

Agenda – Health and Social Care Committee

Meeting Venue:	For further information contact:
Hybrid – Committee room 1 & 2 Senedd and Video Conference via Zoom	Helen Finlayson Committee Clerk
Meeting date: 26 October 2022	0300 200 6565
Meeting time: 09.00	SeneddHealth@senedd.wales

Private pre-meeting (09.00–09.30)

The Committee agreed on 19 October 2022 in accordance with Standing Orders 17.42 (vi) and (ix) to exclude the public from all items other than items 1 and 2. During items 1, 2 and 3 the Committee will meet concurrently with the Public Accounts and Public Administration Committee in accordance with Standing Order 17.53.

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Scrutiny of Digital Health and Care Wales: Evidence session with Digital Health and Care Wales

(09.30–11.00)

(Pages 1 – 46)

Simon Jones, Chair, Digital Health and Care Wales

Helen Thomas, Chief Executive, Digital Health and Care Wales

Claire Osmundsen-Little, Executive Director of Finance and Deputy Chief Executive, Digital Health and Care Wales

Rhidian Hurle, Executive Medical Director, Digital Health and Care Wales

Research brief

Paper 1 – Digital Health and Care Wales



3 Scrutiny of Digital Health and Care Wales: consideration of evidence

(11:00–11:15)

4 Welsh Government Draft Budget 2023–24: Approach to budget scrutiny

(11.15–11.30)

(Pages 47 – 53)

Paper 2 – Approach to budget scrutiny

5 Mental health inequalities: key issues

(11.30–12.15)

(Pages 54 – 88)

Paper 3 – Mental health inequalities: key issues

Paper 4 – Inequalities in mental health online advisory group: Meeting two – Engagement findings

Paper 5 – Mental health inequalities inquiry: Welsh Youth Parliament focus group

Document is Restricted



Health and Social Care and Public Administration and Public Accounts Committee

Joint Review into DHCW Written Evidence

1. Introduction and Background to Digital Health and Care Wales (DHCW)

- 1.1 Digital Health and Care Wales (DHCW) is a Special Health Authority (SHA) working in partnership with health and care organisations to deliver digital health and care services for the people of Wales.

DHCW is accountable to Welsh Government, with leadership and direction provided by the DHCW Board, which has oversight in ensuring sound governance arrangements.

As a unitary Board, Executive and Independent Board members share corporate responsibility for setting the strategic direction for DHCW and monitoring performance of the organisation.

A key part of the NHS Wales family, the work of DHCW has demonstrable impact, 100 plus operational services are used daily by thousands of staff, providing the information and systems needed to give patients the best possible care and treatment, speeding up diagnoses and making care safer.

More can be found on DHCW's first year of operation via the [one-year review video](#).

- 1.2 The DHCW vision is:

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

DHCW's vision is underpinned by five strategic missions:

1. Enabling digital transformation supporting joined up, consistent care
2. Delivering high quality technology, data products and services to support efficiencies and improvements in care processes
3. Expanding the content, availability and functionality of the digital health and care record so that care and treatment quality is improved
4. Driving value and innovation for better outcomes and value-based care
5. Becoming the trusted strategic partner and a high performing, inclusive, ambitious organisation supporting our workforce and stakeholders

1.3 DHCW provides services to NHS Wales and supports social care via partnership working and collaboration.

The DHCW Establishment Order does not include a strict definition of how DHCW should support social care. However, the SHA Establishment Programme Board agreed that DHCW's role with regards to care would be to support the delivery of joined up digital services for health and social care, without impacting the current mechanisms for governance and accountability for directly delivering care.

DHCW's remit is to provide national digital and data services and infrastructure to NHS Wales.

DHCW does provide a fully managed service to GP practices (General Medical Services) providing all hardware and IT support.

Not all NHS Wales digital services are provided by DHCW.

- DHCW is not responsible for local digital and data services (including IT hardware, such as printers and laptops and locally delivered software applications). NHS Wales bodies¹ have their own independent digital teams, usually led by a Director of Digital
- DHCW does not provide the 111 service, which is delivered by the Welsh Ambulance Services NHS Trust
- NHS Wales Shared Services Partnership (NWSSP) provides a range of professional, technical, and administrative functions and services to NHS Wales bodies. From a digital perspective NWSSP provide / manage a number of support systems e.g. management of prescription payments to pharmacies, and the Electronic Staff Record (ESR)

1.4 As the national delivery organisation DHCW supports Welsh Government's digital health transformation policy objectives. Flagship examples include:

- the National Data Resource, which will enable an open data architecture for NHS Wales supporting improved patient outcomes
- the Digital Services for Patients and Public programme, which will enable patients and the public to digitally connect with health and care services via the NHS Wales App
- the Digital Medicines Transformation Portfolio, which will transform the way medicines are prescribed, managed and administered for patients

¹ NHS Bodies include Health Boards, Trusts and Special Health Authorities, and other NHS hosted bodies

2. Written Evidence in Response to the Terms of Reference. The process of establishing DHCW and progress in the first year, progress achieved and outstanding challenges.

Key Points:

DHCW is making positive progress in putting arrangements in place to support good governance and the efficient, effective, and economical use of resources under challenging operating circumstances – Audit Wales, Baseline Governance Review (January 2022).

Two strategic challenges for DHCW and NHS Wales are:

- **Digital capacity and capability** in DHCW and across NHS Wales to allow digital transformation to be driven forward at pace
- A more **sustainable medium and long-term funding model** for digital services in NHS Wales is needed, supporting DHCW and delivery organisations to respond to financial pressures including digital inflation, and to plan, deliver and service multiyear transformation programmes

Establishing DHCW and Progress in the First Year

2.1 DHCW was established to take forward the digital transformation needed for better health and care in Wales. The transition from a hosted organisation (NHS Wales Informatics Service, or NWIS) to a Special Health Authority was announced in October 2019, established by [The Digital Health and Care Wales \(Establishment and Membership\) Order 2020 \(legislation.gov.uk\)](#) and became operational in April 2021.

