

Scrutiny of Digital Health and Care Wales

July 2023

1. Background

Digital Health and Care Wales

1. Digital Health and Care Wales (“DHCW”) was established as a new Special Health Authority in April 2021, replacing the NHS Wales Informatics Service. Its roles in transforming health and social care delivery in Wales include: delivering new digital solutions, supporting frontline staff with modern systems, and improving approaches to using, sharing and storing data.

Our scrutiny

2. The Health and Social Care Committee (“HSC Committee”) and the Public Accounts and Public Administration Committee (“PAPA Committee”) agreed to work together to conduct initial scrutiny of DHCW.

3. Our scrutiny¹ has been informed by:

- An open call for written evidence between July and September 2022, which received over 20 responses from a range of health and social care stakeholders.
- An oral evidence session with DHCW on 26 October 2022.

¹ Details of the terms of reference of our scrutiny, and the evidence we have gathered, are available on the [inquiry webpage](#).



- Further written evidence from DHCW and health boards in January 2023.

4. We have also drawn on the work undertaken by the Fifth Senedd Public Accounts Committee (“PAC”) on the NHS Wales Informatics Service (“NWIS”), DHCW’s predecessor.²

5. We reviewed the evidence during spring 2023. This short report summarises the key themes, and makes recommendations.

2. Transition to a new organisation

Transition from NWIS to DHCW

6. Following the Parliamentary Review of Health and Care, and recommendations made by the then Wales Audit Office and PAC, the Welsh Government commissioned two independent reviews of digital in health and care:

- The Digital Governance Review, which recommended establishing a new Chief Digital Officer for Health and Care; a stronger emphasis on common technical standards; new governance and decision-making structures; and a shared services approach to core digital services.
- The Digital Architecture Review, which addressed the state of national digital systems; described how systems should be strengthened and defined more clearly and consistently as ‘open platforms’ built on common standards; and recommended targeted improvement outcomes.

7. In September 2019, the Welsh Government announced that NWIS would transition into a new Special Health Authority.³ The announcement indicated this would be supported by an additional £50m in funding and actions to “strengthen digital delivery and planning across the system”, including further reviews to inform a digital infrastructure plan, a digital workforce plan, a digital commercial strategy and a digital communications strategy. DHCW was subsequently established in April 2021.⁴

² Public Accounts Committee, [NHS Wales Informatics Service](#)

³ Welsh Government, [Written statement: update on digital health and care](#), 30 September 2019

⁴ Further information about the establishment and functions of DHCW is available on the [Welsh Government’s website](#).

Progress to date

8. In January 2022, Audit Wales published a Baseline Governance Review of DHCW, which concluded:

“Overall, we found that 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”.⁵

9. Issues highlighted in the governance review include:

- DHCW’s awareness of the importance of maintaining a fresh outlook and culture as it seeks to position itself as a trusted digital partner.
- DHCW’s system leadership role, especially in information governance and cyber security. Audit Wales notes the need for clarity on leadership and accountability in these areas with DHCW’s partners.
- The Annual Plan for 2021-22 sets out DHCW’s vision, strategic objectives and supporting enablers. But, further work is needed to develop a long term strategy.
- The need for DHCW to ensure its strategy, plans and programmes focus on social care as well as health.

10. DHCW, in its written evidence notes a number of achievements, including:

- Transition to a new data centre.
- Continued roll-out of the Welsh Nursing Care Record.
- Enhancements to the Welsh Clinical Portal.
- The COVID-19 Test Trace Protect programme, the NHS Wales immunisation system, and the COVID-19 Pass.
- Several key modules were added to Choose Pharmacy, and the Hospital Pharmacy stock control system has been fully deployed across Wales.

⁵ Audit Wales, [Digital Health and Care Wales: Baseline Governance Review](#), January 2022

- Work underway to modernise cancer informatics software.⁶

11. When asked about how it had addressed the legacy issues identified in relation to NWIS, DHCW highlighted its statutory status; new governance and leadership structures and arrangements. This includes live-streamed board meetings, published papers, and the appointment of independent board members and executive leadership roles including executive directors for strategy and for people and organisational development. It also outlined a focus on service availability, performance, and targeting improvements and investments, and the establishment of an “incident review and learning group” to help develop and embed a culture of learning and improvement.⁷

12. Some responses to our call for written evidence highlighted positive examples of their experience of working with DHCW, and there was generally acknowledgement of the progress made during its first year. Specifics highlighted by stakeholders included:

- DHCW’s input into e-prescribing, and the clarity of its plans and outputs, and its work on new developments and initiatives in pharmacy.⁸
- Positive and maturing working relations with key partners.⁹

Challenges

13. The Centre for Digital Public Services described DHCW as “the best-funded and arguably highest profile agency for digital change in the Welsh public sector”. It called for DHCW to be a “role-model and pathfinder”, but suggested it needed to show more clearly how it was addressing deep-rooted issues such as stakeholder perceptions of NWIS.¹⁰ Aneurin Bevan University Health Board (“UHB”), while describing the progress made by DHCW as “remarkable” and welcoming the “obvious change in culture”, noted that the establishment of DHCW had not included any engagement with peer organisations to identify priorities, benefits, risks or issues.¹¹ Care and Repair Cymru, a third sector

⁶ SDHCW19 Digital Health and Care Wales

⁷ RoP [paras 10-17], 26 October 2022

⁸ SDHCW01 Community Pharmacy Wales and SDHCW04 Company Chemists Association

⁹ SDHCW20 Health Education and Improvement Wales, SDHCW15 Swansea Bay University Health Board and SDHCW13 Centre for Digital Public Services

¹⁰ SDHCW13 Centre for Digital Public Services

¹¹ SDHCW11 Aneurin Bevan University Health Board

organisation, told us that communication with stakeholders and the public was limited.¹²

14. We have also heard about areas where progress is needed on digital solutions to address longstanding issues. The range and scale of these areas is, in itself, a challenge for DHCW and demonstrates the need for (and difficulty of) prioritisation:

- The Royal College of GPs described “frustration” among its members about ongoing issues in relation to information sharing and referrals, and called for “a streamlined system to be rolled out across health boards showing the ‘journey’ of a patient referral between GP and specialist services”.¹³
- Community Pharmacy Wales and the Company Chemists Association called for increased priority on supporting the Choose Pharmacy programme, which allows community pharmacies to keep patient records. The programme’s aim is to free up GP time, but there are ongoing operational issues including lack of access to links in NHS emails.¹⁴
- Dr Simon Barry, a Consultant Respiratory Physician told us about difficulties in linking some national databases to the Wales Clinical Portal, and what he sees as a “lack of ownership and management of workstreams”. He highlighted, for example, issues relating to electronic requesting for radiology, electronic prescribing, and results for cardiology and other tests.¹⁵
- The HSC Committee heard during its recent work on endoscopy services from Professor Dolwani, Clinical Lead for the National Endoscopy Programme, that that the changes to the bowel screening information management system had been requested “10 years ago, and that still hasn’t happened”. He added that ‘bottlenecks’ within DHCW were contributing to delays in the implementation of standardised referral pathway for endoscopy in Wales.¹⁶

¹² SDHCW09 Care and Repair Cymru

¹³ SDHCW08 Royal College of General Practitioners

¹⁴ SDHCW01 Community Pharmacy Wales and SDHCW04 Company Chemists Association

¹⁵ SDHCW02 Dr Simon Barry

¹⁶ Health and Social Care Committee ROP [para 352], 2 February 2023

Our view

15. DHCW is still a new organisation. Considerable work has been done to put in place new structures, and we commend the progress that has been made. It is clear that there have been some real successes: for example a reduction in ICT outages and the implementation of new cancer information systems.

