality, safety, information governance, data quality, security and risk to be known as the Digital Governance and Safety Committee

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee Terms of Reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the Board's Scheme of Delegation to Committees.

[3] As defined in Standing Orders

SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The DHCW Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the SHA's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Performance management arrangements	Chief Executive
Receipt and opening of quotations	Director of Finance
Land, Buildings and Assets	Director of Finance
Operation of detailed financial matters, including bank accounts,	Director of Finance
Work relating to counter fraud and corruption in accordance	Director of Finance
External Communications including Media enquires	Chief Executive
Ex gratia payments	Chief Executive
Health, Safety and Fire	Chief Executive
Welsh Language	Chief Executive

Equality and Human Rights	Chief Executive
Workforce	Chief Executive
Civil Contingencies/Emergency Planning	Chief Executive
Sealing and signing of documents	Chief Executive / Chair
Risk Management and Assurance	Board Secretary
Legal Advice	Board Secretary
Quality and Safety	Medical Director
Caldicott Guardian	Medical Director

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in Standing Financial Instructions.

Each Executive Director is responsible for delegation within their department. They should produce a scheme of delegation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

Delegated Financial Limits

	DHCW	All Wales Digital Contracts & Agreements	Operational Revenue £	Operational Capital £
1	Board	Above £750,000	No Limit	No Limit
2	Chief Executive	Up to £750,000	£250,000	£250,000
3	Deputy Chief Executive (when acting in that capacity)	£750,000.00	£250,000	£250,000
4	Director of Finance & Corporate Services	£250,000	£250,000	£250,000
5	Executive Directors / Board Secretary – Within delegated budget area	£80,000	£80,000	£80,000

6	Deputy Director of Finance		£80,000	£80,000
7	Delegated Budget Managers (within own area) directly reporting to 5 above		£40,000	
8	Delegated Budget Managers (within own area) directly reporting to 7 above		£20,000	
9	Delegated Budget Managers (within own area) directly reporting to 8 above		£10,000	

*All contracts exceeding £1million in value require notification to Welsh Ministers prior to award

Schedule 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

This Schedule forms part of, and shall have effect as if incorporated in the DHCW Standing Orders

DHCW Framework

The DHCW governance and accountability framework comprises these SOs, incorporating schedules of Powers reserved for the Board and Delegation to others, together with the following documents:

- ***SFIs***
- ***Values and Standards of Behaviour Framework***
- ***Risk and Assurance Framework***
- ***Key policy documents agreed by the Board including:***
  - ***Policies, procedures and other written control documents policy and procedure;***
  - ***Equality and Human Rights Policy***
  - ***Welsh Language Scheme;***

These documents must be read in conjunction with the SOs and will have the same effect as if the details within them were incorporated within the SOs themselves.

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/. Directions or guidance on specific aspects of DHCW business are also issued in hard copy, usually under cover of a Welsh Health Circular.

Schedule 3

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the DHCW Standing Orders

The DHCW Board has agreed initially to set up three committees:

- Audit & Assurance Committee;
- Remuneration and Terms of Service Committee; and
- Committee or committees to provide oversight and scrutiny of quality, safety, information governance, data quality, security and risk to be known as the Digital Governance and Safety Committee

The Terms of Reference and Operating arrangement for each Committee is detailed below:

Audit & Assurance Committee

The **Audit & Assurance Committee** is responsible for reviewing the system of governance and assurance established within DHCW and the arrangements for internal control, including risk management, for the organisation and, in particular, advises on the Annual Governance Statement signed by the Chief Executive.

The Committee also keeps under review the risk approach of the organisation and utilises information gathered from the work of the Board, its own work, the work of other Committees and also other activity in the organisation in order to advise the Board regarding its conclusions in relation to the effectiveness of the system of governance and control

Remuneration and Terms of Service Committee

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

Committee or committees to provide oversight and scrutiny of quality, safety, information governance, data quality, security and risk

In addition to the Audit and Remuneration and Terms of Service Committee the organisation will also ensure it establishes a committee or committees responsible for providing *assurance* to the Board in relation to DHCW's arrangements with regard to quality, safety, information governance, data quality, security and risk. This Committee shall be known as the Digital Governance and Safety Committee.

Standard Terms of Reference and Operating Arrangements for all Committees of the Board

Date: 1 April 2021	**Version:** Draft 1.0
Review Date: Annually	

1. Introduction:

Section 3.1 of the DHCW standing orders provide that "The Board may and, where directed by the Welsh Government must, appoint Committees either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees".

In line with Section 3.3 of the standing orders, the Board shall as a minimum nominate annually committees which cover the following aspects of Board business:

- Audit and Assurance;
- Remuneration and Terms of Service; and
- Committee or committees to provide oversight and scrutiny of quality, safety, information governance, data quality, security and risk

Each has its own committee.

This document includes content common to all committees and should be read alongside the specific terms of reference and operating arrangements for each committee.

The provisions of Section 5 of the Standing Orders have also been taken into account when developing the committee Terms of Reference. This relates to transparency of meetings, planning board/committee business, setting agenda's etc.

2. Authority:

Each Committee is authorised by the Board to investigate or have

investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Authority relevant to the Committee's remit, ensuring staff confidentiality, as appropriate. It may seek relevant information from any:

- employee (and all employees are directed to co-operate with any reasonable request made by the Committee); and
- any other Committee, joint-Committee, sub-committee, joint sub-Committee or group set up by the Board to assist it in the delivery of its functions.

Each Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

3. Sub-Committees and Groups

Each Committee may, subject to the approval of the Board, establish sub-committees or groups to carry out on its behalf specific aspects of Committee business.

4. Membership and Attendees:

4.1 Secretariat

As determined by the Board Secretary.

4.2 Member Appointments

- The membership of each Committee shall be determined by the Board, based on the recommendation of the Chair - taking account of the balance of skills and expertise necessary to deliver each Committee's remit and subject to any specific requirements or directions made by the Welsh Government. The Board shall ensure succession planning arrangements are in place.
- Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this

time a member may resign or be removed by the Board. The Board should, as a matter of good practice, review the membership of each Committee every two years in order to ensure each Committee is continuingly refreshed whilst maintaining continuity.

- Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) will be in accordance with their terms of appointment to DHCW. Where a member has been co-opted to fulfil a specific function and where they are not Non-Executive Directors or employees of DHCW this will be determined by the Board, based upon the recommendation of the Chair and on the basis of advice from the Remuneration and Terms of Service Committee.

4.3 Support to Committee Members

The Board Secretary, on behalf of each Committee Chair, shall:

- Arrange the provision of advice and support to committee members on any aspect relating to the conduct of their role; and

- Ensure the provision of a programme of organisational development for Committee members as part of the overall Organisational Development programme developed by theChief Executive.

4.4 Withdrawal of individuals in attendance

Each Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

Members and attendees will also withdraw from the meeting, as appropriate, where there is a potential conflict of interest.

5. Relationships and accountabilities with the Board and its Committees/Groups:

Although the Board has delegated authority to the Committees for the exercise of certain functions, as set out within each Committee's terms of reference, it retains overall responsibility and accountability for ensuring a strategic approach to developing the digital health and carefor now and for the future through the effective governance of the organisation.

Each Committee is directly accountable to the Board for its performance in exercising the functions set out in each Committee's terms of reference.

Each Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information.

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- Each Committee shall embed DHCW values, corporate standards, priorities and requirements through the conduct of its business.

6. Reporting and Assurance Arrangements:

Each Committee Chair shall:

- bring to the Board's specific attention any significant matters under consideration by their Committee
- ensure appropriate escalation arrangements are in place to alert the Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent or critical matters that may affect the operation and/or reputation of DHCW.

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports when appropriate, as well as the presentation of an annual report;

The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, or to community partners and other stakeholders, where this is considered appropriate. This could be where the Committee's assurance role relates to a joint or shared responsibility.

The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of each Committee's performance and operation including that of any sub committees established and groups.

Terms of Reference and Operating Arrangements – Audit and Assurance Committee

Date: 27 May 2021

Review Date: Annually

1. Introduction

In line with Section 3.3 of the Standing Orders, the Board shall nominate annually a committee which covers Audit. The remit of this Committee will be extended to include Assurance, Quality and Corporate Governance and will be known as the **Audit and Assurance Committee**.

The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all committees.

The Board Secretary will ensure that all papers are distributed at least one calendar week in advance of the meeting and will determine the secretarial and support arrangements for the Committee.

These Terms of Reference shall be adopted by the Audit and Assurance Committee at its first meeting and subject to review at least on an annual basis thereafter.

2. Purpose

The purpose of the Audit and Assurance Committee ("the Committee") is to:

- **Assure** the Board and the Chief Executive (who is the Accountable Officer) that effective arrangements are in place
  - through the design and operation of DHCW's risk and assurance framework
  - to support them in their decision taking and in

discharging their accountabilities for securing the achievement of its objectives, in accordance with the standards of good governance determined for the NHS in Wales

- **Advise** where appropriate, the Board and the Chief Executive on where, and how, its systems and assurance framework may be strengthened and developed further
- **Approve** on behalf of the Board policies, procedures and other written controlled documents

The Committee will function in accordance with the NHS Audit Committee Handbook.

3. Objectives of the Committee

Regarding its role in providing advice and assurance to the Board, the Committee will comment specifically on the:

Internal Control and Risk Management

The Committee shall review the establishment and maintenance of an effective system of internal control and risk management. In particular, the Committee will review the adequacy of:

- all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurance, prior to endorsement by the Board;
- the structures, processes and responsibilities for identifying and managing clinical and non-clinical risks facing the organisation;
- the Special Health Authority's Organisational Risk Register and the adequacy of the scrutiny of strategic risks by assigned Committees;
- the Board Assurance Framework;
- the policies for ensuring that there is compliance with relevant regulatory, legal and code of conduct and accountability requirements.
- the operational effectiveness of policies and procedures
- the effectiveness of risk identification, management, escalation and monitoring

- the policies and procedures for all work related to fraud and corruption as set out in the National Assembly for Wales Directions and as required by NHS Protect and the Counter Fraud and Security Management Service.
- proposed changes to the Standing Orders, Scheme of Delegation, Standing Financial Instructions and Financial Control Procedures.
- the circumstances associated with each occasion where Standing Orders or Standing Financial Instructions are waived.
- Matters relating to counter fraud work.

The Committee will also:

- Receive and determine action in response to the declaration of Board member and other officers' interests in accordance with advice received from the Board Secretary;
- Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers;
- Review all losses and special payments;
- Retrospectively assure any purchase / expenditure above the delegated financial limit of the Chief Executive.

Internal Audit

The Committee shall:

- Oversee the service provided by NWSSP Audit & Assurance Services, including ensuring that it provides value for money;
- Review the internal audit programme, consider the major findings of internal audit investigations, ensure co-ordination between the Internal and External Auditors and ensure all management responses to recommendations are appropriate and timely;
- Ensure that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;
- Assure itself that IA complies with the requirements of the public sector internal audit standards;
- Monitor the timely implementation by management of agreed audit recommendations.

External Audit

The Committee shall consider the work carried out by key sources of external assurance, in particular but not limited to the Special Health Authority external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity.

The Committee will:

- Partake in required discussion with the External Auditor, in line with the agreed audit plan, before the audit commences, the nature and scope of the audit, and ensure coordination, as appropriate, with other External Auditors in the local health economy and with Internal Audit;
- Review External Audit reports, including value for money reports and annual audit letters, together with the management response;
- Monitor the timely implementation by management of agreed audit recommendations;
- Receive a report from the Auditor General for Wales / Wales Audit Office on the results of his audit of the annual accounts before recommending adoption of those accounts to the Accountable Officer and the Special Health Authority.

The Committee shall review the annual financial statements before submission to the Board, focusing particularly on:

- changes in, and compliance with, accounting policies and practices;
- major judgemental areas;
- significant adjustments resulting from the audit;
- compliance with legal requirements;
- review any material mis-statements identified during the Audit.

Procurement and Commercial Services

The Committee will provide assurance on behalf of the board that adequate procurement activity is undertaken in line with the Wales procurement policy statement and other relevant policy documents.

To include:

- Overall compliance
- Scrutiny of single tender contracts
- Ongoing Management and review of the contracting and tendering process

Value and Efficiencies

The committee will provide assurance on behalf of the board that adequate savings plans are in place, when and where required, and undertake scrutiny to assess the progress of their delivery to ensure value for money for the organisation. Where appropriate the committee will provide recommendations and actions for remedial action and will highlight to the board areas of concern.

Quality Standards

The Committee will provide assurance for the Board on the Organisation's quality management system, ensuring there is an effective audit and quality improvement function that provides assurance to the Board

To Include:

- the systems and processes in place for ensuring Quality Standards are adequate
- scrutiny of the Quality Improvement processes adequacy, their timeliness and that activities are co-ordinated across the organisation

Medical Devices Regulation Assurance

The Committee will provide assurance on behalf of the Board on the organisation's commitment towards delivering compliance within Medical Devices Directive. The transition to Medical Devices Regulations and requirements to support this will be outlined and progress reported. Any updates to the legislation will be implemented in line with the internal change process and in collaboration with the Standard leads.

Counter Fraud

The Committee will review the adequacy of the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the

Counter Fraud and Security Management Service via our Service Level Agreement. Comment on anti-fraud policies, whistle-blowing (raising concerns) processes and arrangements for special investigations, and the adequacy of counter fraud resources.

The Committee will meet the Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

Environmental Sustainability, Estates & Health & Safety Compliance

The Committee shall provide assurance to the Board that the appropriate measures are in place to assure environmental sustainability and compliance with Estates and Health & Safety Legislation.

4. Access

The Head of Internal Audit and Audit Wales and their representatives shall have unrestricted and confidential access to the Chair of the Audit and Assurance Committee at any time, and vice versa.

The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

The Chair of the Audit and Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff. In addition the Chair of the Audit and Assurance Committee shall escalate any issues directly to the DHCW Chair or Chief Executive as they feel appropriate.

5. Meetings

Meetings shall be held no less than four times a year, and otherwise as the Chair of the Committee deems necessary.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the DHCW's annual plan of Board Business.

Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but

who are not members to withdraw to facilitate open and frank discussion of particular matters.

Circulation of Papers

The Board Secretary will ensure that all papers are distributed at least 5 working days (7 calendar days) in advance of the meeting.

6. Access

The Head of Internal Audit and Audit Wales and their representatives shall have unrestricted and confidential access to the Chair of the Audit and Assurance Committee at any time, and vice versa.

The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

The Chair of the Audit and Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff. In addition the Chair of the Audit and Assurance Committee shall escalate any issues directly to the DHCW Chair or Chief Executive as they feel appropriate.

7. Membership, Attendees, Quorum

The Committee membership shall be appointed by the Board from amongst the Non-Officer Members of the Health Authority and shall consist of not less than 3 members, comprising:

Chair: Independent Member
Members: Independent Member x 3

The Special Health Authority Board shall appoint the Chair of the Committee, based on the recommendation of the DHCW Chair.

The Chair of the organisation shall not be a member of the Audit and Assurance Committee but may be invited to attend by the Chair of the Committee as appropriate.

The Board Secretary will determine the secretarial and support arrangements for the Committee.

The Director of Finance and appropriate Internal and External Audit representatives shall normally attend meetings. However, at least once a year, the Committee will meet privately with the External and Internal Auditors without any Executive Director or officer present. The opportunity to meet with Auditors privately will be available at each meeting.

Other usual expected attendees:
Director of Finance
Board Secretary
Deputy Director of Finance
Head of Corporate Services
Head of Internal Audit
External Audit Representative
Counter Fraud Representative

By Invitation
The Chief Executive and Chair shall be invited to attend at least annually to discuss the process for assurance that supports the Annual Governance Statement and at the meeting to discuss the Accounts.

Other Directors may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director.

Appointments
The membership of the Committee shall be determined by the Board, based on the recommendation of the DHCW Chair – taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

The Board shall ensure succession planning arrangements are in place.

Quorum
At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

8. Governance

Relationships and accountabilities with the Board and its Committee/Groups

The Audit and Assurance Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Audit and Assurance Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will consider the assurance provided through the work of the Board's other committees and subgroups to meet its responsibilities for advising the Board on the adequacy of DHCW's overall framework of assurance.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the DHCW's annual plan of Board Business.

Reporting and Assurance Arrangements

The Committee shall provide a written, annual report to the Board and the Chief Executive on its work in support of the Annual Governance Statement specifically commenting on:

- The adequacy of the assurance framework
- The extent to which risk management is comprehensively embedded throughout the organisation
- The adequacy of governance arrangements, and;
- The appropriateness of self-assessment activity against relevant standards.

The report will also record the results of the Committee's self-assessment and evaluation.

The Committee will also ensure appropriate escalation arrangements are in place to alert the DHCW Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the SHA.

Applicability of standing orders to Committee Business

The requirements for the conduct of business as set out in the SHA's Standing Orders are equally applicable to the operation of the Committee.

Terms of Reference and Operating Arrangements – Remuneration and Terms of Service Committee

Date: 27 May 2021	**Version:** Draft 1.0
Review Date: Annually	

1. Introduction

In line with Section 3 of the Standing Orders and DHCW's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Remuneration and Terms of Service Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all Committees.

2. Purpose

The purpose of the Remuneration and Terms of Service Committee ("the Committee") is to provide:

- **advice** to the Board on remuneration and terms of service and performance for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government

- **assurance** to the Board in relation to DHCW's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

The Committee shall have no powers to exercise on behalf of the Board.

3. Delegated Powers

With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:

- remuneration and terms of service for the Chief Executive, Executive Directors, members of the Executive Team and other Very Senior Managers (VSMs); ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently

- objectives for Executive Directors and members of the Executive Team and their performance assessment

- performance management system in place for those in the positions mentioned above and its application

- proposals regarding termination arrangements, including those under the Voluntary Early Release Scheme, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.

4. Membership, Attendees and Quorum

4.1 Members

Chair:	DHCW Chair
Vice Chair:	DHCW Vice Chair
Members:	Independent Members

4.2 By Invitation As required but usually to include:
Chief Executive
Director of Finance
Board Secretary

The Committee Chair may invite the following to attend all or part of a meeting to assist it with its discussions on any particular matter:

- any other official;

- and/or any others from within or outside the organisation

4.3 Quorum

At least **three** members must be present to ensure the quorum of the Committee, one of whom must be the Chair (or Vice Chair where appointed).

5. Frequency of Meetings

The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year, consistent with the annual plan of Board Business.

Terms of Reference and Operating Arrangements – Digital Governance and Safety Committee

Date: 27 May2021	**Version:** Draft 1.0
Review Date: Annually	

1. Introduction

In line with Schedule 3 of the Standing Orders, the Board shall nominate annually a committee which covers oversight and scrutiny of quality, safety, information governance, data quality, security and risk. The remit of this Committee will be extended to include Organisational Learning in digital relation to health and care and will be known as the Digital Governance and Safety Committee.

The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all committees which can be found in the Standing Orders.

The Board Secretary will ensure that all papers are distributed at least one calendar week in advance of the meeting and will determine the secretarial and support arrangements for the Committee.

These Terms of Reference shall be adopted by the Digital Governance and Safety Committee at its first meeting and subject to review at least on an annual basis thereafter.

2. Purpose

The purpose of the Digital Governance and Safety Committee ("the Committee") is to advise and assure the Board in discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate use of information and data to support health and care delivery and service improvement and the provision of high quality digital health and care.

The Committee will seek assurance on behalf of the Board in relation to DHCW's arrangements for appropriate and effective management and protection of information (including patient and personal information) in line with legislative and regulatory responsibilities.

The Committee will, in respect of its provision of advice and assurance:

- Assure the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to discharge its responsibilities, with specific reference to;
    - Cyber Security
    - Information Governance
    - Informatics Assurance
    - Information Services
    - Health and Care standards relevant to the remit of the Committee
    - Incident Review and Organisational Learning
- Advise, where appropriate, the Board and the Chief Executive on where, and how, its systems and assurance framework may be strengthened and developed further
- Approve on behalf of the Board policies, procedures and other written control documents
- Provide scrutiny and assurance on behalf of the board for the relevant standards and regulations within the remit of the list set out above in relation to quality and compliance.

3. Objectives and Delegated Powers

The Committee is an independent member committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

The Digital Governance and Safety Committee has a key role in assisting the Special Health Authority Board to fulfil its oversight responsibilities.

The Committee will, in respect of its provision of advice and assurance:

- within the remit of the Committee consider implications arising from the development of the Special Health Authorities' corporate strategies and plans or those of its stakeholders and partners

- within the remit of the Committee consider the implications for the Special Health Authority of internal and external reviews and reports

- review risks from the Organisational Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

- complete an annual self-assessment exercise in respect of the effectiveness of the Committee

- Oversee the development of DHCW's strategies and plans for maintaining the trust of patients and public though arrangements for handling and using information, including personal information, safely and securely and any requirements and standards for DHCW and NHS bodies in Wales

- Oversee the development of the DHCW's strategies and plan for the safety and security of the application and infrastructure network

- Oversee new requirements from the market/externally and potential policy that could potentially impact the future work

program of DHCW and provide guidance

- To achieve this, the Committee's programme of work will be designed to ensure that:

  - there is a clear, consistent strategic direction, strong leadership and transparent lines of accountability.

  - there is a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information and technology.

  - there is effective collaboration with partner organisations and other stakeholders in relation to the sharing of information in a controlled manner, to provide the best possible outcomes for its citizens (in accordance with the Wales Accord for the Sharing of Personal Information (WASPI) and Caldicott requirements)

  - the Special Health Authority is meeting its responsibilities with regard to the UK General Data Protection Regulation, the Freedom of Information Act, Caldicott, Information Security, Records Management, Information Sharing, national Information Governance policies and the Information Commissioner's Office guidance.

  - the Special Health Authority is safeguarding its information, technology and networks through monitoring compliance with the Security of Network and Information Systems regulations and relevant standards

  - all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of information, undertake appropriate levels of vulnerability testing on the NHS Wales network of applications and infrastructure, providing guidance risk assessments outlining corrective actions for implementations to reduce the risk to an acceptable level.

  - incidents are reviewed, and corrective actions are implemented in a timely manner to reduce risk of repetition. Where needed review cause, and review process, to ensure continuous improvement and safeguard for future

occurrences.

The Committee will review and approve related policies for all of the above standards and management systems.

4. Access

The Chair of the Digital Governance and Safety Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5. Meetings

Meetings shall be held no less than four times a year, and otherwise as the Chair of the Committee deems necessary.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the DHCW's annual plan of Board Business.

Withdrawal of individuals in attendance
The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

Circulation of Papers
The Board Secretary will ensure that all papers are distributed at least 5 working days 7 calendar days in advance of the meeting.

6. Membership, Attendees and Quorum

Members
The Committee shall be appointed by the Board from amongst the Non-Officer Members of the Health Authority and shall consist of not less than 3 members, comprising:

Chair: Independent Member
Members: Independent Member x 2

The Special Health Authority shall appoint the Chair of the Committee.

Usual expected attendees:
Executive Medical Director (Caldicott Guardian)
Executive Lead Director for ICT
Deputy Director of Information
Board Secretary
Head of Information Governance / Data Protection Officer

By Invitation
Other Directors / Special Health Authority Officers may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director

The Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

Appointments
The membership of the Committee shall be determined by the Board, based on the recommendation of the DHCW Chair – taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

The Board shall ensure succession planning arrangements are in place.

Quorum
A quorum shall be two Independent Members one of whom must be the Chair or in the absence of the Chair, the Vice Chair or an Independent Member who will be nominated to Chair the Committee. In the interests of effective governance, it is expected that at least one Director listed above will also be in attendance.

7. Governance

Relationships and accountabilities with the Board and it's Committee/Groups

The Digital Governance and Safety Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the systems in place governing standards of safety, security and use of data. It is very important that the Digital Governance and Safety Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the DHCW's annual plan of Board Business.

Reporting and Assurance Arrangements

The Committee shall provide a written, annual report to the Board and the Chief Executive on its work in support of the Annual Governance Statement specifically commenting on:

- The adequacy of the processes in place governing security, safety and the use of data across the organisation
- The extent to which the Digital Governance and Safety standards are comprehensively embedded throughout the organisation
- The appropriateness of self-assessment and assurance activity against relevant standards.

The report will record the results of the committee's self-assessment and evaluation.

The Committee will also ensure appropriate escalation arrangements are in place to alert the DHCW Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the SHA.

The Committee will provide a Health and Care Standards self-assessment report for the appropriate Health and Care standards and relay the information back to the Audit and Assurance Committee who will provide an organisational report for DHCW.

Secretariat

The secretariat function will be provided by the Corporate Governance team in DHCW.

Applicability of standing orders to Committee Business

The requirements for the conduct of business as set out in the Special Health Authority's Standing Orders are equally applicable to the operation of the Committee.

Schedule 4

ADVISORY GROUPS

Terms of Reference and Operating Arrangements

This Schedule forms part of, and shall have effect as if incorporated in the DHCW Standing Orders

[DHCW to insert details, including detailed terms of reference and operating arrangements for each Advisory Group – as a minimum to include the Local Partnership Forum]

Local Partnership Forum Advisory Group
Terms of Reference and Operating Arrangements

1. Role and Purpose

The DHCW Local Partnership Forum (LPF) is the formal mechanism where NHS Wales's employers and trade unions/professional bodies (hereafter referred to as staff organisations) work together to improve health services for the people of Wales. It is the forum where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.

At the earliest opportunity, DHCW members will engage with staff organisations in the key discussions within the SHA at the Board, LPF and Directorate levels.

All LPF members are full and equal members of the forum and collectively share responsibility for the decisions made.

The LPF will provide the formal mechanism for consultation, negotiation and communication between the staff organisations and management. The TUC principles of partnership will apply. These principles are attached at Appendix 1.

The purpose of the LPF will be to:

- Establish a regular and formal dialogue between the Executive Directors and staff organisations on matters relating to workforce and health service issues.
- Enable employers and staff organisations to put forward issues affecting the workforce.
- Provide opportunities for staff organisations and managers to input into organisation service development plans at an early stage.
- Consider the implications on staff of service reviews and identify and seek to agree new ways of working.
- Consider the implications for staff of NHS reorganisations at a national or local level and to work in partnership to achieve mutually successful implementation.

- Appraise and discuss in partnership the financial performance of the organisation on a regular basis.

- Appraise and discuss in partnership the organisations services and activity and its implications.

- Provide opportunities to identify and seek to agree quality issues, including clinical governance, particularly where such issues have implications for staff.

- Communicate to the partners the key decisions taken by the Board and senior management.

- Consider national developments in NHS Wales Workforce and Organisational Strategy and the implications for the organisation including matters of service re-profiling.

- Negotiate on matters subject to local determination.

- Ensure staff organisation representatives are afforded reasonable paid time off to undertake trade union duties

- To develop in partnership appropriate facilities arrangements using A4C Facilities Agreement as a minimum standard.

In addition, the LPF can establish LPF sub groups to establish ongoing dialogue, communication and consultation on service and operational management issues specific to Directorates. Where these sub groups are developed they must report to the DHCW LPF.

2. General Principles

DHCW and LPF accepts that partnerships help the workforce and management work through challenges and to grow and strengthen their organisations. Relationships are built on trust and confidence and demonstrate a real commitment to work together.

The principles of true partnership working between staff organisations and Management are as follows:

- Staff organisations and management show joint commitment to the success of the organisation with a positive and constructive approach
- They recognise the legitimacy of other partners and their interests and treat all parties with trust and mutual respect

- They demonstrate commitment to employment security for workers and flexible ways of working
- They share success – rewards must be felt to be fair
- They practice open and transparent communication – sharing information widely with openness, honesty and transparency
- They must bring effective representation of the views and interests of the workforce
- They must demonstrate a commitment to work with and learn from each other

All LPF members must:

- be prepared to engage with and contribute fully to the LPF's activities and in a manner that upholds the standards of good governance set for the NHS in Wales;
- comply with their terms and conditions of appointment;
- equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- promote the work of the LPF within the professional discipline they represent.

A Code of Conduct is attached as Appendix 2.

3. Membership

All members of the LPF are full and equal members and share responsibility for the decisions of the LPF. The NHS organisation shall agree the overall size and composition of the LPF in consultation with those staff organisations DHCW recognises for collective bargaining. The Trade Union member of the Board will be expected to attend the LPF in an ex-officio capacity. As a minimum, the membership of the LPF shall comprise:

Management Representatives
Management will normally consist of the following members of management representatives.

Chief Executive
Finance Director
General Managers/Divisional Managers (as locally identified)
Director of Workforce and OD (or equivalent)
Workforce and OD staff (as locally identified)

Other Executive Directors and others may also be members or may be co-opted dependant upon the agenda.

Staff Representatives
The Board recognises those staff organisations listed in Appendix 3 for the representation of members who are employed by DHCW.

Staff representatives must be employed by DHCW and accredited by their respective staff organisations for the purposes of bargaining. If a representative ceases to be employed by DHCW or ceases to be a member of a nominating staff organisation then they will automatically cease to be a member of the LPF. Full time officers of the staff organisations may attend meetings subject to prior notification and agreement.

Members of the LPF who are unable to attend a meeting may send a deputy, providing such deputies are eligible for appointment to the LPF.

Quorum
Every effort will be made by all parties to maintain a stable membership. There should be 50% attendance of both parties for the meeting to be quorate.

If the meeting is not quorate no decisions can be made but information may be exchanged. Where joint chairs agree extraordinary meeting may be scheduled within 7 calendar days notice.

Consistent attendance and commitment to participate in discussions is essential. Where a member of the LPF does not attend on 3 consecutive occasions, the Joint Secretaries will write to the LPF member and bring the response to the next meeting for further consideration and possible removal.

4. Officers

The Staff Organisation Chair, Vice Chair and Secretary will be elected from the LPF annually. Best practice requires these three officers to come from different staff organisations.

Chairs
The Management and Staff Organisation Chairs will chair the LPF. This will be done on a rotational basis. In the absence of the Chair(s) the Vice Chair(s) will act as Chair. The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of DHCW's other advisory groups (if applicable). Supported by the Board Secretary, Chairs shall ensure that key and appropriate issues are discussed by the LPF in a timely manner with all the necessary information and advice being made available to LPF members to inform the debate and ultimate resolutions

Joint Secretaries
Each side of the LPF should appoint/elect its own Joint Secretary. The Management and Staff Organisation Secretary will be responsible for the preparation of the agendas and minutes of the meetings held, and for obtaining the agreement of the Management and Staff Organisation Chairs.

The Director of Workforce and OD (or equivalent) will act as Management Secretary and will be responsible for the maintenance of the constitution of the LPF membership, the circulation of agenda and minutes and notification of meetings.

5. Sub Committees

When is considered appropriate, the LPF can decide to appoint a sub committee, to hold detailed discussion on a particular issue(s). Nominated representatives to sub committees will communicate and report regularly to the LPF.

6. Management of Meetings

Meetings will be held bi-monthly but this may be changed to reflect the need of either staff organisations or management.

The business of the meeting shall be restricted to matters pertaining to LPF issues and should include local operational issues. DHCW wide strategic issues and issues that have DHCW wide implications shall be referred to the Welsh Partnership Forum via the Board.

The minutes shall normally be distributed 10 days after the meeting and no later than 7 days prior to the next meeting. Items for the agenda and supporting papers should be notified to the Management Secretary as early as possible, and in the event at least two weeks in advance of the meeting.

The LPF has the capacity to co-opt others onto the LPF or its sub groups as deemed necessary by agreement.

Appendix 1

Six Principles of Partnership Working

- a shared commitment to the success of the organisation
- a focus on the quality of working life
- recognition of the legitimate roles of the employer and the trade union
- a commitment by the employer to employment security
- openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation
- adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees

Appendix 2

Code of Conduct

A code of conduct for meetings sets ground rules for all participants:

- Respect the meeting start time and arrive punctually
- Attend the meeting well-prepared, willing to contribute and with a positive attitude
- Listen actively. Allow others to explain or clarify when necessary
- Observe the requirement that only one person speaks at a time
- Avoid 'put downs' of views or points made by colleagues
- Respect a colleague's point of view
- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation
- Try not to react negatively to criticism or take as a personal slight
- Put forward criticism in a positive way
- Be mindful that decisions have to be made and it is not possible to accommodate all individual views
- No 'side-meetings' to take place
- Respect the Chair
- Failure to adhere to the Code of Conduct may result in the suspension or removal of the LPF member.

Appendix 3

List of Recognised Trade Unions/Professional Bodies referred to as 'staff organisations' within these Standing Orders

- British Medical Association (BMA)
- Royal College of Nursing (RCN)
- Royal College of Midwives (RCN)
- UNISON
- UNITE
- GMB
- British Dental Association
- Managers in Partnership (MIP)

Schedule 2.1

MODEL STANDING FINANCIAL INSTRUCTIONS FOR DIGITAL HEALTH AND CARE WALES

This Schedule forms part of, and shall have effect as if incorporated in the Digital Health and Care Wales Standing Orders (incorporated as Schedule 2.1 of SOs).

Foreword

These Model Standing Financial Instructions are issued by Welsh Ministers to Digital Health and Care Wales “DHCW” using powers of direction provided in section 23 (1) of the National Health Service (Wales) Act 2006. DHCW must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. Designed to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability in the conduct of business, they translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of Standing Orders (SOs), a Scheme of decisions reserved to the Board and a scheme of delegations to officers and others, they provide the regulatory framework for the business conduct of DHCW.

These documents form the basis upon which DHCW's governance and accountability framework is developed and, together with the adoption of DHCW’s Values and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All DHCW Board members and officers must be made aware of these Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The Director of Finance will be able to provide further advice and guidance on any aspect of the Standing Financial Instructions. The Board Secretary will be able to provide further advice and guidance on the wider governance arrangements within DHCW. Further information on governance in the NHS in Wales may be accessed at https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/

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Digital Health and Care Wales

1. INTRODUCTION

1.1 General

1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to Digital Health and Care Wales “DHCW” using powers of direction provided in section 23(1) of the National Health Service (Wales) Act 2006. DHCW must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. They shall have effect as if incorporated in the Standing Orders (SOs) (incorporated as Schedule 2.1 of SOs).

1.1.2 These SFIs detail the financial responsibilities, policies and procedures adopted by DHCW. They are designed to ensure that DHCW's financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of decisions reserved to the Board and the Scheme of delegation adopted by DHCW.

1.1.3 These SFIs identify the financial responsibilities which apply to everyone working for DHCW. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial control procedure notes. All financial procedures must be approved by the Director of Finance and Audit and Assurance Committee.

1.1.4 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Board Secretary or Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of DHCW’s Standing Orders “SOs”.

1.2 Overriding Standing Financial Instructions

1.2.1 Full details of any non-compliance with these SFIs, including an explanation of the reasons and circumstances must be reported in the first instance to the Director of Finance and the Board Secretary, who will ask the Audit and Assurance Committee “Audit Committee” to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and DHCW officers have a duty

to report any non-compliance to the Director of Finance and Board Secretary as soon as they are aware of any circumstances that has not previously been reported.

1.2.2 **Ultimately, the failure to comply with SFIs and SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Board.**

1.3 Financial provisions and obligations of DHCW

1.3.1 The financial provisions and obligations for Special Health Authorities, which relate to DHCW are set out under Sections 171, 172 and 173 of the NHS (Wales) Act 2006. The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer for the organisation, must ensure DHCW meets its statutory obligation to perform its functions within the available financial resources.

2. RESPONSIBILITIES AND DELEGATION

2.1 The Board

2.1.1 The Board exercises financial supervision and control by:

a) Formulating and approving the Medium Term Financial Plan (MTFP) as part of the developing and approving medium term plan, reflecting longer-term planning and delivery objectives;

b) Requiring the submission and approval of balanced annual budgets within approved allocations/resource limits

c) Defining and approving essential features in respect of important financial policies, systems and financial controls (including the need to obtain value for money and sustainability); and

d) Defining specific responsibilities placed on Board members and DHCW officers, and DHCW committees and Advisory Groups as indicated in the 'Scheme of delegation' document.

2.1.2 The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the 'Schedule of matters reserved to the Board' document. The Board, subject to any directions that may be made by Welsh Ministers, shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of DHCW may be carried out effectively, and in a manner that secures the achievement of the organisations aims and objectives. This will be via powers and authority delegated to committees, sub-committees, joint committees or joint sub-committees that DHCW has established or to an officer of DHCW in accordance with the 'Scheme of delegation' document adopted by DHCW.

2.2 The Chief Executive and Director of Finance

2.2.1 The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

2.2.2 Within the SFIs, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the Welsh Government, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief

Executive has overall executive responsibility for DHCW's activities; is responsible to the Chair and the Board for ensuring that financial provisions, obligations and targets are met; and has overall responsibility for DHCW's system of internal control.

2.2.3 It is a duty of the Chief Executive to ensure that Board members and DHCW officers, and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

2.3 The Director of Finance

2.3.1 The Director of Finance is responsible for:

a) Implementing DHCW's financial policies and for co-coordinating any corrective action necessary to further these policies;

b) Maintaining an effective system of internal financial control including ensuring that detailed financial control procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;

c) Ensuring that sufficient records are maintained to show and explain DHCW's transactions, in order to disclose, with reasonable accuracy, the financial position of DHCW at any time; and

d) Without prejudice to any other functions of DHCW, and Board members and DHCW officers, the duties of the Director of Finance include:

(i) the provision of financial advice to other Board members and DHCW officers, and DHCW Committees and Advisory Groups,

(ii) the design, implementation and supervision of systems of internal financial control, and

(iii) the preparation and maintenance of such accounts, certificates, estimates, records and reports as DHCW may require for the purpose of carrying out its statutory duties.

2.3.2 The Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to effect these SFIs.

2.4 Board members and DHCW officers, and DHCW Committees and Advisory Groups

2.4.1 All Board members and DHCW officers, and DHCW Committees and Advisory Groups, severally and collectively, are responsible for:

a) The security of the property of DHCW;

b) Avoiding loss;

c) Exercising economy, efficiency and sustainability in the use of resources; and

d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of delegation.

2.4.2 For all Board members and DHCW officers, and DHCW Committees and Advisory Groups who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board, Committees, Advisory Groups and employees discharge their duties must be to the satisfaction of the Director of Finance.

2.5 Contractors and their employees

2.5.1 Any contractor or employee of a contractor who is empowered by DHCW to commit DHCW to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

3.1 Audit Committee

3.1.1 An independent Audit Committee is a central means by which a Board ensures effective internal control arrangements are in place. In addition, the Audit Committee provides a form of independent check upon the executive arm of the Board. In accordance with SOs the Board shall formally establish an Audit Committee with clearly defined terms of reference. Detailed terms of reference and operating arrangements for the Audit Committee are set out in Schedule 3 to the SOs. This committee will follow the guidance set out in the NHS Wales Audit Committee Handbook.

http://www.wales.nhs.uk/sitesplus/documents/1064/NHS%20Wales%20Audit%20Committee%20Handbook%20%28June%202012%29.pdf

3.2 Chief Executive

3.2.1 The Chief Executive is responsible for:

a) Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal control including the establishment of an effective Internal Audit function;

b) Ensuring that the Internal Audit function meets the Public Sector Internal Audit Standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641252/PSAIS_1_April_2017.pdf

c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;

d) Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Board. The report must cover:

- a clear opinion on the effectiveness of internal control in accordance with the requirements of the Public Sector Internal

Audit Standards.

- major internal control weaknesses discovered,
- progress on the implementation of Internal Audit recommendations,
- progress against plan over the previous year, and
- a detailed plan for the coming year.

3.2.2 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 2018 and General Data Protection Regulations 2016) without necessarily giving prior notice to require and receive:

a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;

b) Access at all reasonable times to any land or property owned or leased by the DHCW;

c) Access at all reasonable times to Board members and DHCW officers;

d) The production of any cash, stores or other property of the DHCW under a Board member or a DHCW official's control; and

e) Explanations concerning any matter under investigation.

3.3 Internal Audit

3.3.1 The Accountable Officer Memorandum requires the Chief Executive to have an internal audit function that operates in accordance with the standards and framework set for the provision of Internal Audit in the NHS in Wales. This framework is defined within an Internal Audit Charter that incorporates a definition of internal audit, a code of ethics and Public Sector Internal Audit Standards. Standing Order 8.1 details the relationship between the Head of Internal Audit and the Board. The role of the Audit Committee in relation to Internal Audit is set out within its Terms of Reference, incorporated in Schedule 3 of the SOs, and the NHS Wales Audit Committee Handbook.

3.4 External Audit

3.4.1 Pursuant to the Public Audit (Wales) Act 2004 (C.23), the Auditor General for Wales (Auditor General) is the external auditor of DHCW. The Auditor General may nominate his representative to represent him and to undertake the required audit work. The cost of the audit is paid for by DHCW. DHCW's Audit Committee should assure itself that a cost-efficient external audit service is delivered. If there are any problems relating to the service provided, this should be raised with the Auditor General's representative and referred on to the Auditor General if the issue cannot be resolved.

3.4.2 The objectives of the external audit fall under three broad headings, to review and report on:

a) Whether the expenditure to which the financial statements relate has been incurred lawfully and in accordance with the authority that governs it;

b) The audited body's financial statements, and on its Annual Governance Statement and remuneration report;

c) Whether the audited body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

3.4.3 The Auditor General's representatives will prepare a risk-based annual audit plan, designed to deliver the Auditor General's objectives, for consideration by the Audit Committee. The Audit Committee should formally consider and review the plan. The plan will set out details of the work to be carried out, providing sufficient detail for the Audit Committee and other recipients to understand the purpose and scope of the defined work and their level of priority. The Audit Committee should review the plan and the associated fees, although in so doing it needs to recognise the statutory duties of the Auditor General. The Audit Committee should consider material changes to the plan.

3.4.4 The Auditor General's representative should be invited to attend every Audit Committee meeting. The cycle of approving and monitoring the progress of external audit plans and reports, culminating in the opinion on the annual report and accounts, is central to the core work of the Audit Committee.

3.4.5 The Auditor General's representatives will liaise with Internal Audit when developing the external audit plan. The Auditor General's representative will ensure that planned external audit work takes into account the work of Internal Audit to avoid duplication wherever possible and considers where Internal Audit work can be relied upon

for opinion purposes.

3.4.6 The Auditor General and his representatives shall have a right of access to the Chair of the Audit Committee at any time.

3.4.7 The Auditor General has statutory rights of access to all documents and information, as set out in paragraph 3.2.2a of these SFIs that relate to the exercise of his audits, value for money examinations and improvement studies. The rights of access include access to documentation of a confidential nature or which contains personal information. The statutory access rights also require any person that the Auditor General thinks has information related to the discharge of his functions to give any assistance, information and explanation that he thinks necessary. They also require such persons to attend before the Auditor General and to provide any facility that he and his representatives may reasonably require, such as audit accommodation and access to IT facilities. The rights apply not just to DHCW and its officers and staff, but also to, among others, suppliers to DHCW.

3.4.8 The Auditor General's independence in the exercise of his audit functions is protected by statute (section 8 of the Public Audit (Wales) Act 2013), and audit independence is required by professional and ethical standards. Accordingly, DHCW (including its Audit Committee) must be careful not to seek to fetter the Auditor General's discretion in the exercise of his functions. While DHCW may offer comments on the plans and outputs of the Auditor General, it must not seek to direct the Auditor General.

3.4.9 The Auditor General will issue a number of reports over the year, some of which are specified in the Auditor General's Code of Audit and Inspection Practice and International Standards on Auditing. Other reports will depend on the contents of the audit plan.

The main mandatory reports are:

- Report to those charged with governance (incorporating the report required under ISA 260) that sets out the main issues arising from the audit of the financial statements and use of resources work
- Statutory report and opinion on the financial statements
- Annual audit report.

In addition to these reports, the Auditor General may prepare a report on a matter the Auditor General considers would be in the public interest to bring to the public's attention; or make a referral to the

Welsh Ministers if significant breaches occur.

3.4.10 The Auditor General also has powers to undertake Value for Money Examinations and Improvement Studies within DHCW and other public sector bodies. At DHCW he also undertakes a Structured Assessment to help him assess whether there are proper arrangements for securing economy, efficiency and effectiveness in the use of resources. The Auditor General will take account of audit work when planning and undertaking such examinations and studies. The Auditor General and his representatives have the same access rights in relation to these examinations and studies as they do in relation to annual audit work.

3.5 Fraud and Corruption

3.5.1 In line with their responsibilities, DHCW Chief Executive and Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.

3.5.2 DHCW shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by Directions to NHS bodies on Counter Fraud Measures 2005.

http://www.wales.nhs.uk/sitesplus/documents/1064/WHC%282005%2995%20%28Revised%29%20Directions%20to%20National%20Health%20Service%20bodies%20on%20Counter%20Fraud%20Measures%202005.pdf

3.5.3 The LCFS shall report to the DHCW Director of Finance and the LCFS must work with NHS Counter Fraud Authority (NHSCFA) and the NHS Counter Fraud Service Wales (CFSW) Team in accordance with the Directions to NHS bodies on Counter Fraud Measures 2005.

3.5.4 The LCFS will provide a written report to the Director of Finance and Audit Committee, at least annually, on proactive and reactive counter fraud work within DHCW.

3.5.5 DHCW must participate in the annual National Fraud Initiative (NFI), which in Wales is led by Audit Wales and DHCW and must provide the necessary data for the mandatory element of the initiative by the due dates. The DHCW should participate in appropriate risk measurement or additional dataset matching exercise in order to support the detection of fraud across the whole public sector.

3.6 Security Management

3.6.1 In line with their responsibilities, DHCW Chief Executive will monitor

and ensure compliance with Directions issued by the Welsh Ministers on NHS security management.

3.6.2 The Chief Executive has overall responsibility for controlling and coordinating security.

4. ALLOCATIONS AND FINANCIAL DUTY

4.1 Revenue and Capital allocations are determined by the Welsh Ministers in accordance with its allotted health budget and distribution policy.

4.2 The Director of Finance of DHCW will:

a) Prior to the start of each financial year submit to the Board for approval a report showing the total allocations received, assumed in-year allocations and other adjustments and their proposed distribution to delegated budgets, including any sums to be held in reserve;

b) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;

c) Periodically review any assumed in-year allocations to ensure that these are reasonable and realistic; and

d) Regularly update the Board on significant changes to the initial allocation and the application of such funds.

4.3 DHCW is required by statutory provision not to breach its financial duty to secure that its expenditure does not exceed the aggregate of its resource allocations and income received. This duty applies separately to capital and revenue resource allocations. The Chief Executive has overall executive responsibility for DHCW's activities and is responsible to the Board for ensuring that it meets its financial duty as set out in section 172 of the National Health Service (Wales) Act 2006.

5. INTEGRATED PLANNING

5.1 DHCW will prepare appropriate plans as required by legislation and the Welsh Government.

5.2 An annual business plan will be submitted to the Welsh Government setting out how the organisation will meet the requirements of the Cabinet Secretary's Remit Letter. This plan must reflect planning and delivery objectives and should be continually reviewed based on latest Welsh Government policy and local priority requirements.

5.3 The Chief Executive will compile and submit to the Board, on an annual basis, the annual plan. The Board approved plan will be submitted to Welsh Government in line with the requirements it has set out.

5.4 The remit letter, and approved business plan will form the basis of the accountability arrangements between DHCW and Welsh Government.

5.5 The Board will:

a) Approve the annual business plan prior to the beginning of the financial year of implementation and in accordance with the guidance issued annually by Welsh Government. Following Board approval the Plan will be submitted to Welsh Government.

b) Approve a balanced annual budget as part of the annual business plan, which meets all statutory financial duties, probity and value for money requirements; and

c) Prepare and agree with the Welsh Government a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where DHCW plan is not in place or in balance.

5.6 The first full annual business plan will be required from the start of 2021/22 financial year, in accordance with Standing Orders.

6. FINANCIAL MANAGEMENT AND BUDGETARY CONTROL

6.1 Budget Setting

6.1.1 Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval and delegation by the Board. Such budgets will:

a) Include an annual budget for achieving compliance with DHCWs statutory financial balance to operate within its allocated resources

b) Be in accordance with the aims and objectives set out in the Board approved annual business plan, medium term plan and Medium Term Financial Plan,

c) Accord with Commissioning, Activity, Quality, Performance, Capital and Workforce plans contained within the Board approved plan;

d) Take account of approved business cases and associated revenue costs and funding

e) Be produced following discussion with appropriate Directors and budget holders;

f) Be prepared within the limits of available funds;

g) Take account of ring-fenced, specified and non-recurring allocations and funding;

h) Include both financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents)

i) Be within the scope of activities and authority defined by the NHS (Wales) Act 2006, including pooled budget arrangements.

j) Take account of the principles of Well-being of Future Generations (Wales) Act 2015 including the seven Well-being Goals and the five ways of working; and

k) Identify potential risks and opportunities.

6.2 Budgetary Delegation

6.2.1 The Chief Executive may delegate, via the Director of Finance, the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with Section 33 of the NHS (Wales) Act 2006 (C.42). This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of:

a) The amount of the budget;
b) The purpose(s) of each budget heading;
c) Individual or committee responsibilities;
d) Arrangements during periods of absence;
e) Authority to exercise virement;
f) Achievement of planned levels of service; and
g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget.

6.2.2 The Chief Executive, Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.

6.2.3 Budgets must only be used for the purposes designated, and any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

6.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Director of Finance.

6.2.5 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled and managed appropriately.

6.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year

6.2.7 The Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.

6.3 Financial Management, Reporting and Budgetary Control

6.3.1 The Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position on a monthly basis and at every Board meeting. Any significant variances should be reported to DHCW Board as soon as they come to light and the Board shall be advised on any action to be taken in respect of such variances.

6.3.2 The Director of Finance will devise and maintain systems of financial management performance reporting and budgetary control. These will include:

a) Regular financial reports, for revenue and capital, to the Board in a form approved by the Board containing sufficient information for the Board to:

- Understand the current and forecast financial position
- Evaluate risks and opportunities
- Use insight to make informed decisions
- Be consistent with other Board reports, as a minimum the reports will cover:
  - Current and forecast year end position on statutory financial duties
  - Actual income and expenditure to date compared to budget and showing trends and run rates
  - Forecast year end positions
  - A statement of assets and liabilities, including analysis of cash flow and movements in working capital.
  - Explanations of material variances from plan
  - Capital expenditure and projected outturn against plan
  - Investigations and reporting of variances from financial, activity and workforce budgets.
  - Details of corrective actions being taken, as advised by the relevant budget holder and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;
  - Statement of performance against savings targets
  - Key workforce and other cost drivers
  - Income and expenditure run rates, historic trends, extrapolation and explanations
  - Clear assessment of risks and opportunities
- Provide a rounded and holistic view of financial and wider organisational performance.

b) The issue of regular, timely, accurate and comprehensible advice and financial reports to each delegated budget holder, covering the areas for which they are responsible;

c) An accountability and escalation framework to be established for the organisation to formally address material budget variances

d) Investigation and reporting of variances from financial, activity and workforce budgets;

e) Monitoring of management action to correct variances;

f) Arrangements for the authorisation of budget transfers and virements.

6.3.3 Each Budget Holder will

- be held to account for managing services within the delegated budget
- investigate causes of expenditure and budget variances using information from activity, workforce and other relevant sources
- develop plans to address adverse budget variances.

6.3.4 Each Budget Holder is responsible for ensuring that:

a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Chief Executive and Director of Finance subject to the Board's scheme of delegation;

b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;

c) No permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and workforce establishment as approved by the Board.

6.3.5 The Chief Executive is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Annual and Medium Term Financial Plans and SFI 10.1.

6.4 Capital Financial Management, Reporting and Budgetary Control

6.4.1 The general rules applying to revenue Financial Management, Reporting and Budgetary Control delegation and reporting shall also apply to capital plans, budgets and expenditure subject to any specific reporting requirements required by the Welsh Ministers.

6.5 Reporting to Welsh Government - Monitoring Returns

6.5.1 The Chief Executive is responsible for ensuring that the appropriate monitoring returns are submitted to the Welsh Ministers in accordance with published guidance and timescales.

6.5.2 All monitoring returns must be supported by a detailed commentary signed by the Director of Finance and Chief Executive. This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.

6.5.3 All information made available to the Welsh Ministers should also be made available to the Board. There must be consistency between the, Annual Plan, Medium Term Financial Plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Board reports.

7. ANNUAL ACCOUNTS AND REPORTS

7.1 The Board must approve DHCW's annual accounts prior to submission to the Welsh Ministers and the Auditor General for Wales in accordance with the annual timetable.

7.2 The Chair and the Chief Executive (as Accountable Officer for DHCW) have responsibility for signing the accounts on behalf of DHCW. The Chief Executive has responsibility for signing the Annual Governance Statement and the Annual Quality Statement.

7.3 The Director of Finance, on behalf of DHCW is responsible for ensuring that financial reports and returns are prepared in accordance with the accounting policies, guidance and timetable determined by the Welsh Ministers, as per Welsh Government's Manual for Accounts, and consistent with Financial Reporting Manual (FReM) and International Financial Reporting Standards.

7.4 DHCW's audited annual accounts must be adopted by the Board at a public meeting and made available to the public.

7.5 DHCW must publish an Annual Report, and present it at its Annual General Meeting. The Board Secretary will ensure that the Annual Report is prepared in line with the Welsh Government's NHS Manual for Accounts. The Annual Report will include

- The Accountability Report containing:
    - Corporate Governance Report
    - Remuneration Report and Staff Report
    - Accountability and Audit Report

- The Performance Report, which must include:
    - An overview
    - A performance Analysis

8. BANKING ARRANGEMENTS

8.1 General

8.1.1 The Director of Finance is responsible for managing DHCW's banking arrangements and for advising the Board on the provision of banking services and operation of accounts. This advice will take into account guidance/ Directions issued from time to time by the Welsh Ministers. DHCW is expected to use the Government Banking Service (GBS) for its banking services unless there is sound reasoning and value for money considerations to justify the use of commercial accounts.

8.1.2 The Board shall approve the banking arrangements.

8.2 Bank Accounts

8.2.1 The Director of Finance is responsible for:

a) Establishing bank accounts and ensuring that the Government Banking Service is utilised for main DHCW business transactions;

b) Establishing additional commercial accounts only exceptionally and where there is a clear rationale for not utilising the Government Banking Service;

c) Establishing separate bank accounts for DHCW's non-exchequer funds;

d) Ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made;

e) Ensuring accounts are not overdrawn except in exceptional and planned situations.

f) Reporting to the Board all arrangements made with DHCW's bankers for accounts to be overdrawn;

g) Monitoring compliance with Welsh Ministers' guidance on the level of cleared funds.

8.2.2 With the exception of Project Bank Accounts, all bank accounts should be held in the name of DHCW. No officer other than the Director of Finance shall open any account in the name of DHCW or for the purposes of furthering DHCW activities.

8.2.3 Any Project Bank Account that is required may be held jointly in the name of DHCW and the relevant third party contractor.