An [independent Internal Audit review](#) was sought to provide assurance that the risks associated with the transition were effectively managed.

Prior to formal transition, a formal [handover report](#) was produced for both Velindre University NHS Trust and Digital Health and Care Wales.

The DHCW Board has been constituted to comply with the [Digital Health and Care Wales \(Membership and Procedure\) Regulations 2020](#). The DHCW Board held its inaugural meeting on 1 April, 2021 where [Standing Orders and Standing Financial Instructions](#) were adopted and a paper setting out the [Board and Committee structure](#) was approved.

Audit Wales undertook a [Baseline Governance Review for 2021/22](#) aiming to answer the overall question: *is DHCW making good progress in putting arrangements in place to support good governance and the efficient, effective, and economical use of resources?* The aim of undertaking a Baseline Governance Review was to aid organisational learning and development.

The overall conclusion found: “DHCW is making positive progress in putting arrangements in place to support good governance and the efficient, effective, and economical use of resources under challenging operating circumstances”.

The DHCW annual accounts and financial statements were reviewed and certified as **unqualified accounts** and laid before the Senedd in July 2022.

DHCW has a quality approach to product and service development and has maintained certification for a number of recognised standards (including International Organisation for Standardisation (ISO) and British Standards (BS)):

- ISO 9001 – Quality Management System
- ISO 14001 – Environmental Management System
- ISO 20000 – IT Service Management Systems
- ISO 27001 – Information Security Management Systems
- BS 10008 – Evidential Weight and Legally Admissible Information Management System
- BS 76000 – Valuing People Standard
- BS 76005 – Diversity and Inclusion
- SDI – Service Desk Institute Certification
- DEA accreditation for SAIL (Secure Anonymised Information Linkage) - Swansea University

DHCW Outstanding Challenges

- 2.2 While quorate for all Board meetings, there have been gaps in Executive and Independent Member posts. Addressing this has been a continuing priority for the Chair and Chief Executive. It is anticipated that the full Board will be in place by the end of 2022.
- 2.3 There are many opportunities to further develop and deliver digital services, which support recovery and the shift to new ways of working, but this will require more **digital capacity and capability in DHCW** and across NHS Wales. A key challenge continues to be recruiting people with the right skills. Like other digital employers, DHCW has many **vacancies** and some specialist requirements, which are difficult to source. The new People and Organisational Development Strategy sets out how DHCW aims to address some of these challenges. This includes a strategic resourcing approach to support recruitment activities and procurement of specialist services from commercial partners.
- 2.4 The significant **reduction to allocations through the Digital Priorities Investment Fund (DPIF²), (reduction from £25m capital to £10m³)** set out by Welsh Government for 2022/23, provided some

² The Digital Priorities Investment fund was set up by Welsh Government in 2019 to transform digital investment.

³ Correct at time of writing.

challenges. Working with the NHS Wales Directors of the Digital Peer Group, DHCW supported the Welsh Government Digital Team to reach a manageable position, but reduced investment will inevitably impact the ambition to increase the pace and scale of digital transformation.

- 2.5 DHCW faces a number of financial pressures including **digital inflation** (a general increase of over 20% in the costs of hardware and services since 2021) as well as growth in data storage and numbers of users, and a shift from capital to revenue based funding driven by cloud adoption. The **absence of a mechanism for funding growth** presents a recurring challenge – this needs to be addressed if DHCW is to maximise pace, performance, and the value of digital services within a cloud environment. A more effective and efficient organisational funding model (charging/flows) requiring a system wide approach to mitigate the ongoing funding challenge and drive digital transformation in health and care in Wales. Work to explore more **sustainable funding models** is being taken forward by DHCW, in collaboration with the Directors of Finance Forum, the Digital Directors Peer Group, the Financial Delivery Unit (FDU) and Welsh Government.
- 2.6 To effectively respond **to new and emerging digital priorities** DHCW needs to be agile and able to re-prioritise on an ongoing basis. Moving resources to respond to the Covid-19 pandemic had a major impact during DHCW’s first year. This is covered in more detail in the response in section 4.
- 2.7 **Changes to data sharing legislation in health** have been indicated by UK Government and informed by the Goldacre Review and the Health and Care Act 2022. DHCW is working with Welsh Government to clarify the legal position in Wales and to support the development of a Data Promise, as set out in the Digital Strategy for Wales. This will be an important enabler for the technical platform developed through the National Data Resource Programme, and our ability to maximise the potential to improve patient outcomes through data.
- 2.8 In its first 18 months of operation, DHCW has focused on ensuring robust governance arrangements are in place to operate as a Special Health Authority. There are however, varying **programme governance arrangements** for national digital programmes, including some led by the NHS Wales Health Collaborative rather than DHCW. Consistency and simplification of programme delivery would help to ensure clear accountability. These include:
- The Radiology Informatics Solution (RISP) - DHCW work with the Collaborative, DHCW leads on the procurement and is the contract awarding authority but does not host the programme
 - Laboratory Information Network Cymru (LINC) - The new Laboratory Information Service will be used across NHS Wales in Blood Sciences, Cellular Pathology, Mortuary, Microbiology, Cytology and New-born Bloodspot Screening Service. DHCW lead on the procurement and is the contracting party, but the Collaborative manages the programme

These arrangements will be subject to review as part of the transfer of the NHS Welsh Health Collaborative functions into the NHS Executive.

DHCW hosts a number of major digital programmes, providing a range of expertise including but not limited to programme management, commercial, technical, delivery and business change, reporting

into relevant national programme boards. It should be noted that **external Senior Responsible Owners** (SROs), appointed by Welsh Government, are accountable for delivery of these programmes, an example of external governance arrangements for the NDR programme can be seen as an appendix. Going forward it is crucial that accountabilities and responsibilities of Digital Programme Boards and DHCW are clarified. DHCW are working with Welsh Government to review and advise on a way forward.