16. DHCW is responsible for multiple projects, has a key information provider role, and must manage and work with a diverse range of stakeholders (whose own capacity and collaboration is a critical dependency for DHCW's ability to deliver). It must show leadership at a national and local level, and enable and facilitate others.

17. We do not underestimate how challenging this role is. However, if these challenges are not met, there are consequences for services, clinicians and patients. As the HSC Committee noted in a letter to the Minister for Health and Social Services on 10 March 2023:

"We understand that DHCW handles numerous requests from across the NHS where changes are needed to an all-Wales informatics system, but it was concerning to hear that delays in this part of the system could mean a considerable delay in putting in place necessary service improvements".¹⁷

18. We want to see DHCW be transparent about the challenges and the risks involved in delivering its remit. We applaud ambition and positivity, and we want to see flexibility, creativity, innovation and an appetite to succeed; but we caution against over-optimism and a focus on celebrating successes at the expense of realistically assessing both what needs to be achieved and how the work agenda needs to be prioritised.

19. It is not yet clear to us who is deciding on the priorities for DHCW, or how the multiple projects it has responsibility for are being ordered in terms of importance or urgency. We are also not yet assured from the evidence we have seen about the adequacy of information about timelines, milestones and progress on DHCW's major projects.

¹⁷ [Letter from the Health and Social Care Committee to the Minister for Health and Social Services](#), 10 March 2023

Recommendation 1. The Welsh Government and Digital Health and Care Wales should provide further information about their respective roles in determining DHCW’s priorities and delivering major projects. This should include:

- How the Welsh Government assures itself that DHCW’s priorities are aligned to and support delivery of the Welsh Government’s priorities for health and care in Wales.
- How decisions are taken on DHCW’s priorities, including when and by whom.
- How DHCW’s Board and executive team monitor progress on major projects, including whether key timelines and milestones are being achieved.
- What role, if any, will be played by the NHS Wales Executive.

3. Welsh Community Care Information System

Background

20. The Welsh Community Care Information System (“WCCIS”) has been developed as a single system and a shared electronic record for use across a wide range of adult and children’s services.¹⁸ The intention was that all 22 local authorities and seven health boards in Wales would implement it.

21. In July 2022, Audit Wales wrote to the PAPA Committee to provide an update on WCCIS delivery.¹⁹ The letter stated that Audit Wales had concluded in October 2020 that:

“...the potential benefits of a shared electronic record across health and social care were clear to see [...]. However, the Welsh Government’s ambitious vision for WCCIS was still a long way from being realised”.

22. The letter also highlighted the reluctance emerging amongst some health boards and local authorities to sign up to WCCIS. The Audit Wales report on

¹⁸ WCCIS is a ‘clinician-facing’ system. A ‘patient-facing’ NHS Wales app is also being developed. We discuss this further in chapter 4 of this report.

¹⁹ [Letter from the Auditor General for Wales to the PAPA Committee](#), 1 July 2022

WCCIS, published in October 2020²⁰, reported that 19 organisations were using WCCIS or had signed deployment orders, with four in active negotiation and six yet to commit.

23. The letter stated that:

“Of the 19 organisations, 13 local authorities and two health boards had gone live. However, ‘live’ meant different things. Differences in how organisations were choosing to deploy WCCIS limited opportunities for integrated working and raised other value for money issues”.

24. In written evidence to inform our scrutiny, Audit Wales described the WCCIS programme as being at “a critical juncture”, and summarised the key issues identified in its July 2022 report:

*“Among other things, [Audit Wales’ report] emphasised that, “following considerable diagnosis of the difficulties that have affected the WCCIS programme strong leadership is now required to ensure value for money from the £30 million investment to date and future spending and to determine the overall future of the programme in partnership with those organisations currently using the system and those who are not. As part of this, a decision will be needed on the future contracting strategy and whether to retain the commitment to a single system solution or allow for different ‘interoperable’ systems using the same standards and ensure the development of those standards moves at a quicker pace than it has to date”.*²¹

25. In October 2022, the Minister for Health and Social Services said in Plenary that the Welsh Government had spent £30m on WCCIS to date, and intended to spend a further £12m over the next three years. She added:

“And what this is going to do is to integrate social services and community health data, so that they can have shared electronic

²⁰ [Welsh Community Care Information System](#), Audit Wales report, October 2022

²¹ SDHCW12 Audit Wales

records for health and care, so we get the systems talking to each other".²²

26. Follow up correspondence from DHCW in January 2023 provided a breakdown of this funding and forecast spend for 2022-25.²³

27. In October 2022, we questioned DHCW on whether the expenditure on WCCIS to date, and the further funding allocated to it, represented value for money. We were told:

"...that's quite a tricky question to answer in terms of the quantification of the benefits. I think the whole investment has been around the integration agenda, to support that big service change that needs to happen"²⁴

28. Given concerns regarding take up of WCCIS, we asked whether a single system solution is still viable or if DHCW needs to look for a different solution. During the session, DHCW said:

"I think it is a viable model. I think that there is a lot of benefit to be gained from adopting and using that system, particularly at a regional footprint, to share across the health and care boundaries and the different sectors. Where that happens, you see staff on the ground experiencing the support and the sharing of that information".²⁵

"I think, in terms of WCCIS, clearly we host the programme and support the joint senior responsible officers in terms of the delivery. I think it's really worth recognising that it's an ambitious thing that Wales is trying to do here; it's trying to integrate across the health and social care sectors to join up that information. It hasn't been done in the way that we've been trying to do that at a national level

²² Plenary RoP [para 346], 12 October 2022

²³ [Letter from DHCW to the HSC and PAPA Committees](#), 13 January 2023

²⁴ RoP [para 145], 26 October 2022

²⁵ RoP [para 127], 26 October 2022

before. It's the right thing to do and, where it's been successful—and it is implemented in 17 organisations—it is really driving that benefit.”²⁶

29. DHCW told us that while there was work to be done to “really understand what the future direction looks like for Wales”, WCCIS was “able to service the functions and the role that it was purchased to do”.²⁷ It added that the WCCIS digital platform is “live in 19 out of 29 organisations”.²⁸

30. DHCW acknowledged during the evidence session that there have been challenges. It explained that, following a strategic review, “a programme reset is happening” and it was increasing its focus on engagement.²⁹

31. DHCW said:

“I think part of the challenge for WCCIS is I think there was a perception that having a programme that was going to give you a system to allow integration was going to deliver service integration. And I think actually some of that has been confused in terms of what it's trying to achieve. That was one of the recommendations of the strategic review—being really clear about the scope that the programme is trying to achieve, and, actually, 'Let's go at that and deliver that and support how we can get that information shared'. I acknowledge that there will be organisations that will have no intention, and they've already publicly voiced that no intention. We need to work with those organisations and those regions, which the teams are doing through the national programme team, to understand how we need to progress that conversation moving on.”³⁰

32. However, the evidence we received from health boards in January 2023 in suggests that the picture is more nuanced, which reinforces the picture outlined in the Audit Wales report on WCCIS published in 2022. There are different levels and degrees of rollout and progress among the organisations that have decided to use WCCIS, and it is clear that some health boards have no intention of using

²⁶ RoP [para 146], 26 October 2022

²⁷ RoP [para 169], 26 October 2022

²⁸ [Letter from DHCW to the HSC and PAPA Committees](#), 13 January 2023

²⁹ RoP [para 148], 26 October 2022

³⁰ RoP [para 183], 26 October 2022

it.³¹ There also remains the challenge of securing effective and widespread linkage with local authorities and social care services.