8.3 Banking Procedures

8.3.1 The Director of Finance will prepare detailed instructions on the operation of bank accounts, that ensure there are sound controls over the day-to-day operation of bank accounts, which must include:

a) The conditions under which each bank account is to be operated;

b) Those authorised to sign payable orders or other orders drawn on DHCW's accounts.

c) Effective divisions of duty for employees working within the banking and treasury management function to minimise the risk of fraud and error.

d) Authorised signatories are identified with sufficient seniority, and in the case of e banking approvers, together with an appropriate payment approval hierarchy.

e) Procedures are in place for prompt banking of money received.

f) Ensure there are physical security arrangements in place for cheque stationery, e banking access devices and payment cards.

g) Cheques and payable orders are treated as controlled stationery with management responsibility given to a duly designated employee.

h) Frequent reconciliations are undertaken between cash books, bank statements and the general ledger so that all differences are fully understood and accounted appropriately.

i) Commercial bank accounts should only be used exceptionally where there is a sound rationale and demonstrates value for money. Commercial accounts should be procured through a tendering exercise and the outcome reported to the Audit Committee on behalf of the Board.

8.3.2 The Director of Finance must advise DHCW's bankers in writing of the conditions under which each account will be operated.

8.3.3 The Director of Finance shall approve security procedures for any payable orders issued without a hand-written signature e.g. automatically printed. All Payable Orders shall be treated as controlled stationery, in the charge of a duly designated officer controlling their issue.

8.4 Review

8.4.1 The Director of Finance will review banking arrangements of DHCW at regular intervals to ensure they reflect best practice and represent best value for money. The results of the review should be reported to the Audit Committee.

9. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS

9.1 General

9.1.1 The Director of Finance is responsible for:

a) Approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;

b) Ordering and securely controlling any such stationery; ensuring all cash related stationery treated as controlled stationery with management responsibility given to a duly designated employee;

c) The provision of adequate facilities and systems for officers whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and

d) Establishing systems and procedures for handling cash and negotiable securities on behalf of DHCW.

e) Ensuring effective control systems are in place for the use of payment cards,

f) Ensuring that there are adequate control systems in place to minimise the risk of cash/card misappropriation.

9.1.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs (informal documents acknowledging debt).

9.1.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Director of Finance.

9.1.4 The holders of safe/cash box combinations/keys shall not accept unofficial funds for depositing in their safe/cash box unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that DHCW is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving DHCW from responsibility for any

loss.

9.1.5 The opening of coin operated machines (including telephone, if applicable) and the counting and recording of takings shall be undertaken by two officers together, except as may be authorised in writing by the Director of Finance and the coin box keys shall be held by a nominated officer.

9.1.6 During the absence (for example, on holiday) of the holder of a safe/cash box combination/key, the officer who acts in their place shall be subject to the same controls as the normal holder of the combination/key. There shall be written discharge for the safe and/or cash box contents on the transfer of responsibilities and the discharge document must be retained for inspection.

9.2 **Petty Cash**

9.2.1 The Director of Finance will issue instructions restricting the use and value of petty cash purchases.

9.2.2 Petty cash use should be minimised and be subject to regular cash balance reviews in order to minimise cash levels held.

9.2.3 Petty cash should be operated under an imprest system and be subject to regular checks to ensure physical and book cash levels are consistent.

10. INCOME, FEES AND CHARGES

10.1 Income Generation and Participation in/Formation of Companies

10.1.1 DHCW shall only generate income for those goods and services that are approved by the Welsh Ministers. Any income generating activities must be complementary to the provision of NHS services and must be in accordance with the Welsh Ministers' policy and powers to raise money as set out in section 169 of the NHS (Wales) Act 2006 (c.42).

10.1.2 DHCW can only form or participate in a company for income generation, improving health, healthcare care and health services, purposes with the consent and/or direction of Welsh Ministers. DHCW should obtain advice from Welsh Government officials prior to undertaking substantive work on formation or participation in any company.

10.2 Income Systems

10.2.1 The Director of Finance is responsible for designing and maintaining procedures to ensure compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.

10.2.2 The Director of Finance is also responsible for ensuring that systems are in place for the prompt banking of all monies received.

10.3 Fees and Charges

10.3.1 The Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Welsh Ministers or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.

10.3.2 All officers must inform the Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements and other transactions.

10.4 Income Due and Debt Recovery

10.4.1 Delegated budget holders and managers are responsible for informing the Director of Finance of any income due that arises from any contracts, service levels agreements, leases, activities such a private patients or other transactions.

10.4.2 Delegated budget holders and managers must inform the Director of

Finance when overpayment of salary or expenses have been made, in order that recovery can be made.

10.4.3 The Director of Finance is responsible for recovering income due and for ensuring debt recovery procedures are in place to secure early payment and minimise bad debt risk on all outstanding debts.

10.4.4 Income not received should be dealt with in accordance with losses procedures.

10.4.5 Overpayments should be detected (or preferably prevented) and recovery initiated.

10.4.6 The Chief Executive and the Director of Finance are responsible for ensuring the Welsh Ministers' guidance on disputed debt arbitration is strictly adhered to.

11. NON PAY EXPENDITURE

11.1 Scheme of Delegation, Non Pay Expenditure Limits and Accountability

11.1.1. The Board must agree a Scheme of Delegation in line with that set out in its Standing Orders Scheme of Reservation and Delegation of Powers.

11.1.2. The Chief Executive will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the DHCW scheme of delegation.

11.1.3. The Chief Executive will set out in the operational scheme of delegation and authorisation:

- The list of managers who are authorised to place requisitions for the supply of goods, services and works and for the awarding of contracts; and
- The maximum level of each requisition and the system for authorisation above that level.

11.2 The Director of Finance's responsibilities

11.2.1 The Director of Finance will:

a) Advise the Board regarding the NHS Wales national procurement and payment systems thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs;

b) Prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services;

c) Ensure systems are in place for the authorisation of all accounts and claims;

d) Ensure Directors and officers strictly follow NHS Wales system and procedures of verification, recording and payment of all amounts payable.

e) Maintain a list of Executive Directors and officers (including specimens of their signatures) authorised to certify invoices.

f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.

g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Welsh Ministers and SFIs;

h) Be responsible for Petty Cash system, procedures, authorisation and record keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures.

11.3 Duties of Budget Holders and Managers

11.3.1 Budget holders and managers must ensure that they comply fully with guidance and limits specified by the Director of Finance and that:

a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged;

b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with HM Treasury rules on public procurement;

c) Contracts above specified thresholds are approved by the Welsh Ministers prior to any commitment being made;

d) goods have been duly received, examined and are in accordance with specification and order,

e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct,

f) No requisition/order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Board members or DHCW officers, other than:

(i) Isolated gifts of a trivial character or inexpensive seasonal

gifts, such as calendars,

(ii) Conventional hospitality, such as lunches in the course of working visits;

This provision needs to be read in conjunction with Standing Order 6.5. and 6.6.

g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive;

h) All goods, services, or works are ordered on official orders

i) Requisitions are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

j) Goods are not taken on trial or loan in circumstances that could commit the DHCW to a future uncompetitive purchase;

11.3.2 The Chief Executive and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director as set out in the DHCW's scheme of delegation.

11.4 Departures from SFI's

11.4.1 Departing from the application of Chapters 10 and 11 of these SFI's is only possible in very exceptional circumstances. DHCW must consult with NWSSP Procurement Services, Director of Finance and Board Secretary prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the DHCW Scheme of Delegation.

11.5 Accounts Payable

11.5.1 NWSSP Finance, shall on behalf of the DHCW, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable

11.6 Prepayments

11.6.1 Prepayment should be exceptional, and should only be considered if a good value for money case can be made for them (i.e. that "need" can

be demonstrated). Prepayments are only permitted where either:

- The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%);
- It is the industry norm e.g. courses and conferences;
- In line with requirements of Managing Welsh Public Money
- There is specific Welsh Ministers' approval to do so e.g. voluntary services compact.

11.6.2 In **exceptional** circumstances prepayments can be made subject to:

a) The appropriate Executive Director providing, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the DHCW if the supplier is at some time during the course of the prepayment agreement unable to meet their commitments;

b) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations where the contract is above a stipulated financial threshold); and

c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.

12. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

General Information

12.1 Procurement Services

12.1.1 While the Chief Executive is ultimately responsible for procurement some aspects of the service are delivered by NWSSP Procurement Services.

12.1.2 Procurement staff are employed by NWSSP and provide a procurement support function to all health organisations in NHS Wales. Although NWSSP is responsible for the provision of a Procure to Pay service and provision of appropriate professional procurement and commercial advice, ultimate responsibility for compliance with legislation and policy guidelines remains with DHCW. Where the term NWSSP Procurement Services, Procurement staff or department is used in this chapter it should be read as equally applying to those departments where the procurement function is undertaken locally and outside of NWSSP Procurement Department, for example digital, pharmacy and works who undertake procurement on a devolved basis.

12.2 Policies and Procedures

12.2.1 NWSSP Procurement Services shall, on behalf of DHCW, maintain detailed policies and procedures for all aspects of procurement including tendering and contracting processes. The policies and procedures shall comply with these SFIs and the Procurement Manual and Revised General Consent to enter Individual Contracts included at **Schedule 1** ~~**and 2**~~ of these SFIs.

12.2.2 The Chief Executive is ultimately responsible for ensuring that DHCW's Executive Directors, Independent Members and officers within the organisation strictly follow procurement, tendering and contracting procedures.

12.2.3 NWSSP Director of Procurement Services is responsible for ensuring that procurement, tendering and contracting policies and procedures:

- Are kept up to date;
- Conform to statutory requirements and regulations;
- Adhere to guidance issued by the Welsh Ministers;
- Are consistent with the principles of sustainable development;

12.2.4 All procurement guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

12.3 Procurement Principles

12.3.1 The term "procurement" embraces the complete process from planning, sourcing to taking delivery of all works, goods and services required by DHCW to perform its functions, and furthermore embrace all building, equipment, consumables and services including health services. Procurement further embraces contract and/or supplier management, including market engagement and industry monitoring.

12.3.2 There are a range of statutory instruments governing public sector procurement, the primary statutory instrument being 'The Public Contract Regulations (2015, No. 102)' as well as Welsh Government policy frameworks. One of the key objectives of governing legislation is to ensure public procurement markets are open and that there is free movement of supplies, services and works. The main legal and governing principles guiding public procurement and which are incorporated into these SFIs are:

- Transparency: public bodies should ensure that there is openness and clarity on procurement processes and how they are implemented;
- Non-discrimination: public bodies may not discriminate between suppliers or products on grounds of their origin;
- Fair treatment: suppliers should be treated fairly and without discrimination, including in particular equality of opportunity and access to information;
- Legality: public bodies must conform to European Community and other legal requirements;
- Integrity: there should be no corruption or collusion with suppliers or others;
- Effectiveness and efficiency: public bodies should meet the commercial, regulatory and socio-economic goals of government in a balanced manner appropriate to the procurement requirement;
- Efficiency: procurement processes should be carried out as cost effectively as possible and secure value for money.

12.4 Procurement Regulations and Legislation Governing Public Procurement

12.4.1 The primary statutory instrument governing public sector procurement is 'The Public Contract Regulations (2015, No. 102)', in addition public sector

procurement policy issued include the Welsh Government policy framework, Wales Procurement Policy Statement (WPPS). These Regulations incorporate EU Directives and other legislation governing public procurement and the Regulations implementing such legislation and setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in DHCW's SFIs.

12.4.2 The Regulations (the Public Contracts Regulations (2015, No. 102) cover the whole field of procurement, including thresholds above which special and demanding procurement protocols and legal requirements apply... All Directors and their staff are responsible for seeing that those Regulations are understood and fully implemented. The protocols set out in the Regulations, and any Procurement Policy Notices, are the model upon which all formal procurement shall be based.

12.4.3 Procurement advice should be sought in the first instance from Procurement Services. The commissioning of further specialist advice shall be jointly agreed between DHCW and Procurement Services e.g. Engagement of NWSSP Legal and Risk Services or 3rd party Legal Service providers.

12.4.4 Other relevant legislation, regulations, codes and policies include:

- The Well-being of Future Generations (Wales) Act 2015
- Welsh Language (Wales) Measure 2011
- Modern Slavery Act 2015
- Bribery Act 2010
- Equalities Act 2010
- Welsh Government's Code of Practice for Ethical Employment in Supply Chains.
- The Producer Responsibility Obligations (Packaging Waste) Regulations 2007
- Welsh Government 'Towards zero waste: our waste strategy'

12.5 Procurement Procedures

12.5.1 To ensure that DHCW is fully compliant with Procurement Regulations, EU Directives, UK and Welsh Ministers' guidance, DHCW shall, through NWSSP Procurement Services, ensure that it shall have procedures that set out:

a) Requirements and exceptions to formal competitive tendering requirements;
b) Tendering processes including post tender discussions;
c) Requirements and exceptions to obtaining quotations;
d) Evaluation and scoring methodologies
e) Approval of firms for providing goods and services.

12.5.2 All procedures shall reflect the Welsh Ministers' guidance and DHCW's delegation arrangements and approval processes.

12.6 Procurement Consent/Notification

12.6.1 As a Special Health Authority, DHCW may:

- Acquire and dispose of property (Section 22);
- Enter into contracts, para 53, Schedule 5 of the NHS (Wales) Act 2006, and
- Accept gifts of property (including property to be held on trust) para 8, Schedule 5 of the NHS (Wales) Act 2006.

12.6.2 Contracts exceeding the value of £1 million in each case, with the exception of those contracts specified in SFI 12.6.4, all acquisitions and disposals of land of any limit, and the acceptance of gifts of property, must be notified to the Welsh Ministers before being entered into.

12.6.3 The guidance process for DHCW to notify their intent to enter into contracts exceeding £1 million is at **Schedule 2**. This requirement also applies to contracts that are to be let through a mini-competition under a public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales. Further detailed guidance is incorporated within the Procurement Procedures.

12.6.4 The requirement for notification does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

i) Contracts of employment between DHCW and their staff;
ii) Transfers of land or contracts effected by Statutory Instrument following the creation of DHCW;
iii) All NHS contracts, that is where one health service body contracts with another health service body.

12.6.5 The process of notification of contracts to the Welsh Ministers does not remove the requirement for DHCW to comply with SOs, SFIs or to obtain any other consents or approvals required by law for the transactions concerned.

12.6.6 Further detail in relation to fair and adequate competition is set out in the Procurement Manual ~~(**Schedule 1)**~~.

Planning

12.7 Sustainable Procurement

12.7.1 To further nurture the Welsh economy, in support of social, environmental and economic regeneration, DHCW must also be mindful to structure requirements ensuring Welsh companies have the opportunity to transparently and fairly compete to deliver services regionally or across Wales where possible. The principles of the Well Being and Future Generations Act (2015) should be adopted at the earliest stage of planning. Procurement solutions must be developed embracing the five ways of working described within the Act and capture how they will deliver against the seven goals set out in the Act.

12.7.2 The Well Being of Future Generations Act (2015) requires that bodies listed under the act must operate in a manner that embraces sustainability. The Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other,
and to prevent persistent problems such as poverty, health inequalities and climate change.

12.7.3 The 7 Wellbeing goals are

- a prosperous Wales
- a resilient Wales
- a healthier Wales
- a more equal Wales
- a Wales of cohesive communities
- a Wales of vibrant culture and thriving Welsh language
- a globally responsible Wales.

These goals have been put in place to improve the social, economic, environmental, and cultural well-being of Wales

12.7.4 Public sector organisations in Wales not listed in the act are expected to operate to those principles. DHCW is not specifically listed in the Act.

12.7.5 Public bodies need to make sure that when making their decisions they take into account the impact they could have on people living their lives in Wales in the future. The Act expects them to:

- work together better
- involve people reflecting the diversity of our communities
- look to the long term as well as focusing on now

- take action to try and stop problems getting worse - or even stop them happening in the first place.

12.7.6 DHCW is required to consider the Welsh Government Guidance on Ethical Procurement and the new Code of Practice on ethical employment in supply chains which commits public, private and third sector organisations to a set of actions that tackle illegal and unfair employment practices including blacklisting, modern slavery and living wage.

12.7.7 DHCW shall make use of the tools developed by Value Wales in implementing the principles of the WBFGA (2015). DHCW shall benchmark its performance. For all contracts over £25,000, DHCW shall take account of social, economic and environmental issues when making procurement decisions using the Sustainable Risk Assessment Template (SRA).

12.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)

11.8.1 In accordance with Welsh Government commitments policy set out in the current Wales Procurement Policy Statement (WPPS) and subsequent versions of this statement DHCW shall ensure that it provides opportunities for these organisations to quote or tender for its business.

12.9 Planning Procurements

12.9.1 DHCW must ensure that all staff with delegated budgetary responsibility or who are part of the procurement process for goods, services and works are aware of the legislative and policy frameworks governing public procurement and the requirement of open competition.

12.9.2 Depending on the value of the procurement, a process of planning the procurement must be undertaken with the Procurement Services and appropriate representative from the service and other appropriate stakeholders. The purpose of a planning phase is to determine:

- the likely financial value of the procurement, including whole life cost

- the likely 'route to market' which will consider the legislative and policy framework set out above.
- The availability of funding to be able to award a contract following a successful procurement process.
- That the procurement follows current legislative and policy frameworks including Value Based Procurement.

12.9.3 The procurement specification should factor in the 4 principles of prudent procurement

- Equal partners through co-production
- Care for those with the greatest health need first
- Do only what is needed
- Reduce inappropriate variation

Value based outcome/experience/delivery principles must also be included where appropriate ensuring best value for money, sustainability of services and the future financial position. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement**.**

12.9.4 Where free of charge services are made available to DHCW, NWSSP Procurement Services must be consulted to ensure that any competition requirements are not breached, particularly in the case of pilot activity to ensure that DHCW does not unintentionally commit itself to a single provider or longer term commitment. Regular reports on free of charge services provided to DHCW should be submitted by Board Secretary to Audit Committee.

12.9.5 DHCW is required to participate in all-Wales collaborative planning activity where the potential to do so is identified by the procurement professional involved in the planning process. Cross sector collaboration may also be required.

Joint or Collaborative Initiatives

12.9.6 Specialist advice should be obtained from Welsh Government and the opinions of NWSSP Procurement Services and NWSSP Legal and Risk prior to external opinion being sought where there is an undertaking to commence joint or collaborative initiatives which may be deemed as novel or contentious.

12.10 **Procurement Process**

12.10.1 Where there is a requirement for goods or services, the manager must source those goods or services from DHCW's approved

catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales.

12.10.2 In the absence of an existing suitable procurement framework to source the required item, a competition must be run in accordance with the table below. DHCW must ensure the value of their requirement considers cumulative spend across DHCW for like requirements and opportunity for collaboration with other Health Boards and Trusts:

12.10.3 Agreements awarded are required to deliver best value for money over the whole life of the agreement. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

Competition Requirements

12.11 Procurement Thresholds

12.11.1 The following table summarises the minimum thresholds for quotes and competitive tendering arrangements. The total value of the contract, whole life cost, over its entire period is the qualifying sum that should be applied (except in specific circumstances relating to aggregation and contracts of an indeterminate duration) as set out below, and in Procurement Regulations and EU Directives and UK Regulations.

Goods/Services/Works **Whole Life Cost Contract value** **(excl. VAT)**	**Minimum competition[1]**	**Form of Contract**
<£5,000	Evidence of value for money has been achieved	Purchase Order
>£5,000 - <£25,000	Evidence of 3 written quotations	Simple Form of Contract/Purchase Order
>£25,000 – Prevailing OJEU threshold	Advertised open call for competition. Minimum of 4 tenders received if available.	Formal contract and Purchase Order
>OJEU threshold	Advertised open call for competition. Minimum of 5	Formal contract and Purchase Order

	tenders received if available or appropriate to the procurement route.	
Contracts above £1 million	Welsh Government approval required[2]	Formal contract and Purchase Order

[1] subject to the existence of suitable suppliers

[2] in accordance with the requirements set out in SFI 12.6.3.

12.11.2 Advice from the Procurement Services must be sought for all requirements in excess of £5,000.

12.11.3 The deliberate sub-dividing of contracts to fall below a specific threshold is strictly prohibited. Any attempt to avoid these limits may expose the Board to risk of legal challenge and could result in disciplinary action against an individual[s].

12.11.4 Deliberate re-engagement of a supplier, where the value of the individual engagement is less than £5,000, must not be undertaken where the total value of engagements taken as a whole would exceed £5,000 and require competition.

12.11.5 The approval of award of contracts must follow the Board's Scheme of Delegation.

12.12 Designing Competitions

12.12.1 The budget holder or manager responsible for the procurement is required to engage with the Procurement team to ensure:

- Required timescales are achievable
- Specifications are drafted which have the following qualities:
  - fit for inclusion in competition documents;
  - drafted in a manner encouraging innovation by the market;
  - capable of being responded to and do not narrow competition;
  - deliver in line with legislative and policy frameworks.
  - include robust performance measures to effectively measure and manage supplier performance
  - considers ability of market to deliver

12.12.2 Appropriate performance measures are included in agreements awarded, thus ensuring best value for money decisions taken that return maximum benefit for the organisation and ultimately the improvement of patient outcomes and wider health and social care communities.

12.12.3 Criteria for selecting suppliers and achieving an award recommendation must be:

- appropriately weighted in consideration of quality/price
- considers cost of change where relevant
- is transparent and proportionate
- delivers value for money outcomes
- fully explores complexity/risk
- considers whole life cost

12.13 Single Quotation Application or Single Tender Application

12.13.1 In exceptional circumstances, there may be a need to secure goods/services/works from a single supplier. This may concern securing requirements from a single supplier, due to a special character of the firm, or a proprietary item or service of a special character. Such circumstances may include:

- Follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition);
- A technical compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause;
- a need to retain a particular contractor for genuine business continuity issues (not just preferences)

- When joining collaborative agreements where there is no formal agreement in place. Request for such a departure must be supported by written evidence from the Procurement Service confirming local agreements will be replaced by an all Wales competition/National strategy

12.13.2 Procurement Services must be consulted prior to any such application being submitted for approval. The Director of Finance must approve such applications up to £25,000, the Chief Executive or designated deputy, and Director of Finance, are required to approve applications exceeding £25,000. A register must be kept for monitoring purposes and all single tender actions must be reported to the Audit Committee.

12.13.3 In all applications, through Single Quotation Application or Single Tender Application (SQA or STA) forms, the applicant must demonstrate adequate consideration to the Chief Executive and Director of Finance, as advised by the Head of Commercial Services, that securing best value for money is a priority. The Head of Commercial Services will scrutinise and endorse each request to ensure:

- Robust justification is provided;
- A value for money test has been undertaken;
- No bias towards a particular supplier;
- Future competitive processes are not adversely affected;
- No distortion of the market is intended;
- An acceptable level of assurance is available before presentation for approval in line with DHCW Scheme of Delegation
- An “or equivalent” test has been considered proving the request is justified

12.13.4 Under no circumstances will Procurement Services endorse a retrospective SQA/STA, where the DHCW has already entered into an arrangement directly.

12.13.5 As SQA or STA are only used in exceptional circumstances DHCW, through the Chief Executive, must report each, including the specifics of the exceptional circumstances and the total financial commitment, in sufficient detail to its Audit Committee. The report will include any corrective action/advice provided by the Chief Executive, Director of Finance or NWSSP Director of Procurement Services to prevent recurrence by DHCW.

12.13.6 The Audit Committee may consider further steps to be appropriate

e.g.

- Instruct a representative of DHCW to attend Audit Committee;
- Escalate to the Board;
- Request an internal Audit Review;
- Request further training or
- Take internal disciplinary action.

12.13.7 No SQA/STA is required where the seeking of competition is not possible, nor would the application of the SQA/STA procedure add value to the process/aid the delivery of a value for money outcome. Procurement Manual details schedule of departures from SQA/STA where competition not possible.

12.13.8 For performance monitoring purposes, the NWSSP Procurement Service will retain a central register of all such activity including SQA/STA's not endorsed by Procurement or any exceptional matters.

12.14 Disposals

12.14.1 Disposal of surplus, obsolete equipment/consumables is also subject to the competition rules.

12.14.2 Obsolete or condemned articles and stores, which may be disposed of in accordance with applicable regulations and law at the prevailing time (e.g. WEEE) and the procedures of DHCW making use of any agreements covering the disposal of such items.

12.14.3 DHCW must obtain the best possible market price.

Approval & Award

12.15 Evaluation, Approval and Award

12.15.1 The evaluation of competitions via quotation or tender, must be undertaken by a minimum of 2 evaluators from within the operational service of DHCW. Evaluation Teams for competitions of greater complexity and value must be multi-disciplinary and reach a consensus recommendation for internal approval.

12.15.2 The internal approval of any recommendation to award a competition must follow the Board's Scheme of Delegation.

12.15.3 The communication of the external notification to the market to award the contract must be managed by the Procurement Service.

12.15.4 Information throughout the process must be handled and retained as 'commercial in confidence' and not shared outside of staff directly involved in the competition process

12.15.5 All associated communication throughout the competition process must also be managed by the Procurement Service

Implementation & Contract Management

12.16 Contract Management

12.16.1 Contract Management is the process which ensures that both parties to a contract fully meet their respective obligations as effectively and efficiently as possible, in order to deliver the business and operational objectives required from the contract and in particular, value for money. The relevant budget holder shall oversee and manage each contract on behalf of DHCW so as to ensure that these implicit obligations are met. This contract management will include:

- Retaining accurate records
- Monitoring contract performance measures
- Engaging suppliers to ensure performance delivery
- Implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services.
- Stage payments are permissible as part of a formally agreed implementation/delivery plan and must be supported by written evidence issued by the budget holder.

12.16.2 Contract management on All Wales contracts will be provided by NWSSP Procurement Services

11.19 Advice on best practice on Contract Management is available from NWSSP Procurement Services.

12.17 Extending and Varying Contracts

12.17.1 Extending, modifying or varying the scope of an existing contract is possible, if the provision to do so was included as an option in the original awarded contract, e.g. scope of requirement, further expenditure due to unforeseen circumstances e.g. change in regulatory requirements etc.

12.17.2 If there is no such provision, the Public Contract Regulations (2015) defines such limitations.

12.17.3 The Public Contract Regulations 2015 provide further constraints in this matter, under which modifications/variations/extensions are

capped at 50% of the original award value.

12.17.4 Further approval is not required to extend an agreement beyond the original term/scope where prior approval was granted as part of the procurement process.

12.17.5 If there was no provision to extend, further approvals are required from the DHCW budget holder and the local Head of Commercial Services. Budget holders must also be mindful of the threshold under which the original contract was awarded. Any increase in the contract value may require a more senior level of approval in line with the Scheme of Delegation.

12.17.6 This ensures an appropriate identification and assessment of potential risks to the DHCW compliance of approvals being granted within the Scheme of Delegation and assurance that value for money continues to be delivered from public funds.

12.17.7 The budget holder must seek advice from NWSSP Procurement Services in advance of committing further expenditure to ensure the contract is reflective of requirements. The budget holder must assess there is sufficient evidence to support the justification and the budget is available to support the additional requirements.

Transactional Processes

12.18 Requisitioning

12.18.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the DHCW. The budget holder will source those goods or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services.

12.18.2 Where a required item is not on catalogue or on framework contract the budget manager shall request the NWSSP Procurement Services to undertake quotation / tendering exercises on their behalf in line with SFI 12.11 thresholds.

12.18.3 All orders for goods and services must be accompanied by an official order number, available from NWSSP Procurement Services. In no circumstances must a requisition number be used as an order number.

12.19 No Purchase Order, No Pay

12.19.1 DHCW will ensure compliance with 'No Purchase Order, No Pay' policy, The All Wales policy was introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.

12.19.2 The policy ensures that a purchase order is raised at the beginning of a purchase in circumstances where a purchase order is required under the policy. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

12.20 Official orders

12.20.1 Official Orders, issued following approved requisition and sourcing, must:

a) Be consecutively numbered;
b) State the DHCWs terms and conditions of trade.

12.20.2 Official Orders will be issued on behalf of DHCW by NWSSP Procurement Services

13 AGREEMENTS AND CONTRACTS FOR ALL WALES DIGITAL SOLUTIONS & SERVICES

13.1 Digital Solution Agreements

13.1.1 The Chief Executive is responsible for ensuring DHCW enters into suitable agreements for its provision of all Wales digital and information solutions.

13.1.2 All agreements should aim to implement the agreed priorities contained within the agreed plans. In discharging this responsibility, the Chief Executive should take into account:

- The standards of service quality expected;
- The standards required to be achieved by health professionals' regulatory bodies;
- The provision of reliable information on quality, volume and cost of service.

13.1.3 All agreements must be in accordance with the functions conferred on DHCW by the Welsh Ministers.

13.1.4 For all agreements entered into in the form of a contract, the process for notifying the Welsh Ministers of NHS contracts set out in section 12 and Schedule 2 of these SFIs must be followed.

13.1.5 For all agreements entered into they must be approved in accordance with delegations set out in Standing Orders:

- Schedule 1 Scheme of Reservation and Delegation of Powers – Schedule of Matters Reserved for Board.
- Schedule 1 Scheme of Reservation and Delegation of Powers – Scheme of Delegation to Executive Directors, Other Directors and Officers
- Schedule 1 Scheme of Reservation and Delegation of Powers – Delegated Financial Limits

13.2 Statutory provisions

13.2.1 The Digital Health and Care Wales (Establishment and Constitution) Order 2021 sets out the functions of DHCW.

13.2.2

13.2.2 Article 3 of the order requires DHCW to undertake such

functions in relation to:

(a) the provision, design, management, development and delivery of digital platforms, systems and services;
(b) the collection, analysis, use and dissemination of health service data;
(c) the provision of advice and guidance to the Welsh Ministers about improving digital platforms, systems and services;
(d) supporting bodies and persons identified in directions given by the Welsh Ministers to DHCW in relation to matters relevant to digital platforms, systems and services;
(e) any other matter so as to secure the provision or promotion of services under the Act

13.3 Application of Delegated Financial Limits

13.3.1 All Wales Agreements & Contracts will be subject to the delegated limit thresholds as set out in Schedule 1 of the Standing Orders.

14 GRANT FUNDING

It is a matter for DHCW to determine whether individual activities should be procured, or be eligible to receive grant funding, seeking legal advice as necessary. (Grants are defined as all non-procured payments to external bodies or individuals for activities which are linked to delivering policy objectives and statutory obligations. Payments are made to fund or reimburse expenditure on agreed items or functions in accordance with legally binding conditions.)

14.1 Legal Advice

14.1.1 Before the award of funding is made, legal advice where necessary must be sought to ensure that:

- The award does not breach the DHCW regularity of expenditure duty. That is, the activities for which the grant is made are within the scope of activities that the DHCW has a legal remit to undertake.
- That the activities would not be deemed to be normally subject to procurement legislation and policy.
- That a legally binding agreement is made with all delivery organisations.

See attached toolkit for grants v procurement:

Grant v Procurement.doc

14.2 Policies and procedures

14.2.1 DHCW shall maintain detailed policies and procedures for all aspects of grant funding. The policies and procedures shall comply with these SFIs, and where appropriate the Welsh Minister's Code of Practice to funding the third sector:

https://gov.wales/sites/default/files/publications/2019-01/third-sector-scheme-2014.pdf

14.2.2 The Chief Executive is ultimately responsible for ensuring that DHCW's grant procedures:

- Are kept up to date;
- Conform to statutory requirements;
- Adhere to guidance issued by the Welsh Ministers;

- Are consistent with the principles of sustainable development; and
- Are strictly followed by all Executive Directors, Independent Members and staff within the organisation.

14.2.3 That the award of grant funding must comply with the policy and principles set out in the Procurement section of these SFIs and ensure that the award meets the requirements of regularity, propriety and value for money.

14.2.4 All grant guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

14.3 Corporate Principles underpinning Grants Management

14.3.1 While there is a need to make the financial arrangements for awarding funding as simple and streamlined as possible, DHCW should also ensure that taxpayers' money is spent appropriately and that it provides good value for money.

14.3.2 The overarching principles for managing public resources in Wales are set out in Managing Welsh Public Money .The document states that the award of funding should be made in accordance with the law and the requirements of propriety, regularity and value for money.

14.3.3 Regularity requires compliance with appropriate authorities, regulations and legislation. Propriety requires both public authorities and funded bodies to deliver appropriate standards of conduct, behaviour and corporate governance. In addition, the public expects official decisions to be made fairly and impartially with public money spent wisely and appropriately, delivering value for money and ensuring that best use is made of resources.

14.3.4 The **corporate principles** of grants management are:

- The development of grant management processes and procedures that are transparent, accountable, proportionate and consistent;
- Delivery of a high quality regulatory framework that responds to demands but does not place unnecessary administrative burdens on DHCW or funded bodies;
- A regulatory framework that will take into consideration the need for proportionality; balancing the need for governance with the burden of administration. Thus striking an appropriate balance between accountability and simplicity;
- An effective grant management process to ensure funded bodies spend the funding efficiently, transparently and for the

purpose intended, with a view to maximising the impact and outcome from budgets;

- Appropriate evidence-based approach to underpin the design and development of all new funding programmes to ensure efficient and effective use of public funds. Ensuring that the funding programme is the optimal solution and that funding is targeted where it is most needed and where it can have most impact;
- A consistent framework that will reinforce respect and effectiveness of the rules for both administrators and funded bodies.
- Grant funding must comply with the requirements of state aid regulation.

14.4 Grant Procedures

14.4.1 It is vital that money is put to use in a way that delivers the maximum benefit to the people of Wales. Grants funding programmes need to be managed as efficiently and cost effectively as possible to make sure that every penny is spent appropriately and in an accountable manner. When establishing grant funding programmes, DHCW should ensure principles of good practice available from a number of external sources are considered and reflected in grant programmes. Information on grants management is available on the Audit Wales website at:

https://www.audit.wales/our-work/good-practice/grants-management-mini-guides

14.4.2 DHCW must agree a clear purpose for each grant and how it will measure the delivery organisation's success in delivering those purposes. It should also agree appropriate targets with the delivery organisation.

14.4.3 For grant programmes that span a number of financial years, DHCW is responsible for evaluating the programmes to ensure they are fit for purpose, are achieving required outcomes and continue to provide value for money.

14.4.4 DHCW is responsible for ensuring that appropriate procedures exist in relation to all the grants and funding for which they are accountable. **They are also responsible for ensuring that any grant provided to an entity that engages in economic activity complies with the State aid rules.**

14.4.5 DHCW is required to undertake due diligence checks on all potential delivery organisations to determine the economic and financial viability

of any organisation(s) to administer public funds, and the reliability of the organisation(s). These checks are important in order to identify any risks or issues that could expose DHCW to potential financial loss, fraud or reputational damage. A proportionate level of due diligence should be carried out, both prior to the award of any grant funding and throughout the life of the award.

14.4.6 DHCW must enter into legally binding funding agreements with all delivery organisations. When developing funding agreements, DHCW should ensure principles of good practice available from a number of external sources are considered and reflected.

14.4.7 DHCW is responsible for ensuring that all third party delivery organisations comply with and adhere to the terms and conditions of the Funding Agreement.

15. PAY EXPENDITURE

15.1 Remuneration and Terms of Service Committee

15.1.1 In accordance with SOs the Board shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference and operating arrangements that specify which posts fall within its area of responsibility. This Standing Financial Instruction should be read in conjunction with Standing Order 3.3.

15.1.2 The Committee shall report in writing to the Board the basis for its recommendations. The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of Directors and other senior employees, in accordance with the framework set by the Welsh Ministers. Minutes of the Board's meetings should record such decisions.

15.1.3 The Board will after due consideration and amendment if appropriate approve proposals presented by the Chief Executive for the setting of remuneration and terms of service for those employees and officers not covered by the Committee.

15.1.4 DHCW will remunerate the Chair, Chief Executive, Executive Directors and Independent Members of the Board in accordance with instructions issued by the Welsh Ministers. Welsh Ministers approval will be required in the exceptional event that remuneration needs to be above the maximum of the salary band range, administratively this approval will be exercised by the Director General HSSG.

15.1.5 The Remuneration and Terms of Service Committee will consider cases of redundancy and Voluntary Early Release applications. The Remuneration and Terms of Service Committee will consider any novel employment and pay cases, such as compromise agreements and non-disclosure agreements, ensuring Welsh Government advice has been sought and considered.

15.2 Funded Establishment

15.2.1 The workforce plans incorporated within agreed plans will form the funded establishment, i.e., the budget for all approved posts. (The financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents) as per SFI 6.1.1 h).

15.2.2 The funded establishment of any department may not be varied without

the approval of the Chief Executive as set out in the Scheme of Delegation contained within SO's.

15.3 Staff Appointments

15.3.1 Staff must only be engaged by authorised managers, in accordance with the Board's Scheme of Delegation. The engagement must be within the approved budget and funded establishment.

15.3.2 No Board member or DHCW official may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration outside the limit of their approved budget and funded establishment unless authorised to do so by the Chief Executive.

15.4 Pay Rates and Terms and Conditions

15.4.1 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees in accordance with pay, terms and conditions set out in contractual arrangements in Ministerial directions on Agenda for Change and Medical and Dental pay, and any staff with pre-existing terms and conditions of service, following a TUPE transfer into employment or ad hoc salaried staff.

15.4.2 The Remuneration Committee will determine pay rates and conditions of services for board members, and other senior employees, in accordance with ministerial instructions.

15.5 Payroll

15.5.1 The Executive Director with responsibility for workforce and organisational development, has responsibility for securing an efficient, well-controlled payroll service from NHS Wales Shared Services Partnership (NWSSP) that:

- pays the correct staff with the correct amount
- all payments are supported by properly authorised documentation

15.5.2 The Executive Director with responsibility for workforce and organisational development is responsible for:

a) The control framework and detailed procedures are in place to:
   - To ensure all payments comply with HMRC, Pensions Agency and other regulation in relation to the deduction and payment of tax, national insurance, pension or other payments.

- reduce the risk of fraud and error within the payroll function

b) Specifying timetables for submission of properly authorised time records and other notifications;

c) The final determination of pay and allowances including verification that the rate of pay and relevant conditions of service are in accordance with current agreements;

d) Agreeing the timing and method of payment with the payroll service;

e) Authorising the release of payroll data where in accordance with the provisions of the Data Protection Legislation;

f) Verification and documentation of data;

g) The timetable for receipt and preparation of payroll data and the payment of employees and allowances;

h) Maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;

i) Security and confidentiality of payroll information;

j) Checks to be applied to completed payroll before and after payment;

k) A system to ensure the recovery from those leaving the employment of DHCW of sums of money and property due by them to DHCW.

15.5.3 The Chief Executive is responsible for:

a) Ensuring that arrangements for a payroll service from NWSSP is supported by appropriate Service Level Agreements, terms and conditions, adequate internal controls and internal audit review procedures;

b) Ensuring a sound system of internal control and audit review of any internally provided payroll service;

c) Maintenance and/or the authorisation of regular and independent reconciliation of pay control accounts.

15.5.4 Appropriately nominated managers have delegated responsibility for:

a) Submitting time records, and other notifications in accordance with agreed timetables;

b) Completing time records and other notifications in accordance with the Service Level Agreements; and

c) Submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Executive Director with responsibility for workforce and organisational development and/or Chief Executive must be informed immediately. In circumstances where fraud is suspected, this must be reported to the Director of Finance.

15.6 Contracts of Employment

15.6.1 The Executive Director with responsibility for workforce and organisational development must:

a) Ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and

b) Deal with variations to, or termination of, contracts of employment.

16. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

16.1 Capital Plan

16.1.1 Capital plans, and annual capital programmes, must be approved by the Board before the commencement of a financial year and should be in line with the objectives set out in the approved Plan for the organisation. The capital plan and programmes must be delivered within Welsh Government capital finance resource limits.

16.1.2 The Executive Director of Finance ~~with responsibility for workforce and organisational development~~ will develop a capital plan, and detailed capital programme, for the organisation that sets out a detailed capital investment plan to support the objectives set out in the Plan. The capital programme must be affordable and within the capital allocations, as set out in the Welsh Government (WG) Capital Resource Limit for the year, and the DHCW must not exceed the allocation resource limit. There must be an approved revenue funding plan in place to support any revenue costs associated with the capital plan. Regular updates must be provided to the Board, and relevant Board Committees, during the financial year.

16.1.3 The Board must approve a Capital Plan, and an annual Capital Programme.

16.2 Capital Investment Decisions

16.2.1 Robust business case and capital investment appraisal must be undertaken prior to formal submission to Welsh Government, the level of detail within the appraisal commensurate with the value and risk of the investment. Capital investment decisions should be undertaken in line with Welsh Government requirements and guidance for the development of business cases as set out in

- NHS Wales Infrastructure Investment Guidance (Welsh Health Circular WHC (2018) 043) https://gov.wales/nhs-wales-infrastructure-investment-guidance
- Better business cases: investment decision-making framework https://gov.wales/better-business-cases-investment-decision-making-framework

16.2.2 The Director of Finance must provide a professional opinion on the financial elements of the business case. Capital investment decisions will be taken by the organisation in line with the financial thresholds

specified by Welsh Government and in the DHCWs Scheme of Delegation.

16.3 Capital Projects

16.3.1 The Chief Executive shall ensure that any capital investment above the Welsh Ministers' delegated limit is not undertaken without approval of the Welsh Ministers and that confirmation of capital resources has been received.

16.3.2 When capital investment decisions are taken and a Capital Programme approved the Project cannot be initiated until the authority to commit expenditure is formally delegated to a manager, in line with the organisation's Scheme of Delegation. The capital project must then be procured in line with normal procurement procedures or the Designed for Life or other approved procurement framework and in line with Welsh Government requirements and guidance. Management control and financial reporting systems must be established to ensure that the project is:

- delivered on time
- on budget
- within contractual obligations.

16.3.3 Project management controls and financial reporting systems must be established to ensure these objectives are met. Reporting requirements to Welsh Government will be set out in the approval letter provided post Ministerial approval.

16.3.4 Regular updates must be provided to the Board, and relevant Board Committees, during the financial year

16.4 Capital Procedures and Responsibilities

16.4.1 The Chief Executive:

a) Shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;

b) Is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost; and

c) Shall ensure that any capital investment above the Welsh Ministers' delegated limit (i.e. other than discretionary capital) is not undertaken without approval of the Welsh Ministers and that

confirmation of capital resources has been received;

d) Shall ensure that the Capital Plan, and detailed annual capital programme is approved by the Board, as part of the Plan, prior to the commencement of the financial year;

e) Shall ensure the availability of resources to finance all revenue consequences of the investment, including capital charges; and

f) Shall ensure that any 3rd party use of NHS estate is properly controlled, reimbursed and reported. This will include ensuring that appropriate security, insurance and indemnity arrangements are in place and that there is a written agreement as to each party's responsibilities and liabilities.

16.4.2 For every capital expenditure proposal the Chief Executive shall ensure:

a) That a business case is produced in line with Welsh Ministers' guidance and where appropriate the 5-case Model;

b) That the Director of Finance has sought appropriate professional advice from DHCW and external agencies in the preparation of capital expenditure costs, and on that basis professionally certifies the capital costs and revenue consequences detailed in the business case.

16.4.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management in accordance with the Welsh Ministers' guidance.

16.4.4 The approval of a capital programme by DHCW Board shall not constitute approval for the initiation of expenditure on any scheme.

16.4.5 The Chief Executive shall issue to the manager responsible for any scheme:

a) Specific authority to commit expenditure;

b) Authority to proceed to tender;

c) Approval to accept a successful tender.

16.4.6 The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Welsh Ministers' guidance and DHCW's SOs.

16.4.7 The Executive Director with responsibility for Planning and Director of Finance shall issue detailed procedures governing the project, financial and contractual management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the requirements and delegated limits for capital schemes set out in Welsh Ministers' guidance and approval letters. The Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure – and where applicable, provide returns to the Welsh Government.

16.5 Capital Financing with the Private Sector

16.5.1 DHCW must not enter into any new capital financing arrangements with the private sector, including Private Financing Initiatives, Mutual Investment Model and 3rd Party Developments, without the consent of the Welsh Ministers.

16.6 Asset Registers

16.6.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Executive Director with responsibility for Planning and Director of Finance concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted periodically.

16.6.2 DHCW shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be in accordance with the Welsh Ministers' guidance and to satisfy the financial disclosure requirements for the Annual Accounts.

16.6.3 Additions to the fixed asset register must be clearly identified to the operational or departmental manager or delegated budget holder and be validated by reference to appropriate documentation to provide evidence of the financial value recorded, including:

a) Properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;

b) Stores, requisitions and wages records for own materials and labour including appropriate overheads; and

c) Lease agreements in respect of assets held under a finance lease and included on DHCW's balance sheet.

16.6.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate). Disposal receipts are to be treated in accordance with the Welsh Ministers' guidance.

16.6.5 The Director of Finance shall apply accounting policies for fixed assets in line with Welsh Government guidance and accounting standards and values recorded in the asset register, including depreciation and revaluations. The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

16.6.6 The value, and depreciation, of each asset shall be considered annually in accordance with valuation guidance and methods specified by the Welsh Ministers. Assets should be considered for early revaluation where there is the likelihood of impairment as a result in a change of valuation or asset life.

16.7 Security of Assets

16.7.1 The overall control of fixed assets is the responsibility of the Chief Executive.

16.7.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance. This procedure shall make provision for:

a) Recording managerial responsibility for each asset;

b) Identification of additions and disposals;

c) Identification of all repairs and maintenance expenses;

d) Physical security of assets;

e) Regular verification of the existence of, condition of, and title to, assets recorded;

f) Identification and reporting of all costs associated with the retention of an asset; and

g) Reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

16.7.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Planning and Director of Finance.

16.7.4 Whilst individual officers have a responsibility for the security of property of DHCW, it is the responsibility of Board members and senior DHCW officers in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

16.7.5 Any damage to DHCW's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and DHCW officers in accordance with the procedure for reporting losses.

16.7.6 Where practical, assets should be marked as DHCW property.

17 STORES AND RECEIPT OF GOODS

17.1 General position

17.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

a) Kept to a minimum;
b) Subjected to annual stock take;
c) Valued at the lower of cost and net realisable value.

17.2 Control of Stores, Stocktaking, condemnations and disposal

17.2.1 Subject to the responsibility of the Director of Finance for the systems of financial control, overall responsibility for the control of stores shall be delegated to a senior officer by the Chief Executive. The day-to-day responsibility may be delegated by them to departmental officers/managers and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance. The control of any fuel oil and coal of a designated estates manager.

17.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager. Wherever practicable, stocks should be marked as health service property.

17.2.3 The Director of Finance is responsible for developing financial control systems and procedures for the regulation and operation of the stores, to include the accounting arrangements for receipt, issues, and returns of goods to stores and losses.

17.2.4 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year.

17.2.5 Where a complete system of controlled stores is not justified, alternative stores arrangements shall require the approval of the Director of Finance.

17.2.6 The designated officer/manager shall be responsible for a system approved by the Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated officer/manager shall report to

the Director of Finance any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI 18, Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

17.3 Goods supplied by an NHS supplies agency

17.3.1 For goods supplied via NWSSP – Procurement Services or any other NHS purchasing and supplies agency central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Director of Finance or authorised officer who shall satisfy himself that the goods have been received before accepting the recharge.

18. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

18.1 Disposals and Condemnations

18.1.1 The Director of Finance must prepare detailed procedures for the disposal of assets and goods, including condemnations, and ensure that these are notified to managers.

18.1.2 When it is decided to dispose of a DHCW asset and goods, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

18.1.3 All unserviceable assets and goods shall be:

a) Condemned or otherwise disposed of by an officer, the Condemning Officer, authorised for that purpose by the Director of Finance;

b) Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the asset and goods are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second officer authorised for the purpose by the Director of Finance.

18.1.4 The Condemning Officer shall satisfy themselves as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Finance who will take the appropriate action.

18.2 Losses and Special Payments

18.2.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.

18.2.2 The Director of Finance is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the

Welsh Government's Manual for Accounts.

18.2.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Executive and/or the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or the Chief Executive.

18.2.4 Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance must inform the Local Counter Fraud Specialist (LCFS) and the CFS Wales Team accordance with Directions issued by the Welsh Ministers on fraud and corruption.

18.2.5 The Director of Finance or the LCFS must notify the Audit & Assurance Committee, the Auditor General's representative and the fraud liaison officer within the Welsh Government's Health and Social Services Group Finance Directorate of all frauds.

18.2.6 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must notify:

a) The Audit & Assurance Committee on behalf of the Board, and

b) An Auditor General's representative.

18.2.7 The Director of Finance shall be authorised to take any necessary steps to safeguard DHCW's interests in bankruptcies and company liquidations.

18.2.8 The Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.).

18.2.9 The Audit Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out by Welsh Government in its Losses and Special Payments guidance as detailed in Schedule 3 of the SOs.

18.2.10 For any loss or special payments, the Director of Finance should consider whether any reimbursement claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.

18.2.11 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Health and Social Services Group Director of Finance.

18.2.12 All novel, contentious and repercussive cases must be referred to the Welsh Government's Health and Social Services Group – Finance Directorate, irrespective of the delegated limit.

18.2.13 The Director of Finance shall ensure all losses and special payments are reported to the Audit & Assurance Committee at every meeting.

18.2.14 DHCW must obtain the Health and Social Services Group Director General's approval for special severance payments.

19. DIGITAL, DATA and TECHNOLOGY

19.1 Digital Data and Technology Strategy

19.1.1 The Board shall approve a Digital Data and Technology Strategy which sets out the development needs of DHCW for the medium term based on an appropriate assessment of risk. The agreed plans shall include costed implementation plans of the strategy. The Board shall also ensure that a Director has responsibility for Digital Data and Technology.

19.1.2 DHCW shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about DHCW that are made publicly available.

19.2 Responsibilities and duties of the responsible Director

19.2.1 The responsible Director for Digital Data and Technology has responsibility for the accuracy, availability and security of DHCW digital systems and data and shall:

a) Devise and implement any necessary procedures to ensure adequate (reasonable) protection and availability of DHCW's digital systems and data for which they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Network and Information Systems Regulations 2018, UK General Data Protection Regulations and any relevant domestic law considerations via the Data Protection Act 2018;

b) Ensure that, following risk assessment of threats, adequate (reasonable) controls exist over access to systems, data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

c) Ensure that an adequate management (audit) trail is maintained of access to digital systems and data and that such audit reviews as the Director may consider necessary to meet the organisational requirements under the NIS-Regulations 2018 are being carried out.

d) Shall ensure that policies, procedures and training arrangements are in place to ensure compliance with information governance law and NIS-Regulations 2018.

e) Shall ensure comprehensive incident reporting

19.3 Responsibilities and duties of the Director of Finance

19.3.1 The Director of Finance shall need to ensure that new financial data and systems and amendments to current financial data and systems are developed in a controlled manner and thoroughly tested prior to implementation and business as usual phases. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation and business as usual phases.

19.4 Contracts for data and digital services with other health bodies or outside agencies

19.4.1 The responsible Director for Digital Data and Technology shall ensure that contracts for data and digital services for clinical, management and financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for

- the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage, and
- the availability of the service including the resilience required to maintain continuity of the service.

The contract should also ensure rights of access for audit purposes.

19.4.2 Where another health organisation or any other agency provides a data or digital service for clinical, management and financial applications, the responsible Director for Digital Data and Technology shall, to maintain the confidentiality, integrity and availability of the service provided, periodically seek assurances that adequate controls, based on risk assessment, are in operation.

19.5 Risk assurance

19.5.1 The responsible Director for Digital Data and Technology shall ensure that the risks to DHCW arising from the use of data, information and IT are effectively identified and considered and that appropriate action is taken to mitigate or control risk. This shall include the preparation and testing of appropriate resilience plans, including both a business continuity and disaster recovery plan.

20. RETENTION OF RECORDS

20.1 Responsibilities of the Chief Executive

20.1.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with the Welsh Ministers' guidance, the General Data Protection Regulations and any relevant domestic law considerations via the Data Protection Act 2018 and the Freedom of Information Act 2000 (c.36).

20.1.2 The records held in archives shall be capable of retrieval by authorised persons.

21.1.3 Records held in accordance with regulation shall only be destroyed at the express instigation of the Chief Executive. Details shall be maintained of records so destroyed.

SCHEDULE 1

REVISED GENERAL CONSENT TO ENTER INDIVIDUAL CONTRACTS

Y Grŵp Iechyd a Gwasanaethau Cymdeithasol
Health & Social Services Group

Llywodraeth Cymru
Welsh Government

Directors of Finance
Deputy Directors of Finance
Local Health Boards, NHS Trusts Wales & HEIW

Our Ref: SE&IG/

Date: 30 November, 2020

Dear All

RE: PROCESSES FOR LOCAL HEALTH BOARDS AND NHS TRUSTS CONTRACTS, AND INTERESTS IN PROPERTY EXCEEDING £0.5M

Paragraph 13(3) of Schedule 2 to the National Health Service (Wales) Act 2006 places a requirement on Local Health Boards (LHBs) to obtain the consent of Welsh Ministers before:
- Acquiring and disposing of property;
- Entering into contracts; and
- Accepting gifts of property (including property to be held on trust).

Acquiring and disposing of property

WHC (2018) 043 NHS Wales Infrastructure Investment Guidance issued 22 October 2018 sets out at section 10.1:

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Parc Cathays • Cathays Park
Caerdydd • Cardiff

Ffôn • Tel 03000 253245
Steve.elliot@wales.gov
Gwefan • website:

LHBs and HEIW

Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required. For schemes funded via discretionary allocations, a request for approval will need to be submitted to Chief Executive NHS Wales, copying in the Deputy Director of Capital, Estates & Facilities Division.

Detailed arrangements in respect of approval process linked to the acquisition and disposal of leases, where consent does not form part of the business case process will be included in a Welsh Health Circular WHC(2015)031. Organisations should ensure that the monitoring arrangements and the requisite forms and returns are included as part of their own assurance arrangements.

NHS Trusts

Whilst formal Ministerial consent is not required for Trusts as detailed above, general consent arrangements are still applicable in terms of relevant transactions. Detailed requirements in terms of appropriate notifications were sent in the Welsh Health Circular referenced above.

Guidance on disposals is contained in Section 11

WHC (2015) 031 issued 22 June 2015 clarified the approval process linked to the acquisition or disposal of a lease, where approval does not form part of a business case process. A lease being a property right requires the consent of the Welsh Ministers in accordance with paragraph 13(2) (a). The WHC set out for NHS Trusts and LHBs a notification and consent process mirroring the contract processes noted below.

Entering into contracts

Guidance was issued to NHS Wales bodies on 27th January 2017 in a letter to Directors of Finance issued jointly by the Deputy Directors of Finance and Capital Estates and Facilities. This letter now updates that guidance to reconfirm to all NHS Wales bodies that the authorisation and consideration of notified contracts and applications for the acquisitions or disposals of a lease or any interest in property are delegated to the Director General, Health and Social Services Group.

