Agenda – Public Accounts Committee

Meeting Venue:	For further information contact:
Committee Room 3 – The Senedd	**Fay Bowen**
Meeting date: 14 May 2018	Committee Clerk
Meeting time: 13.45	0300 200 6565
	SeneddPAC@assembly.wales

(Pre-meeting)

(13.45 – 14.00)

1   Introductions, apologies, substitutions and declarations of interest

(14.00)

2   Paper(s) to note

(14.00 – 14.05)   (Pages 1 – 2)

2.1 NHS Wales Informatics Services: Committee Correspondence

(Pages 3 – 25)

2.2 The 21st Century Schools and Education Programme: Letter from the Auditor General for Wales (24 April 2018)

(Pages 26 – 28)

2.3 The Welsh Government's initial funding of the Circuit of Wales project: Letter from the Cabinet Secretary for Economy and Transport (9 May 2018)

(Pages 29 – 30)

3   NHS Wales Informatics Services: Evidence Session 3

(14.05 – 15.30)   (Pages 31 – 61)

Research briefing

PAC(5)-13-18 Paper 1 – Welsh Government

Dr Andrew Goodall – Director General/NHS Chief Executive

Alan Brace – Director of Finance

Frances Duffy –Director of Primary Care

Rhidian Hurle – Chief Clinical Information Officer Wales/ Medical Director NHS Wales Informatics Services

4   Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business:
(15.30)
Items 5, 6 & 7

5   NHS Wales Informatics Services: Consideration of evidence received and key issues
(15.30 – 16.15)

6   The 21st Century Schools and Education Programme: Briefing from the Wales Audit Office
(16.15 – 16.40)

7   Wales Audit Office: Programme of value for money studies
(16.40 – 17.00)   (Pages 62 – 63)
PAC(5)-13-18 Paper 2 – Letter from the Auditor General for Wales

Concise Minutes – Public Accounts Committee

Meeting Venue:	This meeting can be viewed
Committee Room 3 – The Senedd	on Senedd TV at:
Meeting date: Monday, 30 April 2018	http://senedd.tv/en/4975
Meeting time: 14.03 – 17.11	

Attendance

Category	Names
Assembly Members:	Nick Ramsay AM (Chair)
	Mohammad Asghar (Oscar) AM
	Neil Hamilton AM
	Vikki Howells AM
	Rhianon Passmore AM
	Adam Price AM
	Lee Waters AM
Witnesses:	Alistair Davey, Welsh Government
	Albert Heaney, Welsh Government
Wales Audit Office:	Huw Vaughan Thomas – Auditor General for Wales
	Matthew Mortlock
	Mike Usher
Committee Staff:	Meriel Singleton (Second Clerk)
	Claire Griffiths (Deputy Clerk)
	Sian Thomas (Researcher)

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

1 Care experienced children and young people: Evidence Session 7

1.1 The Members discussed the work of the Ministerial Advisory Group with David Melding AM, in his role as the Group's Chair.

2 Care experienced children and young people: Evidence Session 8

2.1 The Members discussed the work of the Children, Young People and Education Committee which has focused on looked after children and children who have been adopted, with Lynne Neagle AM, in her role as the Chair.

3 Introductions, apologies, substitutions and declarations of interest

3.1 The Chair welcomed the Members to Committee.

3.2 There were no apologies.

4 Paper(s) to note

4.1 The papers were noted.

4.1 Public Procurement: Letter from the Welsh Government (23 April 2018)

5 Care experienced children and young people: Evidence Session 9

5.1 Members scrutinised Albert Heaney and Alistair Davey, Welsh Government, as part of their inquiry into care experienced children and young people.

5.2 Albert Heaney agreed to send further information on a number of points raised.

6 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business:

6.1 The motion was agreed.

7 Care experienced children and young people: Consideration of evidence received

7.1 Members considered the evidence received.

8 The Welsh Government's initial funding of the Circuit of Wales project: Consideration of the draft report

8.1 Members considered and agreed the revised draft report.

About us

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain. We represent all sectors of pharmacy in Great Britain and we lead and support the development of the pharmacy profession including the advancement of science, practice, education and knowledge in pharmacy. In addition, we promote the profession's policies and views to a range of external stakeholders in a number of different forums.

For more information please contact:

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Nick Ramsay AC/AM
Chair, Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

18th April 2018

Dear Mr Ramsay

RE: Inquiry into Informatics Services in NHS Wales

The Royal Pharmaceutical Society in Wales (RPS Wales) welcomes the opportunity to contribute to the Public Accounts Committee inquiry into Informatics Services in NHS Wales.

The Informatics agenda is of great interest to RPS Wales and the pharmacy profession in Wales. We recognise that the delivery of safe and effective NHS services must be underpinned by reliable ICT services which are fit for purpose, increase efficiencies in patient care, drive up quality and safety and improve patient access to services. ICT plays a crucial role in the delivery of pharmaceutical care, enhancing safety in all key transactions from prescribing to dispensing and in the face-to-face clinical consultations between pharmacists and patients.

We believe it is vital that reliable and agile informatics are developed to underpin the delivery of medicines management right across the NHS, in every sector and across every sector including primary care, the community and hospital care. The RPS is therefore pleased to contribute our views towards this important inquiry.

We consider the following key issues to be important relating to the development of ICT systems in Wales:

Sharing patient records
The RPS has for many years consistently emphasised the importance that pharmacists should have access to the key aspect of the patient's record to ensure the safe use of medicines. We firmly believe that access to relevant patient information is key to delivering more effective pharmaceutical care to patients, improving medicines adherence and reducing the medicine related errors which contribute to unplanned admissions to hospital.

We have long advocated that access to the patient health record will allow pharmacists to make more informed clinical decisions, in partnership with patients and other health and social care professionals, about the pharmaceutical care that patients receive. It will support improvement in the treatment of individual patients and help the NHS to maximise the value of the significant investment it makes in medicines.

We are pleased that steps have been taken to allow pharmacist access to patient records via the Welsh GP Record (WGPR) and welcome the progress that has been made in this field over recent years:

- Key information from the Welsh GP record is now electronically available for hospital based pharmacists and pharmacy technicians for both emergency and planned patient care, which enables better decision-making about treatment.

- Community pharmacist access to the medicines information in the Welsh GP record is currently being piloted for emergency medicines supply via the Choose Pharmacy platform, with roll out to all community pharmacies planned throughout Wales by the end of 2018.

While we welcome these developments, we believe that read and write access to the patient record for pharmacists is a vital step that must be taken to drive up patient safety by harnessing the expertise of the pharmacist. Read and write access is needed to improve patient safety through empowering pharmacists to contribute their expertise to the patient record to help mitigate the risks of medication errors across the patient pathway. Read and write access by pharmacists will also enable other healthcare professionals to be aware of interventions made by pharmacists such as information on vaccinations and the supply of urgent repeat medications.