33. When asked in October 2022 whose responsibility it was to incentivise uptake of WCCIS, DHCW said:

“So, I think that's a collective responsibility. I don't think it is a wholly DHCW responsibility. Clearly, there are SROs who lead on that programme. It's an action in 'A Healthier Wales' to adopt WCCIS. So, I think it's a collective responsibility.”³²

34. In July 2022, the Auditor General for Wales wrote to the PAPA Committee to highlight that issues around the contracting strategy for WCCIS were becoming increasingly pressing given contractual end dates for individual bodies.³³ In written evidence in January 2023, DHCW outlined the profile of the timescales for the deployment order contractual timeframes for each health board.³⁴ This showed that the organisations currently using the system have moved onto it at different times, meaning that their deployment orders will also expire at different times. These contracts may be extended for up to a maximum of four years, although a number of contracts are scheduled to end as early as March 2024. The written evidence added that a ‘Strategic Review’ to define the future contract and technology strategy would report by March 2023.³⁵ It is not clear to us whether this Strategic Review is the same review referred to by DHCW during the evidence session as having already led to a programme reset.³⁶

Our view

35. We understand the complexity and scale of the WCCIS programme, but we continue to be concerned about some key aspects, including:

- Lack of a concise but detailed project plan that outlines key timescales, priorities and deliverables, and identifies risks and challenges and the actions to be taken to manage and tackle them.
- Slow pace of progress.

³¹ See correspondence from health boards published in February 2023

³² RoP [para 229], 26 October 2022

³³ Letter from the Auditor General for Wales to the PAPA Committee, 1 July 2022

³⁴ Letter from DHCW to the HSC and PAPA Committees, 13 January 2023

³⁵ Letter from DHCW to the HSC and PAPA Committees, 13 January 2023

³⁶ RoP [para 148], 26 October 2022

- Limited scope of rollout in some health board areas; for example in Cwm Taf Morgannwg UHB it is only expected to be rolled out in mental health initially.
- Hywel Dda UHB reported significant integration and connectivity barriers affecting the use of WCCIS in community nursing.
- Significant variations in the timing of contract expirations.
- Lack of clarity about what WCCIS will deliver in terms of benefits realisation in return for the planned £12m of additional spend in the next three years and whether the approach to date represents value for money.

36. There has been, and continues to be, considerable local flexibility over the use and rollout of WCCIS. This could be a strength, enabling the platform and its use to be tailored to local needs and circumstances. However, the lack of a central 'directive' role may also be a hindrance in ensuring consistency, and the full realisation of the potential benefits of the system. It is not clear to us who is ultimately responsible for ensuring that the system, and the benefits, are delivered on a consistent, all Wales basis.

37. Similarly we are concerned about the lack of clarity about where responsibility lies for leadership on WCCIS. The collective responsibility for leadership referred to during evidence does not provide us sufficient assurance that responsibility for leading on this flagship system is being adequately prioritised. It is not clear who is responsible for take up of the system. Where take up has been refused, we are unclear as to the reasons for this, what impact it will have, and how any issues arising from the refusal are being dealt with.

38. We are also concerned about whether there are likely to be, or have been, changes in responsibilities for leadership of the WCCIS programme. We are mindful that the Chief Executive of Powys Teaching Health Board was one of two Senior Responsible Officers for the programme and they have recently taken on the role of interim Chief Executive of Betsi Cadwaladr UHB.

Recommendation 2. The Welsh Government and Digital Health and Care Wales should set out who is responsible for leading the Welsh Community Care Information System programme. This should include information about the programme's Senior Responsible Officers. If the interim Chief Executive of Betsi Cadwaladr University Health Board is continuing as an SRO for the WCCIS programme, the Welsh Government and DHCW should provide an assessment

of whether it is realistic for one individual to undertake both roles concurrently, and information about any steps that are being taken to mitigate any risks associated with the roles being undertaken concurrently.

Recommendation 3. The Welsh Government and Digital Health and Care Wales should provide the Health and Social Care Committee and the Public Accounts and Public Administration Committee with six-monthly updates on progress on the delivery of the Welsh Community Care Information System. The updates should include information about expenditure to date, planned expenditure, uptake of WCCIS among health boards and local authorities, engagement or consultation undertaken with relevant partners. The first update should be provided in the responses to this report.

Recommendation 4. In their responses to this report, the Welsh Government and Digital Health and Care Wales should provide an update on the outcome of the WCCIS contracting strategy review that was due to report by March 2023.

4. Patient access to records

Background

39. Since 2015, the Welsh Government has had a strategic aim to make patients' medical records and data available to them through what was then known as 'an online citizens' portal'.³⁷ However, it is not clear what the current position on this objective is.

NHS Wales App

40. DHCW manages the Digital Services for Patients and Public programme, which is developing the NHS Wales App.³⁸ Its aim is to provide people with a tool to access NHS Wales services and health and care information more easily. Patients' input to the App has been via the Patient and Public Assurance Group and User Design Council.

41. The intention is to begin with patient access to their summary care record, as coded and held in the primary care system. Initially, the App would be tested

³⁷ Welsh Government, [Digital health and social care strategy](#), December 2015

³⁸ Digital Health and Care Wales, [Digital Services for Patients and Public](#) [accessed March 2023]

with 1,000 people, before transitioning to a public beta phase in spring 2023 and a full release later in 2023.³⁹

42. The Minister for Health and Social Services provided an update on the App via a written statement on 17 April 2023. The statement noted that the App had successfully undergone private beta testing, involving 700 people from 10 GP practices across Wales, and was being rolled out for wider public testing.⁴⁰

43. The statement highlighted that:

“The NHS Wales App isn’t only for primary care, we are developing functionality to help people manage planned care and for other health settings. We intend for the App to become a single digital front door for all health and social care services”.

44. The Minister provided a further update in a statement to Plenary on 9 May, stating that:

“As of today, around 97,000 patients who are registered at the GP practices who have turned on the app so far can access their summary health record, providing them with a view of their health history, order repeat prescriptions and view past GP prescriptions, and book, view and cancel certain appointments with practice staff.”⁴¹

Our view

45. We note that NHS England has ambitious plans for the further roll-out of its App.⁴² While greater join-up between GP and hospital services is still needed, already all GP practices in England are connected to the NHS App. Patients are able to use it for a range of functions, including ordering repeat prescriptions, and viewing their GP records and some test results online.⁴³

³⁹ [Written Statement by the Minister for Health and Social Services, The new NHS Wales App, 17 April 2023](#)

⁴⁰ [Oral Statement by the Minister for Health and Social Services: Launch of the NHS App, 9 May 2023](#)

⁴¹ Plenary RoP [para 100], 9 May 2023

⁴² UK Government, [Policy paper: A plan for digital health and social care](#), 29 June 2022

⁴³ NHS Digital, [NHS App features](#) [accessed May 2023]

46. We hope that the NHS Wales App will provide a safe and coordinated way for people in Wales to access records held about their health and care, and to enable them to access appropriate services when needed. It also presents opportunities to improve support for patient self-management. We welcome the progress achieved to date and the ambition for extending further the scope and use of the App. At the same time, we need to recognise the scale of the task and challenges involved in achieving this. The ambition needs to be matched by robust and realistic planning, leadership and collaboration, as well as a clear sense of where this work sits within Welsh Government and DHCW priorities.