The Director General may, as with any other matter relating to the operation of the NHS in Wales, brief the Minister for Health and Social Services on any arrangement of particular policy note, or with a novel, contentious or innovative nature.

Accordingly any issues relevant to the exercise of the Minister for Health and Social Service's consent will, as a matter of course, be drawn to his attention.

The process which NHS Wales bodies entering into contracts must follow is:

- All NHS contracts (unless exempt) >£1m in total to be notified to the Director General HSSG prior to tendering for the contract;
- All eligible LHB and HEIW contracts >£1m in total to be submitted to the Director General HSSG for consent prior to award;
- All eligible NHS Trust contracts >£1m in total to be submitted to the Director General HSSG for notification prior to award; and
- All eligible NHS contracts >£0.5m in total to be submitted to the Director General HSSG for notification prior to award.

The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

(i) Contracts of employment between LHBs and their staff;
(ii) Transfers of land or contracts effected by Statutory Instrument following the creation of LHBs;
(iii) Out of Hours contracts; and
(iv) All NHS contracts; that is where one health services body contracts with another health service body.

For non- capital contracts requiring DG approval, the request for approval or notification should be sent to Rob Eveleigh in the Financial Control and Governance team : Robert.Eveleigh@gov.wales

Kind regards,

SR Elliot I.K.Gunney

Steve Elliot & Ian Gunney
Diprwy Cyfarwyddwr Cyllid - Deputy Director of Finance
Dirprwy Gyfarwyddwr, Cyfalaf Ystadau a Cyfleusterau - Deputy Director Capital Estates & Facilities
Finance Directorate / Cyfarwyddiaeth Cyllid
Y Grwp Iechyd a Gwasanaethau/Health and Social Services Group

Grant Funding or Procurement?

Introduction

The purpose of this guidance is to give help in deciding when it is appropriate to progress the Welsh Government's business through competitive procurement procedures or grant funding support.

Procurement is the acquisition of goods and services from third party suppliers through tender arrangements under legally binding contractual terms, where all the conditions necessary to form a legally binding contract have been met.

Grant funding is made to bodies where the Welsh Government wishes to further its strategic policy objectives and external bodies are best placed to achieve the desired outcomes. All grants arrangements need specific statutory authority (e.g. Education Act 1996 educational service and research grants and grants under the Housing Grants, Construction and Regeneration Act 1996). The great majority are covered by cyclical grant funding where bids are invited from individuals or organisations.

This can, however, be a complex area, and in practice it may be difficult to decide whether procurement or grant funding is the most appropriate approach. If in doubt, advice should be sought from Value Wales or the Grants Centre of Excellence.

Where a situation is particularly complex and a decision to grant fund or procure cannot be reached, the Rapid Response Team has been established to support the decision process between grant and procurement.

The remainder of this guidance sets out key questions that need to be addressed in coming to a view.

Key Questions

Does the Welsh Government itself have the legal power to carry out the work needed to obtain the outcomes it wants i.e. the ability to employ staff to carry out the work directly?

If it does not have the statutory authority to undertake the work it is very unlikely that it would have the authority to acquire them under contractual arrangements. In these circumstances there is a presumption that the Welsh Government would pursue its objectives through grant funding other organisations or persons with a locus (e.g. local authorities or registered social landlords in respect of housing).

Are the goods, services or outcomes to be provided of direct benefit to the Welsh Government?

If the intention is to secure a direct service for the Welsh Government, either in terms of the supply of goods and services (e.g. office supplies; computer equipment or consultancy services) in direct furtherance of its functions or policy development; then there should be a presumption in favour of procurement. Research may well have a wider secondary interest or benefit, but the question of whether the research outcomes are primarily of direct benefit to the Welsh Government remains relevant.

Is there more than one source for the acquisition of goods; services and outcomes?

If so then again there should be a presumption in favour of competitive procurement as the most effective way of appraising the options available and achieving the best value for money. That said, procurement remains relevant in cases where there is only one option available (i.e. a sole supplier) when the Welsh Government wants full discretion in terms of the outcomes it requires and ownership of them.

What degree of control does the Welsh Government wish to exercise in achieving outcomes?

The more prescriptive the Welsh Government wishes to be in terms of specifying the service required or the outputs to be obtained, the greater the presumption there is for proceeding via procurement under a legally binding contract that clearly sets out our requirements and expectations. Procurement should ensure that intellectual copyright for the service outcomes remains with the Welsh Government (i.e. it will own them).

Is the Welsh Government proposing to provide all the funding relevant to the activity?

If so, then again the presumption is in favour of a procurement exercise. Grant funding usually covers only a part of the cost of a project or service, with funding also coming from other sources. This in turn means that other funders also have a stake in determining the direction and outcomes of the work.

Other Factors

Organisations in receipt of core funding

A number of organisations (such as an umbrella body in the voluntary sector) receive grant funding as a contribution towards their core costs such as staffing and accommodation. This does not mean that all activities such a body may be requested to undertake should be paid for through a grant. If the activity proposed is a direct service for which the Welsh Government is meeting all the cost then procurement procedures should apply. The same applies in the case of statutory bodies (e.g. the Welsh Joint Education

Committee). Their statutory status does not in itself exempt them from tendering for a service they may be able to provide. If there are potential alternative providers, procurement procedures should apply.

A change in circumstances
In a number of cases the Welsh Government has pursued its strategic objectives through the grant funding of non-Welsh Government organisations in order to fill an initial "gap in the market". These organisations have provided managerial, consultancy and advisory functions to both the Welsh Government and wider sectorial interests within Wales. In cases such as this, careful consideration should be given when the initial grant term expires as to whether market conditions have changed. Alternative providers may have entered the market from which the service could be procured in open competition.

Summary of Sign-post Considerations

Sign-posts to Procurement

- The Welsh Government has power to undertake work and achieve outcomes itself;
- Outcomes primarily represent a direct service to the Welsh Government (although maybe also of wider interest) and owned by the Welsh Government;
- Availability of alternative providers;
- Whole cost of the service outcomes to be met;
- Desirability for full discretion over specification of service and outcomes.

Sign-posts to Grant Funding

- The Welsh Government does not have legal powers to undertake work relating to the required outcomes;
- Work not a direct service: it primarily furthers the specific objectives of a third party (although conducive to Welsh Government's wider strategic objective);
- Proposal initiated by third party and not Welsh Government, or submitted in response to a request for bids under statutory grant funding powers;
- Only a proportion of the funding being provided by the Welsh Government;

- Ownership of outcomes rests with third party not the Welsh Government (although they may be adjusted in recognition of funding contribution).

DIGITAL HEALTH AND CARE WALES
BOARD ANNUAL CYCLE OF BUSINESS AND FORWARD WORK PLAN

Agenda Item	2.4

Name of Meeting	SHA Board
Date of Meeting	27 May 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 Approval
Recommendation	
The Board is asked to: APPROVE the DHCW Annual Cycle of Board Business and NOTE the forward work plan.	

Acronyms			
DHCW	Digital Health and Care Wales	SIRO	Senior Information Risk Owner
LPF	Local Partnership Forum	LINC	Laboratory Information Network Cymru
SHA	Special Health Authority		

1 SITUATION/BACKGROUND

1.1 The DHCW Board should, on annual basis, receive an Annual Cycle of Board Business which identifies the items which will be regularly presented to the Board for consideration. The annual cycle is one of the key components in ensuring that the DHCW Board is effectively carrying out its role.

1.2 A draft of the annual Cycle of Business was previously presented to the SHA Board meeting on 1st April. In future years it is intended that approval of the annual Cycle of Board Business will take place before the start of the new financial year.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Cycle of Business, attached as Appendix 1, covers the period 1 April 2021 to 31 May 2022. The Cycle of Business has been developed to help plan the management of Board matters and facilitate the management of agendas and Board and Committee business.

2.2 The forward workplan, attached as Appendix 2, will be used to identify any additional timely items for inclusion in Board business to ensure the Board are reviewing and receiving all relevant matters in a timely fashion.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Please refer to Appendix 1 – DHCW Board Cycle of Business for further detail.

3.2 Please refer to Appendix 2 – DHCW Board forward work plan for further detail.

4 RECOMMENDATION

The DHCW Board is asked to:
APPROVE the Board Cycle of Business and NOTE the forward work plan.

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	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
DHCW SHA Board	1 April 2021	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	No, there are no specific financial implication related to the activity outlined in this report

IMPLICATION/IMPACT	
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	Regular strategic items to be considered by the Board are set out in the Annual Cycle of Business, many of which will require consideration of Socio-economic impact.

Digital Health and Care Wales

Special Health Authority

Cycle of Business

(1st April 2021 – 31st May 2022)

The Special Health Authority (SHA) should, on annual basis, receive a cycle of business which identifies the items which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Special Health Authority is effectively carrying out its role.

The Cycle of Business covers the period 1st April 2021 to 31st May 2022, recognising Digital Health and Care Wales SHA established as a statutory body on the 1st April 2021.

The Cycle of Business has been developed to help plan the management of Board matters and facilitate the management of agendas and committee business.

The principal role of the Special Health Authority is set out in the Standing Orders 1.0.1. The Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:

- Setting the organisation's strategic direction
- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the Health Authority performance across all areas of activity.

Board Cycle of Business (1st April 2021 – 31st May 2022)

Item of Business	Executive Lead	Reporting period	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022
Preliminary Matters																
Shared Listening & Learning	Executive Directors	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓
Minutes of the previous Board Meeting	Board Secretary	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓
Action Log	Board Secretary	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓
Chairs Report *(Including affixing of the Common Seal and Chairs Urgent Action Requests)*	Board Secretary	All Regular Meetings	✓	✓		✓		✓		✓		✓		✓		✓
Chief Executive Report	Chief Executive	All Regular Meetings	✓	✓		✓		✓		✓		✓		✓		✓
Governance, Risk, Performance & Assurance																
Adoption of corporate policies	Board Secretary	Annually and As Required	✓											✓		
Audit Wales Structured Assessment & Audit Letter (date tbc)	Board Secretary	Annually										✓				
Organisational Risk Register	Board Secretary	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓
Risk Management and Board Assurance Framework Strategy	Board Secretary	Annually		✓												✓
Governance Framework	Board Secretary	Annually				✓										
Senior Information Risk Owner Annual Report	Director of ICT	Annually								✓						
Organisational Performance Report	Chief Operating Officer	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓
Accountability Report	Board Secretary	Annually														✓
Annual Report	Board Secretary	Annually														✓
Health and Care Standards Annual Report	Director of Finance	Annually														✓
Audit & Assurance Committee Highlight Report	Board Secretary	All Regular Meetings following a Committee		✓		✓				✓		✓				✓
Audit & Assurance Committee Annual Report	Board Secretary	Annually														✓
Digital Safety & Governance Committee Highlight Report	Board Secretary	All Regular Meetings following a Committee		✓				✓		✓		✓		✓		✓
Digital Safety & Governance Committee Annual Report	Board Secretary	All Regular Meetings following a Committee														✓
Remuneration and Terms of Service Committee Highlight Report	Board Secretary	As required at all Regular Meetings following a Committee		✓		✓		✓		✓		✓		✓		
Remuneration and Terms of Service Committee Annual Report	Board Secretary	Annually														✓
Local Partnership Forum Highlight Report	TBC	As required at all Regular Meetings		✓		✓		✓		✓		✓		✓		✓

Item of Business	Executive Lead	Reporting period	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022
		following a meeting of the Forum														
Local Partnership Forum Annual Report	TBC	Annually														✓
Workforce & Organisational Development																
Welsh Language Scheme (Standards) Annual Report	Director of ICT	Annually														✓
Equality & Monitoring / Strategic Equality Plan	Chief Operating Officer	Annually														✓
Planning																
Annual Plan 2021/22 – Approval	Chief Operating Officer	Annually		✓										✓		
Annual Plan Progress Updates	Chief Operating Officer	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓
Emergency Planning Annual Report	Chief Operating Officer	Annually										✓				
Engagement Strategy	Chief Operating Officer	As required				✓										
Performance Management Framework	Chief Operating Officer	As required				✓										
Finance																
Monthly Finance Reports	Executive Director of Finance	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓
Monitoring Returns to Welsh Government	Executive Director of Finance	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓
Annual Statutory Accounts	Executive Director of Finance	Annually														✓
Strategic Procurement Report	Chief Operating Officer	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓
Board Effectiveness																
Approval of the Standing Orders	Board Secretary	One off	✓	✓												
Annual Review of the Standing Orders	Board Secretary	Annually												✓		
Board Cycle of Business (Period April 22 – March 23)	Board Secretary	Annually										✓				
Board Effectiveness Self-Assessment	Board Secretary	Annually												✓		

Digital Health and Care Wales Board Work Programme 21/22

Meeting Date	*Standing items*	*Governance*	*Planning*	*Additional items*
27th May 2021	• Welcome and Introductions • Minutes • Declarations of interest • Action log • Shared listening and learning approach • Chairs Report • Chief Executives Report • Review of Corporate Risk Register • Integrated Organisational Performance Report • Committee Highlight Reports • Local Partnership Forum (LPF) Highlight Report – N/A for this meeting • Financial Report • Welsh Government Financial Monitoring Returns • Strategic Procurement Report	• Annual Cycle of Business • Forward Work Programme • Risk Management and BAF Strategy • Standing Orders and Standing Financial Instructions	• Annual Plan 21/22	
29th July 2021	• 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 • Welsh Government Financial Monitoring Returns • Strategic Procurement Report	• Governance Assurance Framework	• Engagement Strategy	• Data Centre Transition Report • EU Transition Update • Cloud Strategy • Laboratory Information Network Cymru (LINC) Programme Report Presentation (Private)
30th	• Welcome and Introductions		• LINC Contract	• Data Centre Transition Report

September	• 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 • Welsh Government Financial Monitoring Returns • Strategic Procurement Report		Award Approval	

DIGITAL HEALTH AND CARE WALES
CHAIR'S REPORT

Agenda Item	3.1

Name of Meeting	SHA Board
Date of Meeting	27 May 2021

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

Executive Sponsor	N/A
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		

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)

Appointment to the DHCW Chief Executive Officer Post

2.1 I am delighted to announce that following a competitive recruitment process Helen Thomas has been appointed to the substantive DHCW Chief Executive post. An external recruitment organisation were commissioned to headhunt suitable candidates both nationally and internally as part of the competitive recruitment process. This is a DHCW Board appointment by DHCW following the initial Interim Chief Executive appointment which was made by Welsh Government. I look forward to working with Helen in her substantive role.

DHCW Committee Membership

2.2 I am pleased that following the establishment of DHCW on the 1 April 2021 we have been able to progress the appointment of our Committee membership to include the identification of Chairs and Vice Chairs, as set out below.

Independent Member	Audit and Assurance Committee	Digital Governance and Safety	Remuneration and Terms of Service Committee
Mr Bob Hudson (Chair)			✓ Chair
Mrs Ruth Glazzard (Vice Chair)	✓		✓ Vice Chair
Mrs Sian Doyle		✓ Chair	✓
Mrs Rowan Gardner		✓ Vice Chair	✓
Ms Marian Jones	✓ Chair		✓
Ms Grace Quantock	✓ Vice Chair		✓
Mr David Selway	✓	✓	✓

2.3 In addition to agreeing Committee membership the initial meeting of each Committee has taken place since the inaugural Board meeting held on the 1 April. Highlight reports from the first of each of these Committee meetings can be seen in part 5 of the agenda.

Associate Board Member – Trade Union

2.4 In-line with the DHCW Membership Regulations the Independent Members are working with Trade Union colleagues to appoint a DHCW Associate Member – Trade Union. DHCW recognised Trade Unions will be invited by DHCW Independent Members to nominate an eligible candidate for appointment as an Associate Member. A person is an eligible candidate for nomination only if the person is:

- a member of DHCW's staff,
- a member of a Trade Union recognised by DHCW

The Trade Union Associate Member of the Board will be expected to 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 concluding this process and appointing into this crucial Associate Board Member role.

Conduct of DHCW Board and Committee business during COVID-19

2.5 At our inaugural Board meeting on the 1 April we outlined the DHCW approach to Board and Committee meetings whilst adhering to the current advice and guidance in relation to COVID-19. Further work has taken place to explore options for ensuring:

- We maximise accessibility to Live Streamed Board meeting via a suitable platform, for those citizens and stakeholders with Internet access.
- We are able to translate Board meetings held virtually simultaneously into Welsh or English.

2.6 The work undertaken has suggested the whilst the initial two DHCW Board meetings have used Microsoft Teams to enable Live Streaming of Board meetings, future meetings are likely to use Zoom to allow citizens to observe Board meetings live. Using Zoom rather than Microsoft Teams will also ensure that Board meetings can be simultaneously translated into Welsh and English. All DHCW Board meetings will remain accessible to citizens via the DHCW website where the Live Streamed recording will be posted after the meetings.

2.7 Board and Committee meeting papers and minutes will be available to the public on the DHCW website. In addition, we are working to ensure access to future Committee meetings for

members of the public is made possible as soon as practically manageable, either face to face, COVID-19 restrictions permitting or via virtual means.

2.8 DHCW will continue to closely monitor Welsh Government advice and guidance related to COVID-19 restrictions, mass gatherings and essential travel. As and when Welsh Government guidance changes, we will consider what this means for DHCW Board and Committee business to ensure we continue to operate in an open and transparent manner.

2.9 Whilst DHCW will hold as much Board and Committee formal business in public as possible there will be circumstances where it would not be in the public interest to discuss matters in public, for example business that relates to a confidential matter. There will be cyber security considerations, risks and issues that will be regularly considered in private session via the Digital Governance and Safety Committee. In addition, the DHCW Board will ensure these cyber security considerations and any other items not in the public interest to include in the public session, are scheduled for consideration periodically at DHCW Board meetings in private 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.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The approach to Board and Committee business to maximise openness and transparency will be monitored on an ongoing basis as guidance and advice from Welsh Government is received.

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 acccountability
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:
No, (detail included below as to reasoning)	Outcome:
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 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
CHIEF EXECUTIVE'S REPORT

Agenda Item	3.2

Name of Meeting	SHA Board
Date of Meeting	27 May 2021

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

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

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

Acronyms			
CEO	Chief Executive Officer		
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
NWIS	NHS Wales Informatics Service	NIS	Network and Information Systems

1 SITUATION/BACKGROUND

1.1 This is the second CEO report prepared and presented for noting by the Board. It 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 since the last meeting.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Transition to Digital Health and Care Wales

The Special Health Authority (SHA) Transition Project has successfully delivered the key milestones to establish Digital Health and Care Wales on 1st April 2021 and enable the organisation to function as a Special Health Authority. A project closure report will be submitted to the DHCW Management Board for approval and will then be shared with the Special Health Authority Programme Board.

2.2 The Appointments to the DHCW Executive and Senior Leadership Team

The Chief Executive appointment (Helen Thomas, formerly Interim CEO) was announced on the 11th May 2021. This now enables the organisation to begin the process of agreeing the DHCW Executive and Senior Leadership Team, including the appointment of the two remaining Executive Director Board posts. Until in post, the existing DHCW Directors will continue to provide leadership to DHCW and attend Board meetings in a non-voting capacity. The Board will be fully engaged in the development of the Executive and Senior Leadership team structure.

2.3 Submission of the DHCW Annual Plan 21/22

Following submission to Welsh Government of the draft Annual Plan on 31st March, work is underway to engage DHCW Board members in the content of the plan; a detailed review took place at the first DHCW Board Development session in April. Initial feedback from the Welsh Government Planning Team acknowledges that the Plan is clear and concise and will be helpful in the development of Digital Health & Care Wales as a new SHA. Further-more detailed comments are anticipated which may require refinements. Pending this feedback and in order to provide appropriate direction to the organisation the plan is presented to the DHCW Board meeting later on the agenda for formal approval.

2.4 Strategic Engagement

The DHCW Senior Leadership team are undertaking scheduled strategic engagement meetings with NHS Wales Health Boards and NHS Trusts to support the delivery of joint objectives. Initial meetings took place earlier in the year to inform the development of our Annual Plan and we are now confirming our approach to ensure that our shared objectives will be met. A number of these strategic engagement meetings have taken place over the past few weeks with more to take place over the coming weeks.

Stakeholder engagement and collaboration across the NHS Wales system is a key priority for DHCW and a DHCW Stakeholder Engagement Strategy is in development and will be presented to the Board for input, review and approval.

2.5 DHCW Covid-19 Response

Digital Health and Care Wales continue to support the Welsh Government's and UK Government's response to Covid-19 predominantly via the Test, Trace and Protect and Vaccine Programmes. Further priority work is being undertaken to allow functionality to consume electronic Covid-19 test results received from private laboratories.

Requirements for the Covid-19 certification are being discussed between the four UK nations on a weekly basis. Currently no final decision has been made, we will be working with the Welsh Government to develop proposals for solutions both interim and longer term.

2.6 Cyber Resilience Unit

The new NHS Wales Cyber Resilience Unit was successfully launched on 1st April 2021. The establishment of the unit is being managed through a collaborative project with Welsh Government as the Competent Authority, and we have now begun Phase 2 to transform NHS Wales cyber resilience posture through Network and Information Systems (NIS) Regulation compliance, building a community of best practice, and developing appropriate cyber strategies. NIS Regulations provide legal measures to boost the overall level of security of network and information systems that are critical for provision of digital services.

2.7 Data Centre Transition

The contract for one of our two data centres comes to an end on 31st October 2021. A Data Centre Transition Board is in place to manage the move to the new premises and to oversee the move of some services to the Cloud. The agreed plan was predicated on the required network connectivity for the migration of the data centre being in place by Mid-April, this has now been delayed to the end of May, which has impacted the published plan. The project is working with Application leads and the service to evaluate all available options to re-plan the physical infrastructure moves to ensure the migration can still take place in advance of 31st October 2021. The revised plan will be reviewed at the next project board meeting.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The appointment of the additional two DHCW Executive Director Board posts will be progressed following the announcement of the appointment for the permanent Chief Executive for DHCW.

3.2 Board members are asked to note the delay experienced in the implementation of the network connectivity required for the migration of the data centre and the associated work being undertaken to understand the impact this will have on this project.

3.3 The Board should 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 has been mitigated by establishing a permanent team, however the rapid and fluctuating nature of the requirements could have potential impact on planned work over the coming months.

4 RECOMMENDATION

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

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives Apply

CORPORATE RISK (ref if appropriate)	

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

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

HEALTH CARE STANDARD	Governance, leadership and acccountability
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	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 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
ANNUAL PLAN 2021/22 REPORT

Agenda Item	4.1

Name of Meeting	SHA Board
Date of Meeting	27 May 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 Approval
Recommendation	
The Board is being asked to: **APPROVE** the annual plan for 1st April 2021 to 31st March 2022 subject to comments from Welsh Government.	

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. A copy of this draft Plan is included at Appendix A.

1.2 Under normal circumstances the SHA Board would expect to be involved in the development and agreement of the Plan prior to submission. However, as a new organisation this was not possible in advance this year and the new Board reviewed the draft Plan at a Board development day on 29 April 2021.

1.3 Feedback from Board members in this session recognised that the principle audience for this Plan is the Welsh Government. As such it reflected the priorities for the new organisation within a clearly articulated strategic framework and set out the key milestones for delivery. However, it was also recognised that further materials should be developed to complement the Plan itself for the range of Stakeholders that the organisation needed to engage with. Creating tailored 'views' of the plan to more easily share our vision and identify areas of collaboration. This work will now be progressed in line with the development of the DHCW Stakeholder Engagement Strategy.

1.4 Taking into account feedback received at the Board Development session the presentation provided to the Board today summarising the Annual Plan has been developed to simplify how the Annual Plan is presented.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 A number of slides have been developed, including the Plan on a Page, as an initial introduction to share with the Board and will be developed further to inform specific Stakeholders.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Initial feedback from the Welsh Government Planning Team acknowledges the 21/22 Plan is clear and concise and helpful in the development of Digital Health & Care Wales as a new SHA.

Detailed comments are anticipated in the very near future which may require refinements, which will be presented to the Board at the July session.

4 RECOMMENDATION

The Board is being asked to:
APPROVE the annual plan for 1st April 2021 to 31st March 2022 subject to comments from Welsh Government.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

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

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

PERSON/GROUP	DATE	OUTCOME
SHA Board Members (Board Development Day)	29/04/21	Reviewed – no changes to report but additional communications to be considered for different readership

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

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

‘Everyone in Wales should have longer, healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible’
A Healthier Wales

How We Support That Vision

DIGITAL HEALTH AND CARE WALES

PLAN

2021/22

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Our National Portfolios and Enablers

Our Financial Plan

Our Workforce Plan

Our Quality and Regulatory Compliance Plan

Our Deliverables

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DIGITAL HEALTH AND CARE WALES

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Digital Health and Care Wales

Introduction

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MESSAGE FROM THE CHAIR AND CEO

TRANSFORMING THE DELIVERY OF DIGITAL HEALTH AND CARE FOR THE PEOPLE OF WALES

We are very pleased to bring you our first Annual Plan as Digital Health and Care Wales.

Created to deliver digital transformation, our new organisation will provide the national technology and data services needed by health and care professionals and the people of Wales, helping us to achieve better health and well-being. Operating as a Special Health Authority with an independent Chair and Board, our new organisation replaces the NHS Wales Informatics Service, reflecting the importance of digital and data in a modern NHS.

A Healthier Wales, the Welsh Government's plan for health and care, identifies the development of digital services as key to delivering health and care fit for the future. We have seen how the rapid deployment of new technology has supported the NHS Wales response to the pandemic, but there is more to do so that patients and staff can benefit from the best that modern technology has to offer.

As the trusted delivery partner we now have the opportunity to build on our strong foundations and work in partnership with the wider NHS Wales family, public sector colleagues, patients and the public to support the wider system, with the advantage of scale when it matters, combined with an understanding of the health needs of our communities. As one of the few nations where a patient's data can follow them around the system, Wales is well-placed to put digital at the heart of health and care.

This is an exciting time and the start of a new era. Technology is evolving and the pandemic has demonstrated that it has never been more important for our NHS. Now we look forward to working together with patients and health professionals to innovate, move forward and make technology and data work for better health.

Our annual plan builds on the strategic approach that we published last year and sets out an ambitious portfolio of objectives which will continue to drive digital transformation for better outcomes. To achieve the vision of A Healthier Wales we will need to make significant progress in areas such as the National Data Resource, Cancer Informatics and Digital Services for Patients and the Public, whilst continuing to develop the wider needs required by the Covid-19 pandemic. We will also be relocating from one of our main data centres – some systems being located in the cloud and some into our new data centre. This will have an impact on resources and systems across the organisation, but will provide us with state of the art infrastructure to move forward with, as well as significant transformation opportunities. In addition to these key work plans we will also continue to prioritise the digital services which enable health and care staff to work day-to-day, and we will further our plan to support the recovery of services across NHS Wales.

Whilst we recognise that along with all NHS Wales colleagues we are often reacting to unforeseen requirements in a volatile environment, we have achieved a significant amount of digital transformation over the past twelve months, and have very quickly developed services that we could not have imagined a short time earlier. We owe this to our dedicated team of talented informatics professionals who have worked tirelessly to deliver in very difficult times. We look forward to the opportunities and challenges that lay ahead for the new organisation and to share in future successes as part of the NHS Wales family.

- We are a new NHS Wales organisation with new leadership focused on transforming the way we deliver digital health and care. Quality is at the heart of all we do.
- Working in partnership with the wider NHS Wales family, public sector colleagues, patients, the public, academia and industry, we are the trusted partner for modernising health and care through digital transformation.
- 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.
- Our digital health and care systems are behind every aspect of care and every patient encounter.

Helen Thomas (interim CEO)

Bob Hudson (interim Chair)

EXECUTIVE SUMMARY

Our 2021/22 **Annual Plan** sets out our vision and ambition for delivery of digital health and care as a new **Special Health Authority** and builds on the four strategic priorities that we developed last year in response to a rapidly evolving health and care system. We have added a fifth strategic priority to recognise the work that we will need to achieve to develop the new digital organisation and the workforce who deliver our services. Our **Strategy on a Page** shows how we have illustrated our work as strategic **Enablers** and **Portfolios**, supporting transformation in areas such as information availability and flow, public health, planned care, primary and community care.

Covid-19 Response

We will build on our success in supporting the Test, Trace, Protect and Vaccination Programmes by responding to new requirements and enhancements, and our key objective is to do this in a sustainable way which does not continue to divert resources away from other recovery initiatives.

Business as Usual and Beyond

We have continued to support over 100 national products and services through the pandemic and this year's plan assumes a continued programme of maintenance and upgrades to keep systems running effectively. Our strategic enablers - **information availability and flow**, **protecting patient data** and **sustainable infrastructure -** have ambitious developments ahead. These include our Data Centre Transition project, our new roles around national Cyber Assurance and Information Governance, and our responses to the Welsh Government Infrastructure and Digital Architecture reviews, where we start to consider new architectural building blocks and standards, Cloud first, collaborating nationally on the National Data Resource programme and new Digital Governance arrangements.

Recovery

Digital will play a key role in recovery of health and care services impacted by Covid-19. Our plan therefore expects to support remote, out of normal hours working, to avoid reliance on on-site outpatients arrangements. We will continue to make millions of clinical reports, documents and data securely available across organisational boundaries – irrespective of where the treatment is delivered. We will support process efficiencies with digital solutions.

Digital Programmes

We will roll out new systems for hospital pharmacy stock control, intensive care and emergency departments and will continue to enhance the community care solution, used by community health staff and social care. We will work on solutions funded through a Welsh Government digital priority investment fund to deliver our new cancer informatics solution, as well as to provide better services for patients and the public. We will also work with partners in taking forward the recommendations of the Welsh Government medicines management review.

Sustainable Development

The Well-being of Future Generations (Wales) Act provides wide-ranging opportunities which will form the bedrock of how Digital Health and Care Wales expects to approach sustainable development, notwithstanding the digital requirements of A Healthier Wales; from improving opportunities to use the Welsh language, to striving for decarbonisation and maximising on social partnerships. We will set out our longer-term plan for sustainable development with our Board in the year ahead.

SUPPORTING NHS PRIORITIES

- Covid-19 public health response
- Recovery
- Prevention
- Reducing health inequalities
- Primary and community care
- Timely access to essential services
- Mental health
- Decarbonisation
- Social partnership

2020-21: A YEAR OF ACHIEVEMENTS AND AWARDS IN RESPONSE TO COVID-19

The achievements and awards summarised here are included in detail in our 2020-21 Achievements Report

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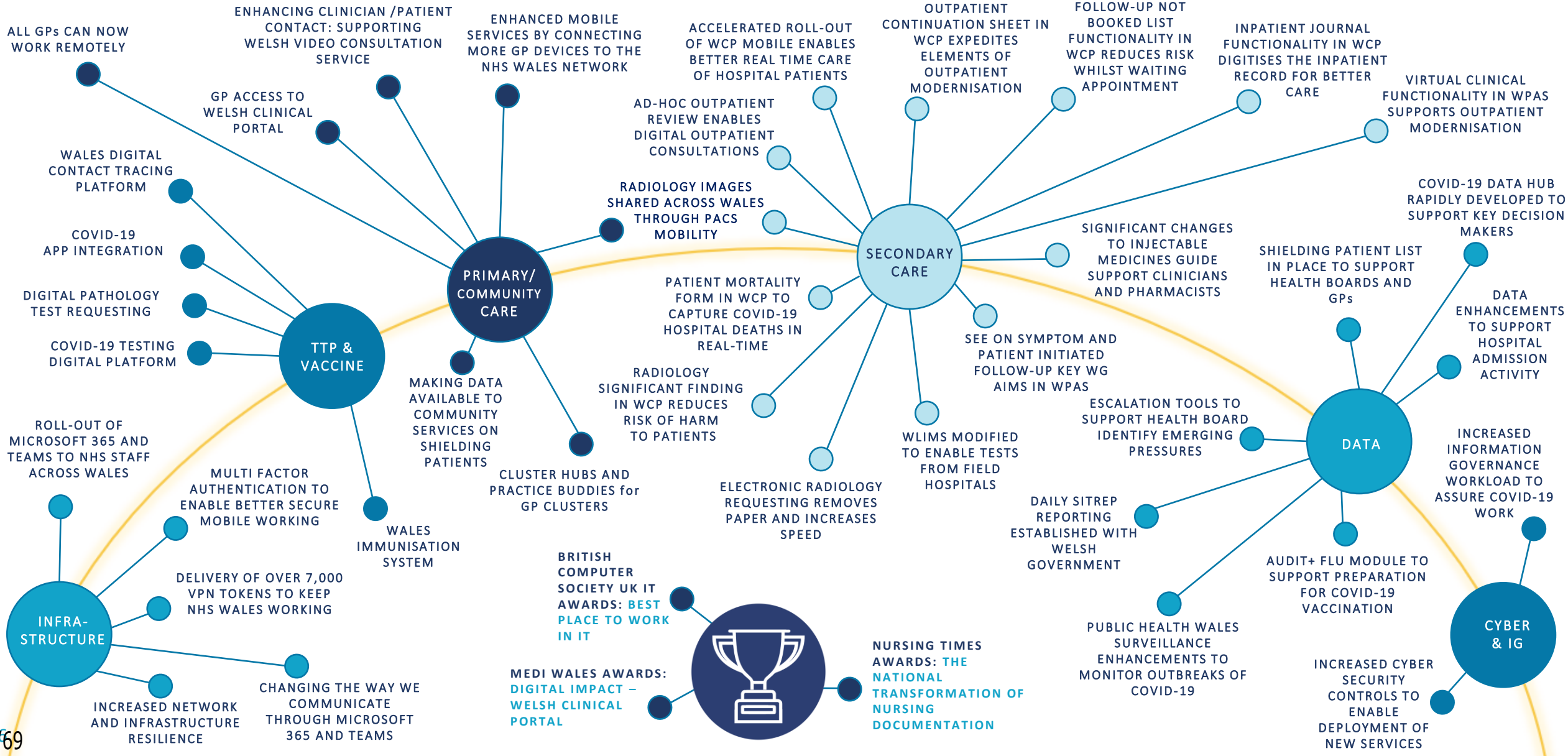

GIG CYMRU NHS WALES
Iechyd a Gofal Digidol Cymru
Digital Health and Care Wales

How we have developed our Plan

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DIGITAL HEALTH AND CARE WALES

PLAN

2021/22

Digital Health and Care Wales | STRATEGY ON A PAGE

Our 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.

Our Ambition....

We will:

- **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
- support the **modernisation of clinical specialties and healthcare processes** through delivering dedicated **high quality digital services**
- **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
- enable users to derive **value from data** collected from national and local systems through **Big Data Analysis**

Our Partners....

By working at the start with **patients and the public**, and **national and local partners** we can understand the future direction of healthcare and how we can play our part in patient centric care.

We will help enable that transformation and change through data and technology solutions.

Our Routemap....

Year 1

- Establish the new Special Health Authority
- Consolidation of enablers
- Continue to support the pandemic response and recovery

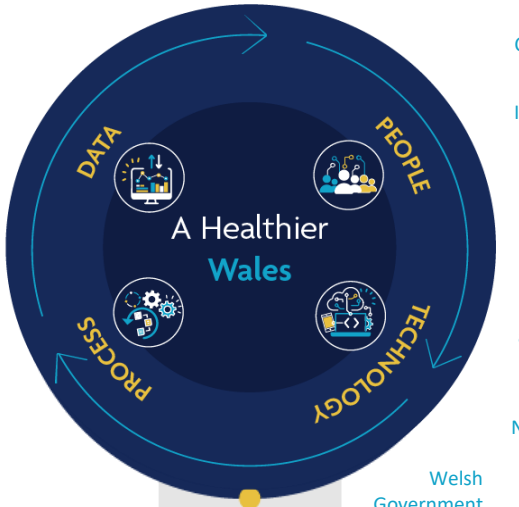
Year 2-3

- Open and interoperable
- Cloud First

Year 4+

Significant value from data

Development of the New Digital Organisation



Patients
Citizens
Users
Industry
Local Health Boards
NHS Trusts
Health Education and Improvement Wales
NHS Wales Health Collaborative
Welsh Government
Local Government Social Care
Tec Cymru
Third Sector
UK Four Nations
Academia
Communities Wales
Office of National Statistics
Life Sciences Hub
Audit Wales
Internal Audit

OUR OUTPUTS AND OUTCOMES....

Big data analysis..... FOR BETTER OUTCOMES AND VALUE BASED CARE

Expanding the content, availability and functionality of the digital health and care record.... SO THAT CARE AND TREATMENT QUALITY IS IMPROVED

Delivering high quality digital services.... TO SUPPORT EFFICIENCIES AND IMPROVEMENTS IN CARE PROCESSES

Mobilising Digital Transformation.... SUPPORTING JOINED UP CONSISTENT CARE

Value from Data

Digital Healthcare Professional Empowerment

Digital Patient Empowerment

Public Health

Primary and Community

Planned and Unscheduled Care

Medicines Management

Diagnostics

Information Availability and Flow

Protecting Patient Data

Sustainable Infrastructure

STRATEGIC OBJECTIVES - National

Our 4 overarching national objectives are divided into 11 enablers and portfolios

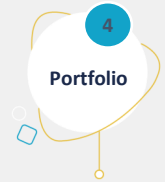
MOBILISING Digital Transformation

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

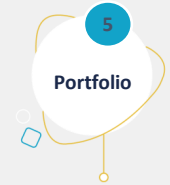
Protecting Patient Data:
Develop an Information Governance and Cyber Security framework, standards and mechanisms that prioritise patient and service user safety and confidentiality, and protect data from external and internal threats, resulting in data remaining secure and NHS Wales being trusted to host patient and service user personal information

Sustainable Infrastructure:
Develop and maintain a high-quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility

EXPANDING THE CONTENT, AVAILABILITY AND FUNCTIONALITY of the Digital Health and Care Record

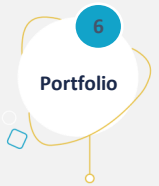


Digital Healthcare Professional Empowerment:
Accessing a content rich care environment, agnostic of health board and geographical boundaries by expanding the content, availability and functionality of the Digital Health and Care Record to be the front-door for real-time access to person-specific health and care data

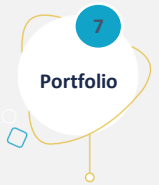


Digital Patient Empowerment:
Provide Digital services for patients and the public to enable seamless interaction with health and care services supporting patients to fully participate in their own health and well being

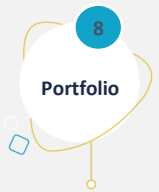
DELIVERING HIGH QUALITY digital services



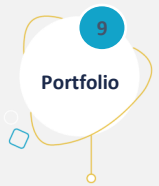
Public Health:
Develop, operate and maintain a set of high-quality national digital services to support Public Health prevention and early intervention Programmes



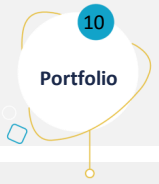
Primary and Community Care:
Building digital infrastructure across primary and community care by developing, operating and maintaining a set of high-quality national digital services reflecting new models of local care, closer to home



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

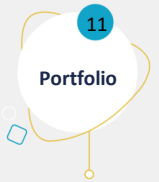


Diagnostics:
Develop, operate and maintain a set of high-quality national digital services to enable the modernisation of diagnostics



Medicines Management:
Develop, operate and maintain a set of high-quality national digital services to enable modernisation of medicines management

BIG DATA analysis for better outcomes and value based care



Value from data:
Driving value from data for better patient outcomes and service planning

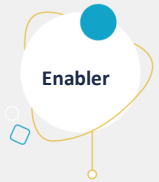
Each Portfolio has sub objectives for the immediate future

Click on 'Portfolio' or 'Enabler' text to go to detailed Vision

STRATEGIC OBJECTIVES - Organisational

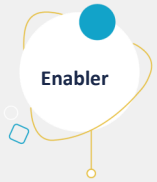
Our 5th overarching strategic objective is about our organisation and has 5 enablers

DEVELOPMENT OF The New Digital Organisation



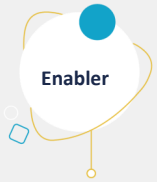
Establishing and embedding new organisation governance and leadership roles: Key leadership roles include Cyber Security and Data Governance

- Develop and deliver a fully functional and effective board governance process supported by appropriate committee structures, board governance framework and reporting requirements
- Ensure compliance with Standing Orders and Special Financial Instructions. Establishment of financial structures and functions to deliver and manage the financial allocations and requirements for statutory requirements. The role extends to supporting the investment pathway with digital business cases and benefits tracker
- Take forward the national functional responsibilities in Cyber with the formation of the Independent Cyber Resilience Unit and with the national data Governance responsibilities that DHCW will lead
- To further develop the functional requirements of the organisation and the resource and funding implications



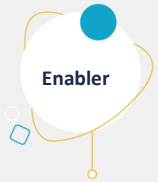
Strengthening Stakeholder Relationships : working collaboratively with all stakeholders to develop our digital roadmaps and to consider our responsibilities in relation to socio economic development in Wales

- Confirming the strategic objectives and vision for the new organisation with our new board and ensure this is widely communicated
- Develop our stakeholder engagement strategy, building upon the strategic engagement sessions routinely underway
- Develop a shared transformation plan with delivery partners
- Ensure that socio economic considerations are at the heart of our procurement and resourcing decisions



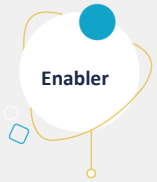
Strategic roadmap : Linking the work on the architecture and infrastructure to develop a technology roadmap that includes cloud and open architecture - a broader national systems roadmap linking the requirements of a Healthier Wales

- To translate the Healthier Wales and population health digital response into a national digital road map that will help to identify and influence digital investment priorities underpinned by specific product and service roadmaps
- To respond to those priorities in relation to the Architecture and Infrastructure future requirements through the development of several strategies and related business cases, eg, Open Architecture, Cloud, test and development



Develop our Digital capability and capacity through our workforce development and planning but also our commercial relationships

- The demands for digital continue to grow. To keep pace DHCW will need to develop a comprehensive digital workforce plan capitalising on its links with the Wales Institute of Digital Information (WIDI), commercial partners, and HEIW. We will develop as part of WIDI our research and innovation strategy
- With the growing dependency on the digital systems 24/7 the organisational support models need to adapt and provide appropriate support. The future workforce models will be at the forefront of next year's plans
- Develop a business case articulating the benefits and need for further investment in business change expertise to increase the pace of digital transformation with our partners



Quality, Regulation and Service Improvement : DHCW will be a quality organisation adhering to relevant international quality standards. It will strengthen this with a new structure, iPassport system and proactive regulation focus

- A quality and regulation group will lead and support the implementation of IPassport and the audit programme that underpins the ISO standard requirements
- Regulatory priorities, such as medical devices will be areas of focus
- The quality and compliance team will be strengthened and assure that international quality standards are integrated within product development processes
- Develop our document management strategy
- A robust approach to organisational learning will ensure lessons learnt to deliver continuous service improvement

STRATEGIC OBJECTIVES – National immediate future activities

Each Enabler / Portfolio has priority activities (in the blue box) for the immediate future

Strategic Objective

Mobilising Digital Transformation

1 Enabler

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

- Develop enhanced integration services and repositories as architectural building blocks to enable safe and secure access to data in the digital health and care record (1.01)
- Establish the structured clinical data repository for Wales as a new architectural building block , utilising a standards-based approach to how data is stored and shared with citizens, clinicians, and software suppliers , starting with cancer treatment, shared medications and allergies as the first implementations (1.02)
- Continue collaboration with the National Data Resource Programme to build the enablers of an open, interoperable architecture from which NHS Wales can derive value and insight from the intelligent use of clinical data (1.03)

2 Enabler

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.

- Ensure corporate compliance with 'information rights' legislation and standards framework (2.01)
- Develop and promote a national IG framework that allows the right people to access the right level of personal data at the right time (2.02)
- Contribute to a national governance structure that identifies threats and maximises opportunities to use personal data lawfully and effectively (2.03)
- Embed and support the national cyber security agenda including The Security of Network and Information Systems (NIS) Regulations (2.04)
- Host an independent Cyber Security unit which holds delegated authority from Welsh Ministers to provide ongoing cyber security assurance activities on behalf of Welsh Government (2.05)

3 Enabler

Sustainable Infrastructure:
Develop and maintain a high-quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility.

- Move services from one Data Centre into a new Data Centre and Cloud (3.01)
- Develop a Cloud Strategy and Business Case for our organisation aligning to the Welsh Government infrastructure review and ensuring a 'cloud-first' approach to the design and development of future services (3.02)
- Migrate workloads from aging infrastructure and decommission (3.03)
- Increase infrastructure capacity as required to support the hosted systems and demand from end-users (3.04)
- Implement new processes and cloud management technologies to enable more optimised PC deployment and management (3.05)

Strategic Objective

Expanding the content, availability & functionality of the digital health and care record

4 Portfolio

Digital Healthcare 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.

- Support 'Transforming Cancer Services' by development of the Cancer Informatics Solution using the NHS Wales national architecture (4.01)
- Support Clinical plans and NHS professionals by enabling recording and linkage of data within the national architecture together with access to clinical documents and knowledge bases (4.02)
- Further develop the electronic requesting functionality and results notifications across other disciplines (4.03)
- Embed patient analytics into our systems (4.04)
- Progress sharing data from secondary care with community staff and vice versa (4.05)
- Further support remote working for healthcare professionals accessing data from anywhere and anytime, including expansion of both the mobile version of the digital health and care record and Office 365 (4.06)

5 Portfolio

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

- Take forward the Digital Services for Patients and the Public Programme (DSPP) as the default coordinating body for patient facing digital services across the NHS and social care space in Wales (5.01)
- Work with our health and care partners, the Centre for Digital Public Services and assurance groups to prioritise the citizen centred functionality for delivery of patient and public digital services (5.02)
- Finalise procurement activities and award contracts for the key commercial partners delivering the digital patient and public platform (5.03)
- Establish the digital patient and public core platform services, including working with the National Data Resource programme to develop the data and information architecture required to open up access to NHS held data in a safe, secure and auditable fashion (5.04)
- Deliver a proof of concept to demonstrate that the digital patient and public core platform concept works, to demonstrate supplier capabilities and to support the scoping and development of the baseline functionality (5.05)

STRATEGIC OBJECTIVES – National immediate future activities

Each Enabler / Portfolio has priority activities (in blue box) for the immediate future

Strategic Objective: Delivering High Quality Digital Services

6 Portfolio — Public Health:

Develop, operate and maintain a set of high-quality national digital services to support Public Health prevention and early intervention Programmes

- Scale up and enhance our digital offerings around Covid-19 contact tracing (6.01)
- Enhancing and rolling out our Welsh Immunisation System (6.02)
- Ensure Covid-19 systems are sustainable, supported and funded, and not to the detriment of our other solutions (6.03)
- Support the increasing requirements to deliver flows of Covid-19 testing data to new users, across borders, integrate with new systems and develop a Welsh Pandemic Record (6.04)
- Build on the Covid-19 business intelligence successes to extend our value from data offerings (6.05)
- Progress any planned enhancement or transfer of Screening systems, whilst sharing screening results with other systems nationally. (6.06)

7 Portfolio — 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

- Complete the procurement of a new Framework for GP systems to provide system choice and enable the transfer of data rich patient records between GP Practices whilst looking to future alignment with the open digital health platform (7.01)
- Continue to support the roll out and platform upgrade of the Community system including the mobile version (7.02)
- Join up further the systems communicating across primary, community and hospital settings, including pharmacy teams benefitting from further electronic integration with other services and eye care (7.03)
- Complete the integration of the Dental E-referral Management System with the Welsh Patient Referral Service enabling Dentists to refer seamlessly to secondary care systems (7.04)
- Work to continue on agreeing data sets for community care including a mental health data set, and business intelligence dashboard linking health with social care data (7.05)
- Gather informatics requirements and modernise information availability around primary care services including those working in geographical localities called clusters, where health and care partners collaborate to understand local needs (7.06)

8 Portfolio — 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

- Support the modernisation of outpatients through redefining patient contacts and risk stratification, electronic referral prioritisation, and providing digital solutions to support alternatives to outpatient appointments such as advice between primary and secondary care clinicians (8.01)
- Support referral pathway efficiencies from hospital to hospital with our patient referral solution (8.02)
- Roll out a system to support digitalisation of Intensive Care across Wales (8.03)
- Roll out the Welsh Emergency Department System across Wales (8.04)
- Implement the patient administration functionality of the current Cancer Solution in Velindre with the Welsh Patient Administration System (8.05)
- Implement the Welsh Patient Administration in BCU West and then across the health board as a single instance. (8.06)
- Support the core datasets for new and developing systems in planned and unscheduled care (8.07)
- Gather requirements for a single view of a patient pathway in secondary care (8.08)
- Support integration requirements from initiatives such as 111, Eye care, WAST electronic patient care record, Scan4Safety. (8.09)

9 Portfolio — Diagnostics:

Develop, operate and maintain a set of high-quality national digital services to enable the modernisation of diagnostics.

- Support the new national Laboratory Information Management System LINC Programme (9.01)
- Support the radiology community with solutions such as the new Radiology Informatics Solution Procurement Programme (RISP) including the procurement of new Picture Archiving and Dosage Management Solutions (9.02)
- Support implementation of electronic radiology requesting across Wales (9.03)
- Work with diagnostics services across Wales to provide an imaging archiving solution (9.04)
- Enhance the national availability of diagnostic results and reports into national repositories, eg working with initiatives like digital cellular pathology (9.05)

10 Portfolio — Medicines Management:

Develop, operate and maintain a set of high-quality national digital services to enable modernisation of medicines management

- Roll out a newly procured national medicines stock control system to Welsh hospitals (10.01)
- Consider the results of the Welsh Government commissioned Review into E-prescribing and electronic transfer of prescriptions and work out the immediate options to support this. (10.02)
- Work will take place to explore the complexities and opportunities of establishing a Common Medications Record that will enhance the Digital Health and Care Record (10.03)
- Start to improve the 'data language' of medicines so systems can communicate (10.04)

Strategic Objective: Big Data Analysis

11 Portfolio — Value from data:

Driving value from data for better patient outcomes and service planning

- Continue to support the requirements of the COVID-19 response with necessary developments around data, analysis and reporting (11.01)
- Expand the analyses of data in relation to Essential Services provision (11.02)
- Continue the support and development of products in support of the Value in Health Programme, utilising the developing standards for PROMS. (11.03)
- Formalise Research and Innovation arrangements and set out a research approach that is aligned to DHCW's strategic objectives and the needs and demands of the health and care system in Wales (11.04)

RISKS TO THE PLAN

PLANNING ASSUMPTIONS

The Digital Health and Care Wales plan for 2021/22 has been developed against the backdrop of uncertainty and rapid change arising from the Covid-19 pandemic as well as establishing the new Special Health Authority from April 2021.

Whilst these are challenging times, they have also illustrated the many opportunities where digital has helped in the delivery of care during Covid-19, with new solutions being created in record time. This plan therefore will naturally be fluid in some areas to reflect those new needs, but also needs to display a resilient, trusted backbone of digital enablers, such as infrastructure, data protection and information availability and flow.

Planning Assumptions used

- Q3 and Q4 are indicative
- Delivery intentions are based on known funding availability
- New initiatives will require additional funding or cancellation of other initiatives in the plan
- Sickness, leave carry over and recruitment challenges have been factored in
- This plan has considered priorities from Welsh Government, Health Education and Improvement Wales (HEIW), the NHS Wales Health Collaborative and Health Boards/Trusts - gathered from meetings and Peer groups during early 2021. Organisational plans were not approved at this stage and detailed requirements may not have been available

Areas with more certainty and confidence

- Building on the Value from Data derived from Covid-19
- Our Operational Services which have been least impacted by Covid-19
- Ring fenced funded National Solutions, eg primary care, procured systems with contracts awarded such as the new Hospital Pharmacy and Intensive Care Systems

Areas of variability still being worked through

- New requirements, including establishment of permanent support for Test, Trace and Protect
- Medications Review, e-prescribing and electronic transfer of prescriptions – awaiting Welsh Government Review
- Services affected directly or indirectly by Covid-19, eg screening services
- Impact of expectations of new SHA Board on the commitments in the plan

RISKS

- **New digital requirements** – There is a risk of demand exceeding current staff capacity due to new priorities, relating to Covid-19 and Recovery initiatives. The challenges of Planned and Unscheduled Care are outlined in the *Health and Social Care in Wales - 'Covid-19: Looking Forward March 2021' paper-* which describes areas of potential new requirements and ways of working, eg new pathways, urgent primary care, regional treatment centres and the exploration of a 'wide range of new options' to reduce waiting lists.
- **Planning the move from Legacy.** The significant estate of legacy/unsupported infrastructure and operating systems across the organisation needs to be planned, resourced and addressed. The work required is from all areas of the organisation, predominantly application and infrastructure teams. Any focus away from this migration, such as dealing with operational incidents could impact on other objectives in the plan. This includes movement to a new datacentre.
- **Delay in Infrastructure Investment -** the increased reliance on, and criticality of NHS Wales' health and care information systems, coupled with ever present security threats, has seen demand significantly outstrip the pace of investment, resulting in greater levels of 'technical debt'. The risk to the plan is that the focus is shifted to maintenance not innovation.
- **Recruitment -** There is a risk of not filling vacancies in a timely manner. Equally the market rates are in some cases well above the Agenda for Change rates which will impact on our ability to bring good candidates in quickly enough.
- **Canisc Replacement** – this is a complex programme of work, dependent on the availability of stakeholders and delivery of a Minimal Viable Product. Any delay to dependencies will impact on the delivery date of the solution.
- **Contractual delays** - major implementations may be impacted by supplier delays and delays in concluding contractual discussions with organisations.
- **IG Framework** – a delay in the development of some elements of the IG framework will impact on the development of the National Data Resource Programme and Digital Services for Patient and the Public. (The wider public services - *'Digital Strategy for Wales'* March 2021, also references a 'data promise' which needs to assure citizens about how their health and care data is being held and used, as part of consulting on a wider set of principles for the use of data in the public sector.)

