

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 15

Ymateb gan: | Response from: Bwrdd Iechyd Prifysgol Bae Abertawe | Swansea Bay University Health Board

23/09/2022

The Health and Social Care Committee and the Public Accounts and Public Administration Committee joint scrutiny session with DHCW

Swansea Bay University Health Board Response

Swansea Bay University Health Board (SBUHB) has an ambitious digital transformation programme which is reliant on the leadership, products and services of DHCW. Furthermore, SBUHB has taken the lead on a number of pathfinder digital transformation projects on behalf of NHS Wales and also the lead on the development of software solutions. Collaboration on these initiatives with DHCW has been essential to their success.

Please note the responses below to the areas of consideration for the oral evidence session with DHCW, from a Swansea Bay University Health Board perspective.

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

The formation of DHCW has been undertaken very effectively, especially taking into consideration the effect of the pandemic on time and resources. The recruitment process for the executive team has been very transparent and inclusive. The SBUHB Director of Digital has personally been requested to be a panel member at 2 Executive Director and 1 Director level stakeholder panels. The establishment of the board of members also appears to have been a successful process. Trusted, anecdotal evidence would suggest a very challenging yet supportive board is in place.

One outstanding executive appointment remains which is expected to complete by the end of September.

The establishment of a CEO as a peer CEO to colleagues across NHS Wales Organisations appears to have increased the airtime and strengthened the importance of digital at national CEO level meetings. The DHCW CEO also has regular individual meetings with HB and Trust CEOs to gain a thorough understanding of organisational pressures to inform digital priorities.

There are a number of large scale national programmes that are attracting the lions share of WG digital funds. It is imperative that these deliver timely benefits across NHS Wales organisations, given the organisational pressures and the need to deliver vfm.

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

Open Architecture: DHCW have employed external consultancy to provide strategic advice regarding the technical architecture e.g. Channel 3; Gartner. Progress is being made towards delivering an open architecture model, with the National Data Resource (NDR) being a significant component of this. Therefore, an appropriate approach is being taken. Delivery to timescale will be extremely important to retain confidence. Whilst there are examples of improvement, delivery of integration services continues to be a bottleneck, to the frustration of local organisations.

Chief Digital Officer Office and Governance Model: Whilst the formation of the Special Health Authority, DHCW, progressed well, the establishment of the office of the Chief Digital Officer has experienced significant delay. A key purpose of this office was to separate delivery from authority to remove any perceived conflict of interest in DHCW. The formation of the CDO office is also pivotal to putting in place the new digital governance model. To date, the newly formed Directors of Digital peer group has become the defacto forum for assurance of national digital concerns. Whilst this is providing an adequate mechanism for assurance, there remain a number of governance gaps. The CDO has now been appointed and will hopefully drive forward the agenda once they have started.

Local Digital Leadership: Further to the current status of DHCW and the CDO office, from a local organisation perspective the digital leadership has also strengthened. Whereas previously the most senior dedicated digital lead in organisations was an Assistant Director who reported to an Executive Director, most organisations, if not all, have now appointed Directors of Digital who have a seat at the exec table and report directly to the CEO. This has brought digital to the business and the business to digital.

Digital Priority Investment Fund (DPIF): The Welsh Government DPIF containing capital and revenue allocation has been a huge positive step in the affordability of digital transformation. There is still room for improvement for the process of prioritisation and allocation – hopefully the eventual governance model will play a significant part. Furthermore, the nature of the short-term funding, typically 1 yr commitment, makes it very difficult to execute effective recruitment and furthermore inevitably leaves local organisations with additional cost pressures to maintain and support new solutions.

IMTP – DHCW alignment: The DHCW IMTP is transparent to peer organisations, enabling collaboration on alignment. Further improvements are needed by both DHCW leads and local organisation leads to bring their digital plans together earlier in the process as one combined plan. i.e. A digital plan to deliver against local organisation priorities enabled by DHCW digital solutions.

Data Centre Resilience: The upgrading of the WLIMS system and more so the migration to a new data centre in Cardiff has had a significant positive impact on the resilience of the solutions provided by DHCW. DHCW undertook a highly complex project to transfer all of its services to a new data centre. The project was completed successfully.

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

DHCW are making good progress in managing work programmes. The recruitment of Programme Directors to individual large-scale programmes is certainly strengthening their model. There is still room for improvement in the prioritisation process to ensure local organisations priorities are being addressed timely. Specifically, there continues to be a lack of responsiveness to local integration requirements, resulting in duplication of effort at the coalface.

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

Speaking for SBUHB, relationships between Health Board Leaders and DHCW Leaders are very good. There is an unmistakable joint desire to deliver benefit to patients and clinicians. There is sometimes a disconnect between the priorities agreed at a senior level and what transpires within individual DHCW teams. This is undoubtedly to do with conflicting priorities and workforce pressures, but needs to be addressed moving forward.

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.*

Recruitment to key digital roles is increasingly challenging given the demand across many industries. DHCW are leading and coordination a piece of strategic work to assess the existing skill mix across NHS Wales and set out plans to address the gaps and work with education authorities to strengthen educational and development opportunities moving forward. The current situation where there are numerous vacancies across digital roles makes it very challenging for local organisations to enact effective delivery plans for their competing local and national digital priorities.

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

Refer to responses regarding DHCW programmes above. There is certainly improvement being made year on year since the reformation of NWIS. Clearly, there was a seismic priority change with the arrival of the pandemic of which the DHCW response was excellent. DHCW now need to be given an appropriate period of time, with the support of NHS Wales, to aspire to be the high performing organisation that is set out in their vision.