47. If the NHS Wales App is to achieve its purpose, the right legislative, policy and governance arrangements must also be in place. This is essential to ensuring the public has, and continues to have, confidence in the App including the security of their records and how their information may be used. This includes ensuring the right safeguards are in place in respect of categorisation and patient grouping, as well as appropriate structures to support any planned increases in access to patient data. It also includes ensuring that suitable arrangements are in place to enable patients to 'opt-out' of the App if they wish.

48. Clear and effective communication is also essential to encouraging take up in use of the App, as is recognition that access may be more difficult for people who are digitally excluded.⁴⁴ Public Health Wales estimated in 2019 that this may be around 11 per cent of the Welsh population overall.⁴⁵ In March 2023, a report by Audit Wales estimated that around 32 per cent of the population aged 75 and over were digitally excluded, compared with around 7 per cent of the population aged 16 and over.⁴⁶

Recommendation 5. Digital Health and Care Wales should provide a timeline for the further rollout of the NHS Wales App, including key targets, deliverables, timescales and dependencies. The timeline should provide a clear view of priorities and plans, and enable progress to be monitored. DHCW should write to the Health and Social Care Committee and the Public Accounts and Public Administration Committee before the end of 2023 to provide an update on progress against the timeline.

Recommendation 6. Digital Health and Care Wales should develop a communication strategy for the provision of clear and accessible information about how to use the NHS Wales App. The aim should be to encourage take up

⁴⁴ The King's Fund, [Moving from exclusion to inclusion in digital health and care](#), 8 March 2023

⁴⁵ Public Health Wales, [Digital inclusion guide for health and care in Wales](#), July 2019

⁴⁶ [Digital inclusion in Wales. Audit Wales Report. March 2023. Exhibit 4](#)

of the App by people across Wales, and ensure that people have confidence in using it. DHCW should write to the Health and Social Care Committee and the Public Accounts and Public Administration Committee before the end of 2023 to provide an update on take up of the App.

Recommendation 7. In its response to this report, Digital Health and Care Wales should provide details about how the development and rollout of the NHS Wales App will recognise and address digital exclusion challenges for different groups of the population. This should include information about how the App will be promoted, the digital and non-digital channels of communication that will be used to promote it, and how DHCW will ensure that there is no defaulting to digital-only communications.

Recommendation 8. In its response to this report, Digital Health and Care Wales should outline the governance and data security arrangements that are in place to support the rollout and operation of the NHS Wales App.

5. Social care

Background

49. A key theme in 'A Healthier Wales'⁴⁷ is increased integration of health and social care services. This is reflected in Audit Wales' Baseline Governance Review of DHCW, which highlights the need for DHCW to ensure its strategy, plans and programmes focus on care as well as health.⁴⁸

50. In oral evidence, DHCW outlined its role in respect of social care, and how it currently works with Social Care Wales:

"Yes. In our set-up, I mean 'Digital Health and Care Wales', the 'and care' is about us supporting in partnership, so our remit is not to provide services directly into local authorities, because it's their remit to provide those digital services for their areas of responsibility. What we can do is support through partnership and collaboration and joint working. Through Social Care Wales, we've got a memorandum of understanding with them, and we're doing a lot of work—actually picking up on Mike's point earlier around data and data being king;

⁴⁷ Welsh Government, [A healthier Wales: long term plan for health and social care](#), updated November 2022

⁴⁸ Audit Wales, [Digital Health and Care Wales: Baseline Governance Review](#), January 2022

[...]—but actually, a lot of work, and they're a pivotal part of the national data resource programme, so how we can join up the data and support them in doing that. We also have joint responsibility on service management for things like WCCIS, where there are leads from local authorities and health sat around the table to ensure that we're optimising operations. So, quite a lot going on without us having any direct responsibility.”⁴⁹

51. However, the evidence we received from Social Care Wales states:

“...while we welcome the leadership role DHCW is showing on a number of shared approaches across social care and health services, for example the NDR (National Data Resource) and WCCIS, they do not have capacity to support social care organisations in Wales outside of these shared initiatives”.⁵⁰

Our view

52. It is clear that the majority of DHCW's time, energy and focus is on health. We understand the reasons for this, however, in line with the integration agenda, and if we are to see improvements in digital in social care, then we need to see an increased focus from DHCW on the social care aspects of its work.

53. We would appreciate further information about how DHCW is fulfilling its role in relation to the social care sector in Wales, including what is being done in priority areas such as cybersecurity, as well as other areas in which DHCW could offer third sector and private sector providers expertise and guidance, share learning, and help disseminate good practice.

54. We welcome the new role of Director of Primary, Community and Mental Health Digital Services, and the opportunities it provides to forge closer links with social care colleagues in local government and the third sector. But, it remains to be seen whether this role alone will have the necessary capacity and impact. It is also not clear what role the new Director will have in relation to engagement with private social care providers, Regional Partnership Boards or the Social Partnership Council to be established by the Social Partnership and Public Procurement (Wales) Act 2023.

⁴⁹ RoP [para 272], 26 October 2022

⁵⁰ SDHCW16 Social Care Wales

Recommendation 9. By the end of 2023 Digital Health and Care Wales should publish a clear, realistic and prioritised plan for increasing its engagement with the social care sector, including public, third and private sector providers, Regional Partnership Boards and the Social Partnership Council. The plan should be developed through engagement with the social care sector, and should include clear timescales and assessment of the resource required for its delivery. DHCW should provide a copy of the plan to the Health and Social Care Committee and the Public Accounts and Public Administration Committee, and provide six-monthly updates on progress against the plan.

6. Workforce

DHCW workforce

55. DHCW told us that delivering digital transformation needs NHS Wales to have “a strong, flexible and skilled workforce”.⁵¹

56. But, we have heard concerns about DHCW’s capacity to support the transformation agenda. For example, Aneurin Bevan UHB told us:

“Like local organisations the less apparent areas in DHCW can often be under strain as new programmes of work emerge, more demands are placed on teams and systems”.⁵²

57. During oral evidence DHCW explained some of the actions it is taking to develop its workforce through its national business change team but noted that not enough is being invested into business change. We heard that:

“We’ve implemented a national change network, which is a structured development programme, recognising that we can’t have loads of business-change resources; we want to skill up everyone to actually have those change skills to support the local teams”.⁵³

58. DHCW explained that it had recently approved its People and Organisational Development strategy to ensure it recruits and retains staff with

⁵¹ SDHCW19 Digital Health and Care Wales

⁵² SDHCW11 Aneurin Bevan University Health Board

⁵³ RoP [para 276], 26 October 2022

sufficient capabilities.⁵⁴ A copy of the strategy was shared with us. In written correspondence DHCW stated that it had made good progress in recruiting staff despite there being a very competitive market for digital and technical skills across the UK, and its limited ability as an NHS employer to compete on salary and wider benefits packages.⁵⁵

59. The letter also stated that DHCW had increased its head count from 675 in 2019 to 969 in March 2022 and staff retention and turnover is around a third of the industry average. During oral evidence we heard that this increase in DHCW's workforce was around 43 per cent since the Fifth Senedd PAC had looked at its predecessor organisation NWIS. It was not clear to us which skills or departments within DHCW have been prioritised in the staffing increases.

