Cafodd yr ymateb hwn ei gyflwyno i'r ymgynghoriad ar y cyd a gynhelir gan [y Pwyllgor Iechyd a Gofal Cymdeithasol](#) a'r [Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus](#) fel sail i'w [gwaith craffu ar Iechyd a Gofal Digidol Cymru](#)

This response was submitted to the joint consultation held by the [Health and Social Care Committee](#) and the [Public Accounts and Public Administration Committees](#) to inform their [scrutiny of Digital Health and Care Wales](#)

SDHCW 11
Ymateb gan: | Response from: Bwrdd Iechyd Prifysgol Aneurin Bevan | Aneurin Bevan University Health Board

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The Health and Social Care Committee and the Public Accounts and Public Administration Committee

Consultation on Digital Health and Care Wales (DHCW): Response from Aneurin Bevan University Health Board

1) The process of establishing DHCW and progress in the first year, progress achieved and outstanding challenges.

The process of establishing DHCW was largely an exercise carried out by NWIS and Welsh Government (WG). Informal updates were shared with Digital Directors and periodically formally with NHS Wales CEO's. There wasn't any specific consultation exercise with peer groups to identify priorities, intended benefits, risks or issues. Given the remit of DHCW this could have provided an opportunity to set the baseline of what care providing organisations need and want from a supporting Special Authority which we believe could have helped provide clarity on the way forward for DHCW but also in terms of managing expectations for the Health Service and Welsh Government.

2) Progress on recommendations of Fifth Senedd Public Accounts Committee reports.

The Committee Reports relating to NWIS (DHCW) were focussed on the Wales Audit Office report "Informatics Systems in Wales" (2018). The report had several recommendations.

a) Committee Receives six monthly reports on progress

We assume the Committee has the data to this point.

b) Improve infrastructure resilience.

We have seen an improvement in resilience and availability of national systems which is reassuring but also note the enormous financial burden on DHCW in achieving this. The programme to replace and update infrastructure is ongoing despite economic challenges for the country and we hope DHCW along with local delivery organisations are strongly supported to ensure all systems are available secure and resilient. The lack of Capital funding projected to last for some time presents all Health and Care organisations with some very difficult decisions and Infrastructure for key systems used in everyday care delivery must compete on a risk basis with front line clinical programmes of work. For WG this often means the Digital Priorities Investment fund is exhausted very quickly with what could and arguably should be described as core "business as usual" funding. Some thought needs to be given to closing the gap between ambition and funding to free up DPIF to fund innovative programmes of work. DHCW and indeed Health Delivery digital organisations do not financially realise cash or economic benefits realised in the service and currently there is no financial strategy to "profit share" allowing growth and sustainability in the digital

sector. The All-Wales Infrastructure Review presents some opportunity to achieve consistency, economy and greater value but the report is yet to be finalised and adopted.

c) Cloud First strategy adoption

Both Industry and NHS Wales have made steps to cloud adoption. We anticipate the final report and recommendations from the All-Wales Infrastructure Review will reinforce and refine the approach and look forward to its publication.

The COVID 19 pandemic saw reliance on cloud computing in particular Office 365 and Video Consultations make a key difference in keeping NHS Wales going and also saw funding of secure internet breakout given to DHCW to facilitate this.

Cloud computing is simply "renting" space in managed infrastructure rather than buying and managing your own and the shift will require rethinking financially as this is dependent on ongoing revenue rather than Capital. It also requires a different approach to accessing Cloud services (Internet breakouts and firewalls), robust scrutiny at procurement, integration and change management by technical and service management teams respectively.

Integration Services in DHCW requires growth as it will in local teams to ensure the clinical end user does not receive a highly available service that is not integrated in a way that adds value to their roles.

d) NWIS requires restructure and funding linked to this

The scale of ambition for transformation and change linked to the Digital agenda in Wales is strong. NWIS has gone through a major change and there is an obvious change in culture approach and engagement that is perceptively different and positive from the time of this report.

Given the level of investment in Wales to that of Scotland or England the progress in our view is remarkable and a credit to the team in DHCW but we are concerned that unless there is an agreed plan of growth for DHCW by Welsh Government there is a risk of again becoming overstretched with too many competing priorities.

As a delivery organisation ABUHB still experiences delays in requests being managed but are now aware of a roadmap being set out to facilitate local and national integration which is essential to support the regionalisation agenda. Engagement with DHCW has become more regular, structured and joint planning is beginning to influence both local and national planning.

Key flag ship programmes like DSPP and NDR are progressing well and we hope that the funding for the enabling service management, security, and in particular integration continue to get the long term funding growth required to keep pace with the expanding portfolio of programmes that tend to attract the attention and funding.

The governance and activity around both DHCW and Local Health Boards and Trusts needs to be addressed urgently and this is not the responsibility of DHCW. The Technical and Information Standards agenda is the lynchpin and a key enabler for clear and transparent collaboration beyond any organisations boundaries but no mandate funding or positioning of these among others has been realised.