- 2.9 Increasing cyber threats, heightened by the Ukraine/Russia conflict, require effective **cyber security**. Investment in cyber is therefore essential, as is ensuring all NHS Wales bodies are aware of their responsibilities and actions required to combat cyber threats.
- 2.10 Wales has legally binding targets to deliver the goal of **Net Zero emissions by 2050**, this target is underpinned by an ambition for the Public Sector to be collectively Net Zero by 2030. Some of these emissions are beyond our direct control; highlighting the challenge we have in working collaboratively to influence the decisions of others. DHCW is working collaboratively with partners to respond to these challenges as part of our Decarbonisation Action Plan.

3. Progress on recommendations of the Fifth Senedd Public Accounts Committee reports

Key points

- Good progress on recommendations made by the November 2018 Public Accounts Committee Review
- **Consistent** delivery performance of DHCW's operational services during 2021/22
- Strong commitment to openness and transparency

- 3.1 In November 2018 the National Assembly for Wales Public Accounts Committee published its report into Informatics Systems in NHS Wales. The report considered areas that had been identified from an earlier review by the Wales Audit Office.

On 1 March 2021, the NHS Wales Chief Executive/Welsh Government Director General for Health and Social Services, provided further information to the Senedd Public Accounts Committee (PAC) reporting on progress against the original recommendations, including specific updates provided by the predecessor organisation, NHS Wales Informatics Service. An update on this was considered by the DHCW Audit and Assurance Committee in July 2021.

Of the eighteen original recommendations from the PAC Report five had been addressed by November 2019 and of remaining 13 recommendations only one now remains open, as follows:

WG, NWIS and NHS bodies should work together to explore options to secure the experienced ICT staff and developers that NWIS needs within the context of a comprehensive workforce plan for NWIS and taking account of the ICT staff available to NHS bodies. (recommendation 11)

The strategic workforce review is progressing, led by Welsh Government, with more information on this in section 6.

Service Availability

3.2 Service availability and outages were a feature of the previous review undertaken in 2018. Staff have become dependent on technology services and they need to be available at all times. DHCW invests in and improves the national digital infrastructure and works closely with NHS Wales organisations responsible for local infrastructure, to ensure that services are available and performing well.

DHCW has completed a major data centre transition and successfully moved one of its two data centres to a new provider during 2021. See further detail in section 7.

The delivery performance of DHCW's operational services during 2021/22 was good with an average availability of 99.94% with a total of 49 incidents categorised as a major IT incident.

Major IT incidents are those that have the potential to affect a large number of users and may include issues such as delays in processing test results, downtime for a service or partial disruption to a service. Some of these incidents were the result of problems with 3rd party suppliers or problems with infrastructure running in Health Board premises. Of these major IT incidents 92% were fixed within the target fix-time of either 4 hours or 8 hours, depending on the severity/impact of the incident.

Cancer Information Services

3.3 See further information on Cancer Information Services in section 7.

Welsh Community Care Information System

3.4 Updates on the Welsh Community Care Information System (WCCIS) implementation are provided in Audit Wales reports:

- [Welsh Community Care Information System \(audit.wales\)](#) – Audit Wales report published in October 2020 looking at the overall implementation of the WCCIS
- An update to the 2020 report has been documented by Audit Wales and can be seen via the update letter to the Senedd PAPA Committee [The Welsh Community Care Information System update letter \(audit.wales\)](#)

Openness and Transparency

- 3.5 DHCW ensures it works openly and transparently, taking into account the requirements of the Public Bodies (Admissions to Meetings) Act 1960. DHCW's commitment to openness and transparency can be seen through:
- Live streaming and recording Public Board meetings and posting them to the DHCW website
 - Publishing 10-day advance notice of Public Board meetings
 - Sharing papers with Board members and publishing public papers on the DHCW website seven days before Board and Committee meetings
 - Publishing abridged minutes of the committee meetings held in private (Audit and Assurance, Digital Governance and Safety Committees)
 - Publishing a highlight report of all committee and advisory group meetings to the Board
 - Videos of DHCW Committee public meetings (Digital Governance and Safety and Audit and Assurance) published on the DHCW website, from April 2022 onwards
4. **Prioritisation and manageability of the work programme and change agenda, including workforce, skills issues, cyber security and any areas of particular pressure or concern.**

Key points

- Pandemic demonstrated benefits of digital services
- **Digital response to Covid-19** pivotal in delivering the Wales vaccine programme
- Attracting skilled digital and technical staff remains challenging
- **Cyber security** strengthened but remains a heightened threat

Response to the Covid-19 Pandemic

- 4.1 DHCW was formed during the height of the pandemic, which dominated the work programme and change agenda. However, the pandemic did demonstrate the positive impact of digital transformation and how quickly it can be scaled and delivered in a crisis situation.

As part of the pandemic response, DHCW

- Increased bandwidth across our core national network to support higher volumes of traffic

- Provided GPs with remote working solutions
- Delivered integration with private laboratories for lab results, ensuring a seamless digital flow for test results
- Enabled electronic test requesting at Welsh Covid test centres
- Delivered performance dashboards for direct access to lateral flow and contact tracing data
- Provided Covid-19 pass and Welsh vaccination data to NHS Digital for inclusion in the Travel Covid-19 Passport
- Developed an online vaccine re-booking solution for citizens,
- Delivered the Welsh Pandemic Record Certificate Dashboard and the Covid Certification Digital Solution with cross border functionality and data flows

In September 2021, The Financial Times reported (paywall article) that Welsh Government saved hundreds of millions of pounds by using public sector programmes and services during the pandemic. One of those services was the Test, Trace, Protect programme developed and delivered by NHS Wales, with the digital elements managed by DHCW.