60. Witnesses acknowledged that:

"There's more that we need to do, but we also recognise that we can't recruit to all of these things, and we can't recruit at the pace that we need to, so we've also got a strategic resourcing group in the organisation, which is looking at how we balance the training and development and opportunities that we need, growing our own and attracting in that way, but also how we partner with commercial partners to actually supplement the organisation".⁵⁶

The wider health and social care workforce

61. We also heard that digital skills and capacity in partner and stakeholder organisations may be a constraining factor in the delivery of DHCW's programmes. Issues raised included: limited capacity for change programmes within many public sector organisations;⁵⁷ difficulties in filling vacancies for digital roles;⁵⁸ and limited flexibility in the terms and conditions NHS bodies can offer within the context of the Agenda for Change framework.⁵⁹

62. Health Education and Improvement Wales highlighted the commitment in its joint workforce strategy for health and social care with Social Care Wales to developing digital skills, as well as the role of clinical staff in the successful

⁵⁴ RoP [para 236], 26 October 2022

⁵⁵ [Letter from DHCW to the HSC and PAPA Committees](#), 13 January 2023

⁵⁶ RoP [para 239], 26 October 2022

⁵⁷ SDHCW13 Centre for Digital Public Services

⁵⁸ SDHCW15 Swansea Bay University Health Board

⁵⁹ SDHCW11 Aneurin Bevan University Health Board

delivery of digital programmes and services.⁶⁰ It was suggested that skills and capacity may be a particular issue within the third sector and social care sector, as a result of the number and range of organisations involved.⁶¹

63. Audit Wales has indicated it intends to undertake work on NHS Wales workforce planning arrangements. This will examine how local and national workforce planning activities are being taken forward to manage risks and address short, medium and longer-term workforce needs.⁶²

64. The Centre for Digital Public Skills described issues around workforce and skills availability as “a key challenge for all organisations trying to deliver digital change across Wales”. It added DHCW could work more collaboratively with stakeholders and partners within the digital community, for example through “communities of practice” to bring together people with the right skills or working on similar issues could help address problems and deliver value for money.⁶³ This reflects a central recommendation made by PAC in its 2018 report on Informatics systems in NHS Wales:

*“Recommendation 5: We recommend that NWIS look to increase its work with other public bodies, including those from UK Government”.*⁶⁴

65. During the oral evidence session, we asked DHCW about its role in supporting people through training and building their confidence. DHCW described this as a “joint responsibility” with local organisations. In addition to the work of its national business change team, it highlighted the development of a national accredited business change qualification:

“We’ve implemented a national change network, which is a structured development programme, recognising that we can’t have loads of business-change resources; we want to skill up everyone to actually have those change skills to support the local teams. We’ve got our second cohort going through that now. It’s an accredited qualification that we’ve worked with the Wales Institute of Digital Information on as well, so you can—. It’s a qualification on its own, but

⁶⁰ SDHCW20 Health Education and Improvement Wales

⁶¹ SDHCW09 Care and Repair Cymru and SDHCW16 Social Care Wales

⁶² SDHCW12 Audit Wales

⁶³ SDHCW13 Centre for Digital Public Services

⁶⁴ Public Accounts Committee, [Informatics Systems in NHS Wales](#), November 2018

it can be part of a certification or a broader credit towards a degree qualification as well. So, we're recognising that and trying to support all we can to have those business-change skills out there in local communities.”⁶⁵

Cybersecurity

66. In its written evidence, DHCW highlights cybersecurity as a key area of challenge. It highlights the rapid digitalisation of services during the pandemic, and notes that it has a “national role in the protection of the network and data across NHS Wales”, in addition to hosting the NHS Wales Cyber Resilience Unit. It added, however, that attracting skilled digital and technical staff remains challenging.⁶⁶

67. During the session, DHCW described raising awareness of cybersecurity across NHS Wales as a “key area of focus”, but identified risks in respect of having the right staff and resource in place.⁶⁷ DHCW told us that the Welsh Government-funded NHS Wales Cyber Resilience Unit comprised four people. When asked whether this was sufficient, it said:

“It's not about size, it's about capability and, really, what's important there is that cyber skills, as you can imagine, are very valuable at the moment. So, the challenge for us is to develop that competency and specialism, and that's what we've done. We need to balance that, actually, with external support where we need it, but, really, it's about developing the capability to understand the cyber threat and respond appropriately.”⁶⁸

68. It added that the first cohort of digital degree apprentices DHCW supports through the Wales Institute of Digital Information would be graduating in November 2022.⁶⁹

69. However, it was not clear from the evidence how confident DHCW is in its capacity to avoid a system outage across NHS in Wales. DHCW told us:

⁶⁵ RoP [para 276], 26 October 2022

⁶⁶ SDHCW19 Digital Health and Care Wales

⁶⁷ RoP [paras 54-58], 26 October 2022

⁶⁸ RoP [para 111], 26 October 2022

⁶⁹ RoP [para 113], 26 October 2022

*"...we need to stress [...] that there are things that we can do and that we are raising awareness of that mean that we can deal with cyber, and partners are aware of that, but, actually, to really have the stronger cyber posture is going to need investment."*⁷⁰

70. However, we were also told that DHCW was "doing all that we can in terms of the cyber posture and in terms of our service availability to understand what our risks are".⁷¹

71. Audit Wales highlighted its 2021 review of Welsh public bodies cyber-resilience, which found:

*"...cyber-attacks are a common and growing threat to public bodies and there is scope to strengthen resilience through clearer responsibilities, better planning, and increased awareness and skills [...] clarity on leadership and accountability for this critical area of operation with all of DHCW's partners is vital".*⁷²

72. We note that in follow up to its 2021 work on cybersecurity, in November 2022, Audit Wales shared a confidential report with specific organisations on learning from recent cyber-attacks.

73. DHCW told us that it sought to raise awareness of cybersecurity issues through health board, trust and special health authority chairs, but that:

*"...the challenge for all of us in the NHS, the chairs sitting around the table, in our plans, is to make sure that we are putting in sufficient resource to address the issue."*⁷³

74. DHCW added that the NHS Wales Cyber Resilience Unit has worked with NHS organisations to undertake a cybersecurity assessment, but that the outcomes have been reported internally in each body and to Welsh Government, but not to DHCW itself.⁷⁴

⁷⁰ RoP [para 67], 26 October 2022

⁷¹ RoP [para 115], 26 October 2022

⁷² SDHCW12 Audit Wales

⁷³ RoP [para 65], 26 October 2022

⁷⁴ RoP [para 67], 26 October 2022

Our view

75. Having the right skills and capacity within the workforce, both within DHCW and its partner organisations across health and social care, is key. A lack of such skills and capacity risks the organisation’s ability to deliver, particularly in the area of cybersecurity.

76. DHCW acknowledged during our scrutiny that it is struggling to compete for key staff in some areas, having instead to focus on “growing our own”.⁷⁵ It was less clear to us, however, what specific implications the lack of such staff has for the delivery of DHCW’s agenda and objectives.

77. Difficulty in recruiting specialist skills is not an issue unique to DHCW. But, while the evidence we heard provided detailed aspirational rhetoric around how DHCW plans to address these issues, we are not yet assured about the sufficiency of the human resources systems in place to deliver these.

78. The DHCW organisational development strategy highlights a need to “understand the current baseline position of our people and gap challenges”, and “implement development centres to identify potential and address development gaps”. However, we are not persuaded that there is sufficient clarity about where the key gaps and vacancies are, how actions to address these gaps are being prioritised, and what steps are being taken to mitigate the risks to delivery arising from the vacancies.

Recommendation 10. Digital Health and Care Wales should provide further evidence about the human resource systems and capacity available to facilitate the recruitment and retention of specialist skills. This should include information identifying where the key gaps and vacancies are, how actions to address the gaps are being prioritised, and what steps are being taken to mitigate the risks to delivery arising from the vacancies. Following the provision of this information in its response to this report, DHCW should provide the Health and Social Care Committee and the Public Accounts and Public Administration Committee with six-monthly progress updates.

79. We are pleased to note that the first cohort of digital degree apprentices DHCW supports through the Wales Institute of Digital Information will be graduating in November 2022.