Welsh Hospital e-Prescribing, Pharmacy and Medicines Administration (WHEPPMA)
RPS Wales believe that e-prescribing in hospitals is one of the key changes that can make a huge difference in minimising the risks of errors being made in the use of medicines, by connecting hospital based pharmacists, clinicians and nurses. Safety and timely discharge from hospital, improved antibiotic stewardship and a better focus on high risk medicines are just some of the advantages of hospital e-prescribing.

We welcome the significant advances that have been made in medicines safety in Wales through an increased digital approach over recent years including 2D barcoding of prescriptions in the community. We are concerned however that further developments are urgently needed such as introducing electronic prescribing in the hospital sector.

We agree with the statement made in the Auditor General's report on informatics systems in NHS Wales that *"Comprehensive electronic prescribing systems can prevent patients being given drugs they are allergic to or which have adverse reactions with other medicines they are taking"*. We are therefore very disappointed that this work is not being progressed at pace in Wales, in contrast to the commitment made by the Secretary of State for Health in England in February 2018 to accelerate the introduction of electronic prescribing systems across NHS hospitals throughout 2018. We echo frustrations highlighted in the Auditor General's report about delays in approving the outline business case for the WHEPPMA and believe that the current approach by the Welsh Government to reviewing business cases, which appears to be causing delays in approval, should be addressed and improved to ensure greater efficiency and pace.

We support the recommendation in the Welsh Audit Office's 2016 report, *Managing medicines in primary and secondary care*, that all health bodies should agree a detailed, time-bound plan for implementing electronic prescribing systems in secondary care and will continue to press for more urgent action to move the agenda forward. We firmly believe that an urgent investment and roll out of a single hospital e-prescribing system is needed in Wales to complete the circle of IT connectivity. When in place, we can be more confident that medicines will be subject to the rigorous checks and balances needed to improve safety.

We are also aware that the WHEPPMA outline business case states that the hospital system supported by NWIS, which is around 30 years old, requires replacing. Given that hospital expenditure on medicines exceeds £250 million each year, it is vital that the IT support systems are fit for purpose and we support the business case recommendation and believe that investment in this should be a priority.

'Once for Wales'

While we recognise there are valid arguments in favour of both the 'Once for Wales' approach and for more local approaches, the RPS agrees with the argument set out in paragraph 1.9 of the Auditor General's report. We would emphasise that the key point in favour of a 'Once for Wales' approach is that having one system is clinically safer as all clinicians will have a firm grasp and familiarity of the system.

Leadership across NHS Wales

We agree with the points made in the Auditor General's report that, despite some positive progress, there remains scope to strengthen leadership on informatics across the NHS. We particularly agree that there is a need to develop local clinical leadership on informatics and are pleased to see the report refer to the Watcher Review, *Harnessing the Power of Health Information Technology to Improve Care in England* that makes a number of important points on how to improve informatics among clinicians at a local level.

The Watcher report points to healthcare in the USA as a model to replicate:

> *"The US has been well served by several decades of research into information technology and a strong cadre of clinician-leaders in IT, many of whom became chief medical/nursing/pharmacy information officer (the equivalent of UK CCIOs and CNIOs). These individuals serve as crucial bridges between technology and front line clinicians. The UK lacks a large cadre of such individuals; early efforts to build such a workforce will need to be supported and expanded."*

We agree with these points and emphasise the need to develop pharmacists who have expertise in IT issues. While there are pharmacists with informatics expertise working within NWIS and other NHS bodies, we believe there needs to be an increase in this number, initially to bring the profession in line with other health professionals, and furthermore to guarantee that informatics are fully harnessed and integrated effectively into pharmaceutical care.

Financing and resourcing

Recommendation 4 of the Auditor General's Report states that there are many issues and concerns about the barriers to progress. We suggest that the current financing and resourcing of NWIS could be a significant barrier to the organisation in advancing the digitalisation of NHS Wales efficiently and at pace. We believe that a significant proportion of the NWIS budget should be allocated to innovation, to help ensure Wales has an ICT infrastructure fit for the future. Unfortunately it appears that systemic pressures often result in frontline care taking precedence in funding and resourcing, impacting severely on the ability and capacity of NWIS and Health Boards to take a progressive and appropriately funded forward looking work programme. We believe, given the importance of ICT systems in NHS delivery, the need for NWIS to be better financed and resourced should be recognised as a national priority.

Project management

The Welsh Auditor's report makes an important point in relation to concerns about the *"quality of some key national systems and a lack of monitoring data means it is unclear whether they are delivering the intended benefits".* Whilst this gives cause for concern, we are pleased that the report cites the Choose Pharmacy project as a "notable exception…subject to a detailed review of actual and potential benefits". The success of the Choose pharmacy project to date can be attributed to the work of a team of pharmacists in NWIS, other NHS bodies, Cardiff University, Community Pharmacy Wales and Welsh Government that undertook rigorous monitoring and review to ensure that benefits of the Choose Pharmacy were maximized. We are also aware that a similar approach was taken to monitor, review and evaluate the benefit of MTeD (Medicines Transcribing and e-

Discharge). We therefore recommend to the Committee that these two case studies could be explored further as examples of good practice approaches that could be replicated in the forthcoming development of national ICT systems. We also believe that formally resourcing such joint approaches to ensure the benefits of the investment in new systems are realised and maximised is another consideration for the Committee.

Good Practice: Choose Pharmacy IT Platform
Finally, we are very pleased to note the pace of change in the introduction of the Choose Pharmacy platform across Wales. In contrast to delays in the implementation of some other systems in Wales, Choose Pharmacy was live in 527 sites at the end of March 2018, exceeding the aim of 370 live sites by this date. This offers important opportunities for pharmaceutical care right across Wales and is a very welcomed development.

I trust this response helps to inform the Committee's inquiry into NHS Wales Informatics Services.

Please do not hesitate to get in touch should you require additional input from us.

Yours sincerely

Suzanne Scott-Thomas
Chair, RPS Welsh Pharmacy Board

Royal College of Psychiatrists in Wales (RCPSych in Wales)
Written evidence submitted to the Public Accounts Committee
Informatics Consultation, April 2018

The Royal College of Psychiatrists is a professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and setting and raising standards of psychiatry in the United Kingdom.

The College was founded in 1841 and officially named the Royal College of Psychiatrists in 1971. The College has 7068 non-training workforce (consultants and staff grade doctors) according to the 2017 consensus. The College also represents the views of our members regarding mental health policy and psychiatric practice, providing advice on issues that affect both the profession and the patient.

In 2004, the College created a separate division in Wales (RCPsych in Wales) to meet the specific needs of over 550 Members working and training in the Jurisdiction. RCPsych in Wales is committed to raising awareness of issues around psychiatry, mental health and wellbeing with the National Assembly, the Welsh Government, the NHS in Wales and other public and charitable bodies.

For further information please contact:

Ollie John
Policy Officer, RCPsych in Wales
oliver.john@rcpsych.ac.uk or 029 22331080.

The College has an established Informatics Committee that meet to discuss issues relating to the use of technology, data, and information in health care, as well as mental health informatics in particular.