DHCW & stakeholders

WELSH GOVERNMENT PRIORITIES

How Digital Health and Care Wales will Support these

Priority 1 – PREVENTION

- Scaling up and enhance our digital offerings around Covid -19 contact tracing (6.01)
- Enhancing and rolling out our Welsh Immunisation System (6.02)
- Ensuring Covid-19 systems are sustainable, supported and funded (6.03)
- Support the increasing requirements to deliver flows of Covid-19 testing data to new users, across borders, integrate with new systems and develop a Welsh Pandemic Record (6.04)
- Building on the Covid-19 business intelligence successes to extend our value from data offerings (6.05)
- Progress any planned enhancement or transfer of Screening systems whilst sharing screening results with other systems nationally (6.06)

Priority 2 – REDUCING HEALTH INEQUALITIES

- Continue to support the requirements of the COVID-19 response with necessary developments around data, analysis and reporting (11.01)
- Expand the analyses of data in relation to Essential Services provision (11.02)
- Continue the support and development of products in support of the Value in Health Programme, utilising the developing standards for Patient Recorded Outcome Measures (PROMs). (11.03)

Priority 3 – PRIMARY AND COMMUNITY

- Complete the procurement of a new Framework for GP systems to provide system choice and enable the transfer of data rich patient records between GP Practices whilst looking to future alignment with the open digital health platform (7.01)
- Continue to support the roll out and platform upgrade of the Community system including the mobile version (7.02)
- Join up further the systems communicating across primary, community and hospital settings, including pharmacy teams benefitting from further electronic integration with other services and eye care(7.03)
- Complete the integration of the Dental E-referral Management System with the Welsh Patient Referral Service enabling Dentists to refer seamlessly to secondary care systems. (7.04)
- Gather informatics requirements and modernise information availability around primary care services including those working in geographical localities called clusters, where health and care partners collaborate to understand local needs(7.06)

Priority 4 – TIMELY ACCESS TO ESSENTIAL SERVICES

- Support the modernisation of outpatients through redefining patient contacts and risk stratification, electronic referral prioritisation, and providing digital solutions to support alternatives to outpatient appointments such as advice between primary and secondary care clinicians (8.01)
- Support referral pathway efficiencies from hospital to hospital with our patient referral solution (8.02)
- Roll out a system to support digitalisation of Intensive Care across Wales (8.03)
- Roll out the Welsh Emergency Department System across Wales (8.04)
- Further support remote working for healthcare professionals accessing data from anywhere and anytime, including expansion of both the mobile version of the digital health and care record and Office 365 (4.06)

Priority 5 – MENTAL HEALTH

- Work to continue on agreeing data sets for community care including a mental health data set, and business intelligence dashboard linking health with social care data (7.05)
- Continue to support the roll out and platform upgrade of the Community system including the mobile version (7.02)
- Support Clinical plans and NHS professionals by enabling recording and linkage of data within the national architecture together with access to clinical documents and knowledge bases, *including mental health e-forms* (4.02)

Priority 6 – DECARBONISATION

- As part of our wider sustainability vision, we are committed to reduce our carbon footprint and save energy across all sites supported by our Carbon Footprint methodology and dashboard. We will derive further benefits from digital working, eg less travelling

Priority 7 – SOCIAL PARTNERSHIP

- We will include our response to the Social Partnership Act as part of our wider approach to the Well-being of Future Generations (Wales) Act and sustainable development. We commit to signing the Digital Inclusion Charter.

KEY

The reference numbers relate to our Portfolio 'Immediate Actions'

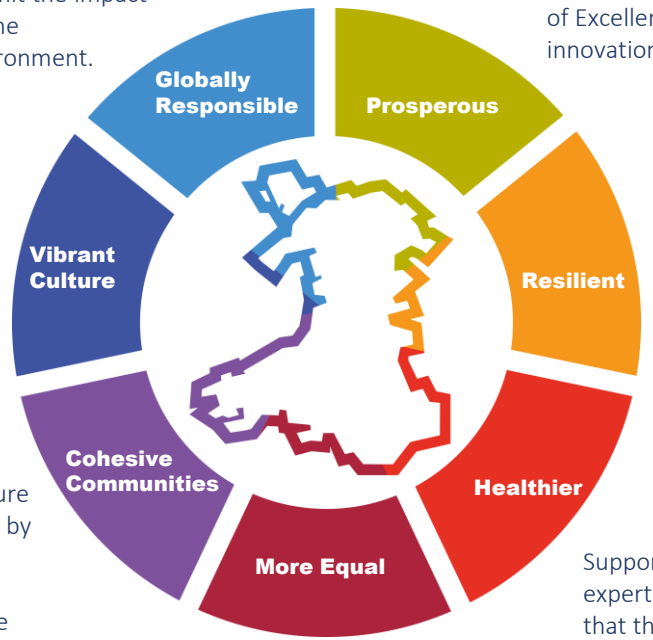
Harm from Covid itself	Harm from Over-whelmed System
Harm from Reduced Non Covid Activity	Harm from Wider Societal Actions

WELL-BEING of FUTURE GENERATIONS (WALES) ACT 2015

OUR STRATEGIC WELL-BEING OBJECTIVES

Embed a sustainable culture to limit the impact on the environment.

Work to strengthen the international recognition of NHS Wales as a Centre of Excellence for digital innovation.



Actively promote the use of the Welsh language.

Improve the health and well-being of the citizens of Wales, helping to sustain a healthy, productive population that contributes to society.

Promote a culture of volunteering by creating the conditions for citizens to share their experience and to learn new skills.

Support the sharing of expert knowledge so that the citizens of Wales are better able to access the best possible healthcare when they need it.

Attract and develop skills, and provide opportunities for existing and future generations.

DHCW staff

NEED FOR CHANGE:

The Well-being of Future Generations (Wales) Act 2015 requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

The purpose of Digital Health and Care Wales naturally aligns to delivering the digital needs of A Healthier Wales - one of the seven core well-being goals of the Future Generations Act, and Welsh Government's long-term plan for Health and Social Care; the other well-being goals also resonate with our approach but we have more to do.

We have actively participated in fulfilling the ambitions of the act, and whilst we have not previously been required to develop well-being objectives we've had them in place since 2016. They are shown here, aligned to each of the act's seven well-being goals.

We have made, and continue to make improvements, such as our response to the Covid-19 pandemic which has required the majority of staff to work from home – significantly reducing use of resources.

THE IMMEDIATE FUTURE:

Activities continue throughout Digital Health and Care Wales to deliver against our well-being objectives, set by NWIS in 2016. Each year we review progress against activities within each objective, and identify additional activities where necessary. Some of the key activities for 2021-22 are:

- Accelerate the digital transformation of health and care in NHS Wales as the trusted delivery partner for the provision of digital health and care services.
- Undertake collaborative design and add new capabilities to the Digital Health and Care Record.
- Reduce carbon footprint and save energy across all sites; some sites have been rationalised.
- Deliver a Senior Leadership Programme and develop a new management programme.
- Continue to promote and support activities which celebrate diversity and inclusion.
- Continue to promote and support use of the Welsh language.
- Work on an all-Wales basis to share best practice and embrace partnership working, including social partnerships.

In 2021-22 we aim to review our well-being Goals and wider approach to sustainable development in collaboration with the Digital Health and Care Wales Board.

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

Our National Portfolios and Enablers

Back to Contents

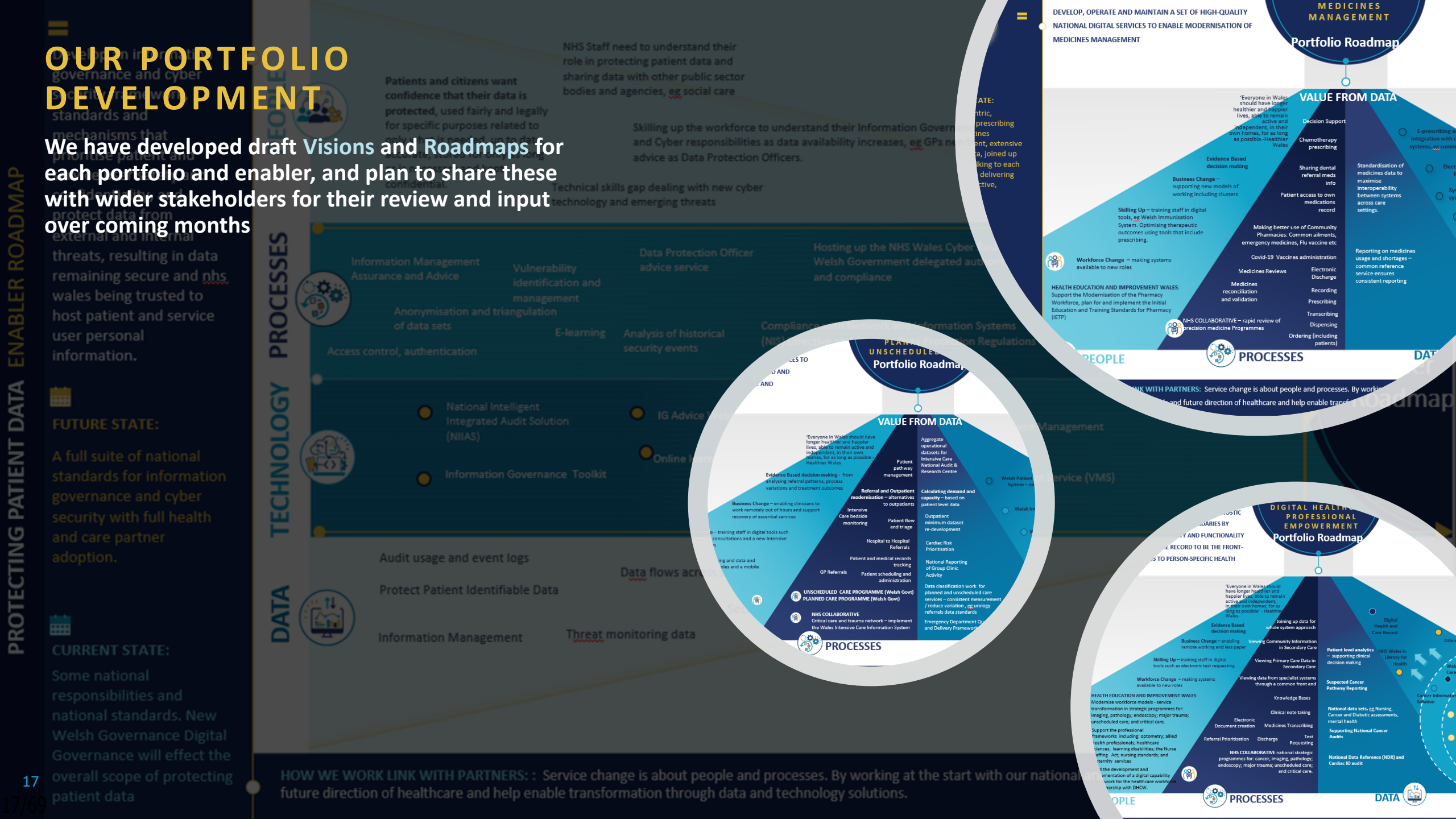
DIGITAL HEALTH AND CARE WALES

PLAN

2021/22

OUR PORTFOLIO DEVELOPMENT

We have developed draft Visions and Roadmaps for each portfolio and enabler, and plan to share these with wider stakeholders for their review and input over coming months



INFORMATION AVAILABILITY AND FLOW VISION

Strategic Objective — Mobilising Digital Transformation

Enabler Objective — 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

NEED FOR CHANGE

NHS Wales routinely collects vast amounts of data related to an individual's care and also the day to day administration of the health service. The full value of that data is not realised due to the fragmented arrangements for handling data stored in inaccessible silos and lack of standards to help classify and link data. Lack of data means the evidence and intelligence isn't there to support decision making, identify areas needing focus, and establish whether treatments are prudent. The Welsh Government *Information Statement of Intent* in 2017, focused on '**Better use of health and care data for safe, effective care and efficient services**'. *Healthier Wales 2019* continued this theme, recognising the need for modelling and predicting demand to prioritise services, based on a full picture of their quality and value, not just cost and volume.

A significant barrier to the appropriate sharing of information between systems and organisations has been a lack of technical standards relating to how systems talk to each other or interoperate, their security, infrastructure and system development. This portfolio includes the future aspiration around a more 'open' data driven architecture promoting a collaborative sharing of standardised data enabling faster, more innovative digital solutions from multiple suppliers. This reflects the observations from the NHS Wales Digital Architecture Review 2019.

WHAT CAN DIGITAL DO?

An 'open platform' architecture design, national standards and the establishment of a National Data Resource (NDR) bringing patient data together in one place can:

- ensure data is **stored once and reused** many times. This can prevent repeating the same questions to patients in different settings about their medications, symptoms etc.
- **avoid dependencies on certain suppliers** with 'hard coded' linkages, ensuring multiple suppliers can contribute to a rich patient record and provide innovative solutions more quickly
- make the **data follow the patient** and not lock in data to specific professions, locations or organisations
- allow large scale information to be shared securely and appropriately to **enable analytics, big data,** machine learning, intelligence, data science, reporting and research and reviews of costs and outcomes to support Value-Based healthcare.

DIGITAL HEALTH AND CARE WALES' ROLE

DHCW will play a pivotal role in the realisation of this vision. We already provide over 100 nationally supported systems and services rich with data. We have built national repositories with 26 million clinical documents and over 150 million test results, increasing by the second. We have national services for demographics, location and speciality reference data, in addition to a clinical terminology service in readiness for implementation. We integrate with hundreds of systems.

Taking direction from a new Chief Digital Officer, DHCW will be the system owner for an open platform based on standards for collection and use of data. We will be responsible for technical development and delivery of new 'architectural building blocks'. We are hosting and programme managing the National Data Resource (NDR) initiative working with colleagues in Welsh Government, Public Health Wales, Health Boards, Trusts, academia and more.

THE IMMEDIATE FUTURE:

- Develop enhanced integration services and repositories as architectural building blocks to enable safe and secure access to data in the digital health and care record
- Establish the structured clinical data repository for Wales as a new architectural building block , utilising a standards-based approach to how data is stored and shared with citizens, clinicians, and software suppliers , starting with cancer treatment, shared medications and allergies as the first implementations
- Continue collaboration with the National Data Resource Programme to build the enablers of an open, interoperable architecture from which NHS Wales can derive value and insight from the intelligent use of clinical data

Consolidate, standardise, classify, anonymise, manipulate, model, predict, combine, join data

NDR Adnodd Data Cenedlaethol National Data Resource

INFORMATION AVAILABILITY AND FLOW ENABLER ROADMAP

Enabler Objective

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

FUTURE STATE:

Patient centric, electronic processes, extensive quality data, joined up systems talking to each other, data delivering value, proactive, predictive. Automation and Big data.

CURRENT STATE:

Silo systems, limited data standards, piecemeal data sharing, location specific, reactive. Manual processes.

PEOPLE

Clinicians and non Clinicians have a mixed landscape of data and tools on which to base decisions, much of it on paper

NHS staff making more decisions based on evidence of outcomes and value

Skills shift to interpretation of data trends and data connections

Data engineers and analysts – skill shortage

Patients' self care and prevention requires accurate reliable data

Clinical ways of working will change as data standards will be mandated

Data (rather than document) driven clinicians

Machine learning opportunites, eg identifying cancers will change the role of the clinician

'Everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible' - Healthier Wales.

PROCESSES

Monitoring

Analysis with manual intervention

Hard Coding and Classifying

Data Governance and Management

Automation

Enhanced Integration message patterns

Machine Learning

Artificial Intelligence

Data engineering

Data Cleansing

Integration

TECHNOLOGY

Work with Digital Health Ecosystem Wales – Life Sciences Hub

Welsh Enterprise Master Patient Index

Welsh Care Records Service

National Subscription Service

API Management Tool

Encounter and pathways service

User identification service (NADEX)

Welsh Results Reports Service

National Data Resource

Developer Portal

Architectural Building Blocks

Open Architecture

Welsh Electronic Forms Application

Welsh Reference and Terminology Service

Data warehouses

Clinical data repositories including cancer treatment and medicines data

Cloud Storage See Sustainable Infrastructure Portfolio

DATA

Information Standards

Software Standards

Support access to digital innovation : UK Serp, SAIL data environment

Common assessment data, eg nursing and community data

FHIR /HL7 v2/ Open EHR

Dashboards

Implementing new medical terminologies: Snomed CT

Working with medical terminology, eg
GP READ codes
ICD (international Classification of Diseases)
Local classifications
Supplier specific classifications

INFORMATION AVAILABILITY AND FLOW

Enabler Roadmap

KEY

NATIONAL SYSTEMS

- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)
- Discovery

HOW WE WORK WITH PARTNERS: Service change is about people and processes. By working at the start with our national and local partners we can understand the future direction of healthcare and help enable transformation through data and technology solutions.

PROTECTING PATIENT DATA VISION

Strategic Objective

Mobilising Digital Transformation

Enabler Objective

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.

NEED FOR CHANGE

Data Availability. As the health and care service in Wales strives to join up across pathways and organisational boundaries, there is a strong need to make data available to a wider user base than current technology is configured to deliver. New models of care and effective clinical delivery requires a controlled reduction in these organisational and professional barriers as workforce and patients become more transient. Wider sharing across health and social care and wider public services is a key theme. This is against a backdrop of increasingly sophisticated cyber attacks threatening the protection of patient data. The *NHS Wales Digital Health and Care Strategy* stressed the security of the system and the protection and management of information is essential in ensuring trust. Patients need assurances that their data is safe in NHS hands.

Compliance with the Freedom of Information Act 2000 and General Data Protection Regulations 2018 requires a strong protection of privacy. The Network and Information Systems (NIS) Directive 2018 requires NHS bodies to take appropriate technical and organisational measures to secure their network and information systems, identifying and managing security risks.

Citizen Access. Another driver is the citizen access to their data to support self management via online apps and the self generation of health data through wearable devices and monitoring tools. Sharing of data with carers is also key. This requires a strong model of identity management and authentication for patient facing systems. Identification management is obviously also paramount in health staff access and to support the auditing of appropriate access to patient records

WHAT CAN DIGITAL DO?

Audit. Whilst enabling wider availability of data for effective care, digital needs also to protect that data through auditing tools integrated across systems which alert managers and Information Government specialists of unauthorised access activity.

Educate. Electronic tool kits can assure those with patient record responsibilities that they are doing the right things to ensure high Information Governance compliance. Websites can provide a wider communication tool providing up to date and relevant technical info for NHS staff. Online training for staff is an essential tool to ensure compliance ahead of accessing data.

Protect. Digital systems can provide threat monitoring and alerting to avert cyber attacks.

Identify. Digital can provide electronic identity management and authentication for staff systems and also citizen facing systems.

DIGITAL HEALTH AND CARE WALES' ROLE

We are responsible for the National Intelligent Integrated Audit Tool contract and oversee its national implementation and integration. We provide a Data Protection Officer advice service to GPs in Wales and produce IG Toolkits for GPs, Health Boards and Trusts.

We will host the NHS Wales Cyber Resilience Unit on behalf of Welsh Government, with separate managerial and governance arrangements, to provide ongoing cyber security assurance, reporting on 'cyber posture', and advice. We procure and implement cyber threat monitoring tools and provide extensive security advice and guidance to our health partners.

We advise on the publication of data, eg in dashboards so it is consistent with IG standards and doesn't expose patient identifiable information. We provide national learning tools and websites to deliver awareness of data privacy and use.

THE IMMEDIATE FUTURE:

- Ensure corporate compliance with 'information rights' legislation and standards framework
- Develop and promote a national IG framework that allows the right people to access the right level of personal data at the right time
- Contribute to a national governance structure that identifies threats and maximises opportunities to use personal data lawfully and effectively
- Embed and support the national cyber security agenda including The Security of Network and Information Systems (NIS) Regulations
- Host an independent Cyber Security unit which holds delegated authority from Welsh Ministers to provide ongoing cyber security assurance activities on behalf of Welsh Government

Check identities, protect data, monitor and audit access, identify threats, anonymise, advise, notify, generate reports

PROTECTING PATIENT DATA ENABLER ROADMAP

Enabler Objective

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.

FUTURE STATE:

A full suite of national standards for information governance and cyber security with full health and care partner adoption

CURRENT STATE:

Some national responsibilities and standards. New Welsh Government Digital Governance will effect the overall scope of protecting patient data

PEOPLE

Patients and citizens want confidence that their data is protected, used fairly and legally for specific purposes related to only what is needed, up to date, accurate, stored for only as long as is necessary and kept confidential

NHS Staff need to understand their role in protecting patient data and sharing data with other public sector bodies and agencies, eg social care

Skilling up the workforce to understand their Information Governance and Cyber responsibilities as data availability increases, eg GPs needing advice as Data Protection Officers.

Technical skills gap dealing with new cyber technology and emerging threats

PROCESSES

Information Management Assurance and Advice

Vulnerability identification and management

Data Protection Officer advice service

Hosting up the NHS Wales Cyber Resilience Unit as a Welsh Government delegated authority - auditing and compliance

Information Governance Framework

Anonymisation and triangulation of data sets

E-learning

Analysis of historical security events

Compliance with Network and Information Systems (NIS) Directive and General Data Protection Regulations

Access control, authentication

TECHNOLOGY

National Intelligent Integrated Audit Solution (NIIAS)

IG Advice Websites

Security Information and Event Management (SIEM)

Online learning

Information Governance Toolkit

Vulnerability Management Service (VMS)

DATA

Audit usage and event logs

Data flows across systems

Protect Patient Identifiable Data

Security event data

Information Management

Threat monitoring data

PROTECTING PATIENT DATA

Enabler Roadmap

KEY

NATIONAL SYSTEMS

- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)
- Discovery

HOW WE WORK WITH PARTNERS: Service change is about people and processes. By working at the start with our national and local partners we can understand the future direction of healthcare and help enable transformation through data and technology solutions.

SUSTAINABLE INFRASTRUCTURE VISION

Strategic Objective

Mobilising Digital Transformation

Enabler Objective

Sustainable Infrastructure
Develop and maintain a high-quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility

NEED FOR CHANGE

The NHS Wales technical infrastructure is the framework of network connections and services, datacentres, support systems, maintenance and upgrades that provides strength, security and stability to health and care systems across Wales. The Digital Health and Social Care Strategy for Wales, and A Healthier Wales both refer to building and investing on a 'solid' technical national infrastructure. This will ensure availability of services when and where needed so staff and systems work more effectively with one another - between computers, services, and across the whole of Wales. Without this stable footing, there will be unplanned interruptions to Clinical Information Systems, which can mean clinic cancellations, delayed test results, unavailability of crucial treatment information, and therefore increased risk of patient harm.

The All Wales IT Infrastructure Review (AWIIR) 2020, highlights the need for change. NHS Wales has a significant amount of aging systems, some unsupported. Short term investments have failed to keep pace with infrastructure needs and increasing users. There are three key drivers:

- The need to replace outdated infrastructure which is at risk of failure or is unable to be secured against cyber security attacks
- The need to mitigate risks identified by audit including full testing of restores and outdated firmware/software
- The need to embrace the use of Cloud services.

Sharing of national infrastructure with accompanying investment will be more efficient and less piecemeal.

WHAT CAN DIGITAL DO?

The benefits of digital are evident in our other roadmaps. Realising those benefits is totally dependent on a reliable, secure infrastructure which ultimately makes data available. Recommendations from the All Wales Infrastructure Review suggested:

- Moving to Cloud hosting where relevant
- Design operational resilience and continuity into systems to prevent, respond and adapt to operational disruption
- 24/7 hour availability and working
- Carbon Neutral
- Automation of infrastructure configuration
- Location agnostic, consistent experience for staff

Monitor, prevent, identify, expand, deploy

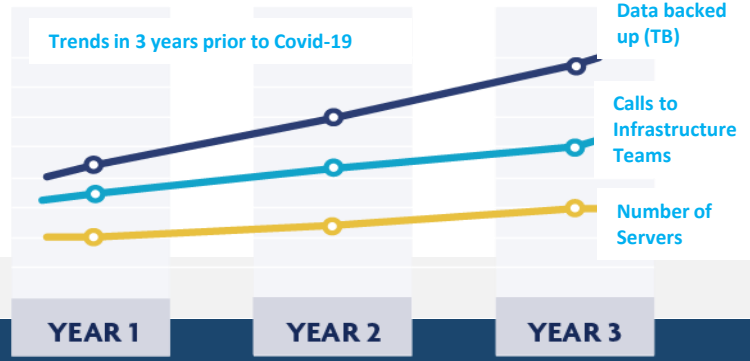
DIGITAL HEALTH AND CARE WALES' ROLE

We provide an extensive national infrastructure across NHS Wales. Our **Data Centre Service** team manages ~ 2300 servers in two national data centres and a public Cloud. The **Infrastructure Support and Operations Centre** team monitors the various infrastructure components for availability, capacity, etc. The **Networking Services** team maintains the networking infrastructure (routers, switches, firewalls, etc.) along with the associated data circuits.

Identity and Collaboration Services provides a National Active Directory service which registers and authenticates every computer and user onto the network. We also run collaboration services such as Email, Video Conferencing, Teams and global configuration of Office 365. We provide a range of **cyber security** services (see Protecting Patient Data Portfolio). We also **support end user devices** for our staff and thousands of users in primary care, prisons, hospices and other NHS Wales partners.

THE IMMEDIATE FUTURE:

- Move services from one Data Centre into a new Data Centre and Cloud
- Develop a Cloud Strategy and Business Case for our organisation aligning to the Welsh Government infrastructure review and ensuring a 'cloud-first' approach to the design and development of future services
- Migrate workloads from aging infrastructure and decommission
- Increase infrastructure capacity as required to support the hosted systems and demand from end-users
- Implement new processes and cloud management technologies to enable more optimised PC deployment and management



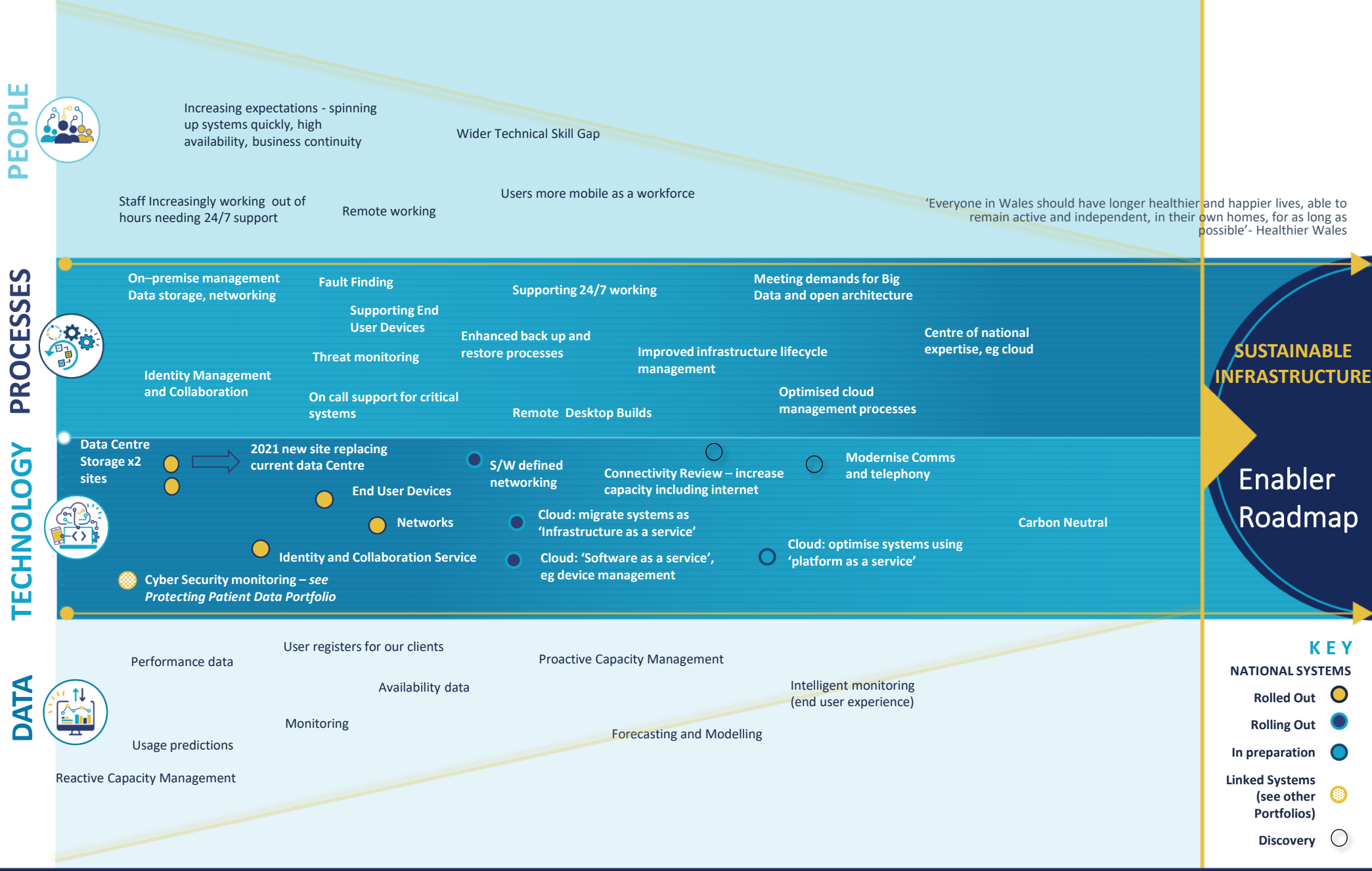
SUSTAINABLE INFRASTRUCTURE ENABLER ROADMAP

Enabler Objective

Develop and maintain a high-quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility

FUTURE STATE: high-quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility

CURRENT STATE: Aging infrastructure, struggling to cope with a big increase in users and activity. Requirements for new types of technical skills



HOW WE WORK LINK WITH PARTNERS: Digital infrastructure is about technology, processes and data capabilities. We provide a national infrastructure across NHS Wales, utilised by clinical and non clinical staff in local and other national organisations.

DIGITAL HEALTHCARE PROFESSIONAL EMPOWERMENT

VISION

Strategic Objective

Expanding the Digital Health and Care Record

Portfolio Objective

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.

NEED FOR CHANGE

The *NHS Wales Digital Health and Care Strategy* set an objective to 'Support the Healthcare Professional'. The way to do this was recognised as improving patient care through 'collaborative provision of high quality information, systems and technologies'. Patient data is scattered over paper and digital formats. Paper can be incomplete, locked away or in transit. Digital data can also be incomplete, siloed in a departmental system, bound by organisational boundaries and not communicating with other systems. Clinicians can have a bewildering array of technology to use, with different log ins and different user interfaces from one hospital to the next. This is at odds with an increasingly mobile workforce and a patient who could travel across several health board borders on a single course of treatment and care. Adding in social care and professional boundaries and the border with England, makes it a highly complex landscape. Where that data doesn't join up, key information is lost, decisions can be wrong and patients can be harmed.

New models of care also require data to be available across boundaries and multi-disciplinary groups. Data can inform planning options and features in key National Clinical Programmes and Delivery Plans. The *National Clinical Framework (March 2021)* is underpinned by Quality statements – the first two, Cancer and Heart conditions – both reference digital.

WHAT CAN DIGITAL DO?

Digital can provide an electronic front door to this data, so it is available when needed at any location on demand. The data can be protected in national and local repositories, and called up by simple to use systems by all appropriate healthcare professionals. Digital forms can be built with associated workflow, prompts and decision support to help with consultations and provide a comprehensive standard collection of diagnosis, tests orders, referrals to other clinicians, treatment records, including medications and discharge details. The data can be linked to events and appointments along the patient pathway. It can bring data locked in specialist systems to the wider clinical community.

Order tests, view test results, view documents, refer, prioritise, record diagnosis, plan and record treatment, transcribe medications, advise, notify, discharge

DIGITAL HEALTH AND CARE WALES' ROLE

We've introduced a digital patient record across hospitals and health boards in Wales. It's available to doctors and health professionals through a single application - **the Welsh Clinical Portal**. It shares, delivers and displays patient information from a number of sources with a single log-on, even if that information is spread across health boards, together with key electronic tasks.

The Welsh Clinical Portal has the following functionality: pathology tests and image requesting / reporting, viewing patient lists, referrals prioritisation, creation of discharge letters and medicine transcribing, clinical notes, document creation and viewing, mobile access. Digital documents have been built for nursing, diabetes, cancer and hepatology specialties so far. It is the view through to millions of test results and clinical documents on an all Wales basis.

THE IMMEDIATE FUTURE:

- Support 'Transforming Cancer Services' by development of the Cancer Informatics Solution using the NHS Wales national architecture
- Support Clinical plans and NHS professionals by enabling recording and linkage of data within the national architecture together with access to clinical documents and knowledge bases
- Further develop the electronic requesting functionality and results notifications across other disciplines
- Embed patient analytics into our systems
- Progress sharing data from secondary care with community staff and vice versa
- Further support remote working for healthcare professionals accessing data from anywhere and anytime, including expansion of both the mobile version of the digital health and care record and Office 365

DIGITAL HEALTHCARE PROFESSIONAL EMPOWERMENT
Portfolio Roadmap

Portfolio Objective

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

FUTURE STATE:

Patient Centric, mobile workforce, electronic processes, quality data, joined up working, systems that can talk to each other, data delivering value

CURRENT STATE:

Silo systems, limited data standards, piecemeal data sharing, location specific, reactive, stores of paper documents, transported on trolleys

KEY

NATIONAL SYSTEMS
- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)

- Discovery
- Our Partners

'Everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible' - Healthier Wales

Evidence Based decision making

Business Change – enabling remote working and less paper

Skilling Up – training staff in digital tools such as electronic test requesting

Workforce Change – making systems available to new roles

HEALTH EDUCATION AND IMPROVEMENT WALES: 'Modernise workforce models - service transformation in strategic programmes for: imaging, pathology; endoscopy; major trauma; unscheduled care; and critical care.

Support the professional frameworks including: optometry; allied health professionals; healthcare sciences; learning disabilities; the Nurse Staffing Act; nursing standards; and maternity services

Lead the development and implementation of a digital capability framework for the healthcare workforce in partnership with DHCW.'

Joining up data for whole system approach

Viewing Community Information in Secondary Care

Viewing Primary Care Data in Secondary Care

Viewing data from specialist systems through a common front end

Knowledge Bases

Electronic Document creation

Clinical note taking

Medicines Transcribing

Referral Prioritisation

Discharge

Test Requesting

NHS COLLABORATIVE national strategic programmes for: cancer, imaging, pathology; endoscopy; major trauma; unscheduled care; and critical care.

Patient level analytics – supporting clinical decision making

Single Cancer Pathway Reporting

National data sets, eg Nursing, Cancer and Diabetic assessments, mental health

Supporting National Audits

National Data Reference and Cardiac ID audit

Digital Health and Care Record

Office 365

NHS Wales E-Library for Health

Diabetes Informatics Solution

Welsh Nursing Care Record

Cancer Informatics Solution

Pathology Tests Welsh Laboratory Information System

Imaging Picture Archiving System

Local Documents / Data Local specialist systems and repositories

Cancer Data CANISC

Welsh Clinical Portal

See also Primary and Community Care Portfolio

Welsh GP Record

PEOPLE | PROCESSES | DATA | TECHNOLOGY

HOW WE WORK WITH PARTNERS: Service change is about people and processes. By working at the start with our national and local partners we can understand the future direction of healthcare and help enable transformation through data and technology solutions.

DIGITAL PATIENT EMPOWERMENT VISION

Strategic Objective

Expanding the Digital Health and Care Record

Portfolio Objective

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

NEED FOR CHANGE

We live in a digital world. The way we work, bank, shop, communicate and interact has made technology and data a core part of our lives. While health and care in Wales has seen significant digital advances, there is the opportunity to do much more, and put digital truly at the heart of patient care. *A Healthier Wales* 2019 set the ambition to provide an online digital platform for citizens, to give people 'greater control and enable them to become more active participants in their own health and well-being'. This will help people to make informed choices about their own treatment and find the most appropriate service for their needs. They can contribute to and share information about their health and care and manage appointments and communications with professionals.

The current approach to citizen digital services is largely uncoordinated and expensive with value diluted across multiple local and national system deployments. This approach results in a lack of joined up records and process, with service offerings split along clinical, geographic and functional lines throughout Wales and between Health Boards, even before looking into future opportunities such as social care and other public sector linkages.

WHAT CAN DIGITAL DO?

Digital services for patients can deliver:

- Enhanced communication and advice between patient and their healthcare provider, enriching the data in the patient's record and reducing the need to visit clinical settings
- Increased efficiency and convenience by providing electronic ways to undertake routine transactions such as booking appointments, ordering prescriptions
- Enabling the patient to feed back on how well they are, whether their treatment has resulted in better outcomes, their experiences and preferences related to their care
- Self monitoring of health and sharing that data with clinicians, eg from wearable devices
- Help carers to see where their loved ones are on the patient journey

DIGITAL HEALTH AND CARE WALES' ROLE

The vision is to establish a core platform of digital services - developed by multiple parties and forming a best of breed product approach working in an innovative, efficient and safe fashion. Most importantly, all service offerings sit on top of this common platform which needs to define both technical and clinical information interoperability standards, as well as providing identity management and access and a degree of control over the citizen experience.

Digital Health and Care Wales has supported the set up of the Digital Services for Patients and the Public Programme and will undertake the procurement and delivery of the platform. Our staff and health board colleagues working on the National Data Resource Programme (NDR) will work to support the development of the data and information architecture required to open up access to NHS held data. This patient platform will contribute the 'Patient Facing Data' component of the National Data Resource.

THE IMMEDIATE FUTURE:

- Take forward the Digital Services for Patients and the Public Programme (DSPP) as the default coordinating body for patient facing digital services across the NHS and social care space in Wales
- Work with our health and care partners, the Centre for Digital Public Services and assurance groups to prioritise the citizen centred functionality for delivery of patient and public digital services
- Finalise procurement activities and award contracts for the key commercial partners delivering the digital patient and public platform
- Establish the digital patient and public core platform services, including working with the National Data Resource programme to develop the data and information architecture required to open up access to NHS held data in a safe, secure and auditable fashion.
- Deliver a proof of concept to demonstrate that the digital patient and public core platform concept works, to demonstrate supplier capabilities and to support the scoping and development of the baseline functionality

Self care and empowerment, feed back and communication

DIGITAL PATIENT EMPOWERMENT PORTFOLIO ROADMAP

DIGITAL PATIENT EMPOWERMENT

Portfolio Roadmap

Portfolio Objective

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

FUTURE STATE:

An Online platform to give people greater control and be more active participants in their own health and well-being. Informed choices about their own treatment and care. Contributing to and sharing their health and care data and working with others to co-ordinate the seamless care and treatment they need.

CURRENT STATE:

Limited health digital offerings compared to other areas of life and work. Confusing choice for patients based on location driven services rather than individual needs and experiences.

KEY

NATIONAL SYSTEMS

- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)

- Discovery
- Our Partners

VALUE FROM DATA

'Everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible 'Healthier Wales'

People and Patients – empowerment through new ways of communication with the health and care service – convenience, confidence, and choice

Carers - contributing and supporting digital use

Health and care workers – new ways of working as patient generated data gets shared and incorporated into wider health and care

Digital Skills and Digital Inclusion

Remote consultation

Carer shared health management

Informed treatment Choice

Identity management and authentication

Other public and third sector service linkages

Record self management and adding to wider health record

Self monitoring

Communication between patient and care professional

Record Viewing and Sharing

Appointment Choice

Online transactions – ordering prescriptions, updating personal details

Contribute valuable data to the National Data Repository

Interoperability Standards for patient facing data

Sensitive data considerations

Ensuring strong models of identity and authentication and ensuring patient data is protected

Digital Services for Patients and the Public Gateway Application

NHS Websites Authoring and management tools

PROMS and PREMS *(see also Value from Data Portfolio)*

Integration with local patient/public systems *(see also Information Availability and Flow portfolio)*

My Health Text

My Health Online

TEC CYMRU

PEOPLE | PROCESSES | DATA | TECHNOLOGY

HOW WE WORK WITH PARTNERS: Service change is about people and processes. By working at the start with patients and citizens, and our national and local partners we can understand the needs and future direction of healthcare and help enable transformation through data and technology solutions.

PUBLIC HEALTH VISION

Strategic Objective — Delivering High Quality Digital Services

Portfolio Objective — Develop, operate and maintain a set of high-quality national digital services to support Public Health prevention and early intervention programmes

NEED FOR CHANGE

Public health strategy in Wales focuses on improving health and well-being and reducing health inequalities. This is in the face of challenging times when populations are living longer but with long term conditions; there is a growing disparity in wealth; and there are emerging threats such as antimicrobial resistance and infectious diseases. One such threat materialised with the Covid-19 pandemic. Public Health Wales' Strategy 2018-2030 focussed on areas particularly relevant in the light of Covid-19, eg, improving mental well-being, promoting healthy behaviours, supporting the focus on prevention and early intervention and protecting the public from infection.

As part of the Welsh Government response to lead Wales out of the Covid-19 pandemic, a Public Health Protection Response Plan outlined major activities for concerted public health action:

- Preventing the spread of disease through contact tracing and case management. (Prevention efforts have accelerated through a national vaccination programme in 2021.)
- Population surveillance
- Sampling and testing different people in Wales.

WHAT CAN DIGITAL DO?

- Support the Pandemic response with testing systems and dashboards of disease trends
- Prediction modelling and identifying risk areas
- Support prevention activity through digital booking, data recording and reporting of vaccinations
- Joining up information from screening programmes with other patient data to improve clinical decision making and enhance the patient's journey through a joined up health system
- Supporting the promotion of health behaviours through wearable sensors and digital self monitoring tools

DIGITAL HEALTH AND CARE WALES' ROLE

We have supported public health for many years by providing systems recording data from **screening programmes** such as bowel and new born hearing. We also provide the tools and infrastructure to make digital content available for health promotion campaigns.

Covid-19. 2020 however saw a significant increase of our role in public health with the development of systems to support the **Covid-19 pandemic response**. In extremely tight timescales we adapted our Welsh Clinical Portal to allow **electronic requesting** of Covid tests on a national basis and we built links with other clinical systems and with other parts of the UK so the test results were available to clinicians, strategists and the wider health service. We put in place a digital **contact tracing system** facilitating the collection of data used to track contacts of those who have tested positive. We went live with the **Welsh Immunisation System** to book and record vaccinations, and we have provided **data services** and **dashboards** from shielded patients identification through to intensive care bed capacity.

THE IMMEDIATE FUTURE:

- Scale up and enhance our digital offerings around Covid -19 contact tracing
- Enhancing and rolling out our Welsh Immunisation System
- Ensure Covid-19 systems are sustainable, supported and funded, and not to the detriment of our other solutions
- Support the increasing requirements to deliver flows of Covid-19 testing data to new users, across borders, integrate with new systems and develop a Welsh Pandemic Record
- Build on the Covid-19 business intelligence successes to extend our value from data offerings
- Progress any planned enhancement or transfer of Screening systems, whilst sharing screening results with other systems nationally

test requesting
booking appointments
contact tracing

view results
processing tests
screening services

PUBLIC HEALTH

Portfolio Roadmap

KEY

NATIONAL SYSTEMS

- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)

- Discovery
- Our Partners

PUBLIC HEALTH PORTFOLIO ROADMAP

Portfolio Objective

Develop, operate and maintain a set of high-quality national digital services to support public health prevention and early intervention programmes

FUTURE STATE:

Patient centric, electronic processes, extensive quality data, joined up systems talking to each other, data delivering value, proactive, predictive

CURRENT STATE:

Silo systems, limited data standards, piecemeal data sharing, location specific, reactive

VALUE FROM DATA

'Everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible' - Healthier Wales

Evidence Based decision making – such as the pandemic response

Business Change – enabling clinicians to remote work and with less paper

Workforce Change – making data and systems available to new roles such as contact tracers

Skilling Up – training mass testing staff and vaccinators to use digital systems

HEALTH EDUCATION AND IMPROVEMENT WALES:
'Maintain an agile response to the specific workforce needs of the COVID-19 pandemic.'
....including digitally enabled learning'

PEOPLE

Processes using Artificial Intelligence

Personal monitoring

Joining up data for whole system approach

Screening for potential illness

Vaccines - rapid mass scale administration

Decision Support, modelling, eg, Covid risk of admission

Tracing contacts of Covid-19 infected patients

Ordering Covid tests

PUBLIC HEALTH WALES

PROCESSES

Population risk stratification

Stop a stroke risk tool for GPs

Primary Care information portal – vaccination data, supporting national audits

Welsh Data Hub- single access point for Health Intelligence data and reports

Covid -19 forecasting and modelling

PUBLIC HEALTH WALES (data sharing, feeds, supporting delivery of vaccination programmes etc)

HEALTH BOARDS AND TRUSTS

DATA

Welsh Pandemic Record

Welsh Clinical Portal

Welsh Laboratory Information System

Audit Plus

Contract Tracing

HEALTH BOARDS AND TRUSTS

Welsh Immunisation System

New Born Blood Spot Screening

Bowel Screening

Cervical Screening

Colposcopy (CANISC)

Abdominal Aortic Aneurism Screening

TECHNOLOGY

HOW WE WORK WITH PARTNERS: Service change is about people and processes. By working at the start with our national and local partners we can understand the future direction of healthcare and help enable transformation through data and technology solutions.

PRIMARY AND COMMUNITY CARE VISION

Strategic Objective

Delivering High Quality Digital Services

Portfolio Objective

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

NEED FOR CHANGE

The ambitions of *'A Healthier Wales'* 2019 stressed that people should be able to access a range of seamless services delivered as close to home as possible. People would only go to a general hospital when essential. People will be broadly supported by a range of community-based services and activities, building on local community hubs and on GP and primary care support . The Primary Care Model for Wales presents the vision for 'clusters' of professionals – GPs, dentists, pharmacists and others – working together for a local population. Health will work in a co-ordinated fashion with social care 'wrapped around the needs of the individual'. This vision is also reflected in the wider Strategic Programme for Primary Care.

The ability to share information is essential for realising the multidisciplinary workforce needed under new models of care and to support a workforce focussed on the health outcomes of patients. This requires improved quality and consistency of data – key, for example, in the recording of mental health and learning disabilities (Together for Mental Health 2019-2022). 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. We have contributed to the discovery phase and the statement and are fully supportive of the work.

WHAT CAN DIGITAL DO?

Data is needed to support new models of care so that different clinicians in the same team see the same data. That means making systems available, linking information and making it standard. Seeing this would avoid unnecessary duplicated intrusive tests for patients and co-ordinating care better so community treatment and scheduling is joined up between health and social care staff. Mobile platforms are essential to avoid frequent returns to base.

Sharing data has allowed professionals to share work – community pharmacies are increasingly taking on new services, which GPs historically did.

Register patients, schedule appointments, order tests, view test results, refer, prescribe, plan care, record treatment / care, advise, generate reports / audit data

DIGITAL HEALTH AND CARE WALES' ROLE

We manage the contract for GP computer systems – procure and implement the systems and support the practices. In 2020 we enabled GPs to work remotely during the pandemic. We have worked with GPs and local community pharmacies to share data and linkages are now there between secondary and primary care records – avoiding the need for multiple phone calls and time wasted. Our services electronically send referrals and discharges between settings and store millions of records in national repositories.

Our staff work on the Welsh Community Care Information System – which enables the safe sharing of information between health and social care nationally. We also support local community organisations with the roll out of Office 365 and video consultations.

THE IMMEDIATE FUTURE:

- Complete the procurement of a new Framework for GP systems to provide system choice and enable the transfer of data rich patient records between GP Practices whilst looking to future alignment with the open digital health platform
- Continue to support the roll out and platform upgrade of the Community system including the mobile version
- Join up further the systems communicating across primary, community and hospital settings, including pharmacy teams benefitting from further electronic integration with other services and eye care
- Complete the integration of the Dental E-referral Management System with the Welsh Patient Referral Service enabling Dentists to refer seamlessly to secondary care systems.
- Work to continue on agreeing data sets for community care including a mental health data set, and business intelligence dashboard linking health with social care data
- Gather informatics requirements and modernise information availability around primary care services including those working in geographical localities called clusters, where health and care partners collaborate to understand local needs

PRIMARY AND COMMUNITY CARE

Portfolio Roadmap

Portfolio Objective

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

FUTURE STATE:

Patient centric, electronic processes, extensive quality data, joined up systems talking to each other, data delivering value, proactive, predictive. Supporting new models of local care and joined up working with social care and other partners

CURRENT STATE:

Silo systems, limited data standards, piecemeal data sharing, location specific, reactive. Start of clusters of professionals and initial roll out of a national community and social care system

KEY

NATIONAL SYSTEMS

- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)

- Discovery
- Our Partners

VALUE FROM DATA

PEOPLE

Evidence Based decision making

Business Change – enabling remote working and cluster working

Skilling Up – training staff in digital tools such community care system, dental referral systems,

Workforce Change – making systems available to new roles

HEALTH EDUCATION AND IMPROVEMENT WALES: 'Support the development and implementation of multi-professional workforce models for primary and community care…
HEIW - Develop a mental health workforce model and plan in collaboration with Welsh Government and Social Care Wales to support the implementation of Together for Mental Health'

PROCESSES

'Everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible' -Healthier Wales

Other Local Partners

Health and Social Care working together

Referral modernisation

Integrated working within and across Clusters of professionals

Social Care Referrals

Recording and sharing of data between primary, community and secondary care, eg diagnosis, treatment, discharge

Making more use of Community Pharmacies *See Medicines Management Portfolio*

Medicines reconciliation

NHS COLLABORATIVE - Develop and publish integrated mental health care pathway and work with health boards to implement
Work with DHCW to develop national mental health standards reporting dashboards

Mental health provision

Consultations

Test Requesting

Prescribing

Referrals to Hospitals

DATA

Contribute valuable data to the National Data Repository

More interoperability with GP system suppliers

Mental Health Core data set

Dashboards - Health with Social care *(Data Vision for Social Care)*

Standardise GP appointment data

Update GP coding systems

All Wales Data Quality - GPs

Primary Care Information Portal

TECHNOLOGY

Welsh Point of Care Testing (for GPs) *See Medicines Management Portfolio*

Electronic Transfer of Prescriptions *See Medicines Management Portfolio*

GP infrastructure enhancements

Welsh Community Care Information System

Dental Referrals

Choose Pharmacy

Welsh Clinical Communication Gateway

Welsh GP Record (viewed in out of hours, secondary and other community settings through Welsh Clinical Porta.)

GP Test Requesting

Cypris (Child Health)

GP Systems

HOW WE WORK WITH PARTNERS: Service change is about people and processes. By working at the start with patients and citizens, and our national and local partners we can understand the needs and future direction of healthcare and help enable transformation through data and technology solutions.

PLANNED AND UNSCHEDULED CARE VISION

Strategic Objective

Delivering High Quality Digital Services

Portfolio Objective

Develop, operate and maintain a set of high-quality national digital services to enable new models of planned and unscheduled patient care and management

NEED FOR CHANGE

In a bid to improve patient experience and outcomes for those visiting Emergency Departments across Wales, and in order to move towards a future where Planned Care services in Wales are sustainable, careful balancing of capacity and demand of NHS services is required. Planned and unscheduled care services will be designed around patient needs.

- Planned Care services will understand and minimise sources of variation across Wales to improve performance using evidence based practices consistently and transparently.
- Planned Care services will achieve health and wellbeing with the public, patients and professionals as equal partners through co-production.
- Care for those with the greatest health need first, making the most effective use of all skills and resources.
- A common high-level model of care for emergency departments to ensure that people can access the right staff, at the right place, at the right time.
- The establishment of robust local mechanisms to ensure effective delivery with the right interaction between patients, professionals and organisations.

WHAT CAN DIGITAL DO?

The future lies in improving access to information and introducing new ways of delivering care with digital technologies, which must be at the heart of service plans and the vision for prudent and value based healthcare. Planned and Unscheduled Care services in Wales are developing the use of digital technology to see improvements in service delivery, patient safety, communication, error rates, costs and use of data together with artificial intelligence. The modernisation of outpatients will be supported by patient administration systems able to redefine patient contact situations and help clinical decisions with risk stratification tools. Digital can support:

- Supporting and recording alternatives to traditional 'outpatient' attendance and referral process efficiencies
- Improved clinical information flows with less duplication, less variation and more data standardisation
- Remove need for paper charts in intensive care which are time consuming to complete and transport, are prone to errors and degrade over time. Electronic data will help show bed capacity and variation.
- Emergency dept live patient tracking and triage status
- Electronic single view of patient journey

DIGITAL HEALTH AND CARE WALES' ROLE

The administration of patients along their journey of care is supported by our Patient Administration System, rolled out to most of Wales, recording the activity of referrals, outpatient appointments , admissions, discharges and much more. We also have systems which help clinicians to electronically prioritise referrals. There are other newer systems being rolled out for Planned and Unscheduled Care including the Welsh Intensive Care Information System and the Welsh Emergency Department System.

Our information specialists help standardise the core datasets which will define patient 'contacts' and they also provide analysis and insight into planned and emergency activity such as waiting times and targets.

THE IMMEDIATE FUTURE:

- Support the modernisation of outpatients through redefining patient contacts and risk stratification, electronic referral prioritisation, and providing digital solutions to support alternatives to outpatient appointments such as advice between primary and secondary care clinicians
- Support referral pathway efficiencies from hospital to hospital with our patient referral solution
- Roll out a system to support digitalisation of Intensive Care across Wales
- Roll out the Welsh Emergency Department System across Wales
- Implement the patient administration functionality of the current Cancer Solution in Velindre with the Welsh Patient Administration System
- Implement the Welsh Patient Administration in BCU West and then across the health board as a single instance.
- Support the core datasets for new and developing systems in planned and unscheduled care
- Gather requirements for a single view of a patient pathway in secondary care
- Support integration requirements from initiatives such as 111, Eye care, WAST electronic patient care record, Scan4Safety.

Referring, prioritising, booking appointments, advising, diagnosing, recording treatment and care

PLANNED AND UNSCHEDULED CARE
Portfolio Roadmap

Portfolio Objective

Develop, operate and maintain a set of high-quality national digital services to enable new models of planned and unscheduled patient care and management

FUTURE STATE:

Patient centric, electronic processes, extensive quality data, joined up systems talking to each other, data delivering value, proactive, predictive. Supporting flexible care models.

CURRENT STATE:

Silo systems, limited data standards, piecemeal data sharing, location specific, reactive. Supporting a historic reliance on hospital attendances and paper systems.

KEY

NATIONAL SYSTEMS
- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)

- Discovery
- Our Partners

VALUE FROM DATA

'Everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible - Healthier Wales

Evidence Based decision making - from analysing referral patterns, process variations and treatment outcomes

Business Change – enabling clinicians to work remotely out of hours and support recovery of essential services

Skilling Up – training staff in digital tools such as remote consultations and a new Intensive Care System

Workforce Change – making data and systems available to new roles and a mobile workforce

HEALTH EDUCATION AND IMPROVEMENT WALES
Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative and national strategic programmes, eg unscheduled care and critical care

Patient pathway management

Referral and Outpatient modernisation – alternatives to outpatients

Intensive Care bedside monitoring

Patient flow and triage

Hospital to Hospital Referrals

Patient and medical records tracking

GP Referrals

Patient scheduling and administration

UNSCHEDULED CARE PROGRAMME (Welsh Govt)
PLANNED CARE PROGRAMME (Welsh Govt)

NHS COLLABORATIVE
Critical care and trauma network – implement the Wales Intensive Care Information System

Aggregate operational datasets for Intensive Care National Audit & Research Centre

Calculating demand and capacity – based on patient level data

Outpatient minimum dataset re-development

Cardiac Risk Prioritisation

National Reporting of Group Clinic Activity

Data classification work for planned and unscheduled care services – consistent measurement / reduce variation , eg urology referrals data standards

Emergency Department Quality and Delivery Framework

Welsh Patient Administration System – national instance

Welsh Intensive Care Information System

Welsh Emergency Department System

Welsh Patient Referral Service

Welsh Clinical Communications Gateway *(see Primary and Community Care Portfolio)*

Welsh Patient Administration System

Cancer Network Information System Cymru (CANISC) in Velindre

PEOPLE | PROCESSES | DATA | TECHNOLOGY

HOW WE WORK WITH PARTNERS: Service change is about people and processes. By working at the start with our national and local partners we can understand the future direction of healthcare and help enable transformation through data and technology solutions.