Using an all-Wales digital platform, national data sharing agreements, standard processes, and public sector partnership delivery by local authorities and NHS Wales organisations, the **digital contact tracing service** was an important contribution to the success of Test Trace Protect.

By the end of March 2022, the all-Wales digital **Welsh Immunisation System** had supported the administration of nearly 7 million vaccines. Continuous development and modification to meet changing requirements allowed it to support Wales' accelerated booster programme and make data available for the COVID-19 Pass, which provides people with a record of their vaccinations and was a critical component in the management of the pandemic.

Workforce Planning within DHCW

- 4.2 To deliver digital change NHS Wales needs a strong, flexible and skilled workforce. DHCW has a new People and Organisational Development Strategy that sets out strategic recruitment activities to increase staff numbers, including:
- increased collaboration with the education sector and a wide range of Welsh universities
 - attendance at jobs fairs
 - designing and delivering our own organisational virtual careers events
 - targeted recruitment campaigns and the use of specialist recruitment advisors for hard to fill posts

Supported learning and development at all career stages is a key part of the DHCW approach to staff development and retention.

DHCW has seen a significant increase in staff head count from 675 in 2019 to 969 in March 2022.

See section 6 for information about the NHS Wales digital workforce review.

Cyber Security and Protecting Patient Data

4.3 The World Economic Forum Global Risk Landscape 2022 highlights growing dependency on digital systems, intensified by COVID-19. Over the last 18 months, industries have undergone rapid digitalisation, workers have shifted to remote working, and platforms and devices facilitating this change have proliferated. At the same time, cybersecurity threats are growing—in 2020, malware and ransomware attacks increased by 358% and 435% respectively—and are outpacing societies' ability to effectively prevent or respond to them. Lower barriers to entry for cyberthreat actors, more aggressive attack methods, a dearth of professionals, and patchwork governance mechanisms, are all aggravating the risk.

DHCW has a national role in the protection of the network and data across NHS Wales and works closely with the National Cyber Security Centre and NHS Wales colleagues to ensure systems are resilient and secure. On behalf of Welsh Government, DHCW also hosts the NHS Wales Cyber Resilience Unit which provides assurance and support at the national level. The Unit provides essential information, resources and accreditation to protect against cyber threats.

Through our Information Governance Strategy, we are shaping an effective national governance structure for data protection and information governance issues.

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

Key points

- Focus on increased stakeholder engagement
- Commitment to co-production and working in a new way with patients, clinical staff and suppliers
- Partnerships critical to take forward the digital agenda
- **Increased collaboration** with social care and the voluntary sector

5.1 In its first year DHCW published a Stakeholder Engagement Strategy and Stakeholder Engagement plan.

As a trusted strategic partner DHCW meets with the other NHS Wales bodies on multiple levels. At a planning level, this includes joint plans for implementation of national systems and services, to understand which services, systems or requests are important for local requirements.

At a senior level, DHCW meets regularly with other NHS Wales bodies through joint Executive sessions, which focus on strategic alignment of digital delivery plans.

- 5.2 An All-Wales Independent Member Digital Network was established in January 2022 and is facilitated by DHCW. The network meets quarterly and has Independent Member representatives from across NHS Wales.
- 5.3 The All-Wales Directors of the Digital Peer Group meets monthly, with DHCW directors playing an active part, working in a collaborative way to pursue common objectives and maximise benefits from digital services.
- 5.4 In addition, DHCW has taken a digital leadership role on the All-Wales Directors of Finance Forum to ensure digital opportunities and challenges are central to the agenda.
- 5.5 DHCW has established a number of partnerships through formal Memorandum of Understandings (MoUs) including with NHS Digital, Social Care Wales, and with academic partners via the Wales Institute of Digital Information (WIDI), Digital Health Eco System Wales (in development). Partnership agreements have also been signed with the Digital Intensive Learning Academy and the Centre for Digital Public Services.
- 5.6 DHCW works closely with the Welsh Government Chief Digital Officer and the Local Government Chief Digital Officer for Wales and the Welsh Government Digital team.

Patient and Public Involvement

- 5.7 DHCW manages the Digital Services for Patients and the Public Programme, which is developing the NHS Wales App. The NHS Wales App will give people a convenient tool to access NHS Wales services and health and care information more easily.

In co-production with patients, health and care practitioners and developers, DHCW is working to ensure the technology meets the needs of Welsh people. A Patients and Public Assurance Group⁴ meets monthly to discuss progress. A User Design group evaluates the look, feel and content of the App (including Welsh language). Regular meetings are held with third sector organisations, patient representative groups, NHS Wales and public sector, and Welsh Government leads to keep them updated on developments and develop further networks.

A total of 850 people have signed up to contribute to user research and will take part in development and testing through a private beta phase of the NHS Wales App in autumn 2022. The

⁴ Comprises experts, engagement leads, patient & carer representatives from over 20 third sector organisations, along with, NHS Wales and DHCW.

App will then move to a public beta phase through which more people will have the opportunity to contribute to the development of the App before full launch in 2023.

A first digital summit exploring the key issue of digital inclusion in health and care and the central role the voluntary sector can play working in partnership with the statutory sector is being held in September. The summit is being co-sponsored by Digital Health and Care Wales, Cwmpas and the Wales Council for Voluntary Action.

6. 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.

Key points

- Digital Workforce Review, commissioned by Welsh Government, indicates **significant growth of the digital profession over the next 10 years**
- Partnerships with the wider NHS Wales family including Health Education & Improvement Wales (HEIW), public sector colleagues, academia and industry to offer wider learning and network opportunities including qualifications and sponsorship

6.1 DHCW was commissioned by Welsh Government to undertake the All-Wales Digital Workforce Review. Working in partnership with the Federation of Informatics Professionals DHCW co-ordinated survey data from thirteen organisations.