The Informatics Committee provides a source of advice for the College on all matters related to health information and developments in health information management.

Due to time constraints, response to this call for evidence has been considered by the Wales executive committee of the Royal College of Psychiatrists in Wales however we will give wider stakeholder opinion and the opinion of the Informatics committee at further stages of the Public Account Committees' NHS Wales Informatics Service Inquiry.

Initial Observations

1. We welcome the Auditor General's report 'Informatics systems in NHS Wales'[1].

2. We acknowledge the key findings concerning the difficulties around securing adequate funding to take forward the vision; and agree with the need to strengthen prioritisation processes; and the need to review the governance arrangements for NHS Wales Informatics Service (NWIS).

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[1] Wales Audit Office (2017) *Informatics Systems in NHS Wales* https://www.wao.gov.uk/system/files/publications/NHS_-Informatics2018%20-%20English.pdf

3. The digital agenda across the NHS is crucial to delivering the recommendations of the Parliamentary Review for Health and Social Care[2] and we would not view the work of the Public Accounts Committee as necessarily duplicating that of the Parliamentary Review, but rather an opportunity to appropriately consider the forthcoming NHS Wales Health & Social Care Plan and the crucial role that informatics will play in achieving the ambition highlighted in the parliamentary review.

4. We recognise that informatics and digital technology are essential enablers in the transformation of health and care for the people of Wales.[3]

5. There is a hugely significant role for informatics and digital technology to play in delivering the quadruple aim[4] and the priorities to be set out in the new plan NHS Health & Social Care Plan.

6. We expect that, the new plan for health and social care in Wales will build on the priorities set out in the *Informed Health and Care* strategy[5] and will set out a central role for information and digital technology in delivering the quadruple aim and the new priorities for NHS Wales. The plans for improving governance; clarifying accountabilities and structures are likely to impact on NWIS roles and wider informatics planning and delivery.

7. We recognise that a change in culture, behaviours and practices across the sector is required when implementing significant changes enabled by new information systems and digital technologies. Responsibility is equally dependant on wider organisational leadership, engagement with staff

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[2] The Parliamentary Review of Health & Social Care (2017) https://beta.gov.wales/review-health-and-social-care
[3] Welsh Government (2015) Informed Health and Care: A Digital Health and Social Care Strategy for Wales
[4] The Parliamentary Review of Health & Social Care (2018) A Revolution from Within: Transforming Health & Care in Wales. Pgs 11-12
[5] Welsh Government (2015) Informed Health and Care: A Digital Health and Social Care Strategy for Wales

and the public as it is with NWIS and health board informatics services.

8. Our members, experience challenges through current systems that do have an effect on delivery of services.

9. The Interface between primary and secondary care is a historic challenge[6]. However, patients move not only from primary to secondary or tertiary care, local authority/social services, but also from Wales to England/Scotland/Ireland and vice versa, we need to make sure that the IT systems are able to communicate effectively to support the ambition for one system of seamless care[7]

10. Furthermore, there is variation in access to medical records between sectors. This may mean urgent decisions have to be made without reference to important patient data.

11. We will be keen to give further and more detailed opinion to the Public Account Committee inquiry into NHS Wales Informatics Service at subsequent stages of Inquiry with wider consideration of the RCPsych Informatics Committee.

END

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[6] Academy of Medical Royal Colleges Wales (2017) Primary & Secondary Care Interface
[7] The Parliamentary Review of Health & Social Care (2018) A Revolution from Within: Transforming Health & Care in Wales. Pgs 10

Y Gymdeithas Feddygol Brydeinig	British Medical Association
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Nick Ramsay AM
Chair, Public Accounts Committee
National Assembly for Wales
Cardiff
CF99 1NA

18 April 2018

Re: NHS Wales Informatics Service

Dear Nick,

Many thanks for your letter dated 23 March 2018 regarding the Public Accounts Committee's inquiry into the NHS Wales Informatics Service.

BMA Cymru Wales believes that ensuring that we have compatible systems across all sectors of healthcare in Wales is the best way forward. We support the recommendation of the Parliamentary review to keep Wales at the forefront of digital communications and data, and recognise the potential of informatics and digital technology to improve the primary and secondary care interface. In recent years, some progress has been made to make hospital systems communicate with primary care (such as the Welsh Clinical Communications Gateway), however there is still an urgent need for further action to facilitate the development of integrated care.

We were pleased to note the chapter on digital health and social care in NHS Wales' recent medical workforce framework, Together We Care, which stated that doctors will be enabled to lead and support the adoption of a "*digital first*" approach to the design and delivery of services to promote flexible, digitally enabled service and workforce models. The Framework states that this will include:

- Building IT skills that enable the medical workforce to work effectively within a digitally enabled environment.
- Creating and adopting a "*digital first*" culture.

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Y Gymdeithas Feddygol Brydeinig
British Medical Association

Developing an infrastructure that supports doctors to work differently (e.g. wireless networks, mobile working, remote access).

- Supporting effective clinical decision support tools via digital platforms.
- Supporting data capture (input once, use many times in clinical care, research and audit activities).
- Maximising the benefits of standardised digital healthcare user interfaces within All Wales software.
- Fully maximising the benefits of existing digital tools to improve service delivery through safe, secure information sharing which support access to expert clinical advice.

The financial governance of how this is achieved is a matter for Welsh Government and NHS organisations in Wales, and therefore we have nothing further to add at this stage. Please do come back to me if you would like any further or more specific views from BMA Cymru Wales.

Yours sincerely

Dr David Bailey
Chair, Welsh Council

Community Pharmacy Wales response to the National Assembly for Wales Public Accounts Committee Inquiry into

The NHS Wales Informatics Service

Date April 2018

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Part 1: Introduction

Community Pharmacy Wales (CPW) represents community pharmacy on NHS matters and seeks to ensure that the best possible services, provided by pharmacy contractors in Wales, are available through NHS Wales. It is the body recognised by the Welsh Assembly Government in accordance with *Sections 83 and 85 National Health Service (Wales) Act 2006* as 'representative of persons providing pharmaceutical services'.

Community Pharmacy Wales is the only organisation that represents every community pharmacy in Wales. It works with Government and its agencies, such as local Health Boards, to protect and develop high quality community pharmacy based NHS services and to shape the community pharmacy contract and its associated regulations, in order to achieve the highest standards of public health and the best possible patient outcomes. CPW represents all 715 community pharmacies in Wales. Pharmacies are located in high streets, town centres and villages across Wales as well as in the major metropolitan centres and edge of town retail parks.

As part of the strategic development of the community pharmacy network in Wales, investment is being made into a range of enhanced community pharmacy clinical services to increase primary care provision and to improve the health of the nation. CPW believe that the support of tailored, robust and fully integrated informatics systems are critical if the potential of the community pharmacy network is to be unlocked and Welsh Government is able to make efficient and effective use of financial and human resources.