⁷⁵ RoP [para 239], 26 October 2022

Recommendation 11. In its response to this report, Digital Health and Care Wales should provide an update on the cohort of digital degree apprentices who graduated through the Wales Institute of Digital Information in November 2022. This should include information about how many of the graduates entered employment with DHCW upon graduation and how many are still in DHCW's employment as at June 2023. It should also include information about how the skills and knowledge prioritised in the programme align with the areas that DHCW has identified as being difficult for it to compete in when recruiting, and the extent to which the programme is assisting in developing such skills and knowledge in-house.

80. We are particularly concerned about capacity in relation to cybersecurity, including in relation to DHCW's broader leadership role in this regard.

Recommendation 12. Digital Health and Care Wales should reflect on the findings of the Audit Wales report on cybersecurity and write to the Health and Social Care Committee and the Public Accounts and Public Administration Committee explaining how it is implementing and distilling the key messages within the report, and providing examples of how it is sharing good practice with, and providing leadership to, other public organisations.

7. Transformation agenda

Background

81. DHCW has an important role in the transformation of health and care in Wales. The role of data and the development of digital services is highlighted in key Welsh Government documents, including 'A Healthier Wales'⁷⁶ and the 'Programme for transforming and modernising planned care and reducing waiting lists in Wales'.⁷⁷

82. In its written evidence, DHCW notes that the COVID-19 pandemic generated increased digital solutions in healthcare delivery, and demonstrated the benefits of digital services. DHCW was involved in areas such as supporting remote working, digital consultation, testing and vaccination.⁷⁸

⁷⁶ Welsh Government, [A healthier Wales: long term plan for health and social care](#), updated November 2022

⁷⁷ Welsh Government, [Our programme for transforming and modernising planned care and reducing waiting lists in Wales](#), April 2022

⁷⁸ SDHCW19 Digital Health and Care Wales

83. Aneurin Bevan UHB emphasised the need to ensure that funding keeps pace with the “expanding portfolio of programmes”.⁷⁹ The Royal Pharmaceutical Society highlighted the need to consider costs associated with ongoing system maintenance and interoperability, in addition to initial project funding.⁸⁰

Capital

84. In its written evidence, DHCW identified a lack of capital funding as a challenge. It noted the reduction in the Digital Priorities Investment Fund from £25m to £10m in 2022-23, and suggested this could inhibit its ability to respond to new digital and service priorities.⁸¹ However, during the evidence session, DHCW said:

“But, in addition to our operational core, what we have seen is the growth in the allocation in relation to digital development. So, we have a digital priorities investment fund and, since our formation, we've seen that funding increase to £31 million this year. So, that inevitably means that the rate and pace at which we have to grow in that space is a high priority. And the reality is 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 as we move from those developments into business as usual, but equally as we move from a capital-intensive to a revenue-based model. So, working alongside my colleagues in Welsh Government, and alongside our health board colleagues, we're looking at how to optimise our funding model to ensure that it's fit for purpose as we change and develop as an organisation.”⁸²

85. Stakeholders responding to our consultation also highlighted capital funding constraints. Swansea Bay UHB said that capital funding was largely being focused on largescale national programmes, adding that it was:

⁷⁹ SDHCW11 Aneurin Bevan University Health Board

⁸⁰ SDHCW22 Royal Pharmaceutical Society

⁸¹ SDHCW19 Digital Health and Care Wales

⁸² RoP [para 18], 26 October 2022

*“...imperative that these deliver timely benefits across NHS Wales organisations, given the organisational pressures and the need to deliver [value for money]”.*⁸³

86. Aneurin Bevan UHB similarly noted the need for difficult decisions to be taken as “infrastructure for key systems used in everyday care delivery must compete on a risk basis with front line clinical programmes of work”.⁸⁴

87. DHCW told us that NHS Wales clinical staff are “desperate” for access to digital systems that enable them to deliver better care, but that this is “dependent on kit”, which in turn is depending on having the funds in place.⁸⁵

Our view

88. Digital is a key component of the health and social care transformation agenda. DHCW recognised this in its evidence to us, highlighting the importance of a “whole health economy” look and approach.⁸⁶ In addition to day-to-day funding, capital investment is key to continue to deliver high-quality, safe health services, as well as meet longer-term goals to integrate care.

89. The HSC Committee has previously highlighted the implications of the limited available of capital funding within recent budgets.⁸⁷ Within the context of capital constraint, it is nevertheless vital for ICT equipment—particularly for clinicians—to be kept up to date at local levels within NHS organisations. Otherwise, the impact of work to remove governance or software barriers that currently limit access and information sharing will be constrained.

90. It is concerning that DHCW has not been able to quantify either the capital or revenue funding requirements for digital transformation. In addition, there appear to be mixed messages in DHCW’s written and oral evidence regarding the level of funding available through the Digital Priorities Investment Fund. Clarity about the level of capital resource required and available would seem to be key to effective planning and delivery of an effective digital programme.

⁸³ SDHCW15 Swansea Bay University Health Board

⁸⁴ SDHCW11 Aneurin Bevan University Health Board

⁸⁵ RoP [para 284], 26 October 2022

⁸⁶ RoP [para 194], 26 October 2022

⁸⁷ See, for example, Health and Social Care Committee, [Welsh Government draft budget 2022-23](#), February 2023 or Health and Social Care Committee, [Welsh Government draft budget 2023-24](#), February 2023

91. We note from the Welsh Government's budget for 2023-24 there is no increase in the Health and Social Services capital budget, which remains at £337m. We also note that the Welsh NHS Confederation has previously highlighted concerns about the lack of sufficient capital investment.⁸⁸

92. We also note that DHCW is working with the All-Wales Directors of Digital Peer Group to assess the digital maturity of each organisation within NHS Wales. However, it is not clear where responsibility sits for driving digital transformation or creating and driving a national agenda. This issue is not unique to digital. For example, in the HSC Committee's report on the Welsh Government's draft budget for 2023-24, the Committee highlighted a lack of clarity about leadership for transformation,⁸⁹ and in its recent work on endoscopy services, it highlighted witnesses' calls for greater clarity about accountability structures including the new NHS Executive.⁹⁰

93. We believe greater clarity on where responsibility sits for leading digital transformation or creating and driving a national agenda is essential to securing progress in these areas. There is a need for either the Welsh Government or DHCW to lead by example particularly in setting goals and objectives for that transformation. Health boards and local authorities tasked with embedding digital transformation will benefit from clearer leadership, which will also contribute to great consistency in the delivery of digital transformation across relevant organisations in public sector.

Recommendation 13. The Welsh Government and Digital Health and Care Wales should provide further information about their respective roles in providing leadership and drive for digital transformation in health. This should include:

- How the Welsh Government assures itself that decisions taken by DHCW and other health bodies in Wales on the prioritisation of capital funding align with Ministers' transformation priorities.
- How DHCW works with health bodies and encourages them to allocate sufficient funding and other resources to delivering sustainable digital transformation.

⁸⁸ Welsh NHS Confederation, [Response to the Finance Committee's consultation on the Welsh Government's draft budget 2023-24](#), November 2022

⁸⁹ Health and Social Care Committee, [Welsh Government draft budget 2023-24](#), February 2023

⁹⁰ [Letter from the Health and Social Care Committee to the Minister for Health and Social Services](#), 10 March 2023

Recommendation 14. The Welsh Government and Digital Health and Care Wales should provide a frank appraisal of the impact of the limited availability of capital funding on the delivery of digital transformation in health services. This should include information about any projects or programmes which have been, or are likely to be, delayed because of a lack of capital funding, an assessment of the implications of such delays, and what alternative approaches are being considered to fund/support growth in the digital space.