The review focused on assessing the number of digital professionals working in NHS Wales categorised using the Data Digital and Technology framework along with the Skills For Information Age (SFIA).

The report and its recommendations are due to be published by Welsh Government at the end of this calendar year. Initial analysis based on the predictions applied for the same exercise in NHS England forecast a growth in the digital profession of 36% by 2031.

6.2 DHCW continues to work in partnership with the wider NHS Wales family including Health Education & Improvement Wales (HEIW), public sector colleagues, academia and industry to offer wider learning and network opportunities including qualifications and sponsorship.

6.3 To secure future talent DHCW continues to work with strategic partners such as the Wales Institute of Digital Information (WIDI) and other Universities on development programmes. This includes digital apprenticeship programmes and graduate health informatics courses.

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

Key points

- DHCW Integrated Medium Term Plan 2022-25 accepted by Welsh Government
- New digital services win awards and are well received by NHS Wales staff
- **Choose Pharmacy** increases patient choice and **reduces demand on GP services**
- **Welsh Nursing Care Record** gives nurses **more time to care** for patients
- Over 32,000 users of the **Welsh Clinical Portal** with access to over 230m test results and 43,000,000 clinical documents **supporting care every day**
- 100,000 users adopt Microsoft 365 to improve efficiency and introduce modern tools including Microsoft Centre of Excellence established
- Increase in value from data to improve outcomes

7.1 As a new Special Health Authority, DHCW has supported NHS Wales colleagues with the Covid-19 pandemic and digital transformation plans at the same time as progressing the organisation's development. See section 4 for more details on the DHCW Covid response.

7.2 Led by the DHCW Board, strategic priorities and enablers have been reviewed and are set out in DHCW's first Integrated Medium Term Plan (IMTP), this is focussed on the acceleration of digital transformation and maximising the benefits of data and data standardisation.

7.3 A full review of the achievements and challenges for 2021/22 can be seen in DHCW's first Annual Report.

Despite challenges, DHCW in its first year has recorded notable achievements across twelve digital portfolios, making enhancements to critical systems, rolling-out modern hospital technologies, enabling more efficient and effective use of resources, leading on the procurement of future systems, and undertaking a successful seamless transition to a new data centre.

7.4 The architecture vision was defined, alongside the architectural building blocks that will lead NHS Wales towards predictive and prescriptive analytics through the National Data Resource Data Strategy. SNOMED CT standardisation of medical terms is also being embedded creating opportunities for better care.

7.5 A new **NHS Wales Cyber Resilience Unit** (CRU) was established on behalf of Welsh Government, hosted by DHCW, to support NHS Wales in delivering to the Network and Infrastructure Systems

(NIS) directive. This has culminated in a series of national guidance documents and a supporting framework, which is based on the NCSC Cyber Assessment Framework.

- 7.6 During 2021/22 DHCW successfully completed a complex and detailed transition to a **new data centre**, relocating equipment used by 87 applications and services, as well as moving test and development services to cloud. The new data centre provides greater opportunities for **cloud computing** as well as reducing the carbon footprint, whilst increasing stability of key digital services. We also published our cloud strategy which defines DHCW as a cloud-first organisation for the future.
- 7.7 The **Welsh Nursing Care Record** continues to be a resounding success as it is rolled-out across hospitals, enabling nursing staff to spend more time with patients and less time filling in paper forms. Nurses describe the Welsh Nursing Care Record as a ‘game-changer’ and a ‘significant point in nursing history’. The team behind the WNCR won ‘Best Healthcare Sector IT Project of the Year’ in the prestigious British Computing Society (BCS) UK IT Industry Awards in 2021. Claire Bevan, Senior Responsible Owner (SRO) said: “This project has meant that, for the first time ever, nurses can complete national standardised assessments at a patient’s bedside on adult in-patient wards, on a mobile tablet, or other handheld device, saving time, improving accuracy, and minimising duplication.”
- 7.8 Several enhancements have been added to the **Welsh Clinical Portal**, which provides access to the single health record, including access to genetics, endoscopy and bronchoscopy results, rolling out electronic tests requesting and making the diabetes consultation note available to clinicians.
- 7.9 DHCW appointed delivery partners to work on the **NHS Wales App**, (as previously described) which is the start of the journey to help Welsh people take greater control of their health and care.
- 7.10 The **Test Trace Protect programme and the Wales Immunisation System (WIS)** have been central to managing and rolling-out Covid-19 immunisation. In March 2022, WIS was presented with the People’s Choice Award at the Digital Leaders Impact Awards for its impact during the pandemic. Additionally, DHCW developed the Covid-19 Digital Pass in collaboration with England, and the **Welsh Pandemic Record** as part of the NHS Wales response to Covid-19.
- 7.11 Ground-breaking work in data linkage made it easier for people vulnerable to hospitalisation to access anti-viral medication. In a partnership with Wales’ **National Antiviral Service (NAVS)** DHCW compiled a list of over 60,000 patients with underlying health conditions. By linking this patient data with positive COVID-19 tests, NAVS was able to rapidly provide potentially lifesaving medicine to those in need.
- 7.12 In Primary and Community Care several key modules were added to **Choose Pharmacy** digital service supporting pharmacists and giving patients increased choice, reducing the demand on GP services. In collaboration with stakeholders DHCW supported the procurement of a **new GP System Supplier Framework Contract**.