CPW is pleased to have the opportunity to respond to this important inquiry into informatics systems in NHS Wales

Part 2: NWIS and Community Pharmacy

In general, CPW would support the findings and recommendations of the Auditor General for Wales *Review of Informatics Systems in NHS Wales*.

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In recent years Welsh Government has made a significant and strategic investment into an IM&T platform to support the integration of the community pharmacy network in Wales and the delivery of the Choose Well strategy. The platform known as the *Choose Pharmacy* platform has been designed as a N3 connected, fully integrated platform. Alongside this there has been significant investment in informatics to support improved data flow and more efficient payment and prescription processing systems.

Developed initially on a pilot basis in Betsi Cadwaladr and Cwm Taf, *Choose Pharmacy* has now been rolled out to the entire community pharmacy network in Wales. It supports the delivery of the Common Ailments service and other clinical initiatives and, even at evolutionary stages, is judged to have made a considerable impact on shifting primary care.

The use of Choose Pharmacy has had a material impact in supporting this direction of travel. In the last year, the 715 community pharmacies in Wales have between them:

• Provided 10,645 Common Ailments Consultations all through the Choose Pharmacy platform

• Administered 35,000 flu vaccinations – an increase of 33% on the previous year (the majority of these were through the platform)

• Ensured that the medicines provided to over 10,000 patients leaving hospital are those their hospital consultant wants them to take via the Discharge Medicine Review scheme (the development of electronically linking community pharmacies to secondary care has made the transfer of this information significantly improved in those Health Board areas where MTeD has been rolled out; however there is still a significant way to go to have all wards across Wales on the system and there are still two Health Boards that are yet to commence roll-out).

The Common Ailments figures can also be translated across to direct saving of GP time. A study has shown that 82% of patients receiving a community pharmacy common ailments consultation confirmed that had the service not been available they would have visited their GP. That is the equivalent of over 8700 GP consultations/over 1000 hours of GP time released to see patients with more serious conditions.

These key developments have brought CPW into contact with the NHS Wales Informatics Service (NWIS) both from a strategic and operational perspective in a far closer way than ever before. In general, we have been pleased with the

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vision and responsiveness of NWIS; however the speed of harnessing many of the identified benefits has been less than we would have wanted.

Our experience of working with NWIS has led us to conclude that:-

1. Prioritisation and conflicting demands are an issue. In respect of Choose Pharmacy, the process of moving from benefit realisation to system rollout has been slow at times, with initiatives regularly bumped down the implementation timetable when other initiatives are deemed to be of a greater priority. While there is nothing inherently wrong with this approach, it does often mean than benefits are realised later than planned.

2. We are unable to conclude whether this is a management issue or a capacity issue however we believe that it is more likely to be the latter. In a period of significant opportunity, it is essential that the roll out of informatics support is not allowed to become the bottleneck and to hold back the effective and efficient use of scarce manpower resources.

3. As a representative body we are extremely grateful for the significant investment that Welsh Government has made into community pharmacy informatics, however we would suggest that more effective engagement with the end user would ensure that benefits occur in a single hit rather than a series of subsequent improvements and phases.

   There is a cultural issue here. Too often we have felt that NWIS informatics development has been done to us and not done with us. An investment in effective and timely engagement with the end user and their representational body we believe would provide earlier benefits and reduce the overall cost of implementation. CPW would recommend that the Public Accounts Committee make this one of their recommendations. An example of this is the development of *My Health On-line*, where there is ability for patients to order prescriptions directly from their surgery as other patients do regularly from their community pharmacy and yet CPW are not engaged in any meaningful discussions on how community pharmacy systems and My Health On-line can integrate.

   A further example lies in community pharmacy access to the GP Medical Record where conversations are too often around when and how it will happen rather than what information would be most useful to the community pharmacy network. These two points are not offered as criticism and are made simply to demonstrate that there is sometimes more to be gained by engaging more widely and openly.

   CPW would therefore support recommendation 10 in the report of the Auditor general namely: *NWIS and NHS Wales should work together to strengthen the relationship between developers and clinicians, particularly*

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in designing and testing new systems and functions so there is a better collective understanding of what is wanted and what is possible.

4. While the report of the Auditor General for Wales focusses on the speed of implementation, the experience of CPW would suggest that there are other factors to be considered. Firstly, any new informatics system takes time to bed in and become part of daily practice and for practitioners operating in patient facing roles changing practice while delivering the day job is a major undertaking, and therefore the pace of introduction should take second place to the effectiveness of the implementation and the support that is provided post implementation. Secondly, and reinforcing an earlier point, getting the technology right the first time is more important than getting the technology quickly and having to update and retrain again and again.

5. Often there are delays to implementation to try to meet the demands and unnecessary complexity caused by the localism agenda. Local Health Board variations to the nature of services to meet perceived local variation in requirements, appear to work against the 'Once for Wales' approach. If one Health Board sees the opportunity to improve a service then it is better to revisit the initial service specification than to build in local variations, which from an informatics perspective simply builds in complexity and cost and also ends up delivering variable services to health professionals and the public.

Part 3: Conclusion

CPW is fully supportive of the developing informatics agenda and in comparison to other UK countries Wales is one of the more forward thinking nations. Pharmacists and the public are already seeing real benefits. However, recognition of the potential benefits to patients, community pharmacies and the wider NHS of informatics investment understandably brings with it a degree of frustration at the speed of realisation of those benefits and CPW, we are sure, will not be alone in recommending significantly more resource be invested into NWIS.

In the meantime CPW would suggest that improvements in the cost and effectiveness of informatics initiatives could be gained by improved consultation and engagement with end users and clinicians.

CPW agree that the content of this response can be made public.

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Community Pharmacy Wales
Fferylliaeth Gymunedol Cymru

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CPW welcomes communication in either English or Welsh.

For acknowledgement and further Contact:

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Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

Dear Nick Ramsay AM

RE: NHS Wales Informatics Services

Royal College of Nursing Ty Maeth
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CF14 4XZ

23 April 2018

Nick Ramsay AM
Chair of Public Accounts Committee
Ty Hywel
National Assembly for Wales
Cardiff Bay
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Tina Donnelly CBE, TD, DL, FRCN, CCMI, MSc (ECON), BSc (Hons), RGN, RM, RNT, RCNT, Dip N, PGCE
Director, RCN Wales

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Thank you for your invitation to submit written evidence in relation to the current inquiry into informatics in the NHS in Wales. This is an important area and it is widely acknowledged that improved ICT infrastructure across health and care services in Wales is key to transforming and improving services for the future. Indeed, we echo the Auditor General for Wales report on NHS Wales Informatics Services which states that informatics services "can help the NHS to deliver better outcomes for patients and to make more efficient and effective use of scarce financial and human resources."

Nursing staff form the largest group of health care professionals, and because of their particular role in co-ordinating, assessing and delivering care to patients, they are major generators and users of information. High-quality patient care and nursing practice have always relied on the effective management of information. They now increasingly rely on appropriate health information technology systems and eHealth applications for effective communication, collaboration, monitoring and decision making.

