

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

Nick Ramsay AM
Chair
Public Accounts Committee

2 July 2018

Dear Mr Ramsay

NHS Wales Informatics

Further to your invitation to attend the Public Accounts Committee on 16 July, I hope the Committee will find this initial response addressing the concerns helpful in advance of the session.

Firstly, I would like to assure Committee members that I understand the nature of the criticism that the Wales Audit Office (WAO) report represents. That report highlighted a number of significant weaknesses that were identified during the WAO's investigations to which I responded in my original correspondence. I have written to provide assurance about our approach, to highlight developments in place since the field work, including changes around the agenda and focus of the NHS Wales Informatics Management Board and new approaches, for example, in terms of prioritisation, which are issues within the report. At the same time, I provided some commentary on progress with information and technology developments, particularly in the context of a country-wide rather than an organisation-only approach. However, I accept that whilst we have made progress, it has been slower than we would have wished as a result of the complexity involved in rolling out new systems, given the range of legacy systems in place. I agree we need to drive improvements in the future and at greater pace.

The recent Parliamentary Review of Health and Social Care in Wales also highlighted challenges faced across the service and called for action in terms of health and social care delivery. Its report set out clearly the need to harness innovation and accelerate technology and infrastructure developments. This also aligns with the WAO assessment.

On 11 June, in response to the Parliamentary Review, Welsh Government published 'A Healthier Wales: our Plan for Health and Social Care' which sets out the long-term future vision of a 'whole system approach to health and social care', focused on health and wellbeing and on preventing illness. The Digital and Data chapter describes how digital is a key enabler of transformational change and sets out a number of priority areas for action, including the commitment to significantly increase investment in digital infrastructure, technologies and workforce capacity. It accepts the assessment made by the Parliamentary Review. I am clear that digital will be a key enabler of service transformation across Wales

and our systems will need to better reflect the way in which citizens use technology in their day to day lives. Having said that, we also have a responsibility to ensure that care can be provided through existing systems whilst we support transition, and critically we must keep data and care records safe and accessible.

Following approval in NIMB last month, we are in the process of setting up reviews to both the system architecture and the governance model for informatics across NHS Wales in light of broader recommendations for governance and NHS Wales functions set out in 'A Healthier Wales'. The system architecture review will need to address the balance between national frameworks and local delivery and accommodate the role of a number of national bodies. The review of informatics governance will consider scrutiny and transparency, together with overall governance and accountability. This will build on the WAO recommendations and align with the commitments made in 'A Healthier Wales' to review specialist advisory and hosted national functions.

I note the letter submitted by the Auditor General for Wales on 8 June concerning the incidents affecting availability of national clinical informatics systems. I recognise that whilst system resilience and business continuity arrangements did not form part of the WAO review these will be of concern to the Committee. I wanted to provide additional commentary in advance of the 16 July.

In January, March and April of the year, the NHS in Wales experienced three national data centre outages, each of which affected access to multiple NHS Wales IT systems. In addition, there have been outages of both the Welsh Laboratory Information Management System (WLIMS) and the Cancer Information System Cymru (CaNISC).

As soon as the data centre outages were identified, action was taken immediately at both a local and national level to bring about a swift resolution, ensuring business continuity plans were invoked as necessary and that systems were brought back online as quickly and safely as possible. Upon receiving notification, Welsh Government immediately sought assurance that investigations were underway to ensure prompt action. The NHS Wales Informatics Service (NWIS) subsequently confirmed that the root causes of the three data centre outages were not the same and occurred for different reasons - the first outage was as a problem with firewalls, the second was a network connectivity issue, and the third was a server issue. Andrew Griffiths wrote to all Health Board and Trust Chief Executives on the 25th June outlining the actions being taken forward by NWIS and the Infrastructure Management Board (where health boards and trusts are represented).

Welsh Government has led on the creation of the 'Wales Cyber Attack and ICT Incident Response Communications Framework' to address a key lesson learned during the outages. This has been developed in conjunction with NWIS and Health Board representatives and it will ensure clear, consistent communications are delivered to all stakeholders when a cyber attack or major ICT incident is underway. This national process described in the framework has already been followed during ICT incidents and feedback from the service has been largely positive. This framework was formally published on the 14 June 2018.

With regards to the stability of WLIMS, the system experienced an outage on the 14 and 15 May as a result of a routine change that was made to test code, despite this having already been successfully implemented within the test environment. The WLIMS Service Board received an explanation of the outages and the Chair of the Board has confirmed they are satisfied with the actions taken. In addition, Welsh Government provided funding of £1.32

million to upgrade the WLIMS infrastructure and last month the data storage was upgraded, replacing hardware which is over seven years old. The complete replacement of the WLIMS hardware will have been achieved by the end of August.

Resilience issues have been experienced with CaNISC and the need to replace this system was recognised in the Cancer Delivery Plan for Wales published in November 2016; as a result Welsh Government provided funding to Velindre NHS Trust to develop options for this. An outline options appraisal was developed throughout 2017, led by the Cancer Implementation Group, which recommended that the Welsh Patient Administration System (WPAS) be adopted at Velindre Cancer Centre and NWIS develop a new electronic patient record for cancer patients in Wales within the national architecture. The business case for the first part of the replacement solution (for WPAS) is currently undergoing scrutiny in Welsh Government. Although there has been a series of outages of the CaNISC system, the Velindre NHS Trust Board paper appended to the Auditor General's letter states there is no evidence that patients have been harmed as a result of the system issues. Nevertheless, replacement remains a key priority.

In the event of ICT incidents involving systems that are used for clinical care, the agreed process is that they are recorded electronically on the patient safety and incident system (Datix) as a 'No Surprise'. A subset of these (where harm may have occurred) will be identified as a "Serious Incident" and reported to Welsh Government.

The NHS is responsible for undertaking a root-cause analysis into any incident, identifying any potential harm that may have occurred and taking forward lessons learnt. The NHS is also required to provide assurance to Welsh Government that this is being carried out. I can confirm this process has been followed in the system resilience issues, referenced above.

Velindre NHS Trust, in its role as responsible body, receives notifications from NWIS when a potential Serious Incident occurs and NWIS notifies the affected health bodies. Quarterly reporting to the Velindre NHS Trust Board on NWIS Serious Incidents is integrated into the Trust's governance arrangements with reporting to Welsh Government through the quarterly Quality and Delivery performance meetings.

The Committee asked for clarification on figures submitted by NWIS on double running costs. Welsh Government has investigated the figures provided and my view is that NWIS reported the costs it held organisationally and has not fully taken into account where a Health Board has alternative legacy systems. Hywel Dda's figure included the cost of two GP Links systems, rather than the one identified by NWIS, and the Health Board states that it will be stopping the maintenance contract on these in September 2018 as the national solution will be available.

Accurate costs, taking into account the correct treatment of VAT, are contained in the table below. This shows the original figures provided by NWIS underestimated costs by a total of £27k:

Services:	AB	ABMU	BCU	C&V	CT	HD	Powys	PHW	Vel	Total
Laboratory Information Management System	79	151	99	73	42	83	0	0	0	527
National GP Links	0	9	9	9	0	18	0	0	0	45
Total	79	160	108	82	42	101	0	0	0	572

Finally, the Committee will be interested to note that the Welsh Technical Standards Board in its meeting of 19 June 2018, adopted the GDS Design Principles, along with the Welsh Government's Digital Service Standard, for use across NHS Wales.

I hope these comments help in advance and I look forward to further discussions with the Committee on 16 July.

Yours sincerely



Dr Andrew Goodall