- 7.13 In planned and unscheduled care the **Welsh Admin Portal (WAP) Lite** is enabling Powys to move towards fully automated referral and clinical vetting, including cross-border functionality with England. There have been several enhancements to the **Welsh Patient Administration System (WPAS)**, including successful Health Board implementations and initial roll-out commenced of the **Welsh Emergency Department system** in Swansea Bay UHB.
- 7.14 In Medicines Management the **Hospital Pharmacy stock control system** has been fully deployed in 12 months across Wales with 2,450 users, providing efficiencies and consistent ways of working across hospitals.
- 7.15 Progress in increasing **Value from Data**, has seen several dashboards, data sets and feeds being made available to colleagues across Wales, including the data to enable the Covid-19 vaccination schedule and a suite of dashboards to support outcome-based reporting.
- 7.16 DHCW has already delivered an ambitious programme to enable key **Microsoft 365** functionality across Wales, accessible to over 100,000 users. This national three-year programme was planned over three years from 2020 but was accelerated in response to the pandemic and delivered in less than 12 months. To maximise value from this investment, DHCW led a co-ordinated all-Wales approach to negotiating a new Microsoft Enterprise Agreement, agreed in 2022, which brings additional functionality and further opportunities for digital transformation. This includes a **Microsoft 365 Centre of Excellence** which will support staff working within NHS Wales organisations to solve operational and clinical challenges. The centre uses Microsoft tools to help turn innovative ideas into apps. This includes products such as Teams, Word and SharePoint which are widely known within NHS Wales, as well as development products like Microsoft Power Platform. This will support innovation through low-code apps, automated processes and making data more accessible.
- Microsoft 365 also introduced Cyber Security improvements including improved anti-malware and anti-virus, threat and vulnerability management, multi-factor authentications and improved management of potential data leaks
- 7.17 DHCW is working with NHS Wales to modernise **cancer informatics** to support service delivery, quality improvement, greater integration of care and data to guide service development. In-depth analysis and significant engagement with clinicians have been undertaken to fully understand how the legacy system has been used and how new software can improve patient safety. The first phase of software for Velindre Cancer Centre (VCC) and Health Boards is being tested in the Welsh Clinical Portal (WCP) and the Welsh Patient Administration System (WelshPAS) and will go live in November 2022.
- 7.18 The challenges and risks to delivering the DHCW IMTP 2022-25 are set out within the IMTP under the 'risks to the plan' section.

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

Key points

- DHCW collates, curates and publishes a range of NHS Wales information
- National Data Resource Data Strategy published
- Information Governance critical to support data sharing and extension of the single health record

8.1 Development, publication and monitoring of health and social care **key performance indicators** are the responsibility of Welsh Government.

DHCW has a list of published products providing key statistical information. These include Health Maps Wales, Patient Episode Database for Wales (PEDW), Substance Misuse, and a range of Value in Health dashboards, such as Lung, Myeloma, Inflammatory Bowel Disease and Epilepsy.

8.2 **The National Data Resource (NDR)** aims to deliver a more joined up approach to health and care data, using common language, definitions, and technical standards. It will improve the way data is collected, shared and used across health and care organisations in Wales and will drive forward the interoperability of health and care systems.

The National Data Resource Data Strategy, published in February 2022, sets out a roadmap for ensuring quick value delivery along with strategic capabilities to use data and analytics to improve the health and well-being of people of Wales.

Information Governance

8.3 DHCW is responsible for All-Wales Frameworks that have created important Information sharing opportunities for the collation of a single patient record, in the areas of child and adult protection and more recently for the provision of the pandemic response and the Test, Trace and Protect strategy.

DHCW is responsible for and has promoted the use of the Wales Accord for Sharing Personal Information (WASPI) across public services within Wales

Wales Accord on the Sharing of Personal Information - WASPI

DHCW supported the Public Health response to the pandemic by providing expert advice and support on Information Governance (IG) and data sharing.

For example, DHCW provided input and assurance as part of General Data Protection Regulations (GDPR) compliance and helped regularise the use of Data Protection Impact Assessments (DPIA),

Information Sharing Agreements and Privacy Notices, working with Welsh Government and the Information Commissioners Office.

[Health in Wales | Test, Trace and Protect - Privacy & Data Protection Information](#)

An electronic single patient record is progressing because of important Information Governance assurance and tooling – getting access to Information held in Primary Care via arrangements such as access to the Welsh GP Record (WGPR)

[Welsh GP Record - Digital Health and Care Wales \(nhs.wales\)](#)

In addition, DHCW is responsible for building the IG Toolkit for Wales and the provision of A Data Protection Officer Service for all GP practices in Wales

[Welsh Information Governance Toolkit - Digital Health and Care Wales \(nhs.wales\)](#)

[Data Protection Officer Support Service - Digital Health and Care Wales \(nhs.wales\)](#)