The effective use of ICT in healthcare settings can make a difference to the way care is delivered in several ways. Today, all nursing staff recognise the importance of evidence-based practice, where every care decision is informed by accurate and upto-date knowledge. In a world where the knowledge base is expanding and changing so rapidly, ICT and access to the internet can give nurses access to a world of knowledge and resources, including recent research findings, protocols and guidelines. ICT also offers nursing a great opportunity to take on the role of 'knowledge broker', actively helping patients to access the information they need, and deciding how to use it.

The benefits of access to ICT and eHealth applications include:

- patient safety: patients' demographic and clinical information is more legible, accessible and shareable, thereby giving clinicians more accurate, timely and complete data on which to base decisions
- effectiveness: clinical pathways and decision support systems can be embedded in electronic patient systems to give easy access to best practice evidence
- efficiency: more efficient work processes due to increased availability of clinical information, for example electronic transmission of prescriptions direct to the pharmacy
- patient centred: information about patient's preferences more easily available
- timeliness: access to up-to-date information on which to base clinical decisions
- equitable: ensuring that all people have the same level of access to services

At a recent meeting of the Cross Party Group on Nursing & Midwifery, the value of effective ICT services within community nursing teams was discussed. It was noted that enabling community and district nurses to have access to laptops, equipped with all clinical programmes and linked to GP records, means that nurses working within people's homes have access to patient records (including test results, details of medications etc.) This enables better and well-informed clinical decision making. Whilst this was a costly system to have in place, it was considered to worth the investment, and yet access to ICT systems within the community nursing teams are still far from commonplace.

With the increasing shift towards delivering care in community settings, the availability of these kinds of technologies within the Welsh NHS should no longer be considered a luxury, but rather should be seen as a necessity in today's world. There is therefore a need for clarity and transparency around the timetable for rolling out, adapting and maintaining suitable informatics systems across community settings and we would urge the Welsh Government to set out this timetable as soon as possible.

Finally, because staffing nurse make up the largest proportion of healthcare staff working in the NHS, it is vital that nurses are involved in the design of these systems. The involvement of nurses in the design of informatics systems is critical for ensuring the clinical information required by nurses is incorporated into the system. It can often be the case that ICT systems are designed from the perspective of senior medics or NHS managers, and this can sometimes result in systems not being fit for purpose in terms of streamlining processes and reducing paperwork. By including nurses and the wider healthcare team in the design, the effectiveness of the system can help to be ensured.

If you would like any further information or detail please contact the Policy & Public Affairs team – Policy.PublicAffairs.Wales@RCN.org.uk or call 02920 680 738.

Kind regards

Yours sincerely

TINA DONNELLY, CBE, TD, DL, FRCN, CCMI
DIRECTOR, RCN WALES

Public Accounts Committee

Inquiry into NHS Informatics Services

Additional information from Andrew Griffiths, Director of NHS Wales Informatics Service

Following the PAC meeting we've looked at any double running costs being incurred. The supplier costs are shown in the table below along with the organisations funding them. In addition to telepath costs (awaiting implementation of blood transfusion module) the GP links software requires a software upgrade from one of the GP system suppliers before the legacy system can be fully retired. Those costs (in thousands) are also shown in the table below.

Services:	AB	ABMU	BCU	C&V	CT	HD	Powys	PHW	Vel	Total
Laboratory Information Management System (LIMS)	79	133	99	73	42	83	0	0	0	509
National GP Links	0	9	9	9	0	9	0	0	0	36
Total	**79**	**142**	**108**	**82**	**42**	**92**	**0**	**0**	**0**	**545**

With regard to My Health Online the number of confirmed registered users is 219,275.

Andrew Griffiths

4 May 2018

Y Pwyllgor Cyfrifon Cyhoeddus / Public Accounts Committee
PAC(5)-13-18 PTN7

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Mr Russell George AM
Chair – Economy, Infrastructure and Skills Committ
National Assembly for Wales
Pierhead Street
Cardiff
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Reference: HVT2834/caf
Date issued: 24 April 2018

Dear Russell

Committee inquiry – State of Roads in Wales

I have noted the Economy, Infrastructure and Skills (EIS) Committee's plans to undertake an inquiry into the 'State of Roads in Wales'. Wales Audit Office staff and I supported the work of the Public Accounts Committee (PAC) in the fourth Assembly as part of its inquiry into the 'Value for Money of Motorway and Trunk Road Investment'. I am aware that National Assembly research staff involved in that inquiry will be supporting the EIS Committee's work and are well versed in the issues raised which built on my January 2011 report on Major Transport Projects.

The scope of the EIS Committee's inquiry provides an opportunity to follow up many of the issues covered by the PAC's work. For example, the PAC recommended that as part of an ongoing external review of the trunk road agents, the Welsh Government should consider the advantages and disadvantages of establishing a single trunk road agent. The Welsh Government has since explained to the PAC that a trunk road agency review considered that the two agent model (North and South Wales) was the optimum arrangement. However, this was subject to the delivery of £14 million of potential cost savings that had been identified over the 2016-17 and 2017-18 financial years. As at December 2017, we understood that the savings realised in 2016-17 were being independently audited by external consultants, with the trunk road agencies reporting that they were on target to deliver the overall level of savings expected.

I have not undertaken any detailed audit work of my own following up on the issues raised by my 2011 report or the later PAC inquiry. However, I have considered in recent years issues raised in correspondence about a number of road projects. As you are aware, such examples include the increasing costs and extended timetable for completion of the A465 Section 2 and I note that the Committee's press release about the inquiry referred to this project. Similarly, the press release mentioned the A487 Caernarfon to Bontnewydd Bypass. I considered correspondence about the early development of that project in 2014.

In the case of the A465 Section 2, Wales Audit Office staff have completed some preliminary audit enquiries on my behalf to understand better the history of the project and the issues that have affected the costs and timetable. That work has included a recent site visit. At this stage, I have made no firm decision regarding any public reporting on this matter and the form that might take, which may yet require further audit work to examine the history of the project in more detail and I will also look to take account of the views of the PAC. However, I am mindful that the Welsh Government's review of the project is ongoing and that it is working with the contractor (Costain) using mechanisms in the project agreement to resolve the issues in dispute.

Nevertheless, I note the Committee's interest in the Early Contractor Involvement (ECI) approach. While each project will be different, it will be important for the Welsh Government to reflect on any lessons learnt from the application of the ECI approach to the A465 Section 2 given the cost and timetable issues that have arisen. At the time of my 2011 report, the Welsh Government had moved towards ECI as its preferred approach for contracts worth more than £18 million. However, there were still relatively few examples at the time of completed projects in Wales that had applied this approach. There was also mixed evidence from England where a Highways Agency review had concluded that ECI had helped to deliver projects more quickly, with fewer changes to the specification during construction and a higher quality of workmanship. But the evidence in terms of project costs was less conclusive.

