Simon Jones
Chair, Digital Health and Care Wales
Helen Thomas
Chief Executive, Digital Health and Care Wales

5 December 2022

Dear Simon and Helen

Follow up questions after general scrutiny session on 26 October 2022

Thank you for attending our meeting on Wednesday 26 October and responding to our questions.

Following the evidence session, Members agreed to write to you with follow-up questions on the issues outlined in the annex to this letter.

As we will be returning to these issues next term, we would welcome a response **by 13 January 2023.**

Yours sincerely

Russell George MS
Chair, Health and Social Care Committee

Mark Isherwood MS
Chair, Public Accounts and Public Administration Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

Annex: follow up questions after general scrutiny session on 26 October 2022

Following the general scrutiny session with Digital Health and Care Wales (DHCW) on 26 October 2022, we would welcome further information on the matters listed below. We would be grateful to receive your response by Friday 13 January 2023.

Transition to the cloud

1. In the session, Helen Thomas, DHCW Chief Executive, reported that DHCW had moved 25 per cent of their estate into the cloud. You undertook to write to the Committees with figures on the consequent reduction in the number and percentage of servers being used in the past five years.

Progress on recommendations of Fifth Senedd Public Accounts Committee (PAC) reports

2. You undertook to provide further detail on work relating to the Welsh Community Care Information System (WCCIS). In particular, the Committees would welcome information on the following:

   a. An overview of the current take-up of WCCIS across health boards and local authorities.

   b. The reasons for any health boards or local authorities not signing up to WCCIS, but choosing to use different systems.

   c. Whether those different systems are interoperable with WCCIS.

   d. Organisations currently using the system have moved to it at different times, meaning their deployment orders will also expire at different times. Has DHCW a profile of the timescales for these contractual milestones.

   e. Whether there is a process and a timescale for decisions on a future contracting strategy, including whether to retain the commitment to a single system solution or to allow for a future pattern of different interoperable systems.

   f. An additional £12 million has been committed to WCCIS over the next three years. How will this be allocated and spent (by project and health board area)? What the timescale is for project completion and the objectives in terms of benefits realisation from the system.

   g. Any other outstanding key risks around the WCCIS programme and how DHCW is addressing those risks.

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3. In the session, you discussed the challenges DHCW were experiencing with vacancies. You reported that you had a plan in place to address these issues and undertook to share that plan with the Committees.

4. The overall number of staff within DHCW (headcount and WTE), the number working on cybersecurity, assurances on whether the right expertise is in place, and how DHCW works with other NHS Wales bodies to address cybersecurity issues.

5. In your oral evidence you indicated that there weren't many women within your organisation and agreed to send to the Committees some data around performance on workforce diversity.

Service transformation

You indicated in the session that:

> "digital technology is moving from a capital intensive to a revenue-based funding model, particularly as you move from a data centre into the cloud. And that will mean, from an operational perspective, that our funding requirements will change and migrate".

However, you also acknowledged that transformation and future interoperability of systems will require investment in ensuring up to date hardware and systems in health boards and primary care.

6. What is the DHCW view on the future capital funding requirements for digital transformation in healthcare within Wales.

7. How is DHCW ensuring that the software you develop is usable by others within NHS Wales.

Social care

8. DHCW's focus to date has been very largely on healthcare. What plans there are for any expansion of work into social care.

Data security and patient access

9. Since Welsh Government published Informed Health and Care - a Digital Health and Social Care Strategy for Wales in 2015 there has been a strategic aim to make patients medical records and data available. Other countries have provided direct electronic patient access to their records. What plans are there in Wales for progressing work on this.

10. In the session the Committees asked whether there were any machine decision making processes taking place in relation to patient data. You undertook to provide details of what was in place currently The Committees were interested in particular on:

   a. The use of algorithms, categorisation, and predictive analytics;

   b. If so, the datasets that are being used in them and how categories are decided;

   c. Details of the data controllers, the data processors and any audits undertaken in those areas;

   d. Whether any data sets are currently open-source or planned to be made open-source.

11. What assessment has DHCW made of any changes to General Data Protection Regulations (GDPR) and how could this impact on data collection, protection and sharing of NHS Wales data.

12. In the evidence session you highlighted the need for improved cross-border data and systems interoperability between NHS services in Wales and England and indicated there was work underway on this issue. We would be grateful if you could keep the Committees updated on progress in this area of work.

Cancer information systems

13. In the session, you indicated that Phase 1 of the replacement system for CaNSIC would be going live in November. You also indicated that Phases 2 and 3 were complex, would require detailed planning, and could take up to two years to put in place. We would be grateful if you could provide further information on:

   a. The original timescales for the replacement of CaNISC, and any reasons for slippage against those.

   b. The current timetable for decommissioning CANISC and replacing it with alternative system/s.

   c. Whether you are on track to achieve the current timetable, and whether the decommissioning of activity due for November that was mentioned in the evidence session has taken place.

Key performance indicators (KPIs) and benchmarking

14. In the evidence session you indicated that you were using your KPIs to benchmark your performance against other organisations. Could you provide further information on the

benchmarking referred to, indicating how your performance compares to elsewhere in the UK and more widely.

Prison healthcare data

15. The Fifth Senedd's Health, Social Care and Sport Committee's inquiry into health and social care provision in the adult prison estate in Wales heard evidence around the limitations of the IT infrastructure used in prison healthcare. The Minister for Health and Social Services has said Welsh Government are assessing the resourcing needed to improve access to the medical records of prisoners, although this has implications in terms of IT infrastructure and investment priorities. Have DHCW been involved in any work or discussions around this issue?