DIAGNOSTICS VISION

Strategic Objective

Delivering High Quality Digital Services

Portfolio Objective

Develop, operate and maintain a set of high-quality national digital services to enable the modernisation of diagnostics.

NEED FOR CHANGE

Increasing demand, changes in clinical care, lack of standardisation and scarce expertise have been challenges for diagnostic services for recent years. There is recognition that effective diagnostic services are essential to both the prevention and management of disease. Improvements in diagnostic services can help transform the patient pathway and patient experience and lead to better patient outcomes, improved benefits for NHS Wales and support economic development (*'Pathology Statement of Intent' and 'Imagining Statement of Intent' – Welsh Government 2019).*

By 2030, NHS Wales aims to:

- Improve service efficiency and effectiveness by identifying opportunities to reconfigure service models for Diagnostics.
- Provide diagnosis closer to the patient to aid the management of life-threatening conditions such as sepsis and infection control, as well as enabling patients to self monitor chronic conditions without visits to healthcare settings.
- Adopt a new strategic approach to the development of high quality, effective and sustainable imaging services for NHS Wales that address the needs of the population, respond to current and future policy direction and ensure long term sustainability.

WHAT CAN DIGITAL DO?

Diagnostic services in Wales are developing the use of digital technology to realise improvements in service delivery, patient safety, communication, error rates, costs and use of data which in turn supports artificial intelligence (AI) which shows promise supporting new model of care and helping with skills shortages. In addition, the fields of genomics, digital cellular pathology and point of care testing are rapidly evolving, driven by cost reduction, increased connectivity and technological innovation. Histologists will use high resolution screens instead of microscopes meaning work can be virtually shared or transferred and opens up the future use of AI in diagnostics.

Standardisation of tests and access to nationally shared images and results see benefits in avoiding duplication and electronic test requesting reduces mistakes and speeds up the process.

DIGITAL HEALTH AND CARE WALES' ROLE

We provide diagnostic services functionality in numerous systems. This can be supporting specialists in diagnostics with information management and supporting the wider clinical population in terms of functionality to request tests and procedures and viewing the results and reports on an All Wales basis irrespective of organisational boundaries.

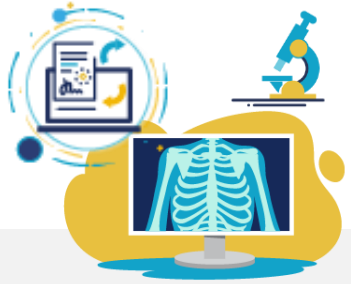
Some of our systems are dedicated to the processing of pathology requests and results, such as the Welsh Laboratory Information Management System, whilst others manage imaging and radiology results, such as the Welsh Radiology Information System and the Welsh Image Archive Service. We also provide procurement support to the Picture Archiving and Communications System Framework Implementation and are assisting with new procurements for laboratory and radiology next generation systems.

We will work with the NHS Collaborative to understand the requirements of the Endoscopy Programme.

THE IMMEDIATE FUTURE:

- Support the new national Laboratory Information Management System LINC Programme
- Support the radiology community with solutions such as the new Radiology Informatics Solution Procurement Programme (RISP) including the procurement of new Picture Archiving and Dosage Management Solutions
- Support implementation of electronic radiology requesting across Wales
- Work with diagnostics services across Wales to provide an imaging archiving solution
- Enhance the national availability of diagnostic results and reports into national repositories, eg working with initiatives such as digital cellular pathology

Order tests, processing and recording results.
View results and reports.
Booking appointments.



DIAGNOSTICS PORTFOLIO ROADMAP

Portfolio Objective

Develop, operate and maintain a set of high-quality national digital services to enable the modernisation of diagnostics

FUTURE STATE:

New service models for diagnostics, service efficiency, data standardisation, diagnosis closer to home. Digital opportunities for genomics, molecular pathology and Point of Care Testing

CURRENT STATE:

Separate radiology system instances, national Laboratory system but not fully standardised, National framework agreement for PACs system but image sharing not in place for radiology specialists. Diagnosis services based at hospital sites.

DIAGNOSTICS

Portfolio Roadmap

KEY

NATIONAL SYSTEMS

- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)

- Discovery
- Our Partners

VALUE FROM DATA

'Everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible' Healthier Wales

Evidence Based decision making

Business Change – supporting new models of working

Skilling Up – training staff in digital tools,

Workforce Change – making systems available to new roles , eg point of care testers

HEALTH EDUCATION AND IMPROVEMENT WALES: Modernise workforce models to deliver service transformation for: imaging, pathology and endoscopy

Machine Learning to aid diagnosis

Digitising cellular pathology

Endoscopy tests and results

Tests at the point of care

Support radiology requesting

Processing and sharing of Covid-19 test from new users and cross border

Processing Pathology Test Requests and Recording Results

NHS COLLABORATIVE - Develop proposals for rapid diagnostics centres (Cancer), transformation of pathology services (LINC system), digital cellular pathology technology options, imaging pressures (new Radiology system) and endoscopy demand. Strategy for Point of Care Testing

Linking diagnostics data with other data to inform outcomes and demand and capacity analysis

Data classification work in relation to Pathology / Radiology information

NHS COLLABORATIVE
implement the clinical imaging board taxonomy across Wales & develop joint Welsh IR(ME)R procedures.

Welsh Point of Care Testing (for GPs)

Radiology Informatics System Procurement

Laboratory Information Network Cymru (LINC)

Welsh Image Archive Service - radiologists

Welsh Image Archive Service – non radiologists – *see Digital Health Professional Empowerment Portfolio)*

Electronic Test Requesting – *see Digital Health Professional Empowerment Portfolio)*

Welsh Laboratory Information System

Welsh Point of Care Testing (Hospitals)

Welsh Pathology Handbook

Welsh Radiology Management System

PEOPLE | PROCESSES | DATA | TECHNOLOGY

HOW WE WORK WITH PARTNERS: Service change is about people and processes. By working at the start with patients and citizens, and our national and local partners we can understand the needs and future direction of healthcare and help enable transformation through data and technology solutions.

MEDICINES MANAGEMENT VISION

Strategic Objective Delivering High Quality Digital Services

Portfolio Objective Develop, operate and maintain a set of high-quality national digital services to enable modernisation of medicines management

NEED FOR CHANGE

By 2030, pharmacy services will be designed around patient needs. *'Pharmacy Delivering a Healthier Wales'* - April 2019, describes the transformation needed in the role and contribution of pharmacists: 'A transformation which is required to maximise the health gain the citizens of Wales derive from their interactions with the pharmacy profession.' This is coupled with a drive for greater value and finding cost-saving efficiencies. The vision is:

- Care will be delivered in local communities with pharmacy teams integrated with other services to improve the health and wellbeing of the population
- Together, pharmacy teams will improve patient knowledge and use of their medicines, through co-production
- Pharmacists will focus on optimising therapeutic outcomes using tools that include prescribing
- Pharmacy technicians will improve management and use of medicines
- Pharmacy services will support and drive innovation and equitable access to new medicines and related technologies, providing seamless care for the citizens of Wales

WHAT CAN DIGITAL DO?

The future lies in making patients' medicines visible, outside of organisational and professional silos resulting in safer patient care. Management of medicines expenditure improves through better access to data. Further digitalisation, such as all medicines prescribing will reduce the use of paper and this improves safety by reducing the risk of transcribing errors and introduces efficiencies by safeguarding the timely transfer of information.

Improvement from digital comes in the areas of:

- Electronic prescribing
- Electronic medicines administration
- Central patient electronic health record
- Patients access to their own health record
- Online consultations and online triage
- Personal Monitoring Devices and Assistive Technology
- Artificial intelligence systems, Big Data

DIGITAL HEALTH AND CARE WALES' ROLE

Medicines management is a vein which runs through many of our digital information services. We already provide medicines management functionality in numerous systems.

Some of our systems are dedicated to the processing of medicines such as our new Hospital Pharmacy System. Others share data about medicines across care setting such as the Welsh Clinical Portal which can be seen in secondary and primary care.

Medicines management is also all about safety and some of our systems, eg Choose Pharmacy, enable the reconciliation of medicines prescribed in secondary and primary care . Our teams have looked extensively at the future opportunities around electronic prescribing and electronic transfer of prescriptions.

THE IMMEDIATE FUTURE:

- Roll out a newly procured national medicines stock control system to Welsh hospitals
- Consider the results of the Welsh Government commissioned Review into E-prescribing and electronic transfer of prescriptions and work out the immediate options to support this
- Work will take place to explore the complexities and opportunities of establishing a Common Medications Record that will enhance the Digital Health and Care Record
- Start to improve the 'data language' of medicines so systems can communicate

Recording and viewing medicines information including vaccines, prescribing, dispensing, reconciling, sharing, reviewing

MEDICINES MANAGEMENT

Portfolio Roadmap

Portfolio Objective

Develop, operate and maintain a set of high-quality national digital services to enable modernisation of medicines management

FUTURE STATE:

Patient centric, electronic prescribing and medicines management, extensive quality data, joined up systems talking to each other, data delivering value, proactive, predictive

CURRENT STATE:

Paper prescribing, silo systems, limited data standards, piecemeal data sharing, location specific, reactive

KEY

NATIONAL SYSTEMS
- Rolled Out
- Rolling Out
- In preparation
- Linked Systems (see other Portfolios)

- Discovery
- Our Partners

VALUE FROM DATA

'Everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible' -Healthier Wales

Evidence Based decision making

Business Change – supporting new models of working including clusters

Skilling Up – training staff in digital tools, eg Welsh Immunisation System. Optimising therapeutic outcomes using tools that include prescribing.

Workforce Change – making systems available to new roles

HEALTH EDUCATION AND IMPROVEMENT WALES: 'Support the Modernisation of the Pharmacy Workforce, plan for and implement the Initial Education and Training Standards for Pharmacy (IETP)'

Decision Support

Chemotherapy prescribing

Sharing dental referral meds info

Patient access to own medications record

Making better use of Community Pharmacies: Common ailments, emergency medicines, Flu vaccine etc

Covid-19 Vaccines administration

Medicines Reviews

Electronic Discharge

Medicines reconciliation and validation

Recording

Prescribing

Transcribing

Dispensing

Ordering (including patients)

NHS COLLABORATIVE – rapid review of precision medicine Programmes

E-prescribing and integration with other systems, eg community

Standardisation of medicines data to maximise interoperability between systems across care settings.

Electronic Transfer of Prescriptions

Systemic anti cancer therapy system replacement

WAST 111 (Salus)

Linking medication data to reported outcomes to understand which interventions provide the best outcomes for patients

Welsh Immunisation System *See Public Health Portfolio*

Hospital Pharmacy

Reporting on medicines usage and shortages – common reference service ensures consistent reporting

Choose Pharmacy - *see Primary and Community Care Portfolio*

Welsh Intensive Care Information System *See Planned and Unscheduled Care Portfolio*

Welsh Clinical Portal (Discharges) *See Digital Healthcare Professional Empowerment Portfolio*

My Health Online (ordering prescriptions) *See Digital Patient Empowerment Portfolio*

PEOPLE | PROCESSES | DATA | TECHNOLOGY

HOW WE WORK WITH PARTNERS: Service change is about people and processes. By working at the start with patients and citizens, and our national and local partners we can understand the needs and future direction of healthcare and help enable transformation through data and technology solutions.

VALUE FROM DATA

Portfolio Objective

Driving value from data for better patient outcomes and service planning

EXAMPLES FROM PUBLIC HEALTH

COVID-19 DATA HUB

A one stop shop for both summaries and in-depth explorations of data to facilitate more informed decision making in near real-time:

- COVID-19 tests and turn around times
- Health Board situation reports (SITREPS)
- Daily Emergency Department attendances
- Ambulance and 111 calls by Health Board
- Mortality data
- Shielded patient maps

RISK STRATIFICATION

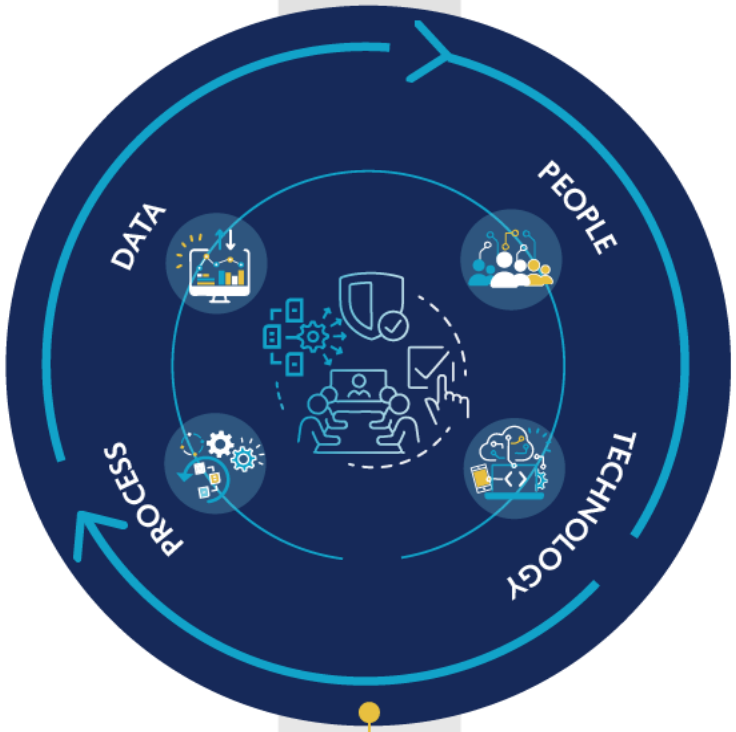
Linking data from multiple sources allows the identification of patients for specific interventions based on a range of risk factors (eg, COVID-19)

EXAMPLES FROM PRIMARY CARE

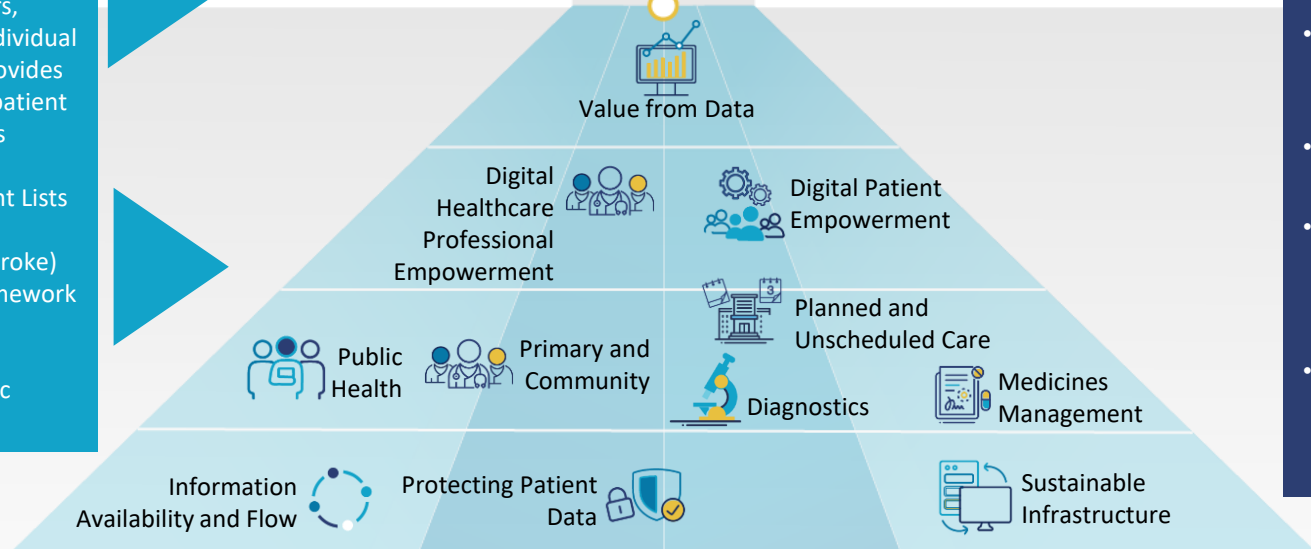
PRIMARY CARE INFORMATION PORTAL

Supports the needs of General Practices, Clusters, Health Boards and Welsh Government at the individual patient and aggregate data levels. The Portal provides a wide range of analyses to benefit both direct patient care and service planning. Main areas of analysis currently includes:

- COVID-19 support around Shielded Patient Lists and Vaccination priority groups
- National Audits and projects (eg Stop a Stroke)
- Quality Assurance and Improvement Framework (QAIF)
- Chronic disease management
- Screening and Vaccinations data for Public Health Wales



VALUE FROM DATA



EXAMPLES FROM PLANNED & UNSCHEDULED CARE

VALUE IN HEALTH

Value in Health website gives health boards the mechanism to implement a Value Based approach to service planning and development. Dashboards on specific clinical areas, such as Lung Cancer and Heart Failure, bring together data from a wide range of data sources providing insight on efficiency and outcomes.

DATA LINKAGE

Linking events data across multiple settings for individual patients benefiting in clearer understanding of patient pathways for improved efficiency.

EXAMPLES FROM COMMUNITY CARE

NATIONAL DATA SETS

Development of datasets to provide insight on delivery of health and social care services and monitor demand, capacity and delivery across Wales. Standardised data will provide benefit in terms of safety, quality, effectiveness and improved outcomes in areas such as Rehabilitation Services, District Nursing, Looked After Children and across Mental Health Services.

THE IMMEDIATE FUTURE:

- We will continue to support the requirements of the COVID-19 response with necessary developments around data, analysis and reporting.
- We will expand the analyses of data in relation to Essential Services provision.
- We will continue the support and development of products in support of the Value in Health Programme, utilising the developing standards for PROMS.
- Formalise R&I arrangements and set out a research approach that is aligned to DHCW's strategic objectives and the needs and demands of the health and care system in Wales.

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

Our Financial Plan

DIGITAL HEALTH AND CARE WALES

PLAN

2021/22

ANNUAL FINANCIAL PLAN OVERVIEW

THE FINANCIAL STRATEGY

The Financial Strategy of the organisation both supports and underpins the Service Strategy set out within the Annual Plan, it translates the objectives, activity and consequential resource requirements to form a fully integrated financial plan with accompanying mitigating actions to ensure a balanced position can be delivered. A gross revenue requirement amounting to £127.5m is forecast to underpin the resource requirement with capital investments totalling £15.7m being made throughout the year.

The key financial objective is to provide quality and value for money services whilst ensuring a sustainable underpinning financial baseline for the organisation. It is recognised that this is no easy task with the impact of increasing service growth, identifying opportunities for savings/income generations take on greater importance.

	Baseline £m	Digital Priorities £m	COVID 19 £m	Total Revenue £m	Capital Investment £m
Income	94.7	18.4	14.4	127.5	15.7
Pay	37.4	2.7	3.3	43.4	15.7
Non Pay	57.3	15.7	11.1	84.1	
Balance	**0**	**0**	**0**	0	0

KEY PLANNING ASSUMPTIONS

The Financial plan for 2021/22 is predicated upon all Wales guidance and assumptions whilst remaining agile in respect of COVID-19 developments.

Whilst the current plan presents a breakeven position, there are increasing challenges as a consequence of pressures within all service portfolios, consequently a 2% Cost Improvement Target is to be levied on discretionary budgets.

SUPPORTING VALUE

The finance team in partnership with performance and service leads will look to initiate benchmarking projects and service reviews to identify candidates for improvement and action.

Key to ensuring the effective allocation of resources is to implement a transparent and robust benefits identification, management and achievement framework.

Productivity and Efficiency Initiatives

A number of initiatives to generate efficiency through improvements in workforce productivity will be explored initially within the areas specified below:

- A 'Product Centred' organisational structure – dedicated multidisciplinary resource centred and assigned to a specific product or service.
- Benchmarking of Services - Wherever appropriate we will continue to commission benchmarking exercises in order to ascertain a clear view in regard to service value for money and to identify areas/means of performance improvement (such as Desktop Service provision).

RISKS AND OPPORTUNITIES

The organisation will continue to closely monitor any risks associated with its financial plan to ensure activity is delivered within financial resources and achieve a break-even position.

Financial risk is managed as an integral part of the overall Risk Management Strategy. The risks identified at the start of the year surround possible slippage in income generating implementations. Whilst recruitment to vacancies within the establishment will be progressed at pace, there is the potential for slippage in expenditure against the budgets set – this has not been reflected within budgets.

REVENUE SOURCE AND APPLICATION OF FUNDING

SOURCE OF REVENUE FUNDS

The source of the majority of the organisation's revenue income is directly sourced from Welsh Government (circa 78%) including an allocation for capital charges (depreciation). All other anticipated income relates to the payment for a range of services provided to NHS Wales, England and Northern Ireland. Typically, income streams have more of a 'trading' relationship (via Service Level Agreements) and consequently can be more volatile in nature due to changes in service levels/terminations. It should be noted that a substantial amount of organisational funding is linked to ring fenced expenditure such as the provision of All Wales contracts (eg, Microsoft licences, specific schemes/initiatives such as Digital Priority Initiatives or services such as Primary Care IM&T Support). Non Recurrent Welsh Government allocations have increased significantly over the last two years as a consequence of the pandemic digital response and additional support of Digital Priority Investment.

Source	£m	%age
Welsh Government Core Recurrent Allocation	42.3	33.2%
Welsh Government Non-Recurrent Funding	32.8	25.7%
Recurrent Commissioner Service Level Agreements	28.5	22.4%
Welsh Government Recurrent Allocation GP IM&T	14.8	11.6%
Welsh Government Recurrent Capital Charges	8.8	6.9%
Welsh Government Other Recurrent Service Level Agreements	0.3	0.2%
Total	**127.5**	**100%**

Non recurrent allocations (shaded yellow) support the corresponded shaded items in the application of spend table.

APPLICATION OF REVENUE FUNDS

The projected application of funds to support the plan are identified below.

Application of Funds	£m	%age
Finance, Business Assurance & Estates	20.6	16.2%
Information & Communications Technology	18.7	14.7%
Primary Care IM&T[1]	11.5	9.0%
Application Development & Support	14.7	11.5%
Capital Charges	8.8	6.9%
Engagement & Transformation Services	7.7	6.0%
Clinical Directorate	6.0	4.7%
Information Services	3.1	2.4%
Board & Executive & Other	3.6	2.8%
Digital Priority Investment Fund	18.4	14.4%
COVID-19 Response : Contact Tracing	7.5	5.9%
COVID-19 Response : Mass Immunisation (WIS)	6.9	5.4%
Total	**127.5**	**100%**

Notes:

- Finance & Business Assurance allocation is inclusive of All Wales Microsoft contract pass through costs.
- [1] Primary Care allocation shown net of DHCW resource recharge for Primary Care Support.

ANNUAL FINANCIAL PLAN PLANNED CAPITAL INVESTMENT

THE CAPITAL PLAN

The organisation's plan is underpinned by investment to support Covid, developments and asset refresh in order to achieve the organisational goals and maintain standards of service and resilience.

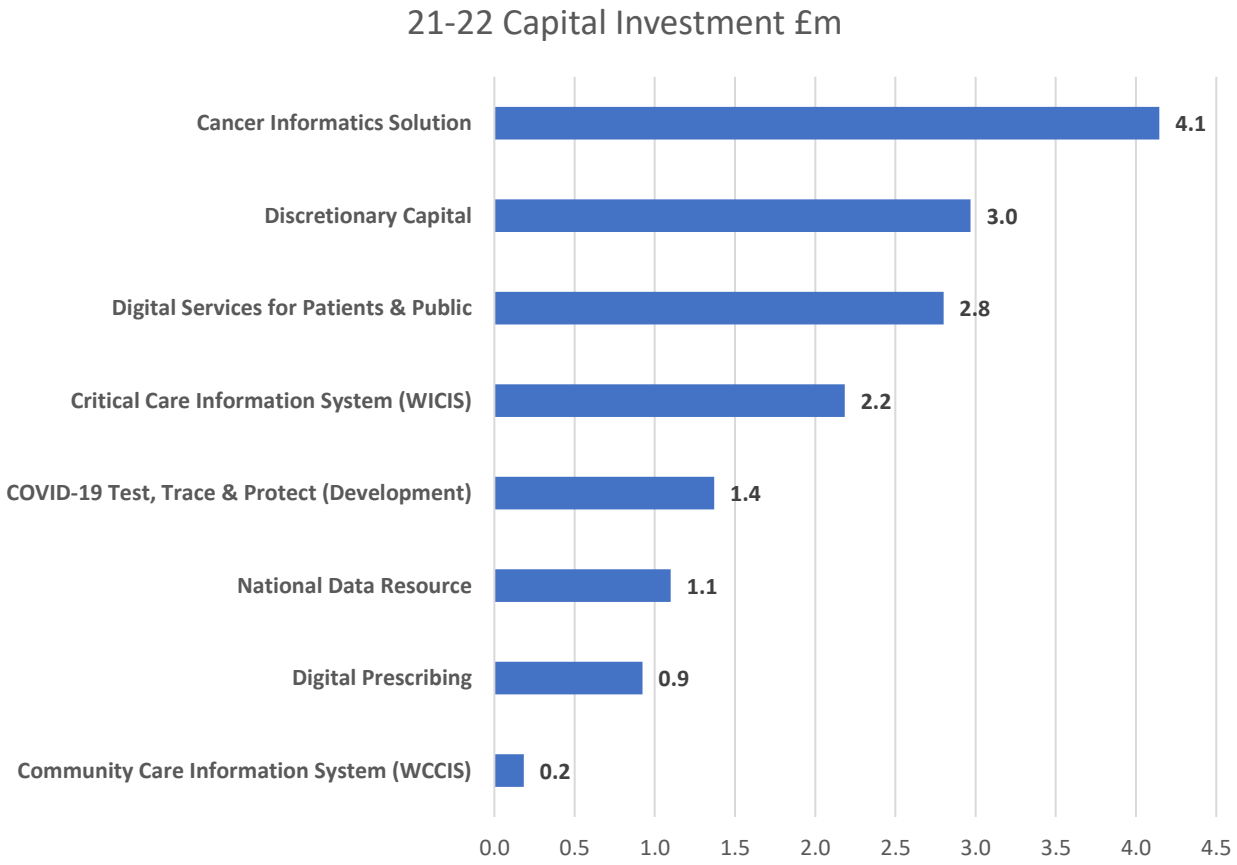
Capital funds are received exclusively from Welsh Government and are grouped by:

- Discretionary Capital Funding: Available for the organisation to allocate to support Internally prioritised schemes
- Strategic Capital Funding: Accessed by way of business case (single purpose subject to ministerial approval)
- Digital Prioritisation Investment Funding (single purpose funding subject to confirmation)

The organisation requires significant capital investment in order to refresh underpinning data centre services. At present a major proportion of discretionary capital funding has been ring fenced to support some of the immediate requirements.

As part of the plan the organisation will produce a route map and business case to establish requirements, benefits and funding in order to support the transition to Cloud Services.

Planned Investments/Developments	Capital £m
Cancer Informatics Solution	4.1
Discretionary Capital	3.0
Digital Services for Patients & Public	2.8
Critical Care Information System (WICIS)	2.2
COVID-19 Test, Trace & Protect (Development)	1.4
National Data Resource	1.1
Digital Prescribing	0.9
Community Care Information System (WCCIS)	0.2
Total	**15.7**



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Digital Health and Care Wales

Our Workforce Plan

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DIGITAL HEALTH AND CARE WALES

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Shaping our workforce
Extraordinary leadership
Great organisation to work
Strategic workforce planning
Grow our own
Well-being and engagement
New ways of working

DIGITAL HEALTH AND CARE WALES WORKFORCE VISION 2020

AIM:

extraordinary leadership

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

great organisation to work

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

strategic workforce planning

We will model, predict, prioritise and implement workforce strategies to ensure we interpret workforce requirements to deliver our overall business strategy. This includes strengthening targeted strategies to tackle our gender pay gap, reducing inequality of outcomes and any other significant workforce development needs. These plans are developed with, and owned by key leaders in the organisation, supported by the Workforce and OD team.

grow our own

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

well-being and engagement

Every individual in DHCW will be confident to play their part in delivering best in class service, through excellence in their technical competence and developing emotionally intelligent, well-being and personal skills. They will reach their potential by developing their skills continually with lifelong learning, as an inspiration to colleagues, partners, clients, families and communities whilst enjoying work life balance.

new ways of working

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

CHALLENGE:	ACTION PLAN:
Resourcing	• Reviewing opportunities for new roles and skill mix changes • Continue targeted recruitment plans for technical and other specialist roles • Reviewing and adopting new recruitment and retention practices • Access to CPD opportunities and clearer link to career pathways • Continue working with University partners to recruit graduates
Training & development	• Succession planning and talent management for key roles • Development of leadership and management programme • Development and implementation of Board and Senior Leadership Programme
Growing our own	• Defining career pathways and refreshing our approach to the provision of Apprenticeships, working in partnership with WIDI • Reducing reliance on traditional training routes and increasing part time and internal retraining programmes
Culture & Organisational Development	• Defining our culture and behaviours framework – in line with the vision and values of the new organisation • Improving our understanding of the ageing workforce and succession planning • Compliance with the 85% PADR target supporting regular meaningful conversations with our staff
Technology & new ways of working	• Development and roll out of the New Ways of Working Strategy and Framework • Maximising use of technology to support an agile culture and flexible workforce
Well-being and engagement	• Continue to focus on managing sickness absence levels below the Welsh Government target • Continuing to contribute to 'A Healthier Wales - Workforce Strategy for Health and Social Care'
Diversity /Equality /Welsh Language	• Support the implementation of the Welsh Language Standards • Develop recruitment and development programmes to reduce gender pay gap and inequality of outcomes in terms of career prospects
Changing the shape of the workforce	• Increase in Client Service workforce to support 7 day services • Alignment of the Workforce Plan to future direction on Architecture, Cloud, and data, introduction of new workforce models • Review and define matrix working models

Areas of Focus

The Workforce and OD team played a key part in many different stages of the initial Covid-19 response. Since March 2020, all of our staff have been able to work remotely from their homes with a small number of key roles on a rota to work on site.

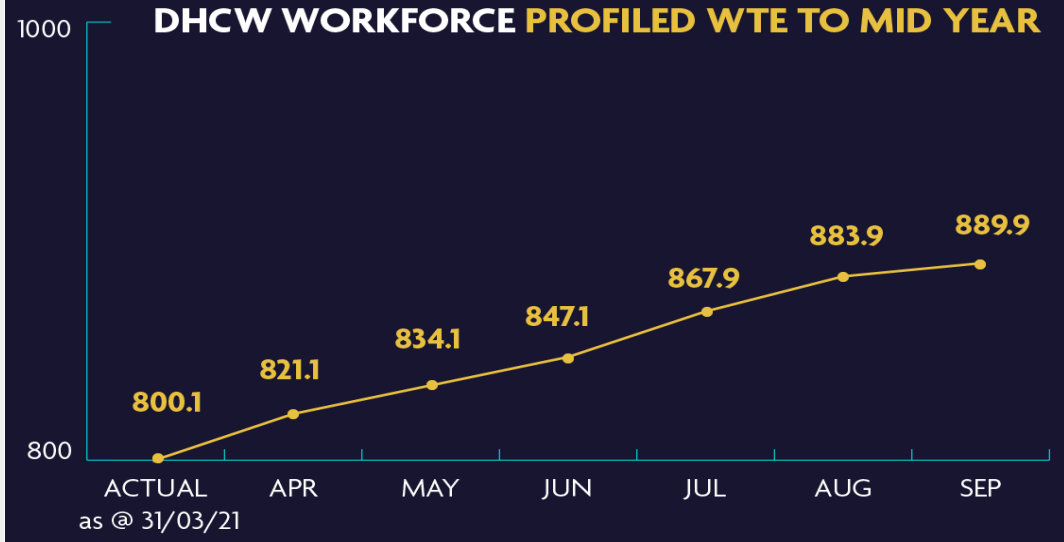
A key focus in the last twelve months that will continue into the new organisation has been our readiness to take on the new responsibilities under the SHA and to ensure that we have the right skills and resources in place to deliver our plan. Recruitment will continue to be a priority, led by our recruitment taskforce, as we increase our workforce to the planned levels. We will also engage expertise and resources through a number of other routes to create more agile and responsive capacity and to bring in specialist expertise as required. Building on the successful industry partnerships established in 2020-21 and material to the successful roll out of Office 365 and the Test, Trace, Protect (TTP) developments. Our aim will be to utilise our Dynamic Purchasing System and enable maximum opportunities for Welsh businesses in particular to work with us to expedite delivery and share innovation and ideas.

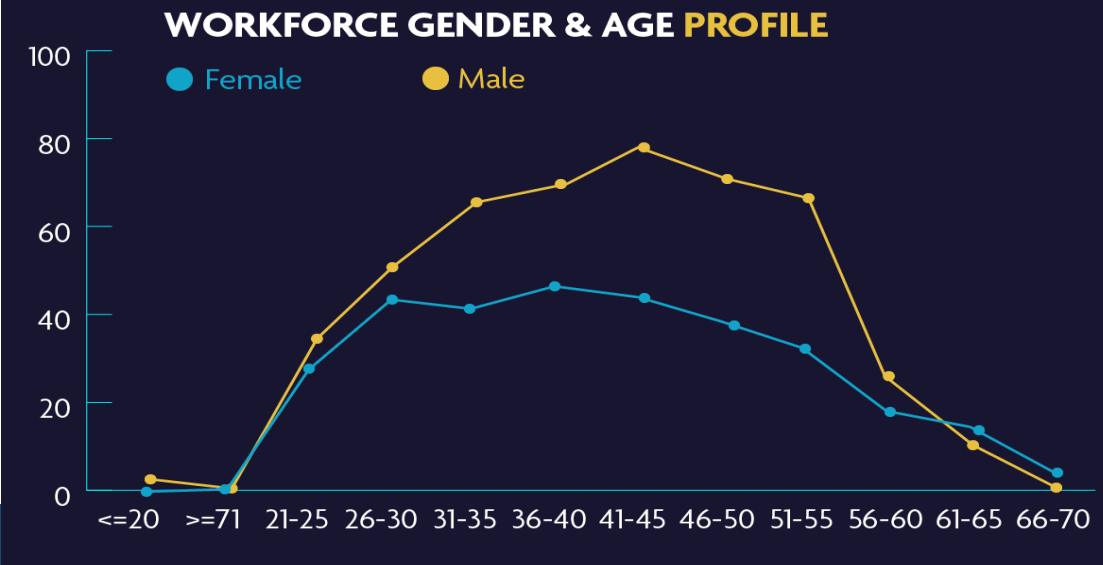
We anticipate that this mixed resource model will increase our overall capacity by approximately 20% in 2021-22.

Current Workforce

DHCW currently employs circa 800 WTE (Feb 2021). Over the last 12 months the number of staff in post has increased by 60 WTE. We anticipate that this will increase further to circa 890 during the first two quarters of 2021-22.

Our workforce profile reflects a relatively young mix with succession planning and talent management key aspects of our leadership development programme. We are focused in our recruitment and career pathways planning on equality and diversity to reflect the population in Wales.





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Our Quality and Regulatory Compliance Plan

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QUALITY AND REGULATORY COMPLIANCE

DELIVERING HIGH QUALITY DIGITAL SERVICES:

Our Quality and Regulatory objectives relate directly to Delivering High Quality Digital Services.

Quality is at the heart of all we do and from the strategic objectives, we have identified key International Standards that support quality definition and direction.

- Controls – through the Quality and Regulatory Group and part of the Audit and Assurance Committee.
- Planning - Annual Quality and Regulatory Plan and improvements - integrated across the Directorates and supported by the internal audit programme.
- Improvement – The organisation has a strong culture of organisational learning and improvement.

Our internal Quality Framework is known as the Integrated Management System (IMS). All Policies, Standing Operating Procedures, Templates and other guidance can be found in our IMS.

We maintain certification to the following International Standards:

- ISO 9001:2008 Quality Management Systems
- ISO 14001:2004 Environmental Management Systems
- ISO 20000-1:2011 IT Service Management Systems
- ISO 27001:2013 Information Security Management Systems
- BS 76000:2015 Valuing People Standard
- Service Desk Institute

Regulatory focus will develop internal processes, systems and standards to enable compliance with medical devices and other future regulatory developments.

THE IMMEDIATE FUTURE:

QUALITY and REGULATORY COMPLIANCE:

- Ensure that Quality Management Systems support the organisation from a Quality and Regulatory perspective by the implementation of an Electronic Quality Management System (iPassport).
- Ensure management responsibility and commitment is evident throughout the organisation through clear role definitions and responsibilities monitored through the Quality and Regulatory Group.
- A refreshed organisational structure to support the requirements for Quality and Regulation.
- Provide Quality and Regulatory support to enable product realisation by generating a process for end to end product lifecycle that is in line with medical devices requirements.
- Ensure robust reporting tools are in place to enable measurement, analysis and improvement.
- Develop a Regulatory and Compliance Framework to support monitoring and changes to legislation and standards.
- Development of the internal audit framework and support.

DHCW staff

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Digital Health and Care Wales

Our Deliverables

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ANNUAL PLAN SUMMARY DELIVERABLES

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

- Develop enhanced integration services and repositories as architectural building blocks to enable safe and secure access to data in the digital health and care record
- Establish the structured clinical data repository for Wales as a new architectural building block, utilising a standards-based approach to how data is stored and shared with citizens, clinicians, and software suppliers , starting with cancer treatment, shared medications and allergies as the first implementations
- Continue collaboration and support of the National Data Resource Programme to build the enablers of an open, interoperable architecture from which NHS Wales can derive value and insight from the intelligent use of clinical data

Information Availability and Flow			
Qtr1	Qtr2	Qtr 3	Qtr 4
This coming year is about responding to the Digital architecture review by focussing on drafting a standards framework and devising the approach and prioritites for constructing 'architectural building blocks' which will remove architectual debt. Priorities identified in the National Data Resource Business Case will be picked up. Other priorities will be replacing our system which sends messages between our applications and agreeing next steps for a new master patient index.			
Building the ability to record Adverse Reactions using the FHIR standard for exchanging healthcare information electronically - in a Welsh Clinical Data Repository (2704)	Designing a scale up of our Master Patient index to deal with more subscribing systems as a result of the recommendations of the Architecture Review (2697)	Start the procurement of replacement Integration Messaging Service (3345)	Plan the processes associated with the curation of clinical terminologies to technical standards across the national architecture (3245)
Making an operational terminology server available (2762)	Completing the procurement of an Application Programming Interface (API) management system (on an enterprise scale) as part of the National Data Resource programme) (3285)		Report on the impact of adopting new classification systems (3246)
Enable consistent recording using SNOMED CT clinical classification of the core components of the patient record (2891)	Delivering the initial priorities of a national subscription service (3030)		Defining the message flows between the national architecture and the new LINC laboratory management solution (3348)
Start to establish the visions, priorities and plan for 'architectual building blocks' as a response to the Digital Architecture Review (3379, 3380)		Agree strategy/approach to source an Master Patient Index type product beyond the life of the current contract (2354)	
			National terminology service being used for a target of 10 instances of SNOMED CT into systems. (3290)
	Making a catalogue available of a target of 10 application programming interface standards as part of the National Data Resource programme (3291)		
	Set up national data store with clinical data repositories as part of the National Data Resource Programme (3292, 3294)		
Build a single cancer pathway platform (3295)			
Continue to populate the national repositories with test results, documents and data			

ANNUAL PLAN SUMMARY DELIVERABLES

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

- Ensure corporate compliance with 'information rights' legislation and standards framework
- Develop and promote a national Information Governance framework that allows the right people to access the right level of personal data at the right time
- Contribute to a national governance structure that identifies threats and maximises opportunities to use personal data lawfully and effectively
- Embed and support the national cyber security agenda including The Security of Network and Information Systems (NIS) Regulations
- Host an independent Cyber Security Resilience unit which holds delegated authority from Welsh Ministers to provide ongoing cyber security assurance activities on behalf of Welsh Government

Protecting Patient Data			
Qtr1	Qtr2	Qtr 3	Qtr 4
This year will focus on setting up the hosting of the Cyber Resilience Unit for Welsh Government and the assessment and assurance around cyber security monitoring. We will also look at the options around our national auditing tool.			
Launch the Cyber Resilience Unit to ensure compliance with the Network and Information Systems (NIS) Directive (3361)	Develop and agree remediation plans following outcomes of NIS Cyber Assessment Framework (CAF) self assessments (3241)		Develop options to replace the Security Information and Events Management (SIEM) solution (3255)
Start the set of up an Information Asset register (3232)	Complete a Business Case for a reprocurement of the National Audit solution (NIIAS) (2642)	Implement the new Vulnerability Management solution in all Health Boards and Trusts (3265)	
Develop a Security Information and Events Management (SIEM)strategy for Cloud Services (3257)	Further enhance the Cyber Incident Response Plan by including specific guidance for particular types of cyber-attacks. (3260)		
Integrate our National Audit tool with the Welsh Community Information System for health users (2639)			

ANNUAL PLAN SUMMARY DELIVERABLES

Sustainable Infrastructure

Develop and maintain a high-quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility.

- Move services from one Data Centre into a new Data Centre and Cloud
- Develop a Cloud Strategy and Business Case for our organisation aligning to the Welsh Government infrastructure review and ensuring a 'cloud-first' approach to the design and development of future services
- Migrate workloads from aging infrastructure and decommission
- Increase infrastructure capacity as required to support the hosted systems and demand from end-users
- Implement new processes and cloud management technologies to enable more optimised PC deployment and management

Sustainable Infrastructure			
Qtr1	Qtr2	Qtr 3	Qtr 4
This year is focussing on our movement from one of our national data centres to a new location. We will also be looking at developing a Cloud strategy.			
New National Data Centre network available (3355)		Complete the migration of services to the new National Data Centre (3357)	
Migration of services start to move to the new National Data Centre (3356)		Decommission the current Data Centre being replaced (3360)	
Upgrading Legacy Systems	Develop a Strategy for movement to the Cloud (3377)		
Maintaining our national systems			

ANNUAL PLAN SUMMARY DELIVERABLES

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.

- Support 'Transforming Cancer Services' by development of the Cancer Informatics Solution using the NHS Wales national architecture
- Support Clinical plans and NHS professionals by enabling recording and linkage of data within the national architecture together with access to clinical documents and knowledge bases
- Further develop the electronic requesting functionality and results notifications across other disciplines
- Embed patient analytics into our systems
- Progress sharing data from secondary care with community staff and vice versa
- Further support remote working for healthcare professionals accessing data from anywhere and anytime, including expansion of both the mobile version of the digital health and care record and Office 365

Digital Health Professional Empowerment			
Qtr1	Qtr2	Qtr 3	Qtr 4
This year we will continue to expand the functionality available for health boards to use in our Welsh Clinical Portal product. This includes the ordering of different types of tests, notifications of tests, making the test results and other clinical documents available in national repositories, and recording clinical content using electronic forms for cancer, nursing and diabetes. The replacement of our out-of-support Cancer system with a solution using the national architecture is a key initiative to maintain information availability for cancer treatment.			
Cancer			
Completing the new Cancer Informatics Solution requirements (2232)	Develop the minimal viable product for Cancer (2850)		
	Build phase 2 of Canisc interfaces with the national architecture (2952)		
Nursing			
Nursing forms available for all Health Boards in Scope (2156)			
Making enhancements to the Welsh Nursing Care Record system post pilot (3172)	Welsh Nursing Care Record single instance release (3176)		
Diabetes			
Making available Antenatal diabetic assessment forms as part of Welsh Clinical Portal (2208)	Further roll of out diabetic electronic forms across Wales		
Test requesting, mobile, recording and availabilty of clinical information			
Building the functionality to record adverse reactions using the Welsh Clinical Portal (435)	Re-designed pathology electronic test requesting eform (blood sciences and microbiology) (2179)		Proof of concept developed for a Cardiology test requesting form (2646)
Making Phlebotomy functionality available for piloting as part of Welsh Clinical Portal programme (778)	Make available document viewing as part of Welsh Clinical Portal mobile application (2904)	Making results and clinical documents available in National repositories	
Roll out Electronic test Requesting to Powys community hospitals (3212)	All Health Boards (except ABHB) able to use test result notifications in the Welsh Clinical Portal (3213)		
	Radiology Requesting available for 2nd Health Board to use (1210)		

ANNUAL PLAN SUMMARY DELIVERABLES

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

- Take forward the Digital Services for Patients and the Public Programme (DSPP) as the default coordinating body for patient facing digital services across the NHS and social care space in Wales
- Work with our health and care partners, the Centre for Digital Public Services and assurance groups to prioritise the citizen centred functionality for delivery of patient and public digital services
- Finalise procurement activities and award contracts for the key commercial partners delivering the patient and public platform
- Establish the digital patient and public core platform services, including working with the National Data Resource programme to develop the data and information architecture required to open up access to NHS held data in a safe, secure and auditable fashion.
- Deliver a proof of concept to demonstrate that the digital patient and public core platform concepts work, to demonstrate supplier capabilities and to support the scoping and development of the baseline functionality

Digital Patient Empowerment			
Qtr1	Qtr2	Qtr 3	Qtr 4
This year we will be accelerating our work on a digital service for patients and the public, following a funding award.			
Work to award contracts to delivery partners of the new Digital Service for Patients and the Public platform (3102)			
	Discovery Stage complete and updated delivery proposals available,for approval (3104)	Sign off a Proof of Concept and agree to proceed to a minimal viable product (3105)	Minimal Viable product delivery approved for early adopter deployment (3106)

ANNUAL PLAN SUMMARY DELIVERABLES

Public Health

Develop, operate and maintain a set of high-quality national digital services to support Public Health prevention and early intervention Programmes

- Scale up and enhance our digital offerings around Covid-19 contact tracing
- Enhancing and rolling out our Welsh Immunisation System
- Ensure Covid-19 systems and infrastructure are sustainable, supported and funded, and not to the detriment of our other solutions.
- Support the increasing requirements to deliver flows of Covid-19 testing data to new users, across borders, integrate with new systems and develop a Welsh Pandemic Record
- Build on the Covid-19 business intelligence successes to extend our value from data offerings
- Progress any planned enhancement or transfer of Screening systems, whilst sharing screening results with other systems nationally.

Public Health			
Qtr1	Qtr2	Qtr 3	Qtr 4
This year will be about responding to the highest priority requirements around Covid-19 testing, contact tracing and vaccination. New requirements are coming in on almost a daily basis requiring large scale solutions to be implemented in weeks rather than years. As the country comes out of lockdown, it is anticipated that requirements will start to shift to surveillance requirements, serial testing and international travel requirements re Covid-19. The key action is to establish a fully resourced team to both develop new requirements and support the heavily used systems in place and to take pressure off existing staff whose working hours have extended to support a 7day a week, 8am-8pm service.			
Test Trace and Protect			
Respond to the highest priority Test Trace and Protect requirements, eg emerging requirements for vaccine passports and Covid-19 test certificates (3330)			
Continue to support the data and analytics requirements of the Covid-19 response			
Respond to priorities around a citizen facing vaccine booking solution for immunisations			
Integrate Covid-19 tracing system with the National master patient index system (3010)			
First phases of the Welsh Pandemic Record building on current solutions to match high performance demands and mass testing volumes (3064,3065)		Further phases of Welsh Pandemic record	
Establishing a fully resourced support team and operational Governance for all aspects of the testing, tracing and vaccination programme (3315,3316)			
Screening Services			
		Decommission Cervical Screening Service (3306)	

*NB: Teams working on **Screening Services** have been redirected to Covid-19 work. Although continual recruitment drives are underway, the planning assumption is that this will take until Qtr 3 to have a fully resourced team. There may also be additional funding requests for extra staff and/or commissioning private sector partners*

ANNUAL PLAN SUMMARY DELIVERABLES

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

- Complete the procurement of a new Framework for GP systems to provide system choice and enable the transfer of data rich patient records between GP Practices whilst looking to future alignment with the open digital health platform
- Continue to support the roll out and platform upgrade of the Community system including the mobile version
- Join up further the systems communicating across primary, community and hospital settings, including pharmacy teams benefitting from further electronic integration with other services and eye care
- Complete the integration of the Dental E-referral Management System with the Welsh Patient Referral Service enabling Dentists to refer seamlessly to secondary care systems.
- Work to continue on agreeing data sets for community care including a mental health data set, and business intelligence dashboard linking health with social care data
- Gather informatics requirements and modernise information availability around primary care services including those working in geographical localities called clusters, where health and care partners collaborate to understand local needs

Primary and Community Care			
Qtr1	Qtr2	Qtr 3	Qtr 4
This year will see further sharing of information nationally between primary, community and secondary care settings. This includes GPs, hospitals, community pharmacists and dentists. We will also support requirements for integration with an eye care system.			
Primary Care			
GP Systems - new GP supplier chosen (3166)	Emergency Medicines E-summaries functionality built in Choose Pharmacy system used by community pharmacists (3203)		Deploy Welsh GP Record (a view of GP data) in priority modules of the Community Pharmacy system as prioritised (3202)
		Further integration between the Dental Referral System and other systems in the Welsh digital architecture (3191)	Access to Choose Pharmacy for Pharmacy Technicians (3228)
	Define informatics requirements for Primary Care 'clusters' (3187)		
Community			
Integration between the Welsh Community Care Information System with the National Audit tool (NIIAS) 2639	Introduction of Mental Health Core data set in a Data Standards Change Notice (2419)	Further phase of defining mental health information data (2853)	
	Integration between the Welsh Community Care Information System with GP referral system (Welsh Clinical Communication System) to receive electronic referrals from GPs (2257)		
Welsh Community Care Information System mobile for piloting (1154)	Integrate between the Welsh Community Care Information System and the Welsh Clinical Portal to share views of diagnostic results, health documents, and the Welsh GP Record (2258)		
	Develop systems so the Welsh Community Care Information System can receive electronic 'Hospital to Community ' referrals (2269)		
	Develop systems so the Welsh Community Care Information System can send electronic documents to GPs and users of the Welsh Care Records Service (2270 and 2271)		

NB: Teams from this Portfolio have been redirected to Covid-19 work. Although continual recruitment drives are underway, the planning assumption is that this will take until Qtr 3 to have a fully resourced team. There may also be additional funding requests for extra staff and/or commissioning private sector partners

ANNUAL PLAN SUMMARY DELIVERABLES

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

- Support the modernisation of outpatients through redefining patient contacts and risk stratification, electronic referral prioritisation and providing digital solutions to support alternatives to outpatient appointments such as advice between primary and secondary care clinicians
- Support referral pathway efficiencies from hospital to hospital with our patient referral solution
- Roll out a system to support digitalisation of Intensive Care across Wales
- Roll out the Welsh Emergency Department System across Wales.
- Implement the patient administration functionality of the current Cancer Solution in Velindre with the Welsh Patient Administration System
- Implement the Welsh Patient Administration system in BCU West and then across the health board as a single instance.
- Support the core datasets for new and developing systems in planned and unscheduled care
- Gather requirements for a single view of a patient pathway in secondary care
- Support integration requirements from initiatives such as 111, Eye care, WAST electronic patient care record, Scan4Safety.