Since 2011, and following work undertaken in response to a PAC recommendation, a Welsh Government review in 2015 concluded that there are benefits to early engagement of the supply chain and that lower value contracts could also benefit from early engagement with contractors. The Welsh Government indicated to the PAC that guidance would be amended to emphasise that ECI should be considered for construction contracts independent of value.

Finally, the Committee intends to consider the opportunities offered by the Mutual Investment Model (MIM). The PAC is planning to take evidence later in the summer term on the 21st century schools programme, and I am expecting that it will explore the application of MIM to Band B of the programme. While the policy areas are clearly different, there are likely to be some common themes that the two Committees will be exploring in a similar timeframe. There may be merit in further dialogue about possible lines of enquiry between the respective clerking

Page 2 of 3 - Committee inquiry – State of Roads in Wales – Please contact us in Welsh or English / Cysylltwch â ni'n Gymraeg neu'n Saesneg.

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teams/researchers and the Wales Audit Office staff who will be supporting the PAC's work.

HUW VAUGHAN THOMAS
AUDITOR GENERAL FOR WALES

cc: *Mr Nick Ramsay AM, Chair, Public Accounts Committee*

Page 3 of 3 - Committee inquiry – State of Roads in Wales - Please contact us in Welsh or English / Cysylltwch â ni'n Gymraeg neu'n Saesneg.

Pack Page 28

Ken Skates AC/AM
Ysgrifennydd y Cabinet dros yr Economi a Thrafnidiaeth
Cabinet Secretary for Economy and Transport

Llywodraeth Cymru
Welsh Government

Nick Ramsay AM
Chair
Public Accounts Committee
National Assembly for Wales

09 May 2018

Dear Nick

Thank you for your letter of 15 March 2018 requesting a copy of the Cabinet paper from 27 June 2017 relating to the Circuit of Wales project.

The Welsh Government recognises the important role which the Public Accounts Committee plays in helping ensure the maintenance of high standards in public life in Wales and we try to assist the Committee in its in work in any way we reasonably can. I also acknowledge the assurances which you provided in your letter about how you would treat the confidentiality of the paper itself.

I have considered your request carefully and consulted with the First Minister on this matter, however, and we do not feel that we can agree to release of the paper. The First Minister and I are satisfied that key officials were aware of the relevant facts in preparing the advice set out in the Cabinet paper, and the latter was sufficiently comprehensive for my Cabinet colleagues and I to reach a firm decision on the project. While I appreciate that ideally the Committee would wish to see the paper itself as part of its work, we have concluded that the normal conventions about withholding sensitive Cabinet papers in order to protect the privacy of Government policy and commercial discussions should still apply in this case.

I am sorry to send what I know will be a disappointing response and I hope your Committee will understand the reasons why we feel unable to agree to the request.

Yours sincerely

Ken Skates AC/AM
Ysgrifennydd y Cabinet dros yr Economi a Thrafnidiaeth

Cabinet Secretary for Economy and Transport

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Agenda Item 3

Document is Restricted

**Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol**

**Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group**

**Llywodraeth Cymru
Welsh Government**

Huw Vaughan Thomas
Auditor General for Wales
Wales Audit Office

6 March 2018

Dear Huw,

Further to my letter of 22 January 2018, here is my full response, informed by wider consultation with NHS Wales.

I would like to repeat my appreciation for your report into informatics systems in NHS Wales and the work that the study team have undertaken on this over the past 18 months.

I am pleased to see that the report recognises that NHS Wales has a clear vision for the electronic patient record in Wales and, while I recognise that we do face some challenges, I am confident that we have made substantial progress, even in the time since your team carried out the review, and will continue to drive improvements in the future.

We acknowledge the key findings concerning the difficulties around securing adequate funding to take forward the vision; the need to strengthen prioritisation processes; and the need to review the governance arrangements for NWIS. The report endorses much of the work that we already have underway.

Recommendation 7 of the Final Report of the Parliamentary Review of Health and Social Care in Wales echoes many of the WAO findings, and as such the actions we take following your report will also be informed by our response to the Parliamentary Review. Our Long Term Plan for Health and Social Care, to be published in the spring of 2018, will set out the steps we will take - and the steps we expect NHS and social care partners to take – to make best use of informatics and digital ways of working more widely.

We welcome the findings of the report and offer the following response to the thirteen recommendations contained within it.

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The NHS Wales Informatics Management Board (NIMB) oversees Information Management and Technology (IM&T) in NHS Wales and drives the strategic agenda for a data-driven system, which supports improved access to information and the introduction of new ways of delivering care with digital technologies. NIMB's terms of reference were revised last year. Its purpose was strengthened to hold responsibility for delivering 'Informed Health and Care: the digital health and social care strategy for Wales' (the Strategy). The Strategy sets out the vision to 'transform how the people of Wales, our citizens and staff, embrace modern information technology and digital tools to deliver safer, more efficient and joined-up health and social care services to improve outcomes and experiences of patients and service users'.

NIMB is a Portfolio Board accountable for the delivery of programmes (and projects) established to support the delivery of the Informed Health and Care Strategy (the programmes) and creates an environment where programmes can succeed in delivering the changes necessary for the benefits to be realised.

NIMB provides assurance and advice to Welsh Government, and reports directly in to the NHS Wales Executive Board on all aspects of IM&T.

Recommendation 1 The vision for informatics of incrementally creating an electronic patient record is clear and had a clear rationale when it was first set following the 2003 strategy. However, the informatics market and community have moved on significantly since then. The Welsh Government, working with NWIS and NHS bodies, should review the informatics market to test whether it offers new opportunities to achieve the aims of the Strategy.

Accept – Welsh Government will commission a review of our approach to infrastructure and system design as part of the NHS Wales Informatics Management Board (NIMB) forward workplan for the coming year. This will include developing an understanding of what is currently available on the market and best practice.

Recommendation 2 NHS Wales has set up a task and finish group to seek to clarify the meaning of the 'Once for Wales' approach to developing and rolling out informatics systems. The Welsh Government, working with NWIS and NHS bodies, should:
a. clearly define the balance and respective responsibilities between national systems led by NWIS and locally led systems;
b. ensure that national and local implementation plans are updated to reflect any implications for the funding, development and roll-out of informatics systems of the clarified approach to Once for Wales; and
c. prioritise the development of a set of common standards to ensure that systems procured or developed locally are compatible with other local systems and the national systems.

Accept - NIMB has agreed a definition for 'Once for Wales' and for a list of services and functions best suited to the approach, to be mandated. The balance and respective responsibilities between local and national systems will be considered further as part of the

review work described in our response to Recommendation 1, and will inform local and national plans.

A 'Welsh Technical Standards Board (WTSB)' will be established by May 2018 and will focus on technical Interoperability standards. The Board will work in conjunction with the Welsh Information Standards Board which has responsibility for data and Information standards. Together, these two Boards will oversee the delivery and maintenance of a catalogue of standards and requirements to enable integration and interoperability across all health and care systems.

Recommendation 3 We found that the NHS has not set clear priorities for informatics. The Welsh Government, NWIS and NHS bodies should agree a clear and achievable set of priorities for national informatics and resist adding new priorities without either deprioritising something else or adding new resources.