Appendices

DHCW Key facts 21/22

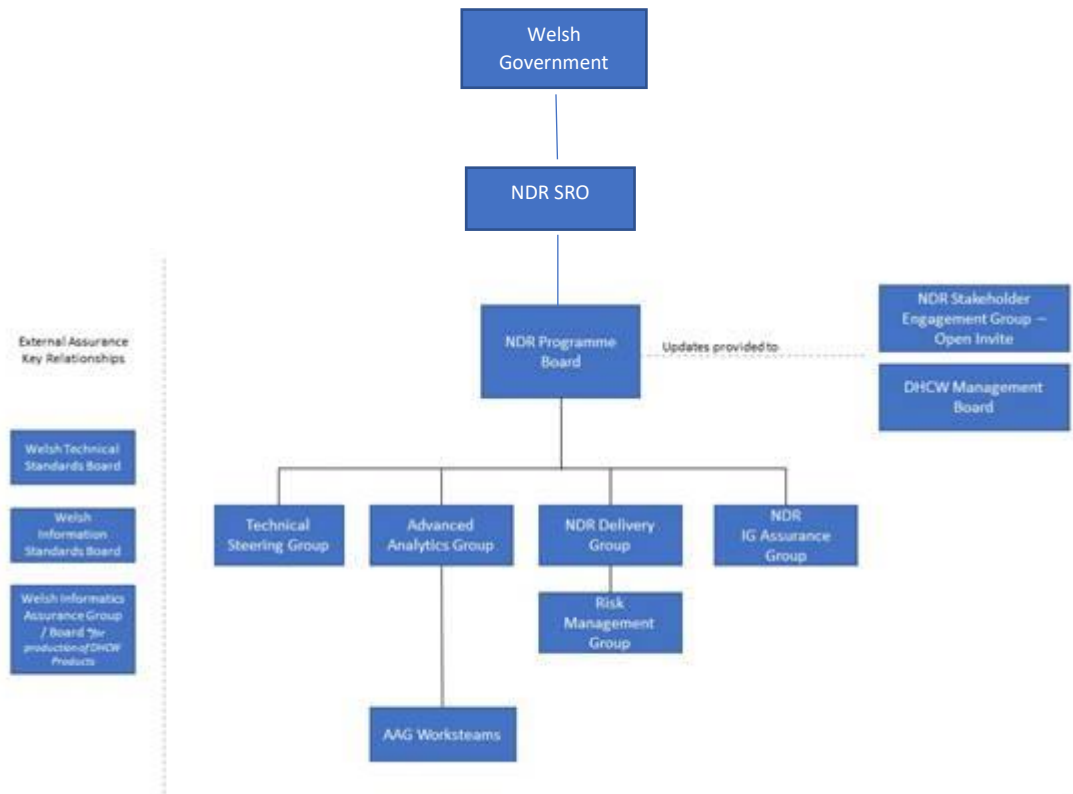
Key Facts	Info
Remit	All-Wales
Key Responsibilities	Enabling digital transformation through design and architecture of digital building blocks, national digital systems development and support, national technical infrastructure, Cyber Security of the NHS system, national digital procurement, collecting and analysing data to deliver insights and intelligence products on behalf of NHS Wales
Annual Budget	£131m funding
Number of directly employed staff	969
Flagship Services and user stats and growth	<ul style="list-style-type: none"> Digital Health and Care Record Welsh Nursing Care Record Welsh Immunisation System, Welsh Pandemic Record and Covid-19 Digital Pass National Data Resource Electronic Referrals Welsh Hospital Pharmacy Stock Management System

	<p>Welsh Patient Administration System</p> <p>Radiology Information Management System</p> <p>Welsh Laboratory Information Management System</p> <p>Welsh Community Care Information System</p> <p>Welsh Emergency Department System</p> <p>GP System Services</p> <p>eLibrary services for professionals</p> <p>Choose Pharmacy</p>
<p>Who we support – <u>See the DHCW systems map</u></p>	<p>We support all Health Boards, Trusts, HEIW, NWSSP and GPs in NHS Wales</p> <p>We also support community pharmacies, dentists, and prisons</p>
<p>Who we work with</p>	<p>Academic Institutions including University of South Wales, University of Wales Trinity Saint David and Swansea University</p> <p>Centre for Digital Public Services</p> <p>Colleagues across NHS Wales</p> <p>General Medical Council</p> <p>Industry partners</p> <p>Life Sciences Hub</p> <p>Local Authorities</p> <p>National Cyber Security Centre</p> <p>NEL Commissioning Support Unit</p> <p>NHS Digital</p> <p>Office of National Statistics</p> <p>Other relevant bodies across the devolved nations</p> <p>Royal College of Physicians</p> <p>Welsh Government</p> <p>Welsh Institute of Digital Information (WIDI)</p>

DHCW Our Year in Numbers 2021/22

31,000 users of the Digital Health and Care Record (Welsh Clinical Portal)	Over 57,000 Welsh residents have their GP record viewed each month in hospital settings	We've increased headcount by 158 people to support development of new digital services
Over 4,000 nurses using the Welsh Nursing Care Record	Over 35,500 users of the Welsh Patient Administration System	180 contracts with 93 different suppliers
205,000 calls to our Service Desk	1,710 users of the Welsh Hospital Pharmacy Stock Control System	7 million COVID-19 vaccinations enabled by the Welsh Immunisation System
14,000 users of the Welsh Community Care Information Centre	100 Operational services used daily by healthcare staff	5,000 users of the Welsh Laboratory Information Management System to manage pathology tests and results
We realised over £2m of cash avoidance and cash releasing savings on our commercial contracts	30 million diagnostic tests managed digitally	£127m was awarded in contracts in the year
57 members of staff supported to undertake professional qualifications and degrees	100,000 NHS Wales staff have access to Microsoft 365	972 learning hours undertaken on our technical e-learning platform since September 2021

Appendix: NDR Programme Governance Arrangements



Document is Restricted

Agenda Item 5

By virtue of paragraph(s) vi of Standing Order 17.42

Document is Restricted

Document is Restricted

Mental health inequalities inquiry

Welsh Youth Parliament focus group

10 October 2022

Background

1. On 10 October 2022, six Welsh Youth Parliament Members (“WYPMs”) participated in a focus group as part of the Health and Social Care Committee’s [inquiry into mental health inequalities](#). The questions WYPMs were asked to discuss, and a summary of the issues they raised, are set out below.

Question 1: What things contribute to poor mental health and wellbeing among children and young people?

2. School and exam pressure. One participant suggested that this could be alleviated by the new curriculum. Another suggested that teachers need to be more aware and considerate of issues that children and young people may be experiencing at home, and the impact this can have on them when they are in school.
3. Peer pressure, bullying and negative body image. Participants spoke about children and young people being bullied because of their disabilities, age, gender, sexual orientation, and additional learning needs such as dyslexia. If staff members do not have the training or expertise to support children and young people, or protect them from bullying or harassment, this can exacerbate the situation further, as school can cease to be the safe space that people need to be able to rely on.
4. Lack of understanding and education for people of all age groups about inclusion and equality.
5. Poverty, the rising costs of living, and the resulting uncertainty about the future and instability in households’ circumstances. One participant spoke about the importance of place



and the local environment. Often in more deprived areas the local area is drab with poor facilities and this has a negative impact on people's mental health and resilience.