Planned and Unscheduled Care			
Qtr1	Qtr2	Qtr 3	Qtr 4
This year will focus on supporting the recovery of the health system post Covid-19 and the acceleration of planned and unscheduled care modernisation. This includes supporting remote working by clinicians to give flexibility in treating patients away from hospital settings. Roll outs will start for two major systems for emergency departments and intensive care units, and support will continue for Velindre to move off their old patient booking and administration system.			
Outpatient Modernisation			
Further functionality to support Clinicians working remotely but providing access to patient administration information as well as clinical (2624)	Further developments of an electronic outpatient continuation sheet replacing paper (2833)		Enhancements to Hospital to Hospital referral functionality (2969)
Supporting remote advice to reduce outpatient appointments by providing functionality for GPs to receive electronic advice from secondary care clinicians (2585)	Data work to support modernisation of outpatients - recording different ways of communicating about health with patients (3252)		
Welsh Patient Administration System Interim Strategy - considering different organisational configuration and pathway management (3388)			
	Welsh Patient Administration System data migration in Velindre Cancer Centre - replacing the administration functions of the out-of-support Cancer system (CANISC) (1701)		
Preparatory Work for BCU West go live with Welsh Patient Administration System - design, configuration, data mapping (3386)		Welsh Patient Administration single instance for BCU West and Central - core migration to database complete (3387)	
Rolling out new Specialty systems			
	Welsh Emergency Department System available for roll out in first health boards (2603) (727)		
			New system for digital intensive care - minimal viable product to be available (3077)
			Full roll out of the digital intensive care system in 1st health board (3078) and testing in 2nd health board (3081)

NB: Teams working on this portfolio have been redirected to Covid-19 work. Although continual recruitment drives are underway, the planning assumption is this will take until Qtr 3 to have a fully resourced team. There may also be additional funding requests for extra staff and/or commissioning private sector partners

ANNUAL PLAN SUMMARY DELIVERABLES

Diagnostics

Develop, operate and maintain a set of high-quality national digital services to enable the modernisation of diagnostics

- Support the new national Laboratory Information Management System LINC Programme
- Support the radiology community with solutions such as the new Radiology Informatics Solution Procurement Programme (RISP) including the procurement of new Picture Archiving and Dosage Management Solutions
- Support implementation of electronic radiology requesting across Wales.
- Work with diagnostics services across Wales to provide an imaging archiving solution
- Enhance the national availability of diagnostic results and reports into national repositories, eg working with digital cellular pathology initiatives

Diagnostics			
Qtr1	Qtr2	Qtr 3	Qtr 4
This year will involve supporting re-procurements of laboratory and radiology systems, as well as piloting image sharing.			
Supporting the new Laboratory Information System Programme (LINC)			
Reviewing and agreeing the requirements for DHCW for a new Radiology Informatics Solution procurement (2984)	Submitting an Outline Business Case to Welsh Government for the new Radiology Informatics Solution (2982)	Piloting the All Wales Image Sharing system (WIAS) so radiology clinicians can share images across Wales. (1555)	
Supporting the drafting of a business case for a Point of Care solution for GPs - the development and implementation of POCT connectivity into Primary and Community care settings. This allows pathology and biometrics measurements to be tested at the point of patient contact which could avoid the need to send to a lab. This can include COVID-19 and Flu triage. (3329)			
Supporting the implementation of electronic radiology requesting across Wales			
Making diagnostic results and reports available in national repositories			

ANNUAL PLAN SUMMARY DELIVERABLES

Medicines Management

Develop, operate and maintain a set of high-quality national digital services to enable modernisation of medicines management

- Roll out a newly procured national medicines stock control system to Welsh hospitals
- Consider the results of the Welsh Government commissioned Review into E-prescribing and electronic transfer of prescriptions and work out the immediate options to support this
- Work will take place to explore the complexities and opportunities of establishing a Common Medications Record that will enhance the Digital Health and Care Record.
- Start to improve the 'data language' of medicines so systems can communicate

Medicines Management			
Qtr1	Qtr2	Qtr 3	Qtr 4
This year will see further roll out of our stock management solution for Hospital Pharmacies. We also will consider the findings of a Welsh Government commissioned review of digital medicines management and will propose a way forward for electronic transfer of prescriptions between GP practices and community pharmacies and take foward a national approach to electronic prescribing.			
Further roll out of the Hospital Pharmacy system to five more health boards / Trusts (2945, 3088,3089,3092,3093)			
Commence requirements work on the preferred solution to enable the Electronic Transfer of Prescriptions between GP Practices and Community Pharmacies following the outcome of a Welsh Government commissioned review (3298)			
Develop a plan for Hospital ePrescribing following Welsh Government Review (3145)			
Consider the approach to a Common Medicines Record following WG Review including improving the 'data language' of medicines so systems can communicate (3149)			

ANNUAL PLAN SUMMARY DELIVERABLES

Value from Data

Driving value from data for better patient outcomes and service planning

- Continue to support the requirements of the COVID-19 response with necessary developments around data, analysis and reporting
- Expand the analyses of data in relation to Essential Services provision
- Continue the support and development of products in support of the Value in Health Programme, utilising the developing standards for Patient Recorded Outcome Measures (PROMS)
- Formalise Research and Innovation arrangements and set out an approach aligned to DHCW's strategic objectives and the needs and demands of the health and care system in Wales

Value from Data			
Qtr1	Qtr2	Qtr 3	Qtr 4
The focus this year is to continue to support through data provision and analytics, the Covid-19 response and the recovery of essential services post covid. Additionally further support and development will take place for the Value in Health programme.			
Continue to support the data and analytics requirements of the Covid-19 response Facilitate better information sharing to improve the ability to derive value from data			
Further PROMS and PREMS forms as requested including a musculoskeletal form (2998)			
Scope out the requirements and service options for the development of a Research and Innovation Programme (3331)			
Value Based Healthcare Dashboards - Neurological Conditions (3271)	Value Based Healthcare Dashboards - Stroke (3273)	Value Based Healthcare Dashboards - Cataracts (3275)	Value Based Healthcare Dashboards -Epilepsy (3276)
Value Based Healthcare Dashboards - Colorectal cancer (3272)	Value Based Healthcare Dashboards - Inflammatory Bowel Disease (3274)	Value Based Healthcare Dashboards - Lung (3279)	
Value Based Healthcare Dashboards - Heart Failure (3277)	Value Based Healthcare Dashboards - Myeloma Phase 2 (3278)		
Continual development and support the scope of Essential Services Programme including available data identification, investigations and analytical work (3328)			

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

Appendix

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DIGITAL HEALTH AND CARE WALES

PLAN

2021/22

SUPPORT THE SHARING OF EXPERT KNOWLEDGE SO THAT CITIZENS ARE BETTER INFORMED ABOUT THEIR HEALTH AND ARE ABLE TO ACCESS THE BEST POSSIBLE HEALTHCARE WHEN THEY NEED IT

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

LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS

A HEALTHIER WALES:

Welsh government wants everyone to have long, healthy, happy lives. For this to happen we need to help people look after themselves well, and we need to make sure we have the right health and social care services to help people stay well, get better when they are ill, or to live the best life possible when they have problems that won't get better.

A Healthier Wales is Welsh Government's long-term plan to deliver on the aspirations summarised above. Our role as Digital Health and Care Wales is to deliver on the digital technology needed to support our NHS Wales staff and the people of Wales in improving the health and well-being of our country. Wales has shown that it is able to deliver healthcare differently, enabled by digital services

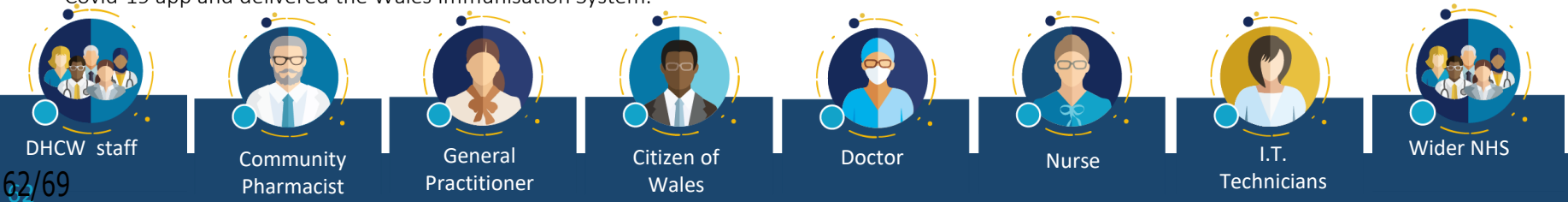
Our approach to delivering on a Healthier Wales for the period 2021-22 year is highlighted throughout this plan and includes the following – much of which has been achieved over the last year in response to Covid-19:

- More patients can view elements of their GP record online, as well as book appointments with their GP and request repeat prescriptions.
- We have rolled out Microsoft 365 with Teams and other modern apps to enable better communication and collaboration with colleagues both within DHCW and across NHS Wales.
- The Digital Health and Care record has been enhanced to enable health and care professionals to treat patients remotely during the pandemic and the Welsh PAS has been enhanced to ensure that patients don't get missed for follow-up.
- All GPs can work remotely, either via a laptop or connecting remotely to the surgery system.
- Significant enhancements have been achieved in electronic pathology and radiology requesting, including testing from community testing centres.
- We have delivered the testing system, contact tracing platform, integrated with England on the Covid-19 app and delivered the Wales Immunisation System.

THE IMMEDIATE FUTURE:

As a Special Health Authority from 1st April 2021 we will further develop our approach to sustainable development with our Board, as well as the following key areas described throughout our plan:

- Information availability and flow – develop an 'open platform' approach to digital innovation, by responding to national standards.
- Protecting patient data - develop an Information Governance and Cyber Security framework.
- Sustainable infrastructure – develop and maintain a high-quality national infrastructure.
- Digital healthcare professional empowerment – accessing a content rich care environment agnostic of health board and geographical boundaries.
- Digital patient empowerment – provide digital services for patient and the public.
- Public Health – services to support public health prevention and early intervention.
- Primary and community care – build digital infrastructure across primary and community care.
- Planned and unscheduled care – services to enable new models and planned and unscheduled care.
- Diagnostics – services to enable the modernisation of diagnostics.
- Medicines management – services to enable the modernisation of medicines management.
- Value from Data –drive value from data for better outcomes and service planning.



We will develop our longer-term plan towards A Healthier Wales in 2021-22.

ACTIVELY PROMOTE USE OF THE WELSH LANGUAGE

A WALES OF VIBRANT CULTURE AND THRIVING WELSH LANGUAGE:

The Welsh Government's Cymraeg 2050 strategy describes an ambition to reach a target of 1 million Welsh speakers by the year 2050. A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.

As an organisation we have a responsibility to create the right environment for new learners to acquire and use the language, and for fluent speakers to converse and conduct at least part of their day-to-day working life in Welsh, also being able to transact with colleagues and partners outside the organisation who wish to converse in Welsh. Additionally, there will be a goodwill and a feeling of ownership regarding the language amongst those who do not speak it.

We will adopt the principle established in the Welsh Language Act 1993 that, in the conduct of public business in Wales, the Welsh and English languages should be treated on a basis of equality. This relates to all of our activities, systems and services.

We have also committed to provide a level of Welsh Language services equivalent to the Welsh Language Standards being adopted by similar public organisations in Wales.

We will continue to manage our responsibilities for use of the Welsh Language using our Welsh Language Action Plan to monitor progress and improvements.

THE IMMEDIATE FUTURE:

Activities being undertaken throughout the organisation to actively promote use of the Welsh Language include:

- Within the first 6 months operating as a Special Health Authority we will develop and consult upon a Welsh Language Scheme.
- We will continue to lead on all-Wales work to optimise the quality and quantity of Welsh Language services that we are able provide.
- Further develop our multi-disciplinary team, inclusive of Welsh speakers and representatives of all activities undertaken, to ensure compliance. The team is led by an Informatics Service Director, and includes a technical lead (both of whom speak Welsh as a first language), to ensure Welsh language requirements are considered in all existing and new developments.
- Continue to refine our national systems to support NHS Wales organisations.
- We have entered into an agreement with NHS Wales Shared Services Partnership for translation services.
- We have identified which roles require Welsh Language skills to be an essential requirement and are actively recruiting Welsh speakers.
- Ongoing engagement with the Welsh Language Commissioner and Welsh Government.
- We will run Welsh lessons for all abilities (we are also exploring opportunities for intensive tutoring of those with intermediate skills to allow them to quickly progress to a level whereby they are confident to use the Welsh language during the working day).

We will continue to raise awareness of the Welsh Language by the publication of articles, newsletters and awareness sessions.

DHCW staff

EMBED A SUSTAINABLE CULTURE
TO LIMIT THE IMPACT ON THE ENVIRONMENT

A GLOBALLY RESPONSIBLE WALES:

A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.

Since our staff moved to remote working in March 2020 we have made several improvements to sustainability as part of our new ways of working. Our travel costs have reduced, we have a new estates management strategy with fewer buildings, and the buildings we do retain will be used differently to reduce consumption of stationery, paper, printer cartridges etc. We have developed a more flexible approach to working location, enabling staff to work more from home under a range of options.

We are certified to ISO 14001:2015 Environmental Management Systems standard and as far as is practicable, we implement similar housekeeping and waste management practices throughout Digital Health and Care Wales, encouraging staff to be mindful of energy consumption.

We monitor environmental performance throughout the year and we maintain data on how much:

- waste we send to landfill and the cost of its disposal
- waste we recycle and the cost of its disposal
- electronic waste (WEEE) we dispose of
- electricity and gas we use
- water we consume

Data is captured on a daily, weekly, monthly and quarterly basis, allowing us to track how much waste is being produced and how much energy is being consumed each year.

THE IMMEDIATE FUTURE:

We are committed to achieving continued improvements in Carbon Management, Energy and Water Management, Travel and Transport, Waste Management, Environmental Management Systems, Sustainable Procurement, Awareness Raising and Training. We will be developing longer-term plans for these important issues throughout the period, as follows:

- Waste Management - Minimise waste through careful purchasing, efficient (re)use of resources and recycling of materials, where appropriate.
- WEEE waste - Dispose of all equipment that comes under the Waste Electrical and Electronic Equipment regulations in a compliant manner.
- Energy - Reduce our carbon footprint and save energy across all sites.
- Water - Reduce the amount of water that we consume across all sites.
- Environmental Management - Maintain a structured environmental management system, to promote good environmental performance and ensure continual improvement.
- Legal Compliance - Ensure we remain compliant with all applicable environmental legislation.
- Communication, Awareness Raising and Involvement - Engage with a greater number of our employees year on year for continual EMS improvement.
- Air Conditioning - Minimise the escape of fluorinated gases to the environment.

We have developed a Sustainability Strategy and Action Plan. As we continue to further analyse and implement improvements identified during audits, we will seek to further develop our Sustainability Key Performance Indicators and manage subsequent data.

We update our Sustainability Action Plan every quarter to ensure that consistent improvement is made against our targets.

DHCW staff

ATTRACT AND DEVELOP SKILLS, AND PROVIDE OPPORTUNITIES FOR EXISTING AND FUTURE GENERATIONS

A MORE EQUAL WALES: THE SOCIO-ECONOMIC DUTY

The Socio-economic Duty give us an opportunity to do things differently in Wales. It puts tackling inequality at the heart of decision making, and will build on the good work public bodies are already doing. Wales aims to develop a society that enables people to fulfil their potential no matter what their background or circumstances.

- We are certified to the BS 76005 Valuing People and BS 76005 Diversity and Inclusion standards and continue to demonstrate and promote how staff are valued and engaged to utilise their skills, capabilities, experience, behaviours and knowledge to the best of their ability.
- We have published an organisational statement to support Black Lives Matter and established a staff forum for our BAME colleagues.
- We have signed the Step into Health Pledge which demonstrates our commitment to supporting members of the Armed Forces community to gain employment within NHS Wales.
- We maintain our commitment to the Time to Change Wales Charter and have increased the capacity of Mental Health First Aiders (MHFA) in the organisation.
- Through a close working relationship with Wales Institute of Digital Information (WIDI) we have established Digital Degree apprenticeships, with 26 employees currently on the program. Three employees are undertaking PhD study. Over 100 staff from across NHS Wales are studying Level 3 and Level 4 Health Informatics courses that we have developed with WIDI. 280 of our staff are also members of the British Computer Society (BCS).
- We have in place a Mentoring and Coaching Programme to help develop the skills of our current and future workforce. This complements our Senior Leadership Programme which has recently focused on transition leadership skills to a Special Health Authority, building resilience into oneself and teams and compassionate leadership.
- With most staff working remotely since March 2020, we have supported enhanced flexible working to enable staff to home school their children whilst working. A New Ways of Working Group is in place to explore a new model of working and options for the longer-term post pandemic organisation, which will change the way that we work – becoming a modern workplace which will aid recruitment and retention.
- We are members of the Government Digital Careers Alliance Forum with colleagues from DVLA, ONS, IPO, and Welsh Government. This forum has been helpful in sharing best practice in supporting our staff during a pandemic with both practical remote working and well-being initiatives.

THE IMMEDIATE FUTURE:

We will continue to promote and support activities which celebrate diversity and inclusion, to support the overarching corporate objectives such as #BlackLivesMatter, #WorkwithMe and #Step into Health

In addition to further increasing awareness of the impact of socio-economic issues and how we can help to close the gap, we will carry out the following:

- Following formal agreement with WIDI we will continue to work with the institute to develop our staff and grow our future pipeline of talent.
- We will continue to encourage and support staff to join the Federation for Informatics Professionals (FED-IP) register as Informatics professionals.
- Delivery of a Senior Leadership Programme and development of new management programme.
- Accelerate recruitment activity through our recruitment taskforce to meet the talent needs of Digital Health and Care Wales.
- With the establishment of the SHA, we will develop a bespoke programme for the new Board.

We will develop our longer-term plan towards A More Equal Wales and the Socio-economic duty in 2021-22.

PROMOTE A CULTURE OF VOLUNTEERING
BY CREATING THE CONDITIONS FOR CITIZENS TO SHARE THEIR EXPERIENCE AND TO LEARN NEW SKILLS

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

LLESIANT CENEDLAETHAU'R DYFODOL | WELL-BEING OF FUTURE GENERATIONS

A WALES OF COHESIVE COMMUNITIES:

A Wales of Cohesive Communities encourages the development of communities that are attractive, safe, viable and well-connected. This includes listening to the views of our communities to promote positive inclusion and continually identify barriers and how they can be overcome.

- We have in place a Coaching and Mentoring scheme, working with universities and other public sector organisations in Wales.
- We have a reciprocal arrangement in place whereby our staff deliver masterclasses to South Wales universities and university lecturers deliver training sessions for our staff.
- The NWIS in Africa Programme supports SOS Children's Villages and the working group organised a Lesotho fundraising activity in 2020 whereby several of our staff walked, ran and cycled as many miles as possible throughout July to raise money for the charity. The final count was 11,780 miles covered and £1,770 raised.
- Following an inspiring presentation and report by members of our team, we have created conditions where our BAME colleagues can share experiences and educate and influence the wider organisation.
- Our Business Change Team supports and educates front-line colleagues across NHS Wales. Of particular note is the support we have provided in the establishment of Community Testing Centres, Nightingale Hospitals and Vaccination Centres, where front-line staff and volunteers were trained and supported in delivery of emergent services.
- Our intranet site provides advice and guidance for staff on how to deal with some of the personal challenges of the Covid-19 pandemic. For example, suggesting practical ways to manage family and working life whilst living through a pandemic. Some of this guidance comes from sharing of best practice through collaborative initiatives across the wider public sector. Staff have also recorded Podcasts on subjects ranging from resilience, isolation to positive thinking.
- We recognise the negative mental health influence that necessary social distancing and lockdown can invoke, and to help support our staff through such difficulties we procured a workshop on anxiety, which also enables sharing of practical ways and means to best manage anxiety. Additionally, our Mentoring and Coaching programme has delivered focused modules on anxiety, resilience and mental toughness, that provide tactics for coping with situations outside of work, family and friends, as well as with colleagues.

THE IMMEDIATE FUTURE:

We will continue with the support mechanisms that we have embedded in the organisation over the least five years, and will further develop those which are new to us or require different approaches.

- The NWIS in Africa programme of work will continue.
- We will continue to evaluate, learn and implement change to support our BAME colleagues.
- We will work towards Platinum Corporate Health Standard, whilst maintaining our Gold certification.

SOS CHILDREN'S VILLAGES:

SOS Children's Villages was chosen by the organisation as its charity of the year in 2019 after two members of staff, Alan Owens and Neil Kitching, visited Lesotho to deliver IT and data training. Whilst over there, they identified a community learning hub based in an SOS Children's Village that needed financial support to complete and make functional.

SOS Children's Villages began working in Lesotho in the 1980s, distributing food and medical supplies as part of an SOS Emergency Relief Programme. Since HIV/AIDS remains one of the country's most striking public health concerns, the organisation has specifically supported families affected by the disease.

Currently, they are supporting young people and children by providing day care, medical assistance and education in two different locations.

When children can no longer stay with their families, they are cared for by their SOS mothers in one of the SOS families.

We will develop our longer-term plan towards A Wales of Cohesive Communities in 2021-22.

WORK TO STRENGTHEN THE INTERNATIONAL RECOGNITION OF NHS WALES AS A CENTRE OF EXCELLENCE FOR DIGITAL INNOVATION

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

LLESIANT CENEDLAETHAU'R DYFODOL | WELL-BEING OF FUTURE GENERATIONS

A PROSPEROUS WALES:

An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.

- Our strategic alliance with WIDI demonstrates our commitment to ensuring that students in Wales are provided with opportunities through apprenticeships, internships, student and graduate placements, and industry-focused academic programmes. This is complemented by providing our workforce with opportunities in part-time Higher Education alongside their career.
- We regularly maintain attendance at virtual events and awards. Several senior leaders have spoken at international and national conferences /universities and developed articles in published journals.
- Our NWIS in Africa initiative enables us to support the digital needs and education of global citizens.
- We rapidly enabled NHS Wales to work successfully from home at the start of lockdown in Wales, with the technology and equipment needed to deliver safe care. For example, all GPs and their staff in NHS Wales moved to remote working in a short space of time, implementing Microsoft 365, TEAMS and Remote Desktop. We now monitor and react to usage to ensure that colleagues can continue to work with the minimum of disruption.
- We rapidly developed a Data Hub website for data collection, analysis and presentation of data to inform decisionmakers in Wales (including Welsh Government, Public Health Wales, NHS Wales Health Boards and Trusts, Ministry of Defence) giving access to real time information and reports on our NHS Wales response to Covid-19 health pressures, and also reporting for the wider population metrics. The Data Hub now has over 1,100 users.
- Our Director team regularly meets with peers across the four home nations of the United Kingdom to share ideas, successes and innovations. The team also meets with the digital healthcare leadership in the Republic of Ireland.
- We won three prestigious awards in 2020 which recognised our culture, the calibre of our workforce and the significant difference that we are making to the digital transformation of NHS Wales.

THE IMMEDIATE FUTURE:

As a Special Health Authority we will develop our longer-term plan for international recognition as a Centre of Excellence for Digital Innovation.

- We are working on an all-Wales basis to share best practice and embrace partnership working supporting the Director General and Chief Executive of NHS Wales who wants to see more cross-boundary working over the coming years.
- We continue to encourage staff to sign up as a member of the British Computer Society (BCS) to help develop and recognise a robust, capable, and professional workforce.

AWARDS OF 2020:

BRITISH COMPUTER SOCIETY UK IT AWARDS: BEST PLACE TO WORK IN IT

NURSING TIMES AWARDS: THE NATIONAL TRANSFORMATION OF NURSING DOCUMENTATION

MEDI WALES AWARDS: DIGITAL IMPACT – WELSH CLINICAL PORTAL

We will develop our longer-term plan towards A Prosperous Wales in 2021-22.

IMPROVE THE HEALTH AND WELL-BEING OF THE CITIZENS OF WALES, HELPING TO SUSTAIN A HEALTHY, PRODUCTIVE POPULATION THAT CONTRIBUTES TO SOCIETY

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

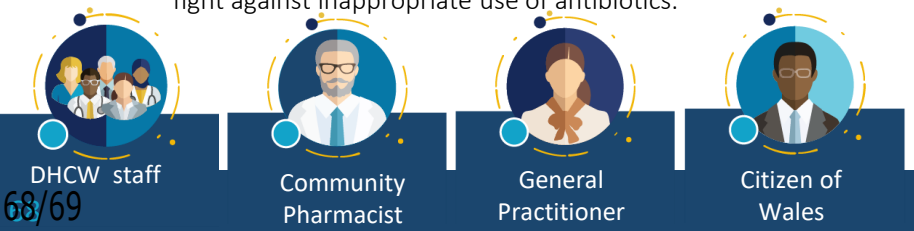
LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS

A RESILIENT WALES:

A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change.

As the trusted partner for delivery of digital services in NHS Wales we are key stakeholders in facilitating the improvement in health and well-being of the citizens of Wales by delivering better technology for better care.

- My Health Online is available in all GP surgeries and it allows citizens to request repeat prescriptions, make appointments with their GP, and in some cases to see a coded view of part of their medical record.
- Digital Services for Patients and the Public is in early stages of development and it will allow citizens to engage in better co-productive dialogue with their healthcare provider, as well as providing them with richer information from their health and care record.
- Choose Pharmacy supports the re-balancing of primary care services, reducing the burden on GPs and improving access to a range of health and self-care options that can be delivered by local community pharmacies. At the same time, moving these services to community pharmacies helps to educate the public into understanding their role in making better use of services in ways that support longer term sustainability of NHS Wales resources. Choose Pharmacy provides form-based processes for recording interactions with citizens and helping to bridge the gap between GP and Pharmacist skills.
  - Common Ailments Scheme allows pharmacists to consult and provide medications for a range of common ailments, eg acne, athlete's foot, mouth ulcers, etc.
  - Discharge Medicines Review provides a way for pharmacists to review medicines with patients when they are discharged back into the community. This provides added safety in ensuring that there are no interactions between drugs; there is then an expectation that the review will help to prevent re-admission to hospital within 90 days.
  - Emergency Medicines Supply enables community pharmacists to prescribe medicines to patients for pre-existing conditions when the GP surgery is closed.
  - Emergency Contraception can be prescribed to women and girls aged 13+ since 2011. By including the service as part of Choose Pharmacy means that data can be collected to support the actions of the pharmacist and to inform policy makers.
  - Sore Throat Test and Treat enables a pharmacist to swab a patient for group A Streptococcus and where appropriate dispense antibiotics. The service helps to reduce the number of antibiotics prescribed and also allows pharmacists to exercise antimicrobial stewardship in the fight against inappropriate use of antibiotics.



- Seasonal Flu Vaccine Programme enables community pharmacists to engage in administering flu vaccine to certain groups.

THE IMMEDIATE FUTURE:

As a Special Health Authority from 1st April 2021 we will further develop our approach to A Resilient Wales, further establishing the route map for patient facing services.

- Progress Digital Services for Patients and the Public in line with the key priorities of the national programme.
- We aim to achieve the Platinum Corporate Health standard to continue to better support the health and well-being of our staff.

CHOOSE PHARMACY:

'Pharmacies are at the centre of the community and are often the first port of call for people when they have a health issue.

These new services are taking pharmacy to a new level and giving pharmacists the chance to use their clinical knowledge to make sure patients make the best choices about their treatment.'

Elizabeth Lawless: The Health Dispensary

We will develop our longer-term plan towards A Resilient Wales in 2021-22.

SUPPORT THE SHARING OF EXPERT KNOWLEDGE SO THAT CITIZENS ARE BETTER INFORMED ABOUT THEIR HEALTH AND ARE ABLE TO ACCESS THE BEST POSSIBLE HEALTHCARE WHEN THEY NEED IT

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

LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS

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A Healthier Wales is Welsh Government's long-term plan to deliver on the aspirations summarised above. Our role as Digital Health and Care Wales is to deliver on the digital technology needed to support our NHS Wales staff and the people of Wales in improving the health and well-being of our country.

Our approach to delivering on a Healthier Wales for the period 2021-22 year is highlighted throughout this plan and includes the following – much of which has been achieved over the last year in response to Covid-19:

- More patients can view elements of their GP record online, as well as book appointments with their GP and request repeat prescriptions.
- Choose Pharmacy has been rolled-out across Wales, enabling community pharmacists to provide patient consultations and prescribe treatments for common ailments, emergency contraception, and to carry out 121 patient medicines reviews following discharge from hospital, as well as other services.
- The Digital Health and Care record has been enhanced to enable health and care professionals to treat patients remotely during the pandemic and the Welsh PAS has been enhanced to ensure that patients don't get missed for follow-up.
- All GPs can work remotely, either via a laptop or connecting remotely to the surgery system.
- Significant enhancements have been achieved in electronic pathology and radiology requesting, including test requesting from community testing centres.
- We have developed the contact tracing platform, integrated with England on the Covid-19 app and delivered the Wales Immunisation System.

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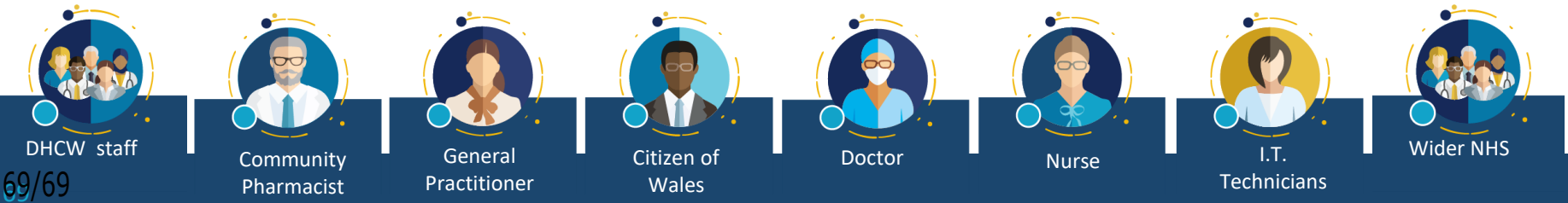

We will develop our longer-term plan towards A Healthier Wales in 2021-22.

DIGITAL HEALTH AND CARE WALES
STRATEGIC PROCUREMENT REPORT

Agenda Item	4.2

Name of Meeting	SHA Board
Date of Meeting	27th May 2021

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

Executive Sponsor	Michelle Sell, Chief Operating Officer
Prepared By	Julie Francis, Head of Commercial Services
Presented By	Michelle Sell, Chief Operating Officer

Purpose of the Report	For Approval
Recommendation	
The Board is being asked to: APPROVE the Contract Award as detailed in Appendix B and NOTE the strategic procurements planned for this financial year. Further details will be included in future meetings.	

Acronyms			
DHCW	Digital Health & Care Wales	WIS	Welsh Immunisation System
EDTS	Engagement and Digital Transformation Services	uHB	University Health Board

1 SITUATION/BACKGROUND

1.1 The Commercial Services Team, within the Engagement and Digital Transformation Services Directorate of 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.

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 listed in Appendix A. 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 Updates in relation to the Annual Plan will be provided in future meetings in the Integrated Organisational Performance Report which may include additional procurements as and when they are determined.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Appendix B includes a Contract Award recommendation for the Board's approval relating to the messaging services under the Vaccination Programme to support Covid-19. Subject to the Board's approval this contract will be awarded to UK Gov Notify, a public sector service developed by the Government Digital Service, for a period of twelve months with a maximum value of £5.7m and the option to extend for a further twelve months.

4 RECOMMENDATION

The Board is being asked to:
APPROVE the Contract Award as detailed in Appendix B and NOTE the strategic procurements

planned for this financial year detailed in Appendix A.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	Choose an item.
If more than one standard applies, please list below:	

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

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

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

APPROVAL/SCRUTINY ROUTE:

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

PERSON/COMMITTEE/GROUP	DATE	OUTCOME
Julie Francis – Head of Commercial Services	06/05/2021	Endorsed
Helen Thomas – CEO	07/05/2021	Endorsed

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.

APPENDIX A: Strategic Contracts Plan

Procurement Reference Number	Title	All Wales / DHCW Internal	Overview of the scope	Indicative Contract Value	Contract Start Date	SHA board Approval Needed	SHA Board Date	Papers for presentation	Welsh Government Notification Needed
P642.19A	Vaccination Programme	All Wales	Vaccination Programme – The use of the government messaging platform, UK Gov Notify to support the Welsh Immunisation System and the continued management of the Vaccination service	£5,700,000.00	01/06/2021	Yes	27/05/2021	DHCW Board Paper and Single Tender Action	Yes
P136.02	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.	£22,500,000.00	01/08/2021	Yes	29/07/2021	Procurement Award Report and Award Authorisation	Yes
P550.10	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	£1,400,000.00	02/09/2021	Yes	29/07/2021	Procurement Award Report and Award Authorisation	Yes
P675	GP System	All Wales	Agreement to procure GP Digital Solutions for GP Practices in Wales	£71,400,000.00	01/08/2021	Yes	29/07/2021	Procurement Award Report and Award Authorisation	Yes
P686	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.	£10,000,000.00	30/08/2023	Yes	29/07/2021	Procurement Award Report and Award Authorisation	Yes
P745	Telephony Solution for TTP	All Wales	Telephony solution which underpins the Test Trace and Protect System to effectively manage the Covid Pandemic	£1,000,000.00	01/09/2021	Yes	29/07/2021	Procurement Award Report and Award Authorisation	Yes
P655	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	£1,300,000.00	24/11/2021	Yes	30/09/2021	Procurement Award Report and Award Authorisation	Yes
P659	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).	£4,000,000.00	TBC	Yes	30/09/2021	Procurement Award Report and Award Authorisation	Yes
P660	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.	£4,000,000.00	TBC	Yes	30/09/2021	Procurement Award Report and Award Authorisation	Yes
P725	VMWare ELA	DHCW Internal	Enterprise Licensing Arrangement to enable the organisation to run more applications using fewer physical servers i.e. on virtualised machines.	£800,000.00	01/04/2022	Yes	31/03/2022	Procurement Award Report and Award Authorisation	No
P744	Microsoft Enterprise Agreement	All Wales	Enterprise Agreement to: strengthen defences against cyber-attacks and 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.	£80,000,000.00	01/07/2022	Yes	Financial Year 2022/2023	Procurement Award Report and Award Authorisation	Yes
P451.01	Dental Referral System	All Wales	Digital solution to facilitate and track dental referrals on a health board by health board basis across Wales	£1,500,000.00	01/06/2023	Yes	Financial Year 2022/2023	Procurement Award Report and Award Authorisation	Yes

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

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East, Cardiff
CF11 9AD

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

Scheme Title	Welsh Immunisations System ("WIS") – Vaccination Programme to support Covid-19
Directorate	All Wales
Date Prepared	30th April 2021
Prepared By	Laura Panes
Scheme Sponsor	Claire Osmundsen-Little

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) requires an Agreement to be executed to continue the use of UK Gov Notify – the government's messaging platform. The platform has been developed by Central Government for use by all parts of the public sector to deliver urgent messages/texts. It has been vital in NHS Wales over the past few months in managing the Covid-19 Vaccination programme.

This platform is vital in ensuring that urgent messages are issued from Health Boards to patients to ensure critical messages are delivered smoothly and efficiently from each Health Board to its patients.

The contract period and value contained within the previous contract only covered until 31 March 2021. However, it is clear with the continued roll out of the vaccination service, the use of the UK Gov Notify messaging platform will need to continue to be provisioned by DHCW for the next 12 months. An 'invite to attend' letter is still the initial "use case" for this service, which has significantly reduced the administrative burden on uHB's and/or DHCW in the printing and issuing of these letters.

It should also be noted that the service is designed for users such as the NHS and is already in use in a number of other Public Sector organisations including the Ministry of Justice, the Ministry of Defence, Department for Education and the Courts and Tribunals Service. Between its launch in 2015 and the end of 2019 it has been used to send over 500 million messages. It also won the "Operational Excellence Award in the 2018 Civil Service Awards". Finally, it has been further developed in response to the COVID pandemic as the "go to" platform in respect of its robust security and managing COVID programme of work.

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1.1 Nature of contract: Please indicate with a (x) in the relevant box	First time	☐	Contract Extension	☐	Contract Renewal	☒

1.2 Period of contract including extension options:	
Expected Start Date of Contract	May 2021
Expected End Date of Contract	April 2022
Contract Extension Options (E.g. maximum term in months)	Twelve (12) months – Please Note: The term of the contract may need to flex based on the Welsh Governments policy in relation to the Vaccination Programme.

2. STRATEGIC FIT

2.1 VISION AND OUR STRATEGIC PILLARS This scheme should relate to at least one of the SHA's four strategic goals. Please mark with a (x) in the box the relevant pillars for this scheme.	
Vision: Delivering information and technology for better care. We will deliver to the people of Wales first-class digital health and care services which will enable more effective, efficient, safer decision-making by providing access to content-rich, person-focused health and care data and information.	
Goal 1: Mobilise digital transformation by building on our foundations of data protection, infrastructure and information availability and flow - opening up our architecture to enable faster, consistent sharing of data with partners and suppliers	☐
Goal 2: Support the modernisation of clinical specialties and healthcare processes through delivering dedicated high-quality digital services	☒
Goal 3: Empower staff and patients by combining data from many systems to form a comprehensive digital health and care record accessible anywhere, when needed, via easy to navigate digital entry points	☒
Goal 4: Enable users to derive value from data collected from national and local systems through Big Data Analysis	☒

2.2 INTEGRATED MEDIUM-TERM PLAN		
Is this scheme included in the SHA's Integrated Medium Term Plan?	**Yes**	**No**
	☐	☒
If not, please explain the reason for this in the space provided.		

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

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		**Single source**	
Three (3) Quotes	☐	Single Quotation Action	☐
Formal Tender Exercise	☐	Single Tender Action	☒
Mini Competition	☐	Direct call off Framework	☐
Find a Tender (replaces OJEU, Public Contract Regulations 2015 still apply)	☐	All Wales contract	☐

3.2 Please outline the procurement procedure.

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

Given the time constraints on the delivery of the COVID Vaccine IT System by December 2020, a proven service was required. A service that was designed and already in use within the Public Sector. The UK Gov Notify was a known system that allows for programmatically sending transactional communications (letters, emails and text messages) in such large numbers to support the Vaccination programme. Additionally, the team at the Cabinet Office were very quickly able to draw up an agreed Appointment Letter template following consultation with DHCW and PHW that could be deployed immediately. The continuation of this service is critical to ensure messages are delivered without disruption to the citizens of NHS Wales.

3.3 What has been the approximate timeline for procurement?

Activity	Date
Single Tender Approval	7th May 2021
Procurement Approval Form Approval	7th May 2021
Board Paper Approval by Commercial Services	7th May 2021
Board Paper Approved by DHCW Board	DHCW Board May 2021
Welsh Government Approval	May 2021
Contract Commencement Date	June 2021

4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option

Given the criticality to provide continued access to a proven COVID Vaccine IT System, DHCW is seeking to put another agreement in situ with UK Gov Notify as soon as possible.

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

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

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

Value for money has also been taken into consideration, with the UK Gov Notify solution offering significant savings when compared to other private sector contracts. As an example, we have a current contract for the TTPs, where SMS are issued as a part of the contract and the charge per SMS is £0.065.

5. RISKS & MITIGATION

5.1 Please state risks of not proceeding with the scheme	5.2 Please state any mitigation to reduce the risk if the scheme is not approved
This service will need to be available as soon as possible to enable support to continue for the Welsh Government's Covid-19 Vaccination Service. If this agreement is not executed immediately it will have a direct impact on the Covid-19 Vaccination Programme and the ability to continue the immunisation of the citizens of Wales against Covid-19.	Not applicable for the reasons outlined

6. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract	**Excluding VAT** **£5,700,000**	**Including VAT** **£6,840,000**
The nature of spend	**Capital** ☐	**Revenue** ☒

How is the scheme to be funded? Please mark with a (x) as relevant.

Existing budgets	☐
Additional Welsh Government funding	☒
Other	☐

[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	**5,700,000**	**N/A**	**5,700,000**	**6,840,000**
Overall Total	**5,700,000**	**N/A**	**5,700,000**	**6,840,000**

7. DECLARATION OF COMPLIANCE

7.1 Procurement Approval The Head of Commercial Services / Delegated Authority has approved the procurement route and confirms that policies and procedures have been followed.	
Head of Commercial Services:	Julie Francis
Signature:	Julie Francis
Date:	06/05/2021

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:	Helen Thomas
Directorate:	Interim CEO, Digital Health and Care Wales ("DHCW")
Date:	07/05/2021

8. APPROVALS AND ASSURANCE RECEIVED

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

DIRECTORATES	**Date of Meeting**	**Outcome**
Management Board	20 May 2021	TBC
DHCW Board	27 May 2021	TBC

DIGITAL HEALTH AND CARE WALES
SHARED LISTENING AND LEARNING APPROACH TO DHCW BOARD MEETINGS

Agenda Item	4.3

Name of Meeting	SHA Board
Date of Meeting	27 May 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 Approval
Recommendation	
The Board is being asked to: **APPROVE** the proposed approach to Shared Listening and Learning by starting all future DHCW Board meetings with a patient/public or staff/health and care professional story.	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DSPP	Digital Services for Patients and the Public Programme		

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.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:

- Setting the organisation's strategic direction;
- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour; and
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of DHCW's performance across all areas of activity.

2.2 This report proposes that future DHCW Board meetings start with a patient/public or staff/health and care professional story, the purpose of doing so is to remind and reinforce DHCW Board members of DHCW'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.

2.3 To ensure the very best digital solutions for the people of Wales, DHCW works collaboratively with health and care organisations and professions, patients and members of the public, industry and academia. Patient/public and staff/health and care professional stories allow for lessons to be learnt, bring to life real experiences, and ensure the value of digital in health and care is considered in real life experiences and scenarios.

2.4 The approach proposed is considered good practice from other NHS bodies across the UK, building quality, safety and learning through experiences into the Board room. Becoming a learning organisation is one of the Welsh Government Citizen Centred governance principles and is highlighted in the Good Governance Guide for NHS Wales Boards. Practical guidance to the proposed approach has been taken from the Leadership for Safety, How to Guide Supplement: Using Patient Stories with Boards, which highlights that an in-depth story can give useful detail that provides a window into the working of the system. It is recognised that DHCW does not provide direct patient care, however DHCW enables and underpins the

delivery of high quality health and care through digital technology and therefore patient/public and staff/health and care professional stories can help to illustrate learning, good practice and stimulate discussion as to the system leadership role DHCW plays in numerous scenarios and experiences.

2.5 The DHCW Board is committed to learning from actual patient and public, staff/ health and care professional experiences. This paper proposes that Board members actively listen to the real experiences in each Board meeting; to learn how real-life scenarios affect and impact upon patients and their families, staff/health and care professionals, and DHCW staff and to maintain a focus on continually improving patient safety, outcomes and experience.

2.6 Stories will be considered in a number of ways including working with our partner organisations to promote the use of patient/public, staff/health and care professionals and DHCW staff stories in organisational learning. Using incidents and concerns, suggestions from clinical or operational management staff within DHCW and partner organisations and working closely with the Digital Services for Patients and the Public (DSPP) Programme to form the basis of the annual Programme. The DSPP Programme's core purpose is to: Use transformational digital services to increase people's involvement in the management of their health and wellbeing to engender more positive health and social care outcomes for the people of Wales. The DSPP Programme has a Patients and Public Assurance Group as part of its governance structure which works closely with patient representative bodies and key stakeholders, which will allow for relevant stories to be identified and agreed to be presented at the DHCW Board.

2.7 There are various methods by which patient/public, staff/health and care professionals and DHCW staff stories can be presented to the Board, including presenting the story themselves, subject to their consent or someone presenting on their behalf, in person or via a video.

2.8 It is proposed that any patient/public, staff/health and care professionals or DHCW staff story presented to the DHCW Board will be monitored in terms of the discussion points and tracking actions as a result of the discussions and learning.

2.9 It is important for DHCW to become a learning organisation and the proposed approach set out in this paper should help ensure this is realised, with direct stories, learning and insight from patient/public, staff/health and care professionals and DHCW staff presented at each DHCW Board meeting.

2.10 It is proposed that choosing and taking a range of feedback is an Executive led activity, but will be co-ordinated by the Board Secretary and include input from all relevant Directors based on the story being explored.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 If the Board agrees patient and public, staff/health and care professionals and DHCW staff stories are presented to the DHCW Board there is a requirement for ethical and consent issues to be agreed and reconciled for each story. If the proposed approach of starting each DHCW Board meeting with a patient and public, staff/health and care professionals story is supported, an agreed framework will be developed and co-ordinated by DHCW to ensure all ethical and consent issues are agreed before taking the story to the DHCW Board meeting for presentation.

4 RECOMMENDATION

The Board is asked to:
APPROVE the proposed approach to Shared Listening and Learning by starting all future DHCW Board meetings with a patient/public or staff/health and care professional story.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objective apply

CORPORATE RISK (ref if appropriate)	

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

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

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

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

Statement: An Equality Impact Assessment will be considered/carried out when the Shared Listening and Learning Approach Framework is developed for future Board meetings.

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 proposal 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

DIGITAL HEALTH AND CARE WALES
APRIL 2021 INTEGRATED ORGANISATIONAL PERFORMANCE REPORT

Agenda Item	5.1

Name of Meeting	SHA Board
Date of Meeting	27th May 2021

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

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

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

Acronyms			
DHCW	Digital Health and Care Wales	NIS	Network and Information Systems
ESR	Electronic Staff Record	ISO	International Organisation for Standards
BSI	British Standards Institution	SHA	Special Health Authority

1 SITUATION/BACKGROUND

1.1 Digital Health and Care Wales (DHCW) is required to provide an Integrated Organisational Performance Report to the Special Health Authority Board meeting for review. A similar report is presented to DHCW Management Board monthly where board members present and discuss performance and resulting actions or risks. The content in the Workforce and Finance sections provide details of performance against statutory requirements.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Scorecard

The Scorecard provides an 'at a glance' indicator of performance in key areas. As DHCW is a new organisation there are areas under development which will be populated over coming months. The full report provides rationale for the areas that are not indicated as green:

- Appraisals: due to technical issues experienced in the transition of staff data from the Velindre hosted Electronic Staff Record (ESR), it is not possible to report Appraisal Compliance for April.
- Statutory and Mandatory Training: compliance is 0.5% below target; this has been affected by the above noted issue with ESR; being addressed with the supplier.
- Audit Actions: being monitored weekly with a sustained approach to close-out.
- ISO and BSI standards: additional resource recruited; will now improve approach and expedite resolutions.
- Commercial Services Contract Management: key posts recruited to develop team and expedite closure of issues.

2.2 Transition to Digital Health and Care Wales

The project has successfully delivered key milestones to establish DHCW; project closure report is inn development.

2.3 Covid-19 Response

DHCW continues to support Welsh Government's and UK Government's response to Covid-19 predominantly via the Test, Trace, Protect and Vaccine programmes. Requirements for COVID-19 certification are under discussion between the four UK nations; other medium /long-term solutions are also being discussed with Welsh Government.

2.4 Financial Management

There is a separate full Financial report submitted to the Board. To note, DHCW has achieved all key statutory financial indicators for the period.

2.5 Cyber Resilience Unit

The new NHS Wales Cyber Resilience Unit was launched on 1st April (Phase 1); being managed through a collaboration between Welsh Government (the Competent Authority) and DHCW. Phase 2 is underway to transform NHS Wales Cyber resilience posture through Network and Information Systems (NIS) Regulation compliance.

2.6 Delivery of Strategic Objectives

April has been a good month with significant achievements being made in digital delivery, and continued growth of usage of systems. This is supported by our Busines Change team who provide on the ground support and have recently developed an On-Demand Training Centre to provide additional training resources for key digital health systems and other all-Wales technology.

2.7 Data Centre Transition

During April we have made progress in the key aspects of delivery of the new Data Centre and associated cloud migration.

2.8 Workforce

Our sickness absence remains low at 2.44% compared to the NHS Wales /Welsh Government threshold of 6%). We have in place a recruitment task force which is enabling the rapid recruitment of additional funded posts across DHCW to support the aims of the organisation going forward; part off this will include a graduate recruitment drive in May. Turnover is low at 4.67%.

2.9 Contract Management

The report contains a summary schedule of procurement contracts which the Board will be asked to approve as part of a separate paper.

2.10 Operational Service Delivery

During the month operational service performance was in line with operational targets, however a decrease in Incident Management resolution rates (to 92% - amber) was experienced due to an intermittent issue with internet fire walls. This issue caused three separate Significant IT Incidents, resulting in a patch being applied. The situation is being closely monitored. There was also an incident with Canisc causing some disruption to access for staff working from home, as well as an incident which affected Swansea Bay University Health Board's Patient Administration System, requiring a re-boot.

The increase in Service Desk staff to support the Wales Immunisation System has reduced the number of abandoned calls on the desk to 3.06% - green.

2.11 Governance and Quality

Audit: There has been a formal hand-over of all open actions /risks by the Velindre University Trust Committee Chair to the DHCW committee Chair. There are 11 open audit actions in April, one being marked as amber as it has exceeded its original resolution date. During April four actions were closed and four new actions added.

Quality Management Standards: All domains are reported as amber as there are actions outstanding which are now being systematically addressed by the new Quality and Regulatory Compliance team.

Corporate Risk Management: There are 19 risks on the Corporate Risk Register in April, eight of these being marked as Critical. Two risks were closed in the period and no new corporate risks logged.

2.12 Information Governance

There were no new Information Governance incidents logged in the period and there are none outstanding.

2.13 Clinical Assurance

There were no new clinical incidents in April. Four incidents were closed in April and there are six incidents outstanding.

2.14 Stakeholder Engagement

There is a stakeholder engagement schedule included in the report. DHCW is engaging external support to develop the Stakeholder Engagement strategy.

2.15 Accolades

DHCW have been named winners at the GO Awards Wales for Covid-19 Outstanding Response as well as the overall Go Excellence Award, recognising the very best of the best in this year's submissions. Winning these awards means that DHCW is automatically a finalist at the UK National GO Awards taking place on 15th September 2021.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 There are no matters for escalation to Board in April.

4 RECOMMENDATION

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

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	n/a

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

DHCW QUALITY STANDARDS	ISO 9001

HEALTH CARE STANDARD	Governance, leadership and acccountability
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: 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

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

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Digital Health and Care Wales

SPECIAL HEALTH AUTHORITY BOARD REPORT

APRIL 2021

Integrated Organisational Performance Report

DIGITAL HEALTH AND CARE WALES

BOARD REPORT

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Executive Summary

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DIGITAL HEALTH AND CARE WALES

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 content of this report is derived from DHCW's Management Board report, approved by DHCW Management Board for April 2021.

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 not reported in April due to 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 is 0.5% below target; there are ongoing issues with access to and reporting of some training modules on ESR; this has been taken up with the supplier.
- Outstanding Audit actions are monitored via an audit tracker which is reported to and discussed by the CEO and her team on a weekly basis.
- 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.
- Commercial Services Contract Management status is in amber given that the full complement of Contracting resources are not in post yet. 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	Audit actions completed within agreed time scales	Other Governance and Quality metric under development	ISO and BS Standards compliant with KPI	GOVERNANCE & QUALITY
WORKFORCE	Sickness absence below 6% (actual 2.44%)	Appraisals compliance at 85% (not reportable in April)	Statutory and Mandatory Training compliance above 85% (achieved 84.5%)	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 but one domains	Contribution to keeping NHS Wales working through Covid-19 pandemic	Service Level Agreement performance meetings with stakeholders conducted to schedule	Strategic engagement meetings with NHS partners conducted to schedule	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 Operational metric under development	Customer feedback Satisfaction to Local Service Desk above 90%	Other Engagement metric under development	Other Engagement metric under development	
	OPERATIONAL SERVICE DELIVERY			ENGAGEMENT & FEEDBACK			

Transition to Digital Health and Care Wales

The Special Health Authority Transition Project successfully delivered the key milestones to establish DHCW on 1st April 2021 and enable the organisation to function as a Special Health Authority. A project closure report will be submitted to the DHCW Management Board for approval and will then be shared with the Special Health Authority Programme Board.

DHCW Covid-19 Response

DHCW continues to support the Welsh Government's and UK Government's response to Covid-19 predominantly via the Test, Trace, Protect and Vaccine Programmes. Further priority work is being undertaken to allow functionality to consume electronic Covid-19 test results received from private laboratories. Requirements for the Covid-19 certification are being discussed between the four UK nations on a weekly basis. Currently no final decision has been made, we will be working with the Welsh Government to develop proposals for solutions both interim and longer term.

Financial Management

We are reporting achievement of all key financial indicators for the period, with an operational Revenue surplus of £0.299m (current annual forecast is break-even) after applying the savings target profile. We have a £0.292m spend against the expected capital funding envelope of £14.9m. Our Public Sector Pay Policy target has been achieved. During April the new DHCW Oracle financial ledger became live with the funding allocations, DHCW first cash transactions took place and all underlying financial services to support the organisation were initiated. Delegated budgets for 2021/22 have been approved by directors and the Board and have been disseminated to nominated Budget Holders within each Directorate. The department are supporting the Welsh Audit Office who are undertaking the year end audit requirements for the 2020/21 Velindre Statutory account for NWIS.

The Board receives a full financial statement separate from this integrated organisational performance report.

Cyber Resilience Unit

The new NHS Wales Cyber Resilience Unit was successfully launched on 1st April 2021. The establishment of the unit is being managed through a collaborative project with Welsh Government as the Competent Authority, and we have now begun Phase 2 to transform NHS Wales cyber resilience posture through Network and Information Systems (NIS) Regulation compliance, building a community of best practice, and developing appropriate cyber strategies. NIS Regulations provide legal measures to boost the overall level of security of network and information systems that are critical for provision of digital services.

Delivery of Strategic Objectives

Tracking of Strategic Objectives is based on the Portfolio and Enabler initiatives which support those objectives in our Annual Corporate Plan. There are 11 Portfolios and Enablers covering the scope of the delivery plan. Whilst there are Programme /Project Boards and Service Management Boards in place to provide governance and steerage to projects and services, our Planning and Performance Management Group (PPMG) meets monthly to discuss progress against the plan and to resolve organisational risks and issues which threaten timely delivery; in particular relating to resource, dependencies, budget and planning.

April has been a good month, with significant achievements being made in digital delivery. For example, we have gone live in Hywel Dda, Velindre and Swansea Bay Health Boards with the electronic Welsh Nursing Care Record with over 700 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; almost 3000 were completed in April. This is the start of a journey to remove the reliance on paper and to free up nurses to spend more time with patients. It will also result in less duplicated data entry, fewer transcribing errors, better data.

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 over the last two years. In April 2019 37,223 of the results viewed were produced in a neighbouring organisation, compared with 114,659 results viewed in April 2021 *(including all Covid-19 tests performed in a satellite lab)*. These achievements directly improve patient care as the clinician is better informed, and it releases more time for direct care as there is no need to request document copies. It also removes the need for repeat investigations.

We have started the procurement of suppliers to work on the digital platform for patients and the public. 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.

The pandemic solutions provided by DHCW are seeing continued growth in users and activity and our focus in April has been on the first phase of the Welsh Pandemic Record development – with integration work and dashboard go lives. This is streamlining the process and allowing more citizens to be Covid-19 tested per day and provides a real time status of the patient journey during their Covid-19 testing.

We have continued our roll out of the Hospital Pharmacy system with a very successful go-live in Hywel Dda Health Board. 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.

Data Centre Transition

During April we have made progress in the key aspects of delivery of the new Data Centre and associated cloud migration.

Workforce

Our three key indicators are reported in detail in the Workforce section of this report. Our sickness absence remains low at 2.44% (the NHS Wales threshold is 6%). Statutory and Mandatory training compliance has been hindered in the period by issues relating to the transition from the Electronic Staff Record (ESR) hosted by Velindre and DHCW's own ESR. Whilst most of the training modules are available, there are three modules which are either unavailable to staff, or are reporting zero compliance. The issues are being addressed with the supplier. In April, it is not possible to report on Appraisals due to the aforementioned ESR issues.

We have in place a Recruitment Task Force to enable rapid recruitment of the additional funded posts identified for DHCW. The Task Force has seen an increase in recruited posts and continues to push forward, widening the approach to recruitment agencies and other avenues of engagement. Within this, a graduate recruitment work stream will commence in May. Turnover is low at 4.67%.

Contract Management

Within this report there is a summary schedule of procurement contacts, their anticipated start dates and the dates that these are expected to be presented to Board for approval. There is a separate full set of commercial services papers provided as part of the submission to Board.

Operational Service Delivery

During the month operational service performance was in line with operational targets, however a decrease in Incident Management resolution rates to 92% (amber) was experienced due to the internet firewall issues noted below.

There were five Significant IT Service Incidents in April, although none of the Incidents breached their agreed all-Wales Service Level Agreement thresholds. Three of the Incidents related to stability issues with internet firewalls – a patch has since been applied and the status is being monitored. One Incident related to Swansea Bay's Patient Administration System and required a server re-boot. The final Incident related to Canisc whereby staff working from home had connection difficulties; again this was resolved by a server re-boot.

The internet firewall issues noted above caused a slight degradation of Incident resolution rates to 92%, meaning that the target to resolve 95% of all national critical Incidents within their agreed time scales was not met.

There has been a significant increase in Service Desk staff to support the Wales Immunisation System, and this has improved Service Desk abandoned call rates from 6.9% (amber) to 3.06% (green), thus improving service recipient experience.

Governance and Quality

Audit: There has been a formal handover of all open actions/risks by the Committee Chair to the new DHCW Audit & Assurance Committee Chair. The following reports from NWSSP Internal Audit are to be presented to the May 2021 Audit & Assurance Committee and actions will be added to the DHCW Audit Action Tracker:

- *Supplier Management Follow-up – Reasonable Assurance*
- *Cyber Security – Substantial Assurance*

The NWSSP Internal Audit Plan and Audit Wales External Audit Plan for 2021/22 are scheduled to be presented to the first meeting of the DHCW Audit and Assurance Committee for approval. The Chair of the DHCW Audit & Assurance Committee has met with Internal and External Audit in preparation for the first Committee meeting.