We note that the Chief Digital Officer for NHS Wales has now been appointed to which is reassuring and we look forward to seeing his review and strategy to align local and national ambition to standards development and adoption. The Policy team has worked tirelessly to manage this agenda, but we are concerned their capacity and size has made it more difficult to direct in the absence of the Office of the Chief Digital Officer.

Whilst the overarching National governance is embedding Local Health Boards and Trusts along with DHCW will continue to collaborate, but all recognise the risks being collectively managed whilst no overarching governance exists beyond a peer group.

e) Increased collaboration with other Home Nations

We are aware that the director team engage heavily with NHSE Digital and NHSX to facilitate cross learning

3) Prioritisation and manageability of the work programme and change agenda, including workforce, skills issues, cybersecurity and any

Since the Inception of DHCW the Health Board has had regular engagement with DHCW via the Digital Directors Peer Group, CEO engagement and bilateral director level meetings. There is a perceptible change in our ongoing relationships which we believe is a consequence of the new leadership team.

Like local organisations the less apparent areas in DHCW can often be under strain as new programmes of work emerge, more demands are placed on teams and systems including integration, service management and support, cyber etc.

Prioritising the national agenda has improved through dialogue and joint planning sessions, with a focus on IMTP planning. We look forward to more engagement like this.

It is now however difficult for us all collectively to formally engage on priority areas due to the lack of development of the overarching governance and the cessation of the previous National Informatics Management Board albeit the Directors of Digital Peer Group is a maturing forum.

To a degree the COVID19 pandemic forced a number of priorities and the COVID19 Digital cell was helpful in managing the response priorities. We look forward to welcoming the new Chief Digital Officer and hope he is well supported in developing the capacity and governance needed to take the agenda forward.

4) Relationship with local health boards, NHS trusts, local authorities, social services providers, and other key stakeholders including patients and patient groups.

As above the relationship with ABUHB has improved greatly and whilst we recognise the need to continue to develop relationships at all levels we want to recognise formally the difference already as a consequence of the new team and organisation.

As we move forward clarity on roles and responsibilities in managing engagement, user research with patients and partners can be developed by the Office of the Chief Digital Officer using the WG Digital Strategy and colleagues in CDPS as a sound reference point.

Developing agreements on escalations, managing competing priorities and refinement of the Service Level Agreements between organisations should now be considered to ensure momentum is not lost over time.

5) Workforce and skills capacity within other health and care bodies; whether they have sufficient capacity to engage and potential impact on delivery of DHCW priorities.

ABUHB is engaged via the Digital Directors Peer Group to review both skills and capacity across NHS Wales digital workforces.

ABUHB has seen over time growth in establishment and also in spend of professional development but like other organisations is greatly constrained by the "Agenda for Change" framework which rightly weights direct patient care heavily in determining pay bands but unintentionally then fails to recognise expertise required in other fields including digital to also deliver care.

A historical issue was national business cases not necessarily reflecting both technical, project, support but also change and clinical adoption caused issues in supporting delay of national systems but closer collaboration is already making a difference with new cases like E-Prescribing. We hope this continues to develop and recognise our role in adding value to national cases.

6) Assessing the impact of DHCW's work and whether it's achieving its objectives

DHCW is a very new organisation and was incepted during the Covid19 Pandemic. DHCW was instrumental in supporting the service directly as well as Health Boards and Trusts including ABUHB.

As ABUHB understands the role of DHCW and as the PAC report sets out the impact of DHCW led programmes and projects is largely dependent on changing operational and clinical practise which has to happen outside of DHCW's remit.

The independence of the Office of the Chief Digital Officer will be essential in providing the Committee with an objective view of effectiveness as will the benefits realisation framework under collaborative development via the Digital Directors Peer Group.

Appendix One - Purpose of the consultation

Digital Health and Care Wales (DHCW) was established as a new Special Health Authority in April 2021, replacing the National Wales Informatics Service. Its roles in transforming health and social care delivery in Wales include: delivering new digital solutions, supporting frontline staff with modern systems, and improving approaches to using, sharing and storing data.

The Health and Social Care Committee and the Public Accounts and Public Administration Committee have agreed to hold a joint scrutiny session with DHCW.

In particular, the Committees will consider:

• The process of establishing DCHW and progress in the first year, progress achieved and outstanding challenges.

• Progress on recommendations of Fifth Senedd Public Accounts Committee reports.

• Prioritisation and manageability of the work programme and change agenda, including workforce, skills issues, cybersecurity and any areas of particular pressure or concern.

• Relationship with local health boards, NHS trusts, local authorities, social services providers, and other key stakeholders including patients and patient groups.

• Workforce and skills capacity within other health and care bodies; whether they have sufficient capacity to engage and potential impact on delivery of DHCW priorities.

• Assessing the impact of DHCW's work and whether it's achieving its objectives.

• Data transparency, accessibility, quality, and comparability with health and social care data and key performance indicators across the UK.

We want to make sure that our work is informed by a diverse range of experiences, needs, and views.

Nicola Prygodzicz
Prif Weithredwr / Chief Executive
23rd September 2022