

Agenda – Public Accounts Committee

Meeting Venue:	For further information contact:
Video Conference via Zoom	Fay Bowen
Meeting date: 1 March 2021	Committee Clerk
Meeting time: 08.30	0300 200 6565
	SeneddPAC@senedd.wales

(Private Pre–Meeting)

(09.00 – 09.15)

In accordance with Standing Order 34.19, the Chair has determined that the public are excluded from the Committee's meeting in order to protect public health. This meeting will be broadcast live on www.senedd.tv

1 Introductions, apologies, substitutions and declarations of interest

(09.15)

2 Paper(s) to note

(09.15 – 09.30)

2a NHS Wales Informatics Services: Letter from the Welsh Government (11 February 2021)

(Pages 1 – 60)

2b Primary care out-of-hours services: Letter from the Welsh Government (12 February 2021)

(Pages 61 – 63)

3 Reflections on the Fifth Assembly/Senedd: Welsh Government – Health and Social Services Group / NHS Wales

(09.30 – 10.30)

(Pages 64 – 70)

Research Briefing

Dr Andrew Goodall – Director General, Health and Social Services Group /
Chief Executive, NHS Wales

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

(10.30)

Items 5 & 6 and the meetings on 8, 15 & 22 March 2021

5 Reflections on the Fifth Assembly/Senedd: Consideration of evidence received

(10.30 – 10.50)

6 Barriers to the successful Implementation of the Well-Being of Future Generations (Wales) Act 2015: Consideration and agreement of draft report

(10.50 – 12.30)

(Pages 71 – 157)

PAC(5)-07-21 Paper 1 – Draft Report

PAC(5)-07-21 Paper 2 – Welsh Government Written Statement: Shaping Wales' Future: Delivering National Well-being Milestones and National Well-being Indicators and a report on Wales' future (19 February 2021)

Agenda Item 2a

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

11 February 2021

Dear Mr Ramsay

I am pleased to set out below an update on NHS Wales Informatics Service (NWIS), progress made on implementing recommendations from 2018, and a response to the issues highlighted in your letter of 26 November.

Responding to the Covid-19 pandemic has been an overriding priority for every part of NHS Wales during 2020. I am pleased with the contribution which NWIS has made in delivering a timely and effective digital response. As the Committee has highlighted in its report and scrutiny, and as described in A Healthier Wales, digital is an enabler for almost all that we do in a modern healthcare system. This became even more critical during a period when most people needed to stay at and also work from home, as we have seen over the past year.

By the beginning of April, we had established new collaborative governance and decision making arrangements which brought together Welsh Government, NWIS, digital leads from each NHS organisation, and key external stakeholders including from social care.

By the beginning of May, Microsoft Teams remote working had been deployed out to the entire NHS Wales workforce and Attend Anywhere video consultation services rolled out to the whole of Wales, we had upgraded the network bandwidth and remote working capacity, and provided new mobile devices to thousands of NHS staff.

By the beginning of June, we had commissioned, developed and deployed a national contact tracing service, trained and equipped over two thousand contact tracing staff from more than thirty public sector organisations, and provided every GP in Wales with remote desktop access.

Over the summer, the contact tracing service was upgraded on a four weekly release cycle, and fully integrated into our national testing service, through the Welsh Laboratory Information Management System (WLIMS). In September, when the NHS Covid-19 App was launched as a joint England and Wales platform, fully localised and translated, we were able to report all tests in Wales into the App, several weeks ahead of England. To date the NHS Covid-19 App has been downloaded over 22 million times across England and Wales.

By the beginning of December, we had deployed a national vaccine management system across Wales, which has been used by every NHS Wales organisation, and is deployed to all GP practices. Key systems, including WLIMS, have been upgraded to provide increased capacity and functionality to handle Covid-19 demands. National infrastructure bandwidth and resilience has also been further improved. More mobile devices have been deployed to NHS staff, to local authority staff, and to care homes through Digital Communities Wales, a digital inclusion programme.

The pace and scale of digital transformation in 2020 is unprecedented and I am grateful to the teams in NWIS, NHS Wales, local authorities and Welsh Government for what has been achieved.

The Committee will be aware there was already a very extensive programme of digital transformation planned for 2020, including significantly increased investment in national programmes, creating a new Digital Special Health Authority (SHA), a new governance framework, new national leadership roles, and upgrades to key elements of digital infrastructure and devices across NHS Wales. All of this was in addition to 'business as usual' delivery of critical national digital systems.