The total number of open internal audit actions in March was 11. During April 2 audit actions were closed and an additional 4 were added following the Resilience audit. The number of audit actions open now totals 11, which includes 4 new actions relating to Resilience. Four actions are now marked as complete:

- Business Impact Assessment Process now in place with governance arrangements
- WG have confirmed that DHCW is an Operator of Essential Services (OES) under the Network Information Systems (NIS) Directive
- Information Asset Owners have been identified
- DHCW are registered with the Information Commissioner as a stand-alone organisation

A plan is in place to allow the amber action to be closed by the end of the quarter.

Quality Management Standards: Our Quality Management Standards cover international standards in key business areas including Quality Management (ISO 9001), Environmental Management (ISO 14001), Service Management (ISO 20000) and Information Security Management (ISO 27001). We are also certified to BS 76000 and 76005 Valuing People. All domains are reported as Amber and the newly recruited Head of Quality and Regulatory Compliance is systematically addressing areas of improvement.

Corporate Risk Management: In April, there were 19 risks identified of which 8 were considered critical. This position is relatively unchanged from the previous month with two risks being de-escalated from the Corporate Risk Register:

- NWIS-0252 – Medical Devices Regulations
- NWIS-0265 – Firewalls

No new risks were escalated to the Corporate Risk Register during April 2021. The Risk Management Group met on 19th April 2021 and validated the corporate risks and any changes. As part of the development of DHCW, responsibility for risk management will transition to the Board Secretary, on 1st July 2021.

Information Governance

There were no new Information Governance Incidents in April. The team responded to four Freedom of Information (FOI) requests from outside the organisation, all within the time scale required to respond. There are three FOIs outstanding and it is expected that these will be responded to within the required time scales. All indicators were green in April.

Clinical Assurance

There were no new Clinical Incidents in April. The team closed four Clinical Incidents in April and is working towards closing the remaining six Incidents. As well as Clinical Incident management, the team tracks performance over several domains including Clinical Assurance (ensuring that services go through a rigorous set of checks and that support is in place before services or functionality is deployed into the live environment), Clinical Risk Management and Serious Incident investigation time scales. All indicators were green in April.

Stakeholder Engagement

There is a stakeholder engagement schedule in place to ensure that DHCW top team is meeting regularly with stakeholders throughout NHS Wales to review progress and requirements, and to discuss issues. DHCW is engaging external support to develop the Stakeholder Engagement strategy. There is also a schedule in place for regular meetings with stakeholders to review IT Service Delivery performance.

Our Service Desk provides a survey as part of each interaction logged. Feedback is 97% positive.

Escalation

There are no escalations to make to the DHCW Board.

Accolades

Digital Health and Care Wales have been named winners at the Go Procurement Awards Wales for **COVID-19 Outstanding Response** as well as the overall **GO Excellence Award**, recognising the very best of the best in this year's submissions. Winning these awards means that DHCW is automatically a finalist at the UK National GO Procurement Awards taking place on the 15th September 2021.

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Plan on a Page
Achievement Summary
Risks Summary

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.

DIGITAL HEALTH AND CARE WALES

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APRIL 21

CORPORATE PLANNING
Annual Business Plan

REF	PORTFOLIOS	STRATEGIC OBJECTIVES	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		
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			
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 Populating the Digital Health Record	Cancer Minimum Viable Product Populating the Digital Health Record		
5	Digital Patient Empowerment	Provide Digital services for patients and the public to enable seamless interaction with health and care services supporting patients to fully participate in their own health and well being			Proof of Concept of new Digital Service for Patients and Public	
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	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	Evaluate Electronic radiology requesting early adopter	Business Case for new radiology system Electronic radiology requesting available for further roll out	All Wales Image Sharing Pilot	
10	Medicines management	Develop, operate and maintain a set of high-quality national digital services to enable modernisation of medicines management	Hospital Pharmacy available for roll out			
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		

Our strategic objectives describe how we will deliver information and technology for better patient care. We have three Enablers which provide the foundations of what we do around information flow, protecting data and a sustainable infrastructure. Our eight 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.

April 2021 has been a good month: We have already seen significant achievements in key areas in the first month of this year:

PORTFOLIO REF	STRATEGIC OBJECTIVE	ACHIEVING OUR STRATEGIC OBJECTIVES
4 - 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	We have gone live in Hywel Dda, Velindre and Swansea Bay Health Boards with the electronic Welsh Nursing Care Record with over 700 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. Almost 3000 were completed in April. **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, fewer transcribing errors, better data.
		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 over the last two years. In April 2019 37,223 of the results viewed were produced in a neighbouring organisation, compared with 114,659 results viewed in April 2021 *(including all Covid-19 tests performed in a satellite lab)*. **Impact**: this directly improves patient care as the clinician is better informed, and it releases more time for direct care as there is no need to request document copies. Removes need for repeat investigations.
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	We have started the procurement of suppliers to work on our digital platform for patients and the public. **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.
6 - Public Health	Develop, operate and maintain a set of high-quality national digital services to support Public Health prevention and early intervention Programmes	The pandemic solutions provided by DHCW are seeing continued growth in users and activity and our focus in April has been on the fist phase of the Welsh Pandemic Record development – with integration work and dashboard go lives. **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.
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. **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.

Summary:

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

PORTFOLIO REF	STRATEGIC OBJECTIVE	RISKS TO DELIVERING OUR STRATEGIC OBJECTIVES
ALL	ALL	**If** DHCW is 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. **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.
ALL	ALL	**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. **Mitigation** The 2021/22 DHCW Plan has been developed based on known requirements at time of drafting. The senior group responsible for delivery of the plan (the Planning and Performance Management Group) are actively monitoring and addressing changes to the plan.

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Highlights

Financial Management

A separate full finance report is submitted to the DHCW Board; as summary is presented here for completeness of performance measures.

DIGITAL HEALTH AND CARE WALES

REPORT
APRIL 21

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 £0.299m after applying savings target profile.
- Capital – Current Spend of £0.292m against plan
- PSPP – Met at 100% (target 95%)

INDICATOR	RESULT	SUMMARY
Revenue Breakeven (To secure that the organisations expenditure does not exceed aggregated income)		Operational surplus of £0.299m – 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)		£0.292m spend against the expected capital funding envelope of £14.9m.
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 – 96%, Actual 100%

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Recruitment Task Force Update

WORKFORCE

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

The workforce data provides insights to key performance indicators which are closely managed in all NHS Wales organisations and is reported to Welsh Government under the Delivery and Performance Framework:

- Sickness Absence
- Appraisals
- Statutory & Mandatory Training compliance

SUMMARY INDICATORS	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21	APR-21
Sickness Absence	3.09%	3.30%	3.23%	2.69%	1.98%	2.44%
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%

* Welsh Government target = 85%
^ not available

April 2021 Summary:

- The overall **sickness** rate is below the NHS Wales threshold of 6%. Sickness absence has increased by 0.46% from last month to 2.41%. A slight increase in both long and short term sickness (Long term from 1.39% to 1.55% and short term from 0.59 to 0.89%). There were no reported absences due to Covid-19 this month.

- Recorded **sickness** in relation to Anxiety/Stress/Depression remains the same as last month - 6 cases.

- **Appraisal** data is not reported this month due to issues related to the new set up of ESR for DHCW.

- **Statutory and Mandatory Training** is 0.5% below the Welsh Government target for NHS Wales of 85%. Four out of seven directorates achieving 85% target and only ADS, ISD and 'others' remain below the 85% target. Note this figure excludes compliance with the following modules in March and April:

    - Cyber Security; Covid-19 Risk Assessment; Environmental, Waste & Energy.

- **Turnover** is low and has further reduced from 5.05% in March to 4.67% in April.

- A **Recruitment Task Force** was set up mid February 2021 to support the recruitment of the large volume of staff that is required to move into the next phase of Digital Health and Care Wales. The Task Force includes representatives from all directorates.

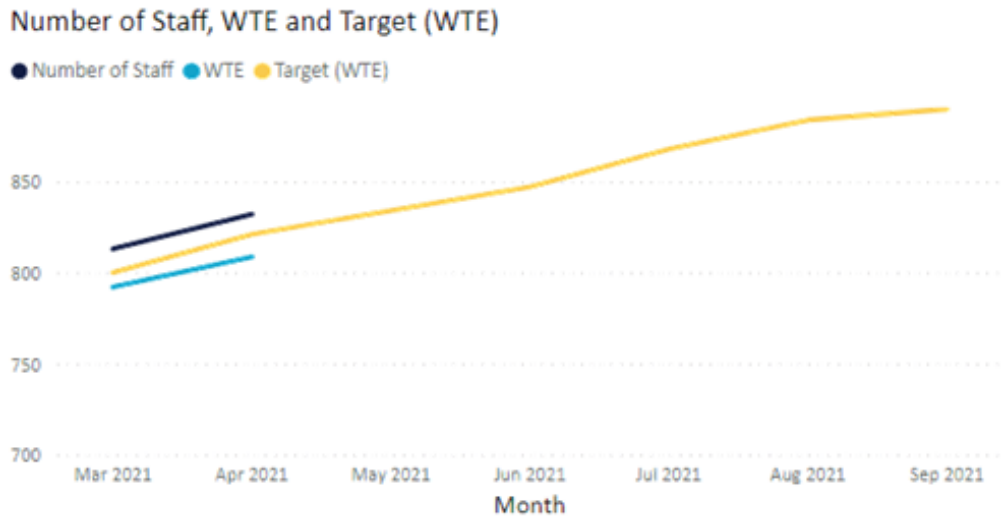
The Recruitment Task Force meets on a weekly basis and feeds back at the weekly Directors meetings

Focus during April

- Secure 3 recruitment agencies
- Achieve monthly WTE target
- Prepare recruitment campaign to support graduate recruitment in May

Progress to 10th May

- 53 posts filled to date
- 15 vacancies currently live on Trac
- 43 at shortlisting stage
- 32 at interview stage
- 22 due to start – candidate working notice period



WTE = Whole Time Equivalent

- Chief Executive appointed
- 3 recruitment agencies secured from May 2021 for 12 months
- Recruitment campaign to support graduate recruitment in May started. Assessment day planned for June 2021
- Conducted deep dive in ADS with 3 recently advertised posts which were considered 'hard to fill'. Learning implemented to improve process
- Majority of vacancies in the process advertised, the remaining vacancies are awaiting job description evaluation

Focus in May

Graduate recruitment campaign for ADS and explore opportunities in other directorates
Plan for All Wales Career Fair in June for variety of professions
Explore substantive recruitment process going forward with the Task and Finish Group
Map hard to fill positions and explore advertising with appropriate recruitment agency

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Summary

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 are the procurement contracts identified as being over the threshold of DHCW Board approval.

Title	All Wales / DHCW Internal	Overview of the scope	Contract Start Date	SHA Board Approval Needed	SHA Board Date
Vaccination Programme	All Wales	Vaccination Programme – The use of the government messaging platform, UK Gov Notify to support the Welsh Immunisation System and the continued management of the Vaccination service.	01/06/2021	Yes	27/05/2021
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.	01/08/2021	Yes	29/07/2021
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.	02/09/2021		
GP System	All Wales	Agreement to procure GP Digital Solutions for GP Practices in Wales.	01/08/2021		
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.	30/08/2023		
Telephony Solution for TTP	All Wales	Telephony solution which underpins the Test Trace and Protect System to effectively manage the Covid Pandemic.	01/09/2021		
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.	24/11/2021	Yes	30/09/2021
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).	TBC		
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.			
VMWare ELA	DHCW Internal	Enterprise Licensing Arrangement to enable the organisation to run more applications using fewer physical servers i.e. on virtualised machines.	01/04/2022	Yes	31/03/2022
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.	01/07/2022	Yes	2022-23
Dental Referral System	All Wales	Digital solution to facilitate and track dental referrals on a health board by health board basis across Wales.	01/06/2023	Yes	2022-23

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Incidents and Service Requests

Significant IT Service Incidents

Service Desk

OPERATIONAL SERVICE MANAGEMENT

Operational services encapsulate the software and underlying infrastructure 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.

DIGITAL HEALTH AND CARE WALES

REPORT

APRIL 21

Summary:

- During the month operational service performance was in line with operational targets, however a decrease in Incident Management resolution rates to 92% (amber) was experienced due to the internet firewall issues noted below.

- There were five Significant IT Service Incidents in April (3 of which had the same root cause relating to stability issues with internet firewalls. A patch has since been applied and this is being monitored to determine if it has fixed the root cause). None of the Incidents breached their Service Level Agreement target.

- Service Desk abandoned call rates have decreased again and have moved from amber to green. This is as a result of onboarding additional staff to the Service Desk to support the Wales Immunisation Service.

PERFORMANCE AREA	Metric	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
National Services - Critical (excluding GP Systems)	Total Calls Logged as Incidents (% resolved within timescale)	2200 (96%)	1765 (97%)	2142 (97%)	1904 (95%)	2267 (95%)	1901 (87%)	1457 (91%)	1442 (93%)	1703 (95%)	1791 (92%)
	Total Calls Logged as Service Requests (% resolved within timescale)	6383 (97%)	5493 (98%)	6662 (98%)	7241 (97%)	6495 (100%)	5847 (94%)	6437 (95%)	5813 (96%)	5746 (97%)	5547 (97%)
National Services - Standard (excluding GP Systems)	Total Calls Logged as Incidents (% resolved within timescale)	326 (99%)	316 (96%)	522 (99%)	460 (98%)	332 (99%)	300 (98%)	282 (98%)	288 (98%)	374 (98%)	474 (98%)
	Total Calls Logged as Service Requests (% resolved within timescale)	838 (97%)	831 (98%)	961 (97%)	1128 (98%)	1089 (100%)	897 (97%)	1017 (96%)	1152 (98%)	2046 (99%)	1170 (98%)
Desktop Support Service - Critical	Total Incidents Resolved (% resolved within timescale - Target > 90%)	1587 (96%)	1227 (98%)	1636 (98%)	1645 (98%)	1,475 (98%)	1,195 (98%)	1,537 (97%)	1,365 (97%)	1,537 (97%)	1,332 (98%)
	Total Service Requests Resolved (% resolved within timescale - Target > 90%)	1073 (99%)	912 (98%)	1190 (98%)	1169 (99%)	1,050 (98%)	834 (98%)	1,141 (99%)	987 (97%)	1,267 (99%)	1,115 (99%)
National GP Services - Critical - Vision	Total Calls Logged as Incidents (% resolved within timescale)	622 (99%)	631 (99%)	778 (99%)	797 (98%)	788 (99%)	482 (99%)	509 (99%)	482 (100%)	551 (100%)	*
	Total Calls Logged as Service Requests (% resolved within timescale)	305 (100%)	305 (100%)	276 (100%)	258 (99%)	236 (99%)	166 (99%)	245 (100%)	231 (100%)	242 (100%)	*
National GP Services - Critical - EMIS	Total Calls Logged as Incidents (% resolved within timescale)	222 (95%)	181 (96%)	212 (97%)	245 (95%)	202 (85%)	194 (93%)	133 (91%)	248 (92%)	219 (91%)	*
	Total Calls Logged as Service Requests (% resolved within timescale)	137 (100%)	77 (99%)	93 (99%)	84 (99%)	67(99%)	40 (95%)	36 (100%)	30 (100%)	30 (100%)	*

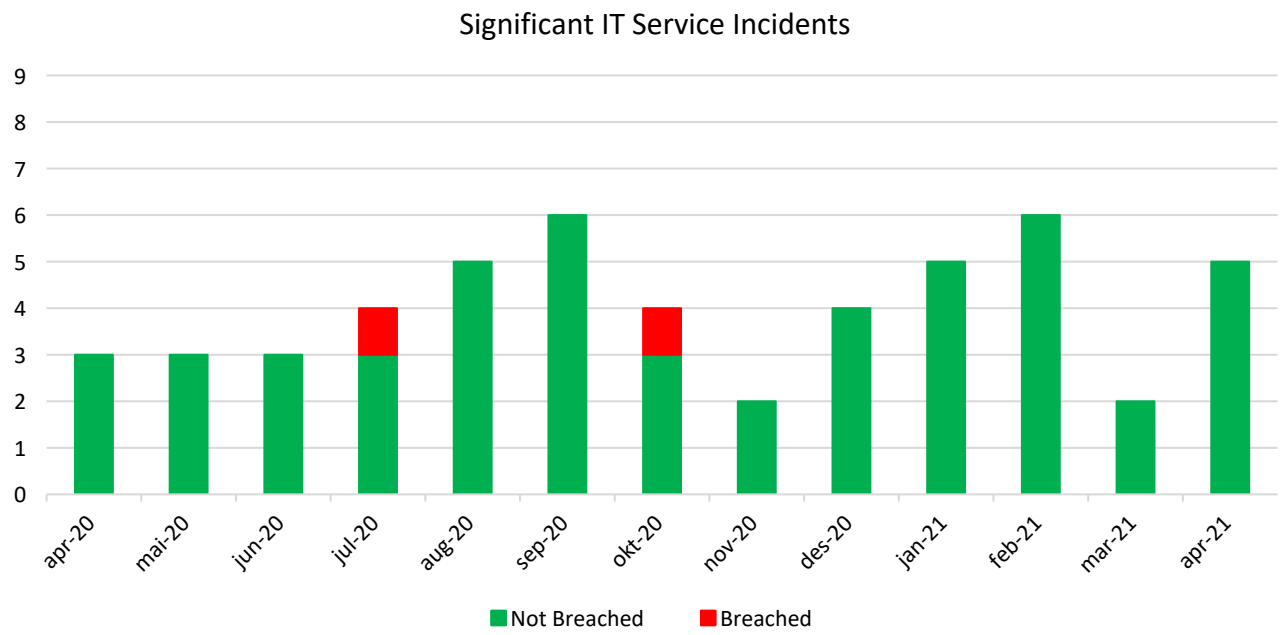
Summary:

The decrease in incident resolution rates is due to support staff spending time working on the ongoing network issues that were experienced in the month (see Significant IT Service Incidents).

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.

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

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Number of Significant IT Service Incidents	3	3	3	4	5	6	4	2	4	5	6	2	5
Number of Significant IT Service Incidents that breached SLA	0	0	0	1	0	0	1	0	0	0	0	0	0



Summary:

- There were five Significant IT Service Incidents in April (see next page).
- 3 Incidents had the same root cause relating to stability issues with internet firewalls. A patch has since been applied and this is being monitored to determine if it has fixed the root cause.
- There was one Canisc incident and one WPAS Integration incident.
- None of the Incidents breached their SLA target.

Service Name	Welsh PAS (Swansea Bay)	Service Level: Critical	Priority: 2	Incident no: 6565208
Start Date/Time	05/04/2021 09:39	Time to resolution was 6 hours 10 minutes: did not breach 8-hour SLA target		
Description	Swansea Bay UHB reported that they had been experiencing issues with MTeD since 02/04/2021. On investigation it was identified that there was an issue with WPAS Integration, which resulted in WCP not seeing Discharge Advice Letters correctly. Investigations identified that an Integration server was running at 100% CPU preventing connections. A reboot of the server restored connectivity.			

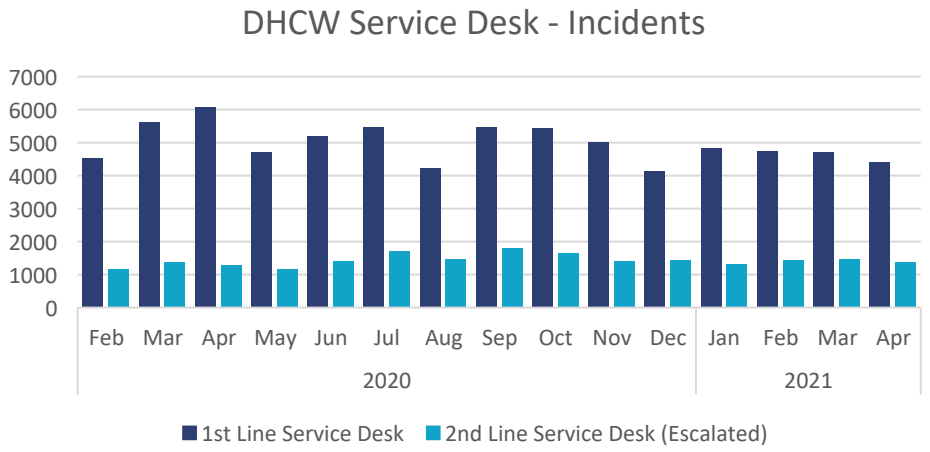
Service Name	Network Services (Internet and VPN)	Service Level: Critical	Priority: 2	Incident no: 6593800
Start Date/Time	15/04/2021 08:03	Time to resolution was 5 hours 47 minutes: did not breach 8-hour SLA target		
Description	Users across NHS Wales reported intermittent connectivity issues to some internet based services both over LAN and via VPN including GPTR, some Office 365, and web based services including Injectable Medicines Guide. A reboot of the member appliances restored connectivity. Due to the intermittent nature of this incident, root cause investigations continued throughout the month, with some resolution activities being undertaken.			

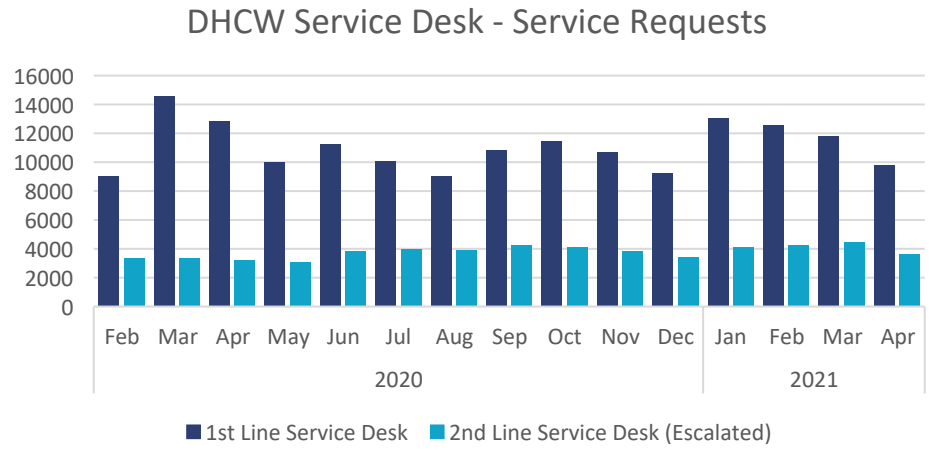
Service Name	Network Services (VPN)	Service Level: Critical	Priority: 2	Incident no: 6597688
Start Date/Time	16/04/2021 07:39	Time to resolution was 6 hours and 7 minutes : did not breach 8-hour SLA target		
Description	This Incident relates to the network services Incident of 15th April - users again had intermittent issues connecting to VPN. All components of the VPN service were rebooted in a coordinated way on the 15th, 16th and 17th. The effect of this impact was not widespread as there were 5600 users connected to VPN which is similar to loads on other Fridays.			

Service Name	Canisc	Service Level: Critical	Priority: 2	Incident no: 6619949
Start Date/Time	23/04/2021 09:55	Time to resolution was 20 minutes: did not breach 8-hour SLA target		
Description n	Velindre Cancer Centre reported that users in hospitals and working from home were unable to log on. The Citrix delivery controller servers were re-booted to resolve the Incident.			

Service Name	Network Services (Internet and VPN)	Service Level: Critical	Priority: 2	Incident no: 6631861
Start Date/Time	28/04/2021 07:34	Time to resolution was 5 hours 4 minutes: did not breach 8-hour SLA target		
Description	Intermittent VPN issues reported, caused as a result of a patch being applied to firewalls to fix the issues experienced on 15th and 16th April. The patch had been successfully tested by the manufacturer and DHCW's support partner, but issues ensued when they applied it to DHCW environment. Service was restored at 9:20 by failing traffic over to the alternate internet connection whilst the patch was uninstalled. There were some minor issues that were resolved after this time.			

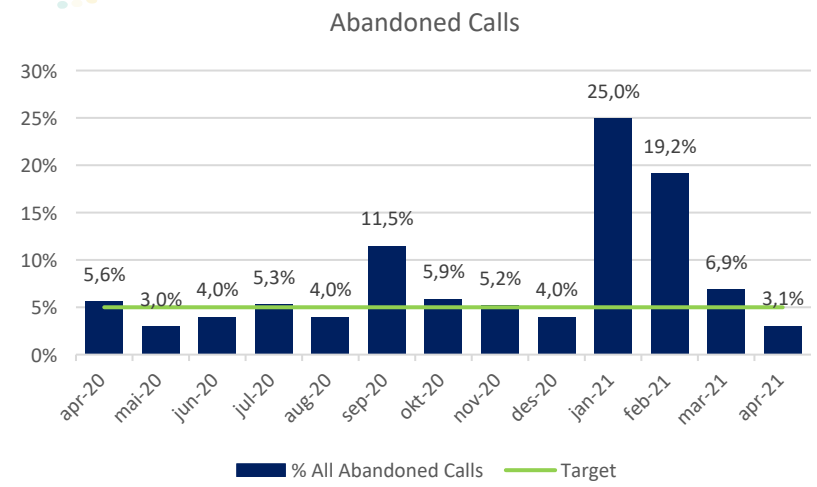
	APR-20	MAY-20	JUN-20	JUL-20	AUG-20	SEP-20	OCT-20	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21	APR-21
Total number of calls logged	22222	18053	20292	19730	17235	21434	21142	20238	17461	22467	22497	21542	19230
% All Abandoned Calls (Target under 5%)	5.6%	3%	4%	5.3%	4%	11.5%	5.9%	5.2%	4%	25%	19.2%	6.9%	3.06%
Customer Satisfaction (Target over 90%)	95%	96%	96%	97%	96%	96%	97%	97%	96%	97%	96%	96%	97%





Summary:

Incidents and Service Request volumes have remained in line with previous months. Abandoned calls have dropped below Service Desk threshold as expected, mainly due to new staff being onboarded into the team to support Wales Immunisation System.



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

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CLINICAL ASSURANCE AND INFORMATION GOVERNANCE

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

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

CLINICAL ASSURANCE AND INFORMATION GOVERNANCE
Summary

SUMMARY INDICATORS	AUG-20	SEP-20	OCT-20	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21	APR-21
Clinical Assurance									
Information Governance									

Green	A small number or no incidents associated with WG /DU reporting.
Amber	More incidents and struggling to close in timely way, or reports to WG/DU.
Red	Open Serious incidents reported to DU which will not close in 60 days.

Clinical Incident Management:

- There were no new **Clinical Incidents** in April.
- There were four **Clinical Incidents** closed in April.
- Six **Clinical Incidents** remained outstanding at the end of April.

Information Governance:

- There were no new **Information Governance Incidents** in April, and none outstanding.
- There were three **Freedom of Information** requests responded to in April.
- Three **Freedom of Information** requests remained outstand at end of April (still within timescale to respond).

Freedom of Information /Subject Access Requests

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Audit
Corporate Risk Management
Quality Standards

GOVERNANCE AND QUALITY

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

Governance and Quality are overseen by the following groups who meet monthly and report to the Audit and Assurance Committee:

- Risk Management Group
- Quality and Regularity Compliance Group
- Safety, Health and Environmental Group

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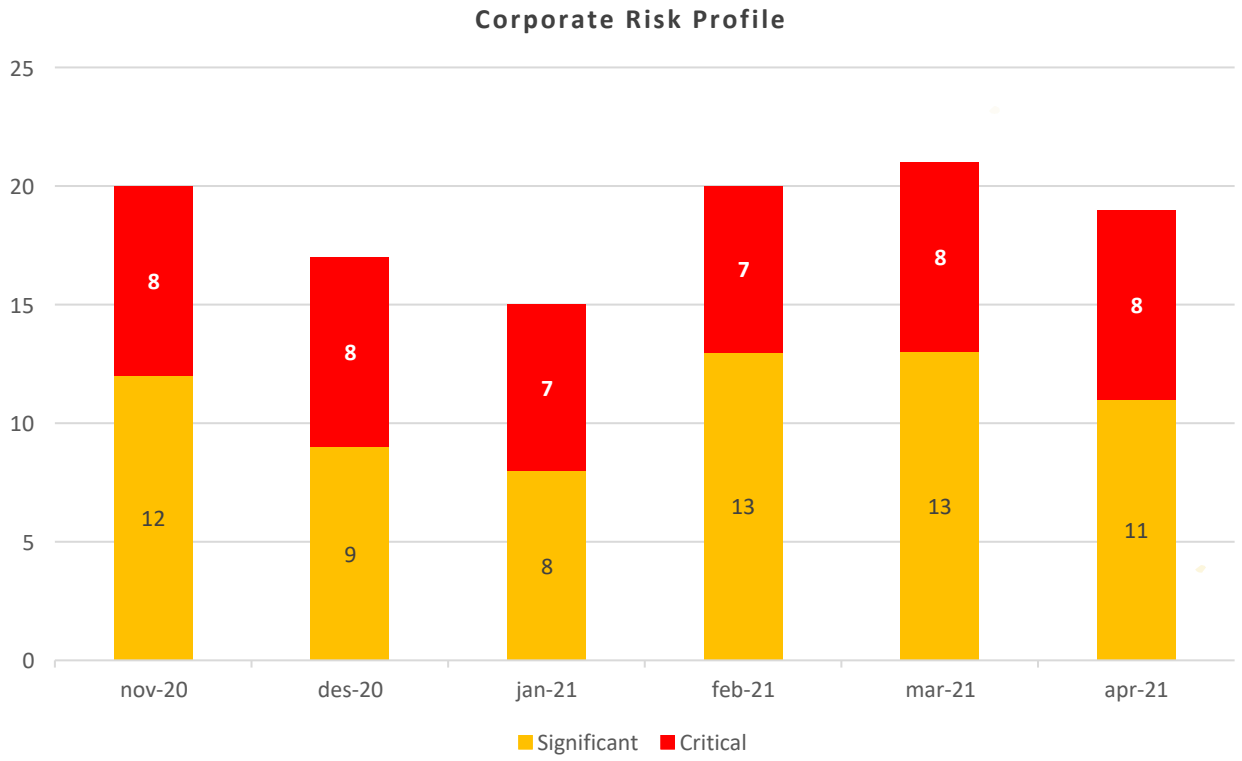
NUMBER	RAG	STATUS
4		Complete
6		The action is on target for completion by the agreed date
1		The action is not on target for completion by the agreed date
0		The implementation date has passed, and management action is not complete
11	Open Actions	

- The following reports from NWSSP Internal Audit are to be presented to the May 2021 Audit & Assurance Committee and actions will be added to the DHCW Audit Action Tracker:
  - *Supplier Management Follow-up – Reasonable Assurance*
  - *Cyber Security – Substantial Assurance*
- The NWSSP Internal Audit Plan and Audit Wales External Audit Plan for 2021/22 are scheduled to be presented to the first meeting of the DHCW Audit and Assurance Committee for approval.
- The Chair of the DHCW Audit & Assurance Committee has met with Internal and External Audit in preparation for the first Committee meeting.

- The total number of open internal actions in March was 11. During April 2 actions were closed and an additional 4 were added following the Resilience audit. Following advice from internal audit 2 actions dependent on third parties have now moved to a separate section where they will be tracked until completed.
- The number of actions open now totals 11, which includes 4 new actions relating to Resilience.
- Four actions are now marked as complete:
  - Business Impact Assessment Process now in place with governance arrangements
  - WG have confirmed that DHCW is an Operator of Essential Services (OES) under the Network Information Systems (NIS) Directive
  - Information Asset Owners have been identified
  - DHCW are registered with the Information Commissioner as a stand-alone organisation
- A plan is in place to allow the amber action to be closed by the end of the quarter.



Summary:

In April 2021, there were 19 risks identified of which 8 were considered critical. This position is relatively unchanged from the previous month with two risks being de-escalated from the Corporate Risk Register:

NWIS-0252 – Medical Devices Regulations
NWIS-0265 – Firewalls

No risks were escalated to the Corporate Risk Register in April.

The Risk Management Group met on 19th April 2021 and validated the corporate risks and any changes.

As part of the development of DHCW, responsibility for risk management will transition to the Board Secretary, on 1st July 2021, and a dedicated risk manager has been recruited.

SUMMARY INDICATORS	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21	APR -21
ISO 9001 Quality Management						
ISO 14001 Environmental Management						
ISO 20000 Service Management						
ISO 27001 Information Security Management						
BS 76000 /76005 Valuing People						

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:

- **ISO 9001 Quality Management:** The status is amber as an ISO 9001 audit in February raised 2 minor non-conformances, which are being addressed.
- **ISO 14001 Environmental Management:** External audit in February raised a major non-conformance. Work is underway to rectify this.
- **ISO 20000 Service Management:** The status is amber due to two minor non-conformances logged in the audit of November 2020 which are being addressed.
- **ISO 27001 Information Security Management:** The status is amber following audit in January 2021. Areas of improvement identified and putting appropriate plans and resources in place.
- **BS 76000 /76005 Valuing People:** The status is amber as there are several Quality Improvement actions underway.

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Strategic Engagement
Service Desk Feedback
User Experience Feedback

ENGAGEMENT

This section provides details of user feedback gained via the Service Desk, social media and other sources.

ENGAGEMENT
Strategic Engagement Meetings

Strategic Engagement meetings:

DATE	ORGANISATION
14th May 2021	Cardiff & Vale University Health Board
14th May 2021	NHS Wales Shared Services Partnership
28th May 2021	Betsi Cadwaladr University Health Board
4th June 2021	Powys Teaching Health Board
11th June 2021	Cwm Taf Morgannwg University Health Board
14th July 2021	Welsh Ambulance Services Trust
Being scheduled	Velindre University NHS Trust
Being scheduled	Aneurin Bevan University Health Board
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

Service Level Agreement meetings:

DATE	ORGANISATION
9th April 2021	Swansea Bay University Health Board
20th April 2021	NHS Wales Shared Services Partnership
26th April 2021	NHS Wales Health Collaborative
29th April 2021	Community Health Councils
13th May 2021	Betsi Cadwaladr University Health Board
5th May 2021	GP Systems and Services Review
21st May 2021	Aneurin Bevan University Health Board
27th May 2021	Cwm Taf Morgannwg University Health Board
28th May 2021	Cardiff & Vale University Health Board
2nd June 2021	Public Health Wales
9th June 2021	Powys Teaching Health Board
16th June 2021	GP Systems and Services Review
23rd June 2021	Velindre University NHS Trust
28th June 2021	Health Education and Improvement Wales
13th July 2021	NHS Wales Shared Services Partnership
16th July 2021	Community Health Councils
22nd July 2021	Hywel Dda University Health Board
5th August 2021	Aneurin Bevan University Health Board
8th September 2021	GP Systems and Services Review
15th October 2021	Community Health Councils
18th October 2021	NHS Wales Health Collaborative
20th October 2021	GP Systems and Services Review
22nd October 2021	Community Health Councils
1st December 2021	GP Systems and Services Review
Being scheduled	Welsh Ambulance Services Trust

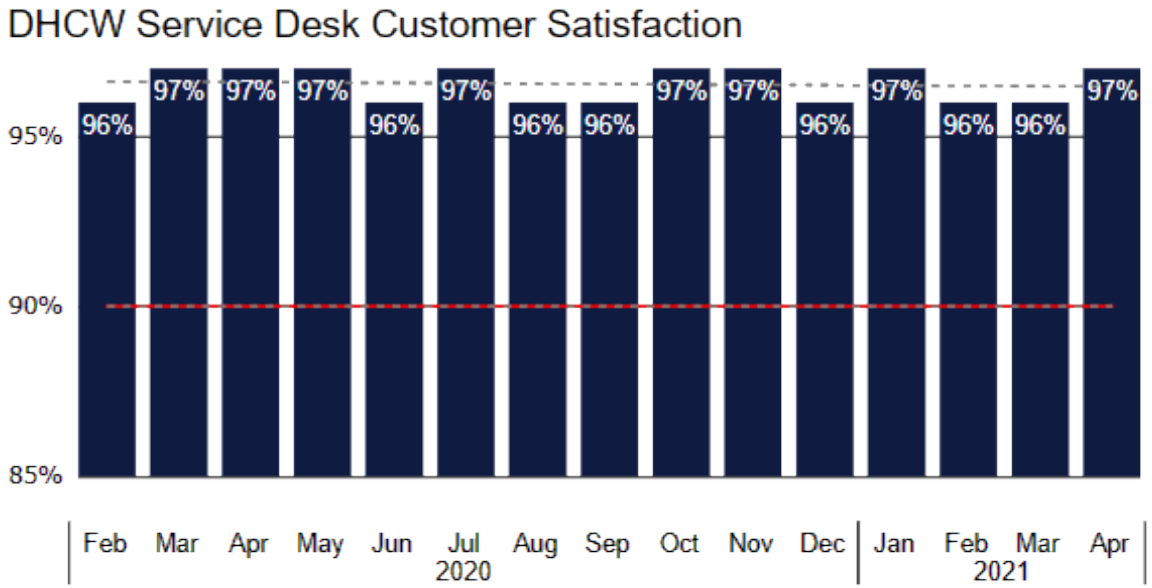
Objectives:

- **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 INDICATORS	AUG-20	SEP-20	OCT-20	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21
Service Recipient Feedback								

Summary:

- Positive service recipient feedback to the Service Desk through an automatic feedback system that is generated when a call is closed, has again reached 97%.
- Information is being collated for other areas of feedback and will continue to be updated here as it becomes available.



April Feedback: Business Change Team

- "Brilliant, this is so much easier" - Joy, Cwm Taf University Health Board (Pharmacy)
- "This demo has been very useful for all of us" – David Hughes, Cwm Taf University Health Board (Pharmacy)
- "Brilliant, thanks, now we know how to get the drug charts up for patient" – Swansea Bay University Health Board (Medicines Transcribing & eDischarge)
- "Great that I can print recurring covid tests in one go. Much easier, thx" – Swansea Bay University Health Board (Medicines Transcribing & eDischarge)
- "Will help improve communication across the Diabetes team (and beyond)"– Bethan Lloyd, Kate Rhodes, Hywel Dda University Health Board (Welsh Information System for Diabetes Management)
- "That was really informative (and you made it look straightforward!). Many thanks again and I'm sure we'll be in touch with a myriad of questions when we get started" ☺ – Sue John, Powys Teaching Health Board (Welsh Patient Administration System)
- "Thank you - really impressed, particularly how easy it is to use" – Health Board Training Lead, (On Demand Training Centre)
- "The QRG is great, just what we need; It's been great having you on hand when we have questions" – Rachel, Ward Sister - Withybush, Hywel Dda University Health Board (Welsh Nursing Care Record)
- "Thank you, this is a game changer and your support has been great all week" – Jan, Ward Clerk - Withybush, Hywel Dda University Health Board (Welsh Nursing Care Record)

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

Agenda Item	5.2

Name of Meeting	SHA Board
Date of Meeting	27 May 2021

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

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

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

Acronyms			
DHCW	Digital Health and Care Wales	DPIF	Digital Priorities Investment Funds
SLA	Service Level Agreements	WG	Welsh Government
CANISC	Cancer Network Information System Cymru	WIS	Welsh Immunisation System
WTE	Whole time equivalent		

1 SITUATION/BACKGROUND

1.1 The purpose of this report is to present DHCWs financial position to date and assess the key financial projections, risks and opportunities for the financial year. The report advises the Board of Financial Performance and issues for the period to 30 April 2021.

1.2 The report sets out the financial position as at the end of April 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).

1.3 DHCW is required by statutory provision not to breach its financial duty (to secure that its expenditure does not exceed the aggregate of its resource allocations and income received). This duty applies to both capital and revenue resource allocations.

1.4 The Chief Executive has overall executive responsibility for DHCW's activities and is responsible to the Board for ensuring that it meets its financial duty as set out in section 172 of the National Health Service (Wales) Act 2006.

1.5 In terms of key Organisational financial performance indicators they can be brigaded as follows:

The two key statutory financial duties to achieve:

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

ADDITIONAL FINANCIAL TARGETS FOR 21/22:

- Public Sector Payment Policy (PSPP): The objective for the organisation All NHS Wales bodies are required to pay their non-NHS creditors in accordance with HM Treasury's public-sector payment compliance target. This target is to pay 95% of non-NHS creditors within 30 days of

receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.

- **Cash:** While there is no prescribed limit for cash held at the end of the month, WG encourages this to be minimised and a rule of thumb of 5% of monthly expenditure is used. However, for as a new organisation it has been advised that DHCW exceed this until all balances are transferred from Velindre UNHST and given the nature of DHCW obligations as provider and contract lead for a portfolio of all Wales services and licenses a larger balance would be prudent. This will be discussed with Welsh Government financial accounting leads.

As part of the transition process from Velindre NHS Trust opening and closing balances need to be agreed in terms of transfers of "current" (e.g. debtors/creditors) and "non-current" assets (e.g. capital hardware & software) a fully audited statement is scheduled to be completed by September 30th in order to produce a formal balance sheet for the organisation.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THE BOARD (ASSESSMENT)

2.1 SUMMARY OF PERFORMANCE AGAINST KEY FINANCIAL TARGETS

2.1.1 April Revenue Performance

DHCW is reporting a revenue surplus of £0.299m net of cost improvement targets for the period to April 30th. At this early stage in the financial year a forecast end of year breakeven position is anticipated. The underspend is expected to increase over quarter one as the underspend is largely due to pay slippage against 99.9 wte funded posts (£0.433m prior to application of efficiency targets) before decreasing from quarter 2 onwards as further recruitment takes place and fixed term appointments used to address vacancy capacity gaps to ensure delivery of stated objectives.
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 1: Summary of Revenue Performance by group

	Annual Forecast £000's	Period Budget £000's	Period Actual £000's	Over/- Underspend £000's
Income				
Core Organisational	94,222	7,531	7,572	41
COVID-19 Response	18,938	1,002	945	-57
Digital Priority Investments	18,820	1,080	472	-608
Total	131,980	9,613	8,989	-624

Expenditure				
Core Organisational	94,222	7,531	7,273	258
COVID-19 Response	18,938	1,002	945	57
Digital Priority Investments	18,820	1,080	472	608
Total	131,980	9,613	8,690	923
Period Surplus/(Deficit)	**0**	**0**	**299**	**299**

A full review of initial planned pay and non-pay profiling for operational, Digital Priority and COVID-19 spend will take place during May to inform and ensure alignment and inform the next returns.

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 Vaccine. The current forecast is for breakeven subject to additional National Welsh Immunisation System Programme outline plan funding requirements (£7.4m) being met by Welsh Government and recruitment targets being achieved.

2.2 CAPITAL

The organisation receives capital via 4 main funding categories:

1. Discretionary – Available for delegation by the organisation in line with priorities and infrastructure lifecycles.
2. All Wales Strategic Capital – Available upon approval by Welsh Government of a funded business case.
3. Digital Priority Investment Fund (DPIF) – Ring fenced investment granted by Welsh Government for specific project activity.
4. COVID-19 – Investment applied to specific COVID-19 response initiatives.

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

2.2.1 April Capital Performance

DHCW has recorded £0.292m capital spend against a provisional allocated allowance of £6.534m (£0.030m underspend against plan for period). The current capital plan outlines a requirement for £14.899m. As this total has been approved, the DHCW finance department will liaise with Welsh Government Digital & Finance leads to in order to secure formal release of the funds into the organisational resource limit.

During the period £0.993m was transferred to Velindre NHS Trust in accordance with CANISC scheme deliverables.

Scheme	Annual Forecast £000's	Period Plan £000's	Period Actual £000's	Under/-Overspend £000's	Residual Spend £000's
Discretionary					
Discretionary - Infrastructure Communications Technology	2,474	101	101	0	2,373
Discretionary - Facilities	50	0	0	0	50
Discretionary - Reserves	445	0	0	0	445
Total Discretionary	**2,969**	**101**	**101**	**0**	**2,868**
Digital Priority Investment					
Digital Services for Patients & Public	2,800	0	0	0	2,800
Welsh Community Care Information System	183	0	0	0	183
Hospital Pharmacy	1,130	30	15	15	1,115
Digital Intensive Care Unit	2,184	0	0	0	2,184
CANISC	3,153	130	115	15	3,038
National Data Resource	1,100	61	61	0	1,039
Total Digital Priority Investment	**10,550**	**221**	**191**	**30**	**10,359**
COVID-19					
Test, Trace & Protect	1,370	0	0	0	1,370
Total COVID-19	**1,370**	**0**	**0**	**0**	**1,370**
Total Capital Plan	**14,889**	**322**	**292**	**30**	**14,597**

It should be noted that as part of Digital Priority Investment Schemes there will be ongoing capital disbursements to organisations based upon milestones throughout the year. These will be managed via established mechanisms throughout the year and any appropriate financial transactions completed.

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.

High level performance against key targets

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

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

Table 2:Performance against KPI's

INDICATOR	CUMULATIVE PERFORMANCE	FORECAST OUTLOOK	COMMENT
Revenue Breakeven (To secure that the organisations expenditure does not exceed aggregated income)	£0.299m Underspend Movement ⟷	Breakeven Movement ⟷	Small operational surplus of £0.299m – 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)	£0.030m Underspend Movement ⟷	Breakeven Movement ⟷	£0.292m spend against the expected capital funding envelope of £14.9m.
Public Sector Payment Policy (To pay a minimum of all non NHS creditors within 30 days of receipt of a valid invoice)	100% Movement ⟷	Movement ⟷	PSPP target achieved. Target – 96%, Actual 100%
Cash Balances Appropriate balances to meet creditor requirements	£13.2m Movement ⟷	Movement ⟷	Balances to be wound down in July.

3 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.

4 PUBLIC SECTOR PAYMENT POLICY (PSPP)

DHCW is reporting a figure of 100% 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.

5 CASH

The cash balances at the end of April amounted to £13.2m the balances have been built up in discussion with Welsh Government to provide flexibility during the first few quarters of the financial year until all balances have been transferred from Velindre NHS Trust. The SHA finance department also ensuring that a sufficient balance is available to support settlement of a material expenditure item expected to be billed in June relating to the Microsoft Office 365 All Wales Contract. Whist the exercise to ascertain all Wales organisational requirements is due to be completed in May to inform the financial impact it is thought at present that the liability in the order of £18m. Debtors currently stand at £0.078m with no aged debt exceeding 3 months.

6 OTHER

NHS Wales organisations are required to agree all Service Level Agreements (SLA) and Long-Term Agreements (LTA) by June 11th. Account management meetings are taking place to resolve any residual issues before the deadline.

7 RISKS AND OPPORTUNITIES

7.1 RISKS

Identified financial risks during April are presented below, an assessment will be made via established risk management processes as to whether these need to be escalated to the corporate risk register during May.

7.1.1 Mass Immunisation Scheduling System (WIS) Funding Requirement

As detailed DHCW has submitted a requirement outlining additional funding for 21/22 (£7.4m) in order to underpin enhanced service provision away from a minimum viable product to a full-service model with increased functionality and support needs.

7.1.2 Implementation Delays: Hospital Pharmacy

Possible delays to roll out of the new pharmacy system may impact the billable service amounts to Health Boards and Trusts (£0.190m) by DHCW causing a cost pressure.

7.1.3 Velindre SLA: Welsh Laboratory Information Management System

There is current discussion surrounding the functionality implemented within DHCW and the

contractual liability. Although the discussion surrounds a decrease the full SLA value (£0.126m) has been identified until the figure can be determined.

7.2 OPPORTUNITIES

7.2.1 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 (£0.440m). This will be monitored with any emerging financial impact presented within future forecasts.

Resolution: September 21

7.2.2 Test, Trace & Protect Licencing Volume Reductions

The user requirement for Microsoft licenses has steadily tracked down over quarter 4 of 2020/21 (although due to contractual commitments they have remained at 4500). There is an opportunity to reduce the amount from the 5,500 forecast for 21/22 and release funds (£0.640m) for alternate activity/investment or return to Welsh Government for re-prioritisation.

Resolution date: June 21

8 FUTURE ISSUES

8.1 INFRASTRUCTURE & CLOUD TRANSITION

DHCW is commissioning external expertise to draft recommendations relating to cloud strategy and transition. This may impact upon the underlying revenue requirement going forward.

8.2 MICROSOFT OFFICE 365 RENEWAL

An exercise to ascertain NHS Wales Microsoft licensing requirements is due to be completed by the end of May the results of which will be used to inform contracting arrangements with the supplier. Finance colleagues have been alerted of the need to work closely with their digital leads to assure affordability and alignment with plans. The financial impact will be reflected once all returns have been received and costs calculated.

8.3 TRANSFER OF CURRENT & NON-CURRENT ASSETS FROM VELINDRE NHS TRUST

As mentioned there will be an exercise to determine the balances to be transferred from Velindre to DHCW. An assessment of any financial impact will be made as the exercise continues.

9 RECOMMENDATION

The Board is being asked to:

DISCUSS the contents of this finance report for 30 April 2021 and **NOTE** the forecast year end achievement of key financial targets.

10 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

HEALTH CARE STANDARD	Governance, leadership and acccountability
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

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 is financial implications for the Organisation outlined within the 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
RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK STRATEGY

Agenda Item	5.3

Name of Meeting	SHA Board
Date of Meeting	27 May 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 Approval
Recommendation	
The Board is being asked to: APPROVE the Risk Management and Board Assurance Framework Strategy (Appendix A) and associated milestone plan (Appendix B).	

Acronyms			
BAF	Board Assurance Framework	NWIS	National Health Service Wales Informatics Service
DHCW	Digital Health and Care Wales		

1 SITUATION/BACKGROUND

1.1 Digital Health and Care Wales (DHCW) has inherited the NWIS approach to risk management. Specifically, that includes the Risk Management Policy adopted as the DHCW Risk Management Policy on the 1 April 2021 and the Risk Management Guidance for Risk Handlers. The oversight of risk is through the Risk Management Group, which meets monthly.

1.2 The Risk Management and Board Assurance Framework Strategy (Appendix A) has been developed to build on the existing arrangements and oversight for risk management, taking into account the role of the DHCW Board, and expanding the approach from risk to risk and Board assurance. As set out in section 1.4.1 of the DHCW Standing Orders the DHCW Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:

- Setting the organisation's strategic direction;
- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour; and
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of DHCW's performance across all areas of activity.

1.3 The Risk Management and Board Assurance Framework Strategy aims to take a strategic and planned approach to risk management and Board assurance in relation to managing and mitigating principle and organisational risks. The Strategy aims to:

- set out respective responsibilities for strategic and operational risk management for the Board and staff throughout the organisation;
- set out responsibility for Board committees, in particular, the Audit and Assurance Committee; and
- describe the procedures to be used in identifying, analysing, evaluating and controlling risks to the delivery of strategic objectives.

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2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Risk Management and Board Assurance Framework Strategy covers the management of Principal and Organisational risks and the process for the escalation of risks for inclusion on the Corporate Risk Register and Board Assurance Framework Report.

2.2 The Strategy sets out the Board's responsibility in relation to risk, as well as that of the Audit and Assurance Committee to review the establishment and maintenance of an effective system of internal control and risk management.

2.3 The Strategy proposes that DHCW Committees have a role to play in overseeing and scrutinising risks on the Corporate Risk Register relating to areas of Committee responsibility, for example the Digital, Governance and Safety Committee will oversee and scrutinize risks relating to quality, safety, information governance, data quality, security and risk.

2.4 In order to ensure DHCW apply a consistent approach to describing and scoring risks, risks to be added to a risk register should be described: IF…THEN…RESULTING IN, and Appendix 2 of the Risk Management and BAF Strategy (risk domains and matrix) should be used to aid consistency in scoring risks.

2.5 The Risk Management Reporting Structure and Risk Thresholds and Escalation Appendix 3 of the Risk Management and BAF Strategy will ensure that risks are all logged via Datix and then dependent on the risk score will trigger a review to add to the Corporate Risk Register (score of over 15) once reviewed and agreed by the relevant Director. This will all happen via Datix, ensuring a clear audit trail and service to board approach to risk management and escalation. Risks on the Corporate risk register once mitigated to a score below 12 should, with lead Director agreement be moved onto a local risk register for any further monitoring. Risks scoring below 15 can be escalated to the Corporate Risk Register if requested / agreed by the lead Director.

2.6 The Risk Management and BAF Milestone plan, included as Appendix B sets out the key milestones for implementing the Risk Management and Board Assurance Framework Strategy, including the work to engage the DHCW in agreeing the DHCW principle risks, developing a Board Assurance Report for reporting to the Board, and the articulation and agreement of the DHCW Board risk appetite and tolerance.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 DHCW has inherited the NWIS approach and structure for managing risk, the Risk Management and Board Assurance Framework Strategy builds on the existing foundations, but extends the approach to ensure the role of the DHCW newly established Board is clear and incorporates

the need to identify principle risks and develop a Board Assurance Report for reporting to Board.

3.2 To achieve the actions and objectives set out in the Risk and BAF Milestone Plan (Appendix B) and Risk and Board Assurance Framework Strategy (Appendix A), a period of focused wok on risk and Board assurance will be required over a 6 – 9 month period.

4 RECOMMENDATION

The Board is being asked to:
APPROVE the draft Risk Management and Board Assurance Framework Strategy (Appendix A) and associated milestone plan (Appendix B).

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Development of the new Digital Organsation

CORPORATE RISK (ref if appropriate)	All corporate risks

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 acccountability
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT		Date of submission:
No, (detail included below as to reasoning)		Outcome:
Statement: EQIA carried out for the Risk Management Policy showing no negative impact.		

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	11.05.2021	Endorsed

Digital Governance and Safety Committee	12.05.2021	Endorsed

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

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<ID Reference>

DHCW RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK STRATEGY

The purpose of this document is to provide guidance to all staff on the management of strategic and operational risks and the Board Assurance Framework within the organization.

Document Version	Version 1

Status	Draft

Document author:	Chris Darling, Board Secretary
Approved by	
Date approved:	
Review date:	

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

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

STRATEGIC OBJECTIVE	All Objectives apply

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 acccountability
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: N/A	

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered this		
COMMITTEE OR GROUP	DATE	OUTCOME
Audit and Assurance Committee	11/05/2021	Endorsed for consideration by the DHCW Board.

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	Yes, please see detail below
	Risk Management is integral to good governance and the safe management of the organisation. Should risk not be managed appropriately, there may be legal consequences.
	Yes, please see detail below

FINANCIAL IMPLICATION/IMPACT	Risk Management is integral to good governance and the safe management of the organisation. Should risk not be managed appropriately, there may be financial implications.
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

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1. DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
26.04.21	1	Chris Darling	

1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	
Role:	
Signature:	X Author

Approver's Name:	
Role:	
Signature:	X Approver

1.4 DOCUMENT LOCATION

Type	Location
Electronic	

2. PURPOSE

The purpose of this document is to provide guidance to all staff on the management of strategic and operational risks and the Board Assurance Framework within the organization.