Accept – As I highlighted in my initial response and through the clearance of the report, we have already developed an improved prioritisation process to best use the available funding and support various systems. In its April meeting NIMB will consider a short term, prioritised National Plan for the next year. Welsh Government will commission NIMB to continue the prioritisation work, taking into account the Parliamentary Review's recommendation to "stop, start and accelerate". The National Plan will include a process, overseen by NIMB, to review in-year priorities, and NIMB will advise the NHS Executive Board and Welsh Government on prioritisation and investment decisions.

Recommendation 4 Many of the issues and concerns about barriers to progress that we found during our fieldwork have long been recognised. The Welsh Government, NHS bodies and NWIS should produce an open and honest assessment of what has worked and what has not so far and produce a clear and jointly owned plan for overcoming the known barriers to progress. These documents should be in the public domain so that NHS staff can see that their concerns have been recognised and are being addressed.

Accept – As part of our reviews into infrastructure and system design (Recommendation 1) and governance (Recommendation 6), Welsh Government will consider our approach to service and system development and delivery. This will include an assessment of progress to date and how barriers to progress can be overcome, and will be taken forward as part of NIMB's forward workplan for the coming year.

Recommendation 5   We found that there is considerable scope to strengthen national and local leadership on informatics across the NHS. The Welsh Government should:
a. work with NHS bodies to develop options for strengthening representation of informatics at board level, including reviewing the merits of a board level Chief Clinical Information Officer (or equivalent) role;
b. work with NHS bodies to develop a clear action plan for the development of a cadre of senior clinician-informatics staff, in line with the recommendations of the Wachter review in England; and
c. identify opportunities to strengthen the informatics voice at the most senior level in the Department for Health and Social Services, including reviewing whether and if so, how to strengthen the roles of the NHS Wales Chief Information Officer and Chief Clinical Informatics Officer in NHS Wales' strategic decision-making process.

Accept - The structure and membership of NHS Boards, including having the right skills and experience at Board level, is being developed further in light of the responses received during the consultation on the 'Services Fit for the Future' White Paper. The role of Chief Clinical Information Officers is already being established in many NHS organisations. A Chief Clinical Information Officer development programme and network is being formally launched by the Chief Executive of NHS Wales in March 2018. Leadership roles and skills requirements across the whole Welsh health informatics system will be considered as part of the Governance Review described under recommendation 6.

Recommendation 6 We found that the governance arrangements for overseeing and challenging NWIS are weak. While the Welsh Government has written to Velindre NHS Trust requiring it to strengthen governance arrangements for NWIS, we consider that the Welsh Government should carry out a wider appraisal of options to strengthen governance and oversight of NWIS. The final arrangements should ensure that: a. there is independent scrutiny of performance and progress;
b. there is greater transparency, with papers and minutes of discussions placed in the public domain; and
c. there are clear lines of accountability between NWIS and the Chief Executive of NHS Wales and the Cabinet Secretary.

Accept - Welsh Government will establish a programme of work to consider the governance model required for delivering informatics that effectively supports Wales-wide digital transformation to enable safer, higher quality and effective patient care, informed by our response to the Parliamentary Review, and our development of the Health and Social Care Plan to be published in spring. This review will consider appropriate scrutiny and transparency, together with overall governance and accountability.

Recommendation 7 We found that the progress reports that NWIS produces for the Welsh Government and the public do not provide a complete or balanced picture. The Welsh Government should work with NWIS to improve the reporting of performance to tell a more balanced story of what is going well, where there are difficulties and why. Performance reporting should include information about progress against initial project plans, user satisfaction and concerns

Accept - Progress reporting to NIMB has recently improved, and Welsh Government has commissioned NWIS to deliver further improved reports during the spring 2018.

Recommendation 8 The Welsh Government needs to decide whether and how to provide the additional funding that NHS bodies and NWIS have estimated is required to deliver the vision for an electronic patient record. The Welsh Government should carry out a full costbenefit analysis of the proposed investment, including the extent to which financial savings from new systems may enable funding to be redirected from existing services to invest in new informatics systems.

Accept - Welsh Government will undertake a robust assessment of the investment required and predicted business benefits, and together with NWIS and Finance Directors evaluate alternative funding models and savings opportunities. This will be informed by the outcome of the review of our approach to infrastructure and system design described in our response

to Recommendation 1, and the ongoing work on prioritisation being led by NIMB (Recommendation 3).

Recommendation 9 Despite some recent progress, there remains scope for better integration of medium term financial planning of informatics across the NHS. The Welsh Government, working with NHS bodies and NWIS, should set out clear and agreed medium term funding plans for local and national ICT programmes. This should involve NHS bodies and NWIS working together before NHS bodies complete the first draft of their rolling threeyear plans. It should also take account of any future decision on funding required to deliver the strategy.

Accept - Integrated Medium Term Plans (IMTPs) are now well established, and for the first time, we have Strategic Outline Programmes (SOPs) from each NHS organisation, outlining their priorities and investment for Informatics. This is in line with guidance issued by Welsh Government on describing digital developments within both IMTPs and SOPs. NWIS engages with other NHS organisations as part of the IMTP planning process, and also through regular account management meetings. The collaborative development of the National Plan is also contributing to more focused planning.

Recommendation 10 NWIS is increasingly using the Agile approach to software development. There are potential benefits to this approach in terms of timeliness and quality, but the approach relies on deep engagement with clinicians and other end users, which has often been difficult to secure. NWIS and NHS bodies should work together to:
a. strengthen the relationship between developers and clinicians, particularly in designing and testing new systems and functions, so that there is a better collective understanding of what is wanted and what is possible; and
b. engage with managers to identify their information needs as well as the needs of clinicians.

Accept – User engagement through the whole lifecycle of system development is a key principle of good digital design. The creation of clinical informaticians (see response to Recommendation 5) within NHS organisations, provides a link between clinicians and developers, and will develop the skills required to support agile working and better stakeholder and user engagement. Stakeholder engagement will also be considered as part of our reviews into infrastructure and system design (Recommendation 1) and governance (Recommendation 6), and through our ongoing work on the Strategy delivery programme.

Recommendation 11 NWIS is developing but does not yet have a full workforce plan, and reports that it struggles to recruit and retain senior developer staff due to competition from the private sector The Welsh Government, 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.

Accept - This issue is wider than just within NWIS. The inability to recruit and retain ICT staff is an issue across the wider public sector. The creation of Health Education and Improvement Wales (HEIW) in April 2018, together with the recently-established Welsh

Institute of Digital Innovation (in collaboration with University of Wales Trinity St David) will help to secure and retain the level of skills required, as will improved links with other public sector partners, for example Office for National Statistics, and identifying private sector opportunities.

Recommendation 12 We found that there is a lack of clarity as to responsibility for delivering the intended benefits of national informatics systems and a lack of monitoring. The Welsh Government, NHS bodies and NWIS should work together to ensure that: a. there is a clear allocation of responsibility for achieving the benefits; and

b. there are clear responsibilities and processes in place for monitoring and reporting progress in delivering those benefits.