8. Collaboration

Background

94. Many of the programmes DHCW is responsible for are complex and multi-organisational, involving a wide range of stakeholders. Research from the King's Fund on the role of culture and leadership in such circumstances stresses the importance of culture, leadership and good co-working relationships between staff; technology that facilitates co-working; and enabling environments within which funding, capacity, skills, education and governance are aligned.⁹¹

95. In 2019, the then Minister for Health and Social Services said:

"A dedicated Digital Transformation Programme will support delivery, but the pace of change will depend on the readiness of all stakeholders and partners to adopt common approaches and to work together. I expect to see strong collaborative leadership at all levels, alongside the step change in investment and the revised delivery arrangements".⁹²

96. When asked who they were set up to serve, DHCW said:

"...historically, the role of an organisation like ours within a health and care system was aimed at the professionals, was aimed at clinicians, was aimed at the tools and the technology needed to support front-line delivery, therefore serving patients. Our role now is actually reaching out into the role of being patient facing as well. And one of the major strategic programmes of work for us is digital services for

⁹¹ The King's Fund, [Interoperability is more than technology: The role of culture and leadership in joined-up care](#), September 2022

⁹² Welsh Government, [Written statement: Update on Digital Health and Care](#), 30 September 2019

patients and the public, which will, for the first time, give patients access and the ability to interact digitally with the health and care service in the way, frankly, that you quite expect to do during every other day of your life and the things that you do. So, I think that we are here to serve the people of Wales, and we do that by serving the provision of health and care services and supporting that”.⁹³

97. It added:

“Collaboration is a core element of our values, actually. Part of our ambition, and actually in the conversation about changing the culture of the organisation, one of our strategic missions is about becoming that trusted strategic partner. So, we've worked really hard to really evidence that, if you like, and that's what we're trying to do is work in the open. So, yes, there's a lot of collaboration that goes on and there's a lot of opportunity to work with local organisations on what they're doing, and we've got some really great examples of where local innovation has then been scaled up into a national programme that's been rolled out. Rhidian will be able to talk to us about the nursing record—it's award winning. That came from a really good idea in a local organisation.”⁹⁴

98. In its written evidence, DHCW notes an increased focus on stakeholder engagement; a commitment to co-production and close working with patients, clinicians and providers; an acknowledgement of the critical role of partnership working in delivering the digital agenda; and the need to work more collaboratively with the third sector and social care sector.⁹⁵ This is supported by the findings of the Audit Wales Baseline Governance Review of DHCW, which noted:

“...there is good evidence of resource and energy being devoted to building external relationships and capturing feedback and intelligence”.⁹⁶

⁹³ RoP [para 26], 26 October 2022

⁹⁴ RoP [para 245], 26 October 2022

⁹⁵ SDHCW19 Digital Health and Care Wales

⁹⁶ Audit Wales, [Digital Health and Care Wales: Baseline Governance Review](#), January 2022

Partners and stakeholders

99. Swansea Bay UHB and Aneurin Bevan UHB described a good relationship between health boards and DHCW leaders. However, Aneurin Bevan UHB said there had been difficulties in collective formal engagement on priority areas since the National Informatics Management Board had ceased, and called for urgent action to address the governance around DHCW and health board and health trust engagement.⁹⁷

100. The Centre for Digital Public Services similarly suggested the need for increased collaboration, including ensuring that users are central to designing changes:

*“Even more may need to be done to signal the level of desire to listen to concerns, invite stakeholders in to share issues, co-design solutions and work towards solutions openly. [...] In pursuit of lasting change, DHCW could work more with a collaborative ‘we are doing this together’ approach, with a transparent goal that organisations it works with will develop their own digital capability and change agency/capability”.*⁹⁸

101. Community Pharmacy Wales agreed that more is needed to ensure that users are fully engaged, highlighting particular concerns in respect of the Choose Pharmacy programme.⁹⁹ The Royal Pharmaceutical Society also called for greater engagement by DHCW with users, including avenues for feedback from the workforce who are using the systems.¹⁰⁰

102. Responses from allied health professionals (“AHPs”) highlighted concerns about the extent to which there is resourced support to AHPs on digital issues at health board level when compared to other professions.¹⁰¹ There is currently only one substantive post in DHCW: the National Clinical Informatics Lead for Therapies. AHPs said this can cause a disconnect between national and local IT solutions, and called for designated and supported AHP informatics leads in

⁹⁷ SDHCW15 Swansea Bay University Health Board and SDHCW11 Aneurin Bevan University Health Board

⁹⁸ SDHCW13 Centre for Digital Public Services

⁹⁹ SDHCW01 Community Pharmacy Wales

¹⁰⁰ SDHCW22 Royal Pharmaceutical Society

¹⁰¹ SDHCW03 Royal College of Speech and Language Therapists, SDHCW10 Royal College of Podiatry, SDHCW14 All-Wales Directors of Therapies and Healthcare Sciences; SDHCW17 Allied Health Professionals in Wales

each health board, an AHP digital vision and standards agreement, and improved engagement with AHPs by DHCW.

103. In written evidence, Care and Repair Cymru indicates that it was not fully aware of the progress on DHCW as it has not been widely communicated with either stakeholders or the public.¹⁰²

104. We asked DHCW about this and heard that it was keen to increase engagement with the voluntary and third sector, and had recently held a digital summit with Cwmpas and the Wales Council for Voluntary Action (“WCVA”).¹⁰³ The Chair of DHCW told us there is a:

*“...lot of stuff going on around Wales, around digital inclusion and digital involvement of people through the third sector. And I'm really keen that we work with that sector as partners, which sometimes doesn't always happen when the public sector works with the voluntary sector”.*¹⁰⁴

105. In terms of support being provided by the Welsh Government to assist with collaborative working we heard that the Welsh Government is engaging with the third sector “to a considerable degree around digital inclusion and digital engagement”.¹⁰⁵

Cross-border collaboration

106. We raised some concerns regarding disparity or disconnect between digital systems in Wales and equivalent systems in England.¹⁰⁶ For example, GP practices that service a cross-border patient list, and those health boards close to the English border, that frequently refer patients to providers in England requires digital systems that can work together.

107. We were told:

“We've engaged with some services, including, for example, genetics, plastic surgery, orthopaedics, in a way that we can collect that output of care information on one side of the border and put it into our

¹⁰² SDHCW09 Care and Repair Cymru

¹⁰³ RoP [para 253], 26 October 2022

¹⁰⁴ RoP [para 253], 26 October 2022

¹⁰⁵ RoP [para 255], 26 October 2022

¹⁰⁶ RoP [para 45], 26 October 2022

*repositories. We're also exploring ways to expose the data of the Welsh citizens in a way that is safe and secure within the English infrastructure.*¹⁰⁷

108. DHCW added that work is being undertaken on the international patient passport to make this standardised across the UK, and that part of the work that it is doing for digital services and patients is “trying to expose the record in a way that the patient can carry it to where they need to go”.¹⁰⁸ It also told us that some specific work has been undertaken by Powys Teaching Health Board, targeted at the high-volume transfer of patients they received enabling referrals to be sent electronically to those areas over the border.¹⁰⁹

Our view

109. There is some evidence of collaborative working; this is welcome, as we agree with DHCW that “to be successful we have to collaborate”.¹¹⁰ We welcome the value DHCW has attached to collaborative working and its intent to increase engagement with its partner organisations. However, we have serious concerns regarding the effectiveness of collaboration as there were few tangible examples of where this is occurring in practice and many stakeholders are calling for increased collaboration.