3. INTRODUCTION AND AIMS

3.1 Digital Health and Care Wales (DHCW) is committed to developing and implementing a Risk Management and Board Assurance Framework Strategy that will identify, analyse, evaluate and control the risks that threaten the delivery of its strategic objectives and delivering against its Annual Plan and Integrated Medium Term Plan (IMTP). The Board Assurance Framework (BAF) will be used by the Board to identify, monitor and evaluate risks which impact upon strategic objectives. It will be considered alongside other key management tools, such as workforce, performance, quality and financial reports, to give the Board a comprehensive picture of the organisational risk profile.

3.2 The purpose of this document is to provide guidance to all staff on the management of strategic and operational risks and the Board Assurance Framework within the organisation.

3.3 It aims to:

- set out respective responsibilities for strategic and operational risk management for the Board and staff throughout the organisation;
- set out responsibility for Board committees, in particular, the Audit and Assurance Committee; and
- describe the procedures to be used in identifying, analysing, evaluating and controlling risks to the delivery of strategic objectives.

3.4 The objectives of DHCW's Risk Management and Board Assurance Framework Strategy are to:

- minimise impact of risks, adverse incidents, and complaints by effective risk identification, prioritisation, treatment and management;
- ensure that risk management is an integral part of DHCW's culture;
- maintain a risk management framework, which provides assurance to the Board that strategic and operational risks are being managed effectively;
- maintain a cohesive approach to corporate governance and effectively manage risk management resources;
- minimise avoidable financial loss;
- ensure that DHCW meets its obligations in respect of Health and Safety and Quality and Safety;
- Manage all potential risks DHCW are exposed to.

4. SCOPE

4.1 The Risk Management and Board Assurance Framework Strategy covers the management of Principal and Organisational risks and the process for the escalation of risks for inclusion on the Corporate Risk Register and Board Assurance Framework.

4.2 A risk can be defined as: "the chance of suffering harm caused by a hazard, loss or damage or the possibility that DHCW will not achieve an objective".

Risk is the uncertainty surrounding events and their outcomes that may have a significant effect, either enhancing or inhibiting:

- Achievement of aims and objectives
- Operational performance
- The meeting of stakeholder expectations

4.3 A risk will always have three elements: Cause-Events-Effect. In order to ensure consistency in the description of DHCW risks the guidance in Appendix 1 will be followed. A well-written risk statement captures three main parts, and will do so by ensuring risks entered into Datix include; If, Then, Resulting In, this will ensure the three elements of a risk are captured clearly – Cause-Events-Effect.

4.4 ***Principal Risks****:* are significant risks that have the potential to impact upon the delivery of Strategic Objectives and are reviewed and monitored by the Management Board, Board Committees and the Board.

4.5 ***Organisational Risks:*** are key risks that affect individual Departments, Directorates, Services or Projects and are managed within individual Directorates and Departments, and if necessary, escalated through the risk reporting structure (See Appendix 2 and 4).

4.6 The Board Assurance Framework (BAF) is an integral part of the system of internal control and defines the principal risks (15 & above) which impact upon the delivery of Strategic Objectives. It also summarises the controls and assurances that are in place or plans to mitigate them. The BAF aligns principal risks, key controls and assurances on controls alongside each of DHCW's strategic objectives.

4.7 Gaps are identified where key controls and assurances are insufficient to reduce the risk of non-delivery of objectives. This enables the development of an action plan for closing the gaps and mitigating the risks which is subsequently monitored by the Board for implementation.

4.8 Levels of assurance are applied to each of the controls and the assurance on controls as follows:

(1) Management Reviewed Assurance
(2) Board or Committee Reviewed Assurance
(3) External Reviewed Assurance

4.9 This provides an overall assurance level on each of the Principal risks.

4.10 This Strategy applies to those members of staff that are directly employed by DHCW and for whom DHCW has legal responsibility. However, the culture of risk management and discussion of risk with partners and stakeholders, where appropriate should be encouraged.

4.11 The Risk Management and Board Assurance Framework Strategy is intended to cover all the potential risks that the organisation could be exposed to, and includes risks that might have a wider impact on the health and care system.

5. RISK MANAGEMENT ORGANISATIONAL STRUCTURE

The Board

5.1 Executive Directors and Independent Members share responsibility for the effective management of risk and compliance with relevant legislation. In relation to risk management, the Board is responsible for:

- articulating the Strategic Objectives of DHCW;
- articulating the Principal Risks of DHCW;
- protecting the reputation of DHCW;
- providing leadership on the management of risk;
- approving the risk appetite for DHCW;
- ensuring the approach to risk management is consistently applied;
- ensuring that assurances demonstrate that risk has been identified, assessed and all reasonable steps taken to manage it effectively and appropriately;
- reviewing the Board Assurance Framework and the organisational risks scored 15 and above and escalated to the Corporate Risk Register at each meeting;
- endorsing risk related disclosure documents;
- approving the Risk Management and Board Assurance Framework Strategy on an annual basis.

Audit & Assurance Committee

5.2 The Audit and Assurance Committee has a specific role in relation to reviewing the effectiveness of the Risk Management and Board Assurance Framework Strategy.

5.3 In relation to risk management, the Audit and Assurance Committee shall review the establishment and maintenance of an effective system of internal control and risk management. In particular, the Committee will review the adequacy of:

- all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit Opinion, External Audit Opinion and/or other appropriate independent assurance, prior to endorsement by the Board.
- the structures, processes and responsibilities for identifying and managing risks facing the organisation. This will be addressed by ensuring there is a periodical review that risk registers are in place and updated for Departments, Directorates, Services and Project areas.
- the Special Health Authority corporate risk register and the adequacy of the scrutiny of risks by assigned Committees. This will be addressed by ensuring all significant risks (i.e. those escalated to the corporate risk register scoring 15 or above and agreed by the Lead Director) are assigned to a Board Committees for scrutiny, and ensuring that updates on actions to mitigate the risks are provided at each committee meeting.
- the Board Assurance Framework.
- the policies for ensuring that there is compliance with relevant regulatory, legal and code of conduct and accountability requirements. By identifying and assessing regulatory, legal and code of conduct issues that could have been prevented by more effective management of risk and assurance of controls in place.
- the operational effectiveness of policies and procedures, through regular review of policies and procedures.
- the effectiveness of risk identification, management, escalation and monitoring. This will be addressed by reviewing the number of risk registers in place, the frequency of updates to the risk register and the escalation of high risks to the directorate and corporate Risk Registers.

All Board Committees

5.4 All Board Committees have a role to play in ensuring effective risk management in particular they will:

- Receive and scrutinise risks and provide onwards assurance to the Board in relation to risks assigned to them to provide oversight and scrutiny.
- Committees will receive updates in terms of actions taken to mitigate the risks, and provide feedback and challenge to risk owners on the actions taken and any further action required.

Management Board

5.5 The Management Board undertake the following duties:

- Promote a culture within DHCW which encourages open and honest reporting of risk with local responsibility and accountability.
- Provide a forum for the discussion of key risk management issues within DHCW, and consider risks that might impact on the wider health and care system and how these are communicated to partners.
- Ensure appropriate actions are applied to risks DHCW wide.
- Enable risks which cannot be dealt with locally to be escalated, discussed and prioritised.
- Ensure Department, Directorate, Service and Project/Programme Risk Registers are appropriately rated and action plans agreed to control them.

- Review the risks on the Corporate Risk Register (risks 15-25 from Department, Directorate, Service and Project/Programme where escalated to the Corporate Risk Register by the Lead Director) to determine whether they will impact on DHCW Strategic Objectives, and if so, the risk will be added to the Board Assurance Framework (BAF) aligned to the appropriate Principal Risk.
- Review the Corporate Risk Register and Board Assurance Framework prior to its presentation to the Board and Committees as appropriate.
- Advise the Board of exceptional risks to DHCW and any financial implications of these risks.
- Ensure partners are appropriately appraised of any DHCW risks which have health and care system impact.
- Review and monitor the implementation of the Risk Management and Board Assurance Framework Strategy.
- Ensure that all appropriate and relevant requirements are met to enable the Chief Executive to sign the Annual Governance Statement, outlines how risks are identified, evaluated and controlled, together with confirmation that the effectiveness of the system of internal control has been reviewed.
- Approve documentation relevant to the implementation of the Risk Management and Board Assurance Framework Strategy.
- Provide assurance to the Board that there is an effective system of risk management across the Organisation.

Department, Directorate, Service, Project/Programme

5.6 The Departments, Directorates, Service (Service Management Boards), Project/Programme (Project Board) are responsible for risks within their areas of operation and providing assurance to the Management Board on the operational management and any support required in relation to the management of risk.

5.7 The Departments, Directorates, Service (Service Management Boards), Project/Programme (Project Board) are responsible for the moderation and calibration of risks across DHCW to avoid duplication, ensure compliance and alignment with the Risk Management and Board Assurance Framework Strategy and ensure shared learning across DHCW.

5.8 The Departments, Directorates, Service (Service Management Boards), Project/Programme (Project Board) will review and update existing risks, consider new risks for inclusion and escalate any extreme risks to the Director assigned as the Strategic Risk Owner for the risk being escalated.

5.09 Escalated risks are presented to the Management Board by the relevant Strategic Risk Owner (Director with responsibility for that risk) following discussion with the Departments, Directorates, Service (Service Management Boards), Project/Programme (Project Board).

5.10 DHCW's 'Risk Management Process – Service to Board' is included at Appendix 3. Further information on escalating risk on Datix can be found in the 'Risk Management Guidance for Risk Handlers' guidance.

5.11 The Risk Management Group will oversee the risk escalation process, and ensure close monitoring of risk management and Board Assurance Framework systems and processes.

6. DUTIES

6.1 The following paragraphs set out the respective risk management duties and responsibilities for individual staff members.

All Staff

6.2 All members of staff are accountable for maintaining risk awareness, and identifying and reporting risks as appropriate to their line manager.

6.3. In addition, they will ensure that they familiarise themselves and comply with all the relevant risk management strategies, policy, procedures and guidance for DHCW and attend/complete risk management training as appropriate.

6.4 They will:

- accept personal responsibility for maintaining a safe environment, which includes being aware of their duty under legislation to take reasonable care of their own safety and all others that may be affected by DHCW's business;
- report all incidents/accidents and near misses;
- comply with DHCW's incident and 'near miss' reporting procedures;
- be responsible for attending mandatory and relevant education and training events;
- participate in the risk management system, including the risk assessments within their area of work and the notification to their line manager of any perceived risk which may not have been assessed; and
- be aware of DHCW's Risk Management and Board Assurance Framework and processes and the local strategy and procedures and comply with them.

Line Managers

6.5 The identification and management of risk requires the active engagement and involvement of staff at all levels, as staff are best placed to understand the risks relevant to their areas of responsibility and must be supported and enabled to manage these risks, within a structured risk management framework.

6.6 Managers at all levels of the Organisation are therefore expected to take an active lead to ensure that risk management is embedded into the way their service/team/area operates. Managers must ensure that their staff understand and implement this Strategy and supporting processes, ensuring that staff attend relevant mandatory and local training programmes;

6.7 Managers must be fully conversant with DHCW's approach to risk management and

governance. They will support the application of this Strategy and its related processes and participate in the monitoring and auditing process.

DHCW Directors

6.8 DHCW Directors are accountable and responsible for ensuring that their areas of responsibility are implementing this Strategy and related procedures, policies and guidance. Each Director is accountable for the delivery of their particular area of responsibility and will therefore ensure that the systems, policies and people are in place to manage, eliminate or transfer the key risks related to the DHCW's strategic objectives.

6.9 DHCW Directors are responsible for the implementation of the Risk Management and Board Assurance Framework Strategy and relevant policies which support DHCW's risk management approach.

6.10 Specifically they will:

- Act as strategic risk owner for risks within their remit escalated to the Corporate Risk Register;
- Use the Datix Risk Management system for recording and reviewing risk;
- communicate to their staff DHCW's strategic objectives and ensure that Directorate, Department, Service and Project and individual objectives and risk reporting are aligned to these;
- ensure that a forum for discussing risk and risk management is maintained within their areas which will encourage the proactive management of risk;
- provide reports to the appropriate committee of the Board that will contribute to the monitoring and auditing of risk;
- Ensure partners are aware of any risks that may affect the wider health and care system;
- ensure staff attend relevant mandatory and local training programmes;
- ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of incident reporting; and
- ensure the specific responsibilities of managers and staff in relation to risk management are identified within the job description for the post and those key objectives are reflected in the individual performance review/staff appraisal process.
- ensure that the BAF and the risk management reporting timetable are delivered to the DHCW Board.
- Promote a culture within the Organisation which encourages open and honest reporting of risk with local responsibility and accountability;
- co-ordinate the risk management processes which includes risk assessments, incident reporting, the investigation of incidents/near misses and the management of the risk register;

- ensure there is a system for monitoring the application of risk management within their area and that risks are treated in accordance with the risk grading action guidance contained in this document;
- Update Management Board on the management and mitigation of risk for their area;
- Escalate risks graded 15 and above to the Strategic Risk Owner for consideration and review at the Risk Management Group and via Management Board for escalation to the Corporate Risk Register and/or Board Assurance Framework.

Heads of Department and Project Leads

6.11 Responsible for the implementation of the Risk Management and Board Assurance Framework Strategy and relevant policies, procedures and guidance which support DHCW's risk management approach.

6.12 Specifically they will:

- promote a culture within their area of responsibility which encourages open and honest reporting of risk with local responsibility and accountability;
- use the Datix Risk Management system for recording and reviewing risk.
- ensure a forum for discussing risk, risk management and organisational learning is maintained within their Department/Project area of responsibility and shared with the DHCW Risk Management Group;
- co-ordinate the risk management processes which includes risk assessments, incident reporting, the investigation of incidents/near misses and the management of the risk register;
- ensure there is a system for monitoring the application of risk management within their area and that risks are treated in accordance with the risk grading action guidance contained in this document;
- update Management Board on the management and mitigation of risk for their area;
- provide reports to the Management Board and appropriate Committees of the Board that will contribute to the organisational monitoring and auditing of risk;
- ensure staff attend relevant mandatory and local training programmes.
- ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of incident reporting.

Board Secretary

6.13 The Board Secretary will:

- work closely with the Chair, Chief Executive, Chair of the Audit and Assurance Committee, other Committee Chairs and DHCW Directors to implement and maintain the Risk Management and Board Assurance Framework Strategy and related processes, ensuring that effective governance systems are in place;

- work with the Board of DHCW to develop a shared understanding of the risks to DHCW's strategic objectives;
- develop and communicate the Board's risk awareness, appetite and tolerance;
- develop and oversee the effective execution of the BAF and ensure effective processes are embedded to rigorously manage the risks therein;
- monitoring the action plans and reporting to the DHCW Board and relevant Committees.

Chief Executive

6.14 The Chief Executive as Accountable Officer of DHCW has overall accountability and responsibility for ensuring it meets its statutory and legal requirements and adheres to guidance issued by the Welsh Government in respect of Governance. This responsibility encompasses risk management, health and safety, finance, and organisational control and governance.

6.15 The Chief Executive has overall accountability and responsibility for:

- ensuring DHCW maintains an up- to-date Risk Management and Board Assurance Framework Strategy endorsed by the Board;
- promoting a risk management culture throughout DHCW;
- ensuring that there is a framework in place which provides assurance to DHCW in relation to the management of risk and internal control;
- putting in place and maintaining an effective system of risk management and internal control.

6.16 The Welsh Government requires the Chief Executive to sign an Annual Governance Statement on behalf of the Board. This outlines how risks are identified, evaluated and controlled, together with confirmation that the effectiveness of the system of internal control has been reviewed.

Internal Audit

6.17 Internal Audit Services, provided by NHS Wales Shared Services Partnership will, through a risk based programme of work, provide DHCW with independent assurance in respect of the adequacy of the systems of internal control across a range of financial and business areas in accordance with the standards and good practice. They will also review the effectiveness of risk management arrangements as part of their programme of audits and reviews, reporting findings to the Audit and Assurance Committee as appropriate.

7. RISK MANAGEMENT PROCESS

DHCW is committed to developing a pro-active and systematic approach to risk management.

Appendices 2 and 3 outline the risk management and risk quantification process.

Risk Assessment

7.1 Each member of staff (Department, Directorate, Service, Project/Programme) needs to identify risks through the completion of risk assessments and ensure that risk assessments are completed and regularly reviewed on an ongoing basis.

Corporate Risk Register (High/Significant Risks Rated 15 or above)

7.2 The Corporate Risk Register is a record of all the risks identified across DHCW through the Risk Management process, their controls, score and risk treatment/mitigation. Any risk scoring 15 or above should be reviewed by the relevant Lead Director for consideration of inclusion onto the Corporate Risk register. Risks to be included on the Corporate Risk Register would typically be those scoring 15 or above and have Organisational wide implications, reputational risk impact or difficult to mitigate. Risks scoring below 15 can be escalated to the Corporate Risk register if the Lead Director feels it is necessary and that the risk needs corporate oversight.

Management of Local Risks (Moderate/Low Risks Rated below 15)

7.3 Any risks identified and evaluated as having a low/moderate rating, i.e. a score of between one and twelve, can be managed locally within the relevant area, unless the Lead Executive feels the risk needs to be escalated to go onto the Corporate Risk Register. These risks can typically be resolved quickly and relatively easily if the correct actions are identified, completed and become controls under business as usual. These risks are recorded locally in the local risk register within each department, project, service, directorate.

7.4 All local risks should be reviewed and updated monthly at a minimum. This may need to be more frequent if circumstances require.

7.5 If it is felt that the risk can no longer be managed locally and requires more senior input and support then it will be escalated.

7.6 If a risk is scored 15 and above it should be escalated as outlined in Appendix 3.

Types of Risk

7.7 There are two categories of risk:

- ***Principal Risks:*** are significant risks that have the potential to impact upon the delivery of Strategic Objectives and are reviewed and monitored by the Management Board, Board Committees and the DHCW Board. These are most likely to affect the performance and delivery of strategic objectives.
- ***Organisational Risks:*** are key risks that affect individual Directorates, Departments, Services, Project/Programmes and are managed within individual Directorates, Departments, Services, Project/Programmes, and if necessary, escalated through the risk reporting structure (See Appendix 2 and 4). Organisational risks scoring 15 and above will be considered by the relevant Director, and via the Risk Management Group for escalation to the Corporate Risk Register. These are risks that, if they occur, will affect the quality, safety or delivery of services or continuity of business. Corporate risks will often have an Organisational wide or reputational impact. They are not mutually exclusive and a risk may escalate from an organisational risk to a principal risk or be both.

Board Assurance Framework (BAF)

7.8 The Risk Management and BAF Milestone Plan aspires to establish a Board Assurance Report (BAR), whilst not yet established, the planned approach for the developing the Board Assurance Report is outlined in the following paragraphs.

7.9 The BAR will detail the principal risks faced by DHCW in meeting its strategic objectives and provides DHCW with a comprehensive method of describing the Organisation's objectives, identifying key risks to their achievement and the gaps in assurances on which DHCW relies.

7.10 The BAR will be developed through the following key steps:

- The Board annually agree the Strategic Objectives as part of the business planning cycle (Annual Plan/Integrated Medium Term Plan (IMTP) process).
- The Management Board will initially identify the principal risks that may threaten the achievement of DHCW's strategic objectives; these risks will then be discussed and approved by the DHCW Board of Directors.
- For each principal risk a Lead Director will be identified and will:
    - Give an initial (inherent) risk score, by determining the consequence and likelihood of the risk being realised;
    - Link the risk to the strategic objectives.

7.11 The Director Lead will then:

- Identify the key controls in place to manage the risks and achieve delivery of the strategic objective;
- Identify the arrangements for obtaining assurance on the effectiveness of key controls across all the areas of principal risk;
- Evaluate the assurance across all areas of principal risk, i.e. identifying sources of assurance DHCW is managing the risks to an acceptable level of tolerance;

- Identify how / where / when those assurances will be reported;
- Identify areas where there are gaps in controls (where DHCW is failing to implement controls or failing to make them effective);
- Identify areas where there are gaps in assurances (where DHCW does not have the evidence to assure that the controls are effective);
- Develop an action plan to mitigate the risk;
- Agree a current (residual) risk rating which is determined by the consequence and likelihood of the risks.

7.12 Once agreed by Management Board the completed BAR will be presented to DHCW for scrutiny and approval at all regular meetings.

7.13 Each month the Director Lead will for each of the principle risks in the BAR for which they are responsible, review and monitor the controls and reported assurances and update the risk score and action plans.

7.14 The Director Lead will review and monitor all of the BAR risks bi-monthly prior to presentation to the DHCW Board. In particular, the DHCW Board will ensure that progress is being made to reduce or eliminate the impact of the risk.

7.15 The Audit and Assurance Committee, as a Committee of the Board, has oversight of the processes through which the Board gains assurance in relation to the management of the BAF.

Risk Quantification and Escalation

7.16 The approach to quantifying risk is described in Appendix 2. Each risk is assessed and scored on the likelihood of occurrence and the severity/impact in the initial (without controls), current (with controls) and target risk score (after completion of actions). A risk scoring matrix to describe the quantification of risk is also included in Appendix 2.

7.17 The process of risk escalation will be monitored by the Audit and Risk Assurance Committee, through monitoring new risks hitting threshold scores and being escalated as appropriate.

7.18 The score of a particular risk will determine at what level decisions on acceptability of the risk should be made and where it should be reported to, as set out in the table below:

Significant /High Risk	Score 15 and above	Report immediately to relevant Director and escalate to the Corporate Risk Register if agreed by the relevant Director. Where a risk is considered appropriate the Director will inform the Chief Executive. Formally record on Datix.

Moderate Risk	Score 8-12	Report Department, Directorate, Service, Project/Programme to the relevant Tier 3 Manager and make the relevant Director aware. Formally record on Datix.
Low Risk	Score 4-7	Report to the relevant Manager with proposed treatment/action plans, for particular monitoring.
Very Low Risk	Score 1-3	Report to local manager for local action to reduce risk

Risk Appetite

7.19 At its simplest, risk appetite can be defined as the amount of risk that an organisation is prepared to accept in the pursuit of its strategic objectives.

7.20 Decisions on accepting risks may be influenced by the following:

- the likely consequences are insignificant
- a higher risk consequence is outweighed by the chance of a much larger benefit
- occurrence is rare
- the potential financial costs of minimising the risk outweighs the cost consequences of the risk itself
- reducing the risk may lead to further unacceptable risks in other ways

7.21 Therefore a risk with a high numerical value may be acceptable to the organisation, but that decision would be taken at an appropriate level.

7.22 The Board will review its risk appetite on an annual basis to ensure that progress is being made to the 'risk appetite' DHCW wishes to achieve.

7.23 The matrix has the following risk levels:

Averse	Avoidance of risk and uncertainty is a key organisational objective
Cautious	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
Moderate	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward
Open	Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)
Hungry	Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust.

7.24 The DHCW Risk Appetite Statement will be developed as part of the Risk Management and BAF process and then included in this Strategy as Appendix 4.

8. INFORMATION / SUPPORT

8.1 Support and guidance is available from the Board Secretary via Chris.Darling@wales.nhs.uk.

8.2 Risk Assessment templates and training information is available via the following site on SharePoint: Management System - All Documents (wales.nhs.uk)

9. REFERENCES

DOCUMENT	VERSION
POL-CG-004 Risk Management Policy	V1
SOP-CS-003 - Datix Risk Management	V7
REF-NWIS-002 Risk Management Guidance for Risk Handlers	V1
TOR-NWIS-001 Risk Management Group	V4

11. ATTACHMENTS

Appendix 1 - Definitions

Assurance	Confidence gained, based on sufficient evidence, that internal controls are in place and are operating effectively, and that objectives are being achieved. Sources of assurance include; reviews, audits, inspections both internal & external.
Assurance rating	This is the rating which has been given regarding the level of assurance: (1) = Management Reviewed Assurance (2)= Board Reviewed Assurance (3)= External Reviewed Assurance
Control Measures	A control is any measure or action that modifies risk. Controls include any policy, procedure, practice, process, technology, technique, method, or device that modifies or

	manages risk. Risk treatments become controls, or modify existing controls, once they have been implemented.
Current Risk Rating	The risk rating whilst risk responses are in the process of being implemented. Some controls are probably in place but others required are still being actioned & will be shown as gaps in control & actions until implemented.
Initial Risk Rating	The risk rating before any controls have been put in place.
Risk Actions	Actions required to mitigate the risk. Actions should be SMART & have clear owners assigned. This will allow action progress to be tracked & monitored & issues with action completion to be visible & dealt with
Risk Appetite	At its simplest, risk appetite can be defined as the amount of risk that an organisation is prepared to accept in the pursuit of its strategic objectives.
Risk Assessment	Risk assessment is a process that is made up of three separate processes: risk identification, risk analysis, and risk evaluation. Risk identification is a process that is used to find, recognize, and describe the risks that could affect the achievement of objectives. Risk analysis is a process that is used to understand the nature, sources, and causes of the risks that you have identified and to estimate the level of risk. It is also used to study impacts and consequences and to examine the controls that exist. Risk evaluation is a process that is used to compare risk analysis results with risk criteria in order to determine whether or not a specified level of risk is acceptable or tolerable.
Risk Description	A structured statement describing the risk usually containing the following elements: sources, events, causes and consequences / impact. A well-written risk statement captures three main parts; If, Then, Resulting In.
Risk Management	Risk management refers to a coordinated set of activities and methods that is used to direct an organization and to control the many risks that can affect its ability to achieve objectives. The term risk management also refers to the programme that is used to manage risk. This programme includes risk management principles, a risk management framework, and a risk management process.
Risk Owner	Senior person best placed to keep an eye on the risk with decision making authority. This person is accountable for the Risk & should be aware of its current status.
Risk Rating	This is calculated by multiplying consequence x likelihood (impact x probability). Consequence: is the outcome of an event and has an effect on objectives. Likelihood: is the chance that something might happen. Likelihood can be defined, determined, or measured objectively or subjectively.
Risk Treatment	This is a risk modification process. It involves selecting & implementing one or more treatment options. Once a treatment has been implemented, it becomes a control or it modifies existing controls. Treatment options include; Avoidance / Remove the source of the risk Reduction Transference Retain / Accept the risk Also known as the four T's – Treat, Transfer, Tolerate & Terminate

Strategic Risk Owner	Usually the Executive Director in relation to the risk area.
Target Risk Rating	When action is taken to treat risks, it may eradicate the possibility of the risk occurring. However, actions are often more likely to reduce the probability of the risk occurring, leaving the residual risk. The remaining level of risk after all treatment plans have been implemented is the residual risk. Generally the target level is the level at which the organisation is saying it's happy to live with. All agreed controls are in place & assurance is being provided that controls are working as planned. At this point the risk should be closed unless further actions are deemed required.

Appendix 2 – Risk Domains & Risk Matrix

TABLE 1	1	2	3	4	5
DOMAINS	**NEGLIGIBLE**	**MINOR**	**MODERATE**	**MAJOR**	**CATASTROPHIC**
Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Minimal injury requiring no/minimal intervention or treatment No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for <3 days Increase in length of hospital stay by 1–3 days	Moderate injury requiring professional intervention Requiring time off work for 4–14 days Increase in length of hospital stay by 4–15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality Complaints & Audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards

Operational: • **Core Business** • **Business Objectives** • **Environmental Impact** • **Projects** Including systems and processes, Service /business interruption	Loss/interruption of >1 hour Minimal or no impact on the environment Insignificant cost increase/ schedule project slippage	Loss/interruption of >8 hours Minor impact on environment <5 per cent over project budget Schedule slippage	Loss/interruption of >1 day Moderate impact on environment 5–10 per cent over project budget Schedule slippage	Loss/interruption of >1 week Major impact on environment Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Permanent loss of service or facility Catastrophic impact on environment Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Workforce Recruiting, retention and managing workforce	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence

Legal / Regulatory Statutory duty, regulatory compliance, accreditation	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Finance Financial Stability Risk	Unplanned financial impact under 0.1% of budget	Unplanned financial impact between 0.1% and 0.25% of budget	Unplanned financial impact between 0.25% and 0.5% of budget	Unplanned financial impact between 0.5% and 1% of budget	Unplanned financial impact > 1% of budget

TABLE 2 - Likelihood Score (L) - What is the likelihood of the consequence occurring?					
Likelihood Score	**1**	**2**	**3**	**4**	**5**

Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency **How often might it/ does it happen**	This will probably never happen / recur	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen / recur but it is not a persisting issue	Will undoubtedly happen / recur, possibly frequently

Table 3 - Risk Scoring = Consequence x Likelihood (C x L)					
Consequence	**1** **Rare**	**2** **Unlikely**	**3** **Possible**	**4** **Likely**	**5** **Almost certain**
5 - Catastrophic	5	**10**	**15**	**20**	**25**
4 - Major	4	**8**	**12**	**16**	**20**
3 - Moderate	3	6	**9**	**12**	**15**
2 - Minor	2	4	6	**8**	**10**
1 - Negligible	1	2	3	4	5

Consequence / severity scores (C)

Using table 1 choose the most appropriate domain for the identified risk from the left hand side of the table. Then work along the columns in same row with the examples of descriptors to assist in identifying a consequence / severity score, on the scale of 1 to 5, which is the number given at the top of the column.

A single risk area may have multiple potential consequences, and these may require separate assessment. It is also important to consider from whose perspective the risk is being assessed (organisation, member of staff, patient) because this may affect the assessment of the risk itself, its consequences and the subsequent action taken.

Likelihood score (L)

Using table 2 assess the likelihood of the consequence occurring, which is also given a score of 1 to 5, the higher the number the more likely it is the consequence will occur.

Risk score

Using table 3, calculate the risk score by multiplying the consequence by the likelihood:

C (consequence) x L (likelihood) = R (risk score)

Identify the level at which the risk will be managed in DHCW, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system.

TABLE 4 – RISK RATING INDEX		
SCORE	**Grade**	**Timescales for action**
1 – 3 Green	Very low risk	Quick, easy measures implemented immediately and further action planned for when resources permit. Review when appropriate.
4 – 6 Yellow	Low risk	Actions implemented as soon as possible but no later than a year. Review when appropriate.

8 – 12 Amber	Moderate risk	Actions implemented as soon as possible and no later than six months. Review no later than six months.
15 – 25 Red	High risk	Requires urgent action. Review no later than three months.

Appendix 3 – Risk Management Process – Service to Board

	TASK / ACTIVITY	RISK RATING	RESPONSIBILITY	RISK REGISTER	ESCALATION
1.	**Risk Assessment** • Identify Operation and Strategic risks through the completion of risk assessment and for ensuring that risk assessments are completed on an ongoing basis. **Training is available for Risk Assessments and for the Datix System**		Each: • All staff • Department • Directorate • Service • Project/Programme • Director Lead	N/A	No
2.	**Risk Register** • Use the Datix Risk Management System to record all risk identified through the Risk Management Process, their Controls, score and risk treatment/mitigation. • **Please use the Risk Matrix set out in the Risk Management and BAF Strategy – Appendix 2.**		Each: • All staff • Department • Directorate • Service • Project/Programme • Director Lead	N/A	No
3.	**Department, Directorate, Service, Project Risks** • Risks Identified at a Department, Directorate, Service, Project Level	Scored Between 1-12	• Manager • Department • Directorate	Service Group Risk Register	**NO** If it is scored below 12 and can be managed locally at Department, Directorate,

	should be recorded by a relevant Manager on a Risk Register. • Reviewed at least bi-monthly at the relevant Directors meeting. • Any risks identified and evaluated as having a low/moderate rating, i.e. a score of between 1 and 8, can be managed locally within the relevant area. • All local risks should be reviewed and updated at least bi-monthly at a minimum and more frequently if circumstances required.		• Service • Project/Programme • Director Lead **Held and Managed at Department, Directorate, Service, Project Level**		Service, Project Level **YES** 1) If it is felt that the risk can no **longer be managed at Department, Directorate, Project Service level** and requires more Senior input and support then it will be first escalated up through the **Tier 3 Manager** And 2) If the risk is scored at **12 or above** it should be escalated to the **Director** 2) If the risk is scored at **15 or above** it should be escalated to the lead Director for consideration of adding to the **CORPORATE RISK REGISTER**
4.	**Corporate Risk Register** • The DHCW Director will on a monthly basis identify all new and current risks scored at 15 or above on the Department, Directorate, Service, Project risk registers. These risks will be considered by the lead Director and approved for including on the Corporate risk register, which will be reviewed at the Risk Management Group and Management Board.	Risks scored at 15 or above	Director Leads	Corporate Risk Register	If the risk is scored at **15 or above** it should be escalated to the lead Director for consideration of adding to the **CORPORATE RISK REGISTER** If a risk is approved to go onto the Corporate Risk Register, once mitigated to a score below 12 it should be moved back to a local risk register for ongoing oversight.

- Updated monthly at Management Board.

5.	**Board Assurance Report** Where an organisational risk has significant implications for the delivery of Strategic Objectives consideration will be given by Management Board as to whether a related strategic risk should be recorded on the Board Assurance Framework Report.	Implications for Strategic Objectives	Director Leads	Board Assurance Framework / Report	**Escalation to BAR** Where there are implications for Strategic Objectives

Appendix 4 – Risk Appetite Statement

DIGITAL HEALTH AND CARE WALES SPECIAL HEALTH AUTHORITY
Risk Appetite Statement

Appendix 5 – Strategic Objectives and Principal Risks

Strategic Objectives	Mobilising digital transformation and ensuring high quality health and care data	Expanding the content, availability and functionality of the Digital Health and Care Record	Delivering High Quality Digital Services	Driving value from data for better outcomes	Development of the new Digital Organisation
Threats to the Strategic Objectives					

Principal Risks					

RISK MANAGEMENT & BAF MILESTONE PLAN

	TASK	TIMELINE	STATUS UPDATE
DHCW Approach to Risk Management and Board Assurance Framework	1. Develop Risk Management and Board Assurance Framework Strategy, to be considered via the Risk Management Group, Audit and Assurance Committee, Management Board, DHCW Board.	May – June 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	
	3. Arrange time on the Risk Group agenda to: • 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	
	4. The identification of principle risks to the organisation are considered at the Management Board (and the DHCW Risk Group) in June 2021.	June – July 2021	
	5. Principle risks to DHCW identified and discussed at Management Board in June, are presented for discussion at Board Development sessions. *NB: DHCW Annual Plan to include Strategic Objectives to be reviewed/discussed at the Board Development Session on 29.04.21*	July – September 2021	
	6. Assurance and controls mapping exercise undertaken by Directorates based on the principle risks identified and agreed.	1 July – September 2021	
	7. Principle risks presented to DHCW Board at the July Board meeting, and first draft Board Assurance Report (recognising some of the assurance and controls mapping work will not have concluded by 27 July 2021).	July – September 2021	
	8. Risk Management training to be provided to relevant DHCW staff / Directorates and to DHCW Board members to cover: • 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	July 2021 – November 2021	
	9. Board Development session to consider and agree the DHCW Board risk appetite.	September 2021	
	10. DHCW risk appetite statement to be presented to Board in September/November 2021.	September – November 2021	
	11. 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	
	12. DHCW objectives agreed via the IMTP process for 2022/23 – 2024/25.	March 2022	
	13. Principle risks considered and agreed against the DHCW plan for 2022/23	March – May 2022	

DIGITAL HEALTH AND CARE WALES
CORPORATE RISK REGISTER REPORT

Agenda Item	5.4

Name of Meeting	SHA Board
Date of Meeting	27 May 2021

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance and Chris Darling, Board Secretary
Prepared By	Julie Ash, Head of Corporate Services
Presented By	Claire Osmundsen-Little, Executive Director of Finance

Purpose of the Report	For Assurance
Recommendation	
The Board is being asked to: **NOTE** the Corporate Risk Register and **DISCUSS** any of the risks.	

Acronyms			
DHCW	Digital Health and Care Wales	NWIS	NHS Wales Informatics Service
BAF	Board Assurance Framework	IMTP	Integrated Medium-Term Plan

1 SITUATION/BACKGROUND

1.1 The Digital Health and Care Wales Board adopted the Velindre University Health Board Risk Management Policy on 1st April 2021. This outlined the approach the organisation will take to managing risk. Additionally, a new Risk Management and Board Assurance Framework (BAF) Strategy has been written by the Board Secretary and submitted for review by the Audit and Assurance Committee on the 11th May for review.

1.2 The responsibility for risk management has historically sat with the Executive Director of Finance, however, as part of the transition from NWIS to DHCW the responsibility for risk management and board assurance will formally move to the Board Secretary from the 1 July 2021, with transition work already taking place.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Risk Management and Board Assurance Framework Strategy reiterates DHCW's commitment to developing and implementing a Risk Management and Board Assurance Framework to identify, analyse, evaluate and mitigate the risks that threaten the delivery of its strategic objectives and delivering against its Annual Plan and Integrated Medium-Term Plan (IMTP).

2.2 The Corporate Risk Register was well established by NWIS and has transitioned from NWIS to DHCW. The Corporate Risk Register summarises DHCW's high risks identified by Directors as needing corporate oversight. The Corporate Risk Register is closely monitored by the DHCW Risk Management Group, Management Board and is reported to the DHCW Audit and Assurance Committee.

2.3 The Audit and Assurance Committee scrutinised the full Corporate Risk Register on the 11 May. In addition, the Digital Governance and Safety Committee scrutinised the risks relating to this Committee's area of responsibility on the 12 May, in particular this includes risks relating to:

- Cyber Security
- Information Governance
- Informatics Assurance
- Information Services
- Clinical Quality and Safety

2.4 Board members are asked to note the Corporate Risk Register position, as at the end of April 2021 and verified by the Risk Management Group. There are currently 19 risks on the Corporate Risk Register attached as Appendix A (15 risks showing in Appendix A as 4 risks are sensitive in nature and have been considered in the private in-committee session of the Digital Governance and Safety Committee). Two risks have been removed over the past 2 months,

these two risks related to (a) Medical Device Regulations – the risk has been de-escalated and will being managed by the Quality & Regulatory Team when requirements are known and (b) Firewalls - which have now been installed therefore the risk is closed. No new risks have been added to the risk register. In addition, members are advised that one risk has changed its risk score during the past month, this relates to a Cyber Security risk, refer to paragraph 2.5 below.

2.5 Board members are asked to note that 4 risks included on Corporate Risk Register relating to Cyber Security have been scrutinised and considered via the Digital Governance and Safety Committee on the 12th May in a closed session of the Committee. These risks have therefore been removed from Appendix A for the Public Board meeting.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Over the course of the next month, management of risk will be handed over to Board Secretary who will be responsible for further developing the risk management and board assurance approach.

4 RECOMMENDATION

The Board is being asked to:
NOTE the Corporate Risk Register (Appendix A) and discuss the status of any risks.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	All are relevant to the report

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 acccountability
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
Audit and Assurance Committee	11 May 2021	Noted
Digital Governance and Safety Committee	12 May 2021	Noted
Management Board	20 May 2021	Discussed and Noted

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 Board will be assured that risks are being managed effectively
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Item 5.4i – 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
Business & Organisational	DHCW0207	An updated Document Management Strategy and Roadmap is required. Considering the movement to a new SHA and given the adoption and roll out of Microsoft O365 NWIS needs to update its Document Management Strategy to ensure an efficient and effective data management process	12	12	4	Third party company commissioned to undertake a review of Document Management and provide roadmap. Report received and reviewed. Workshops to be held. Implementation plan for iPassport.	15/04/21	20/05/2021	Director of Finance & Business Assurance
	DHCW0208	Feedback from the Welsh Language Standards Consultation Review has resulted in the identification of Actions that need to be completed to ensure compliance with the Standards. Failure to complete these actions would result in non-compliance with legislation.	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).	15/04/21	20/05/2021	Director of ICT
	DHCW0259	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 delay 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.	15/04/21	20/05/2021	Chief Operating Officer
Clinical	DHCW0260	ISD are tasked with identifying the clinically extremely vulnerable for the Shielded Patient List. Patients on the list will be eligible for the COVID-19 Vaccine within priority group 4 (those 70 years of age and over; and clinically extremely vulnerable individuals). Due to the complex nature of the process around the shielding patient lists and the reliance on some manual checks etc. it retains an element of risk.	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.	15/04/21	20/05/2021	Deputy Director of Information
	DHCW0262	The BizTalk version employed in Canisc integration is obsolete and out of support. There is a risk as well that any patches may be incompatible with the current version, and where a restart of the server is required then this may cause a longer term outage if this fails	12	20	4	As part of the Cancer Programme, it is now established that only SWWCN ChemoCare treatment interface is now dependent on BizTalk. The plan to mitigate this is part of the cancer programme.	15/04/21	20/05/2021	Director of Application Support & Development
Health & Safety	DHCW0236	The accessible lift at Tŷ Glan-yr-Afon is broken (with extensive repairs required in order for the lift to be put back in service), which means that anyone with accessible needs wanting to use the lift is unable to do so, therefore they would need to find an alternative route into the building. All alternative routes would require assistance, which has been made available but is unsuitable as a permanent or prolonged measure.	20	12	4	Landlord has commenced the replacement programme, faulty lift has been removed. Landlord's contractor has confirmed they have received drawings from the manufacturer who is going into production, anticipated completion date w/c 24/5/21.	15/04/21	20/05/2021	Director of Finance & Business Assurance
Information Governance	DHCW0263	In line with the described functions of Digital Health and Care Wales (DHCW) as laid by Welsh Government in December 2020 there is a risk that Directions set by Welsh Ministers will not	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	15/04/21	20/05/2021	Medical Director

		provide for a sound legal basis for the collection, processing and dissemination of Welsh resident data							
	DHCW0264	There is a risk that a national conversation with practitioners and patients will be delayed. In line with the principles of the Well-being of Future Generations Act (2015) the 'Data Promise' (or other appropriate IG framework) will be significantly curtailed because the legal basis for the collection, process and dissemination of Welsh resident will not be properly established via the new Special Health Authority	12	12	4	Specific responsibilities for implementation of the Data Promise given to the Head of Digital Strategy/Technology, Digital & Transformation, WG	15/04/21	20/05/2021	Medical Director
Project	DHCW0237	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 has been developed based on known requirements at the time of drafting. The senior group responsible for delivery of the plan (the Planning and Performance Management Group) are actively monitoring and addressing changes to the plan	15/04/21	20/05/2021	Chief Operating Officer
Service Interruption	DHCW0205	Failure of the DMZ network, or Internet Circuit in Blaenavon will result in NWIS patient facing digital services being unavailable for those users. This affects services which are hosted in the BDC and are not resilient by design.	12	16	4	Further migrations of services to Azure have completed, including secure file share portal and Mura websites. Whilst the data centre project is moving DMZ servers to a Cloud provider, only some services will be hosted in more than one data centre. The risk will remain for other services	15/04/21	20/05/2021	Director of ICT
	DHCW0228	Due to lack of required funding over recent years, NWIS does not have sufficient 'fault domains' in the data centres. A fault domain constrains infrastructure faults to a limited set of infrastructure, resulting in disruption to less services should a fault occur. Most applications hosted in the data centres run in a single fault domain which results in infrastructure problems causing outages for many systems when they occur	16	16	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	15/04/21	20/05/2021	Director of ICT
	DHCW0201	There is an underlying obsolescence relating to NWIS Infrastructure which requires timely financial support for an ongoing replacement programme.	12	20	4	A revised infrastructure Business Case and Funding Requirement needs to be developed and submitted to secure additional funding	15/04/21	20/05/2021	Director of ICT
	DHCW0204	The Canisc application is developed using Microsoft Visual FoxPro, which is no longer supported by Microsoft. Work has completed to migrate the database but the application still poses a risk. Consequence: Unavailability of application resulting in disruption to operational service requiring workarounds	15	20	6	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. This work is being managed under the Silver (Managing Customers) Command Group.	15/04/21	20/05/2021	Medical Director
	DHCW0266	Due to the increased number of VPN users and increased adoption of Office 365 services, there is currently a risk that the internet and VPN infrastructure could not sustain the load at one data centre only. This would be the case should a circuit fail or certain pieces of equipment fail.	12	12	4	Additional VPN appliances have arrived and are being scheduled for installation. Firewall and internet capacity at Newport Data Centre is currently coping, but close to limits. Despite larger loan firewalls being installed at BDC, they have been unable to cope with all traffic. Load balancing equipment is now being loaned by the manufacturer. In order to reduce the load, split tunnelling on the VPN service has been implemented	15/04/21	20/05/2021	Director of ICT

					for Office 365 traffic and this has reduced the load of VPN and Internet by around 20%.			
DHCW0267	Since early March 2021 a random host on one of the virtual server environments will occasionally crash causing guests to fail over to other hosts. However, some guests are at risk of failing to recover seamlessly.	12	12	6	The periodic crashing issue continues. The manufacturer have recently identified what they believe is the root cause and changes are being scheduled to make the necessary amendments in our environment. Once these are applied a period of monitoring will be need to determine next steps.	15/04/21	20/05/2021	Director of ICT

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

Date of Board Meeting	27 May 2021

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	11 May 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

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 acccountability
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	11.05.21	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

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

Audit and Assurance Committee Terms of Reference

The Audit and Assurance Committee discussed the Terms of Reference and these were **approved** by the Committee.

The Velindre University NHS Trust / DHCW Committee Closure Report

Thanks to colleagues at Velindre University NHS Trust were expressed for their work with NWIS and the time taken by the Velindre Audit Committee Chair and Quality, Safety and Performance Committee Chair to provide a verbal handover to the DHCW Chair. The Committee noted that the DHCW Audit and Assurance Committee Chair had also had a handover meeting with the Velindre Audit Committee Chair prior to the DHCW Audit and Assurance Committee meeting with no transition risks or issues identified.

The formal Velindre University NHS Trust / DHCW Committee Closure Report was **noted** by Committee members.

Internal Audit Reports

Members received two follow up Internal Audit Reports. Firstly, a **Supplier Management Audit** was received which gained reasonable assurance. Secondly, the *closed* session received a follow

up audit on **Cyber Security**, members welcomed the progress made in this area and the substantial assurance received.

Annual Cycle of Committee Business

The Committee **approved** the Audit and Assurance Committee Annual Cycle of Committee Business.

The Internal Audit Plan for 2021/22

Members received and **approved** the DHCW Internal Audit Plan for 2021/22. Committee members discussed the need for flexibility to be built into the plan, particularly as a newly established Special Health Authority.

The Audit Wales Initial Plan for 2021/22

Members received and **approved** the Audit Wales initial plan for 2021/22. It was agreed that Audit Wales would work with the Committee to ensure the Structured Assessment work is carried out at the most appropriate time to add value to DHCW.

Corporate Risk Register

Members reviewed the Corporate Risk Register for the first time. The status of risks within the Risk Register was **noted** by Committee members.

Risk and Board Assurance Framework Strategy

Members received the Risk and Board Assurance Framework Strategy which was discussed in some detail and **endorsed** by the Committee for onward consideration by the DHCW Board.

The Quality Annual Plan

Members received and welcomed the Quality Annual Plan for 2021/22 which was **noted** by the Committee and the key role Quality and Regulation will play within DHCW going forward was recognised.

Financial Control Procedures

Members received and **approved** DHCW's Financial Control Procedures

The Committee **noted** the following:

- An update report by Counter Fraud.
- A Financial Update – a full update will be provided at the next Audit and Assurance Committee meeting.
- Procurement Update – a full update will be provided at the next Audit and Assurance Committee meeting.
- Update report on Declarations of Interests, Gifts and Hospitality.
- Estates Compliance Report.
- Quality and Regulatory Update Report and the Network and Information Security compliance team update.
- The Standing Orders and Standing Financial Instructions.

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

The Cyber Security Internal Audit Follow Up Report was received for **assurance.**
The Corporate Risk Register – Cyber Security Risks were scrutinised and **noted.**

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 the Audit and Assurance Committee Terms of Reference for inclusion in the updated DHCW Standing Orders to be received by Board on the 27th May.

Approval of the Cycle of Business.

Approval of the Internal Audit plan 21/22.

Approval of Audit Wales initial plan 21/22.

Endorsement of the Risk Management and Board Assurance Framework Strategy.

Approval of Financial Control Procedures

Date of next committee meeting:

6 July 2021

DIGITAL HEALTH AND CARE WALES
DIGITAL GOVERNANCE AND SAFETY COMMITTEE CHAIR'S REPORT FOR BOARD

Date of Board Meeting	27 May 2021

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

Name of Committee	Digital Governance and Safety Committee
Chair of Committee	Sian Doyle, Independent Member, Chair of Digital Governance and Safety Committee
Lead Executive Director	Rhidian Hurle, Medical Director and Chris Darling, Board Secretary
Date of Last Meeting	12 May 2021
Prepared By	Sophie Fuller, Corporate Governance and Assurance Manager
Presented By	Sian Doyle, Independent Member, Chair of Digital Governance and Safety Committee

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

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	

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

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

HEALTH CARE STANDARD	Governance, leadership and acccountability
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
Sian Doyle, Chair of DG&S Committee	14.05.2021	

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IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	The terms of reference, cycle of business and forward work plan will impact the areas of work reviewed by the committee and therefore could have potential impact in the associated quality and safety processes.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	There is potential for legal implications regarding the EU settlement status requirements.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Acronyms			
DG&S	Digital Governance and Safety	DHCW	Digital Health and Care Wales
NHS	National Health Service	NWIS	NHS Wales Informatics Service

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

Digital Governance and Safety Committee Terms of Reference

Members received and **approved** the Committee Terms of Reference. In doing so Committee members noted the unique nature of the Committee in NHS Wales and agreed to keep the Terms of Reference under review as the Committee develops over its first twelve months of operating.

Committee Annual Cycle of Business

The Committee **approved** the Digital Governance and Safety Committee Annual Cycle of Committee Business and forward workplan, **noting** that additions will inform next year's cycle of business.

The Velindre University NHS Trust / DHCW Committee Closure Report

The Committee noted that the DHCW Interim Chair had met the Velindre University NHS Trust Audit Committee Chair and Quality, Safety and Performance Committee Chair for a verbal handover and context of previous Committee business as it related to NWIS, no transition risks or issues were identified at this meeting.

Committee members noted one item outstanding previously discussed at the Velindre Quality, Safety and Performance Committee which would now be reported upon to the Digital Governance and Safety Committee, as well as Velindre University Quality, Safety and Performance Committee.

The formal Velindre University NHS Trust / DHCW Committee Closure Report was noted by Committee members.

Presentations

The following presentations were noted and discussed by the Committee to provide Committee members with an overview of the Digital Governance and Safety Governance landscape and reporting arrangements:

- Wales Informatics Assurance
- Information Governance
- Information Services
- Notifiable Events Assurance

Committee members welcomed the proposed assurance reports and information relating to the above areas in readiness for the next Committee meeting.

EU Settlement Status Report

The Committee noted the contents of the report which detailed ongoing actions between Welsh Government, NHS Digital, the Department of Health and Social Care in England, and the Home Office regarding information related to European Union Settled Status. No areas of concern were identified with regard to this work.

Risk Management Report

Members received the Risk Management Report and supported the approach for the Committee to oversee and scrutinise risks on the Corporate Risk Register relating to areas of the Committees responsibility. The report was well received and risks scrutinised with the Chair fully supporting the approach and reiterating the Committee's commitment to transparency in managing risks.

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

The DHCW Cyber Security Report was approved.
The DHCW Cyber Resilience Unit – Network and Information Systems (NIS) Report was noted.
The Cyber Security Internal Audit Follow Up Report was received for assurance. Members welcomed the substantial assurance provided by Internal Audit.
The Corporate Risk Register – Cyber Security Risks were scrutinised and noted.

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Key risks and issues/matters of concern of which the board needs to be made aware:
None to highlight presently.

Delegated action taken by the committee:
Approval of Digital Governance and Safety Terms of Reference for inclusion in the updated DHCW Standing Orders to be received by Board on the 27th May. **Approval** of the Cycle of Business and forward work plan. Via the closed session: **Approval** of the DHCW Cyber Security Report.

Date of next committee meeting:
11 August 2021

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DIGITAL HEALTH AND CARE WALES
REMUNERATION AND TERMS OF SERVICE COMMITTEE CHAIR'S REPORT FOR BOARD

Date of Board Meeting	27 May 2021

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, Chair of the Board for Digital Health and Care Wales
Lead Executive Director	Chris Darling, Board Secretary
Date of Last Meeting	30 April 2021
Prepared By	Chris Darling, Board Secretary
Presented By	Bob Hudson, Chair of the 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

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 acccountability
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 requirements 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	Yes, please see detail below Should the appropriate overtime not be permitted, there could be a safety risk to maintaining systems.
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 The decision to continue with the existing overtime arrangements ensure the current workforce arrangements are maintained.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Acronyms			
DHCW	Digital Health and Care Wales	TOR	Terms of Reference
CEO	Chief Executive Officer	MD	Medical Director
DOF	Director of Finance		

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

Remuneration and Terms of Service Committee Terms of Reference
The DHCW Vice Chair was formally appointed as Vice Chair of the Remuneration and Terms of Service Committee. The terms of reference were **noted** as per the adoption by the board on 1st April 2021 via the Standing Orders.

Critical Maintenance and Major Incident Overtime for Staff
Members **approved** the payment of overtime for DHCW staff on band 8a and above, in exceptional circumstances, where approved by a Director to ensure the Critical Clinical, Administrative and Infrastructure services provided to users across all NHS Wales organisations are available 24x7 with minimal downtime.

Appointment of the Executive Director of Finance and Executive Medical Director
Members **ratified** the appointments of the Executive Director of Finance (DOF) and Executive Medical Director (MD) and **approved** their remuneration and terms of service.

Appointment of the interim CEO
Members **noted** the appointment of the Interim Chief Executive by the Health Minister, including their remuneration and terms of service.

Process for the appointment of Substantive Chief Executive
Members **agreed** the process for the appointment of a substantive Chief Executive Officer, noting the DHCW Board via the Chair is the appointing officer for the permanent Chief Executive appointment.

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

Executive Appointments
It was noted that the outstanding Executive appointments are to be progressed at pace once the permanent CEO is appointed to ensure the leadership team are in place as soon as possible and quoracy of the Board is assured.

Critical Maintenance and Major Incident Overtime for Staff
In approving the terms for overtime, Committee members asked for further work to be carried out during the next 12 months to take a strategic review of the options to understand if this arrangement needs to carry on beyond 12 months with a view to considering a more sustainable approach.

Delegated action taken by the committee:

Critical Maintenance and Major Incident Overtime for Staff
Members **approved** the proposed overtime remuneration.

Appointment of the Executive Director of Finance and Executive Medical Director
Members **ratified** the appointments of the Executive Director of Finance (DOF) and Executive Medical Director (MD) and **approved** their remuneration and terms of service.

Date of next committee meeting:

1 July 2021 provisionally