Accept - NIMB, through the Planned Future workstream of the Strategy Delivery Programme, has developed a common framework for describing and quantifying benefits. Further work is underway to review the existing NWIS benefits identification toolkit and register and to identify potential improvements to benefits ownership, quantification and realisation. Work is also already underway on improving the Business Case process, which will deliver better benefit and benefit ownership identification and realisation in line with this framework.

Recommendation 13 We found that many staff in the NHS are frustrated with some of the functionality and quality of national informatics systems. NWIS has a process for updating national systems, but there are concerns about the slow pace and lack of feedback and the Change Advisory Boards themselves could function more effectively. NWIS should review its process for managing change requests and where necessary make changes to:

a. provide clearer feedback to the service about how their requests have been dealt with and whether and when any changes can be expected;

b. remain open to minor changes that could have a significant impact in improving end users' use and perception of the systems; and

c. provide clearer agendas and work programmes for the Change Advisory Boards to make them more focussed on enabling impactful improvements to systems.

Accept – Welsh Government has written to NWIS to ask them to work in partnership with their stakeholders to review their process for managing change requests. Progress on this will be monitored by Welsh Government through monthly meetings with the NWIS Director. Our reviews into infrastructure and system design (Recommendation 1) and governance (Recommendation 6) will help to address this recommendation.

Yours sincerely

Dr Andrew Goodall

cc: Nick Ramsay AM, Chair, Public Accounts Committee
Frances Duffy, Director of Primary Care and Innovation, HSS Group
David Richards, Director of Governance and Performance

**Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grwp Iechyd a Gwasanaethau Cymdeithasol**

**Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group**

Llywodraeth Cymru
Welsh Government

Huw Vaughan Thomas
Auditor General for Wales   22 January 2018
Wales Audit

Office Dear Huw

Auditor General Value for Money examination: Informatics systems in NHS Wales

Thank you for your report into informatics systems in NHS Wales. I appreciate the work that the study team have undertaken on this over the past 18 months.

I am pleased to see that the report recognises that NHS Wales has a clear vision for the electronic patient record in Wales and, while I recognise that we do face some challenges, I am confident that we have made substantial progress, even in the time since your team carried out the review, and will continue to drive improvements in the future.

During early discussions, it was agreed that Welsh Government would respond to the report in two stages. This is to reflect that the scope of the review was wider than the Welsh Government and the NHS Wales Informatics Service **(NWIS)** and, as such, we need to engage with NHS Wales and ensure our response reflects the wider view; and to recognise that the publication of the Parliamentary Review of Health and Social Care in Wales will also inform our response.

This initial response acknowledges the key findings concerning the difficulties around securing adequate funding to take forward the vision; the need to strengthen prioritisation processes; and the need to review the governance arrangements for **NWIS.**

We have already had substantial discussions on the key findings of the review with the Director of NWIS and the lead NHS Chief Executive for Informatics and are considering a wider review of the whole informatics governance landscape.

Funding and prioritisation of work are intrinsically linked and therefore, the work on prioritisation and the National Plan, overseen by the NHS Wales Informatics Management Board (NIMB, which is made up of executive members of NHS organisations with responsibility for informatics, representatives of NWIS and senior Welsh Government

officials), is key. It is also clear that this is not just for Welsh Government to consider, as the way funding is allocated within NHS organisations is predominately an NHS issue.

There will be further discussion with NHS Chief Executives and senior Welsh Government officials at the NHS Wales Executive Board on January 30, and members of NIMB are considering what the report means to their organisations, with a substantial item on the report on the agenda for NIMB's meeting on February 15.

Officials are also reviewing the findings of your review alongside the findings of the Parliamentary Review.

All these activities will contribute to a collaborative, informed and comprehensive response to your review that I will provide by March 2.

I am aware that the Public Accounts Committee (PAC) will be considering their response to the report at its meeting on the January 29 and a copy of this letter will be sent to the PAC Chair to facilitate that.

Yours sincerely

Dr Andrew Goodall

cc: Nick Ramsay AM, Chair, Public Accounts Committee
       Frances Duffy, Director of Primary Care and Innovation, HSS Group
       David Richards, Director of Governance and Performance

Agenda Item 7

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Auditor General for Wales

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Mr Nick Ramsay AM
Chair of the Public Accounts Committee
National Assembly for Wales
Cardiff Bay
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Reference: HVT/2839/caf
Date issued: 4 May 2018

Dear Nick

Programme of value-for-money studies

You will want to be aware that WAO will shortly be launching a public consultation to invite views on topics that we might consider for inclusion in our future work programmes. At this stage, we will not be setting out a long list of options. This exercise will simply invite respondents to highlight areas of interest/concern from their perspective to inform our on-going planning work. Later in the year – when my successor is in post – there will be more formal engagement with the PAC, and key stakeholder organisations.

In the meantime, I wish to draw to your attention some other issues that Wales Audit Office staff have been considering on my behalf, which I feel merit reporting on publicly. Specifically:

- I copied to you recently my response to the Economy, Infrastructure and Skills Committee consultation on the 'State of Roads in Wales'. That response noted that we have completed some preliminary audit enquiries to understand better the history of the **A465 Section 2** project and the issues that have affected the costs and timetable. I have decided that there is merit in some further audit work leading to the preparation of a report/memorandum on the history of the project. That work will take account of the Welsh Government's own review of the project and the outcome of its work with the contractor (Costain) to resolve the issues in dispute. However, I do not expect this work to be reported before I finish my term as Auditor General.

- In late 2017, I received correspondence raising concerns about the value-for-money of expenditure on the **MyTravel** scheme in 2015-16 and 2016-17. MyTravel offers discounts on Welsh bus travel for 16-18 year olds. Wales Audit Office staff have completed some preliminary enquiries with the Welsh Government and I believe that the issues identified merit consideration by the PAC. I intend to summarise these issues in a short report/memorandum,

which I hope to be able to produce before the summer recess. Though this is subject to being able to access promptly some additional information from the Welsh Government and also dependent on the timescale for agreeing the factual accuracy of our commentary.

In addition, you will recall that the Committee's own work programme documents referred recently to some new work that I was undertaking on **NHS agency staffing**. We have decided to extend slightly our scope and timetable for this work, with a view to its completion in autumn 2018. We intend exploring options for other outputs here in addition to a traditional report. The work will focus on the data NHS Wales holds on the number and costs of agency staff, and knowledge of the factors driving the demand for agency staff. It will highlight trends over time and the variations between health bodies in Wales in the extent of their use of agency staff. We will also compare, where possible, spending patterns and trends in Wales with those in England, Scotland and Northern Ireland.

I hope that this update is helpful ahead of further consultation on our work programmes later in the year. I would be happy to receive any views the Committee might have at this stage.

Yours sincerely

HUW VAUGHAN THOMAS
AUDITOR GENERAL FOR WALES