110. We believe collaboration between DHCW and its partners to be essential in delivering their collective responsibilities as a public sector organisations and DHCW has a natural role in leading on this.

111. Within a landscape as complex as health and social care in Wales, maintaining consistent and effective collaboration is a big task, and one that requires clinical leadership and participation. DHCW already undertakes extensive clinical engagement, employs clinical leads, and co-designs systems with users, all of which is to be applauded. However, within the context of the challenging digital agenda, we would welcome further clarity on the sustainability of the current approach and how DHCW, and its partners, balance national and local priorities.

Recommendation 15. Digital Health and Care Wales should engage with its partner organisations to evaluate its existing approaches to collaboration, and

¹⁰⁷ RoP [para 47], 26 October 2022

¹⁰⁸ RoP [para 47], 26 October 2022

¹⁰⁹ RoP [para 48], 26 October 2022

¹¹⁰ RoP [para 339], 26 October 2022

identify areas for improvement and opportunities to strengthen relationships. In its response to this report, Digital Health and Care Wales should outline how it will undertake this evaluation. It should then provide the Health and Social Care Committee and the Public Accounts and Public Administration Committee with six-monthly updates on how it is collaborating with its partners and what such collaboration has achieved.

112. We welcome the work being undertaken by DHCW to improve connectivity between digital systems in Wales and equivalent systems in England, However, we remain concerned that the current disconnect is having a detrimental impact on Welsh patients who receive treatment in England, with vital information relating to patient records not being shared in an efficient or timely manner.

Recommendation 16. We wish to ensure that Digital Health Services are appropriately accessible to patients in Wales when they receive NHS services in England. We recommend that the Welsh Government engage with the UK Government to consider ways in which digital health services in England and Wales can be better aligned and connected.

List of recommendations

Recommendation 1. The Welsh Government and Digital Health and Care Wales should provide further information about their respective roles in determining DHCW's priorities and delivering major projects. This should include:

- How the Welsh Government assures itself that DHCW's priorities are aligned to and support delivery of the Welsh Government's priorities for health and care in Wales.
- How decisions are taken on DHCW's priorities, including when and by whom.
- How DHCW's Board and executive team monitor progress on major projects, including whether key timelines and milestones are being achieved.
- What role, if any, will be played by the NHS Wales Executive..... (page 7)

Recommendation 2. The Welsh Government and Digital Health and Care Wales should set out who is responsible for leading the Welsh Community Care Information System programme. This should include information about the programme's Senior Responsible Officers. If the interim Chief Executive of Betsi Cadwaladr University Health Board is continuing as an SRO for the WCCIS programme, the Welsh Government and DHCW should provide an assessment of whether it is realistic for one individual to undertake both roles concurrently, and information about any steps that are being taken to mitigate any risks associated with the roles being undertaken concurrently..... (page 12)

Recommendation 3. The Welsh Government and Digital Health and Care Wales should provide the Health and Social Care Committee and the Public Accounts and Public Administration Committee with six-monthly updates on progress on the delivery of the Welsh Community Care Information System. The updates should include information about expenditure to date, planned expenditure, uptake of WCCIS among health boards and local authorities, engagement or consultation undertaken with relevant partners. The first update should be provided in the responses to this report..... (page 13)

Recommendation 4. In their responses to this report, the Welsh Government and Digital Health and Care Wales should provide an update on the outcome of

the WCCIS contracting strategy review that was due to report by March 2023.
..... (page 13)

Recommendation 5. Digital Health and Care Wales should provide a timeline for the further rollout of the NHS Wales App, including key targets, deliverables, timescales and dependencies. The timeline should provide a clear view of priorities and plans, and enable progress to be monitored. DHCW should write to the Health and Social Care Committee and the Public Accounts and Public Administration Committee before the end of 2023 to provide an update on progress against the timeline..... (page 15)

Recommendation 6. Digital Health and Care Wales should develop a communication strategy for the provision of clear and accessible information about how to use the NHS Wales App. The aim should be to encourage take up of the App by people across Wales, and ensure that people have confidence in using it. DHCW should write to the Health and Social Care Committee and the Public Accounts and Public Administration Committee before the end of 2023 to provide an update on take up of the App..... (page 15)

Recommendation 7. In its response to this report, Digital Health and Care Wales should provide details about how the development and rollout of the NHS Wales App will recognise and address digital exclusion challenges for different groups of the population. This should include information about how the App will be promoted, the digital and non-digital channels of communication that will be used to promote it, and how DHCW will ensure that there is no defaulting to digital-only communications..... (page 16)

Recommendation 8. In its response to this report, Digital Health and Care Wales should outline the governance and data security arrangements that are in place to support the rollout and operation of the NHS Wales App..... (page 16)

Recommendation 9. By the end of 2023 Digital Health and Care Wales should publish a clear, realistic and prioritised plan for increasing its engagement with the social care sector, including public, third and private sector providers, Regional Partnership Boards and the Social Partnership Council. The plan should be developed through engagement with the social care sector, and should include clear timescales and assessment of the resource required for its delivery. DHCW should provide a copy of the plan to the Health and Social Care Committee and the Public Accounts and Public Administration Committee, and provide six-monthly updates on progress against the plan..... (page 18)

Recommendation 10. Digital Health and Care Wales should provide further evidence about the human resource systems and capacity available to facilitate the recruitment and retention of specialist skills. This should include information identifying where the key gaps and vacancies are, how actions to address the gaps are being prioritised, and what steps are being taken to mitigate the risks to delivery arising from the vacancies. Following the provision of this information in its response to this report, DHCW should provide the Health and Social Care Committee and the Public Accounts and Public Administration Committee with six-monthly progress updates..... (page 23)

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Recommendation 12. Digital Health and Care Wales should reflect on the findings of the Audit Wales report on cybersecurity and write to the Health and Social Care Committee and the Public Accounts and Public Administration Committee explaining how it is implementing and distilling the key messages within the report, and providing examples of how it is sharing good practice with, and providing leadership to, other public organisations..... (page 24)

Recommendation 13. The Welsh Government and Digital Health and Care Wales should provide further information about their respective roles in providing leadership and drive for digital transformation in health. This should include:

- How the Welsh Government assures itself that decisions taken by DHCW and other health bodies in Wales on the prioritisation of capital funding align with Ministers’ transformation priorities.
- How DHCW works with health bodies and encourages them to allocate sufficient funding and other resources to delivering sustainable digital transformation..... (page 27)

Recommendation 14. The Welsh Government and Digital Health and Care Wales should provide a frank appraisal of the impact of the limited availability of capital funding on the delivery of digital transformation in health services. This should include information about any projects or programmes which have been, or are likely to be, delayed because of a lack of capital funding, an assessment of the implications of such delays, and what alternative approaches are being considered to fund/support growth in the digital space..... (page 28)

Recommendation 15. Digital Health and Care Wales should engage with its partner organisations to evaluate its existing approaches to collaboration, and identify areas for improvement and opportunities to strengthen relationships. In its response to this report, Digital Health and Care Wales should outline how it will undertake this evaluation. It should then provide the Health and Social Care Committee and the Public Accounts and Public Administration Committee with six-monthly updates on how it is collaborating with its partners and what such collaboration has achieved..... (page 32)

Recommendation 16. We wish to ensure that Digital Health Services are appropriately accessible to patients in Wales when they receive NHS services in England. We recommend that the Welsh Government engage with the UK Government to consider ways in which digital health services in England and Wales can be better aligned and connected. (page 33)