6. Poor service from Child and Adolescent Mental Health Services ("CAMHS") was described as a contributing factor to poor mental health, with some participants saying that children and young people saw "no point" in going to CAMHS because the support received would be inadequate. (See also paragraphs 16-17).

7. One participant raised language barriers, long waiting times for asylum claims to be processed, and a lack of knowledge about what support may be available as factors affecting children and young people who are seeking asylum, or whose family members are seeking asylum.

Question 2: What things help 'protect' children and young people's wellbeing – what helps keep you mentally well?

8. Participants talked about the adverse and ongoing impact of lockdowns and school closures during the pandemic, and the need to encourage children and young people to get back into the habit of going out to meet friends and socialise in person rather than just communicating through screens and social media.

9. The impact of sport and physical activity on mental health and wellbeing post-lockdown was emphasised, including the benefits of participation, coaching, socialisation and learning new skills.

10. School was described as a safe space by some participants, and many spoke about the importance of being back in school now that COVID restrictions have been lifted. However, participants described a mixed picture in terms of what different schools were offering; some said that their schools had prioritised offering extracurricular activities such as sports to help promote positive mental health and wellbeing. They added that a range of activities should be provided to ensure that all children and young people's needs are met, including, for example, art and music activities.

11. Family and friends were raised by all participants as key to staying mentally well. Spending time with family and friends helps create opportunities to relax, and "enjoy being young with little pressure and responsibilities". It was also suggested that this is valuable in building confidence, skills and resilience for later life.

12. Youth clubs and groups provide good opportunities for children and young people to socialise with their friends and make new friends. This was described as a way of ensuring that

all young people have the opportunity to safeguard their mental health and wellbeing. One participant described the joy that children and young people who were seeking asylum found when they went to a weekly youth club that provided opportunities to learn languages and spend time with their family and friends. Others spoke about the need to ensure that there was sufficient provision of youth clubs and groups across all parts of Wales and for all age groups—there was a suggestion that clubs and groups may be focused more on younger age groups and that teenagers may feel “forgotten”.

13. Participants also spoke about the value of stability and certainty, including building networks and trusting relationships with teachers and school staff over time.

Question 3: When you need to access support for your mental health, how well do services meet your needs? E.g. How easy is it to access support, and is the right kind of support available in the right places?

14. Provision is patchy and inconsistent across schools, health boards and Wales, and across the type of services that people need. Issues can include long waiting lists, limited options in terms of the available services (“sitting down with a counsellor is not what everyone needs”), services not being available when they are needed (“services are only available Mondays, Wednesdays and Fridays because of funding”), and a lack of focus on preventative services rather than just meeting needs once circumstances escalate. Some schools have been innovative in how they have approached mental health support, but it was suggested this may be because there is not enough guidance available, and that insufficient overall school budget allocations may mean that funding mental health results in other important school services being reduced.

15. Some participants felt that since the pandemic teachers are better prepared to recognise and respond to mental health issues that children and young people may experience, and to provide good advice, help and support. However, while good training for teachers is important, it was suggested that this should not be an alternative to having the right support and expertise in place to help children and young people just because there is not enough funding. One participant spoke about the role played by school welfare officers in supporting children and young people in building and sustaining good mental health and dealing with mental health problems.

16. CAMHS waiting lists and the level of service was described as one of the most significant issues. Participants described children and young people waiting for two years to be seen, and then being discharged without receiving help or support. One participant said that children and young people told them that CAMHS “never helps” and that it was seen almost as a joke

because people's experiences were so poor. One participant said that a young person had told them that after a long wait for help "CAMHS said that I should go for a walk or take a bath when I was telling them I was going to kill myself".

17. There were particular issues for people with disabilities in accessing CAMHS services; one participant said that young people with a disability or who were autistic or had ADHD often felt that their mental health issue was dismissed as just being part of their disability or neurodivergence.

18. Participants discussed where services were provided. They suggested that it would be helpful to have a range of options, as while in-school services can be helpful, it can be difficult or embarrassing for some people to access services in that way. Suggestions for services to help with mental health problems and support positive mental health included an anonymous online chat with a support service, and community hubs similar to the dementia hub in the Quadrant in Swansea (although there was some discussion about balancing accessible locations, privacy, and places that children and young people would feel comfortable going to). It was also suggested that when services are provided in schools, this needs to be in a comfortable environment not a classroom setting.

19. The language used to discuss mental health and wellbeing needs to be sensitive to the fact that different people will have different preferences and needs.

Question 4: What do you think is the most important thing the Welsh Government should do to improve mental health and wellbeing among children and young people?

20. Teacher training is important, but participants also highlighted the need to educate children, young people and families so that people are able to support their families and friends with their mental health, and help them to find other sources of support if they need them.

21. Services need to be tailored to meet individuals' needs – they can't be one size fits all.

22. There should be a one-stop shop approach, as there are many different services and organisations (including third sector) available, and people may not know where to go. People need to have one place to go where they can explain once what they are experiencing, and what they think might help them, so that they can be signposted to suggestions that might help.

23. Mental health support should be available where people already go, including sports clubs and youth groups. This could be done by training people as welfare officers, for example.

24. Services like the Samaritans may not feel accessible or approachable to children and young people. There need to be similar services available, but focused on what children and young people need and advertised in ways that appeal to children and young people. This could be linked to social media to make sure people know that there is somewhere available and welcoming to them.

25. It's important to talk more about the causes of mental health problems and about prevention. This will help to reduce stigma and help keep people well by reducing the risk that people won't seek help because "they aren't ill enough". But, this has to be done in a way that recognises that "everyone's journey is different", and that different people will respond in different ways to the circumstances they face.