Our digital delivery capacity is not unlimited, and it was necessary to prioritise Covid-19 response, from March 2020 onwards. This has caused delays to some of the planned changes announced by the Minister in September 2019, which were discussed with the Committee soon after. Progress against those actions are described below.

I expect the pace of digital transformation to continue over the next twelve months, and I know that digital leaders across the system are considering how we can best support delivery teams through this period. I am conscious of the pressure on individuals of simultaneously prioritising Covid-19 response, maintaining regular services, creating a new national digital delivery organisation, transitioning to new governance arrangements, and further increasing strategic investment as part of post-covid-19 recovery and reconstruction.

There is of course still much to do, but I believe that there has been substantial progress made against the concerns raised by the Committee in its 2018 Report. I expect to see further improvements over the next year, supported by increased investment and new delivery, governance and leadership arrangements.

Overall Progress Update

Progress in implementing previous AGW and PAC recommendations on informatics systems in NHS Wales. *In November 2019, the Welsh Government identified that five of the Auditor General and PAC recommendations had been completed; seven were due to be completed shortly. A further six required further action and needed to await completion of the Governance and Architecture Reviews before considering further.*

There has been good progress made in completing outstanding actions through 2020, as summarised in Annex A to this letter. The Health and Social Services Group Audit and Risk Assurance Committee (HSS ARAC) reviews outstanding Auditor General Wales (AGW) and Public Account Committee (PAC) recommendations and actions at each meeting, and also takes a regular update on digital progress and delivery generally.

Of the thirteen actions which were open in November 2019, all have been closed except one. This is an important milestone which is part of ensuring a clean transition from NWIS to the new Digital Special Health Authority which will become operational on 1 April. The remaining action is:

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

This action will be addressed during 2021 as part of wider work on a strategic workforce review, linked to an organisational change programme in the new body, as described below.

Progress with the development and delivery of plans around ‘digital infrastructure’, ‘digital workforce’, ‘digital commercial’ and ‘digital communications’, and an explanation of how any delay might impact on the development of the new Digital Special Health Authority (SHA). *In November 2019, the Welsh Government stated that the digital infrastructure and digital workforce plans would be complete by spring 2020 and that subsequently it would undertake work on digital commercial and digital communications strategies.*

Phase one of a strategic infrastructure review has been completed but Covid-19 pressures have delayed work on reviews into digital workforce, commercial, and communications. Although the timetable for establishing a Digital SHA has been revised from 1 October 2020 to 1 April 2021, this was due to Covid-19 pressures, not delays to the three strategic reviews.

The workforce review is scheduled for summer 2021. This revised timetable will ensure that the new Chief Digital Officer (CDO) for Health & Care will be able to shape the review, as a professional lead for digital health and care in Wales, and will ensure that there is a link between the workforce review and an internal organisational change programme which the new Digital SHA will undertake during its first year. It will also allow the workforce review to take account of lessons learned from how the digital response to covid-19 was delivered. Separately to this workforce review, which will be focussed on professional digital skills, a ten year workforce strategy for health and social care was published in October 2020 which includes 'building a digitally ready workforce' as one of seven main themes.

The communications review will be undertaken by December 2021. The new Digital SHA's corporate identity and the CDO's remit to represent digital health and care on a whole system basis will be key considerations for the review. Communications and engagement within Wales and with other parts of the UK has been a feature of Covid-19 response which will also be considered.

The commercial review will be undertaken by March 2022. There has been intense pressure on the procurement service and profession throughout the last 12 months, for example in securing Personal Protective Equipment (PPE) supply. There are changes proposed to UK procurement regulations, and there is an enhanced interest in foundation economy and local supply chain as an economic development policy. Working with industry through commercial partnerships is likely to continue to be a feature of covid-19 response and post-covid-19 recovery. The review will be undertaken when the policy and regulatory context is more settled, and will be able to reflect on learning from commercial and procurement activity through 2020 and 2021.

Progress towards delivering the architecture review's action plan by November 2022. *The architecture review set out steps the Welsh Government needed to take within 3-9 months, one to two years and two to three years, to put in place the digital architecture needed to deliver at pace its ambition for health and social care, set out in A Healthier Wales. In November 2019, the Welsh Government committed to 'seeking to make as rapid progress as we can over the next four months and six months', but also stressed that factors, such as Brexit and recruitment potentially created delivery challenges.*

Principles and priorities set out in the architecture review have been applied to the main elements of Covid-19 response, and to investment in network infrastructure and user devices. Systems developed as part of Covid-19 response have been designed to interoperate effectively with other systems in Wales and across the UK, through defined standards and interfaces. For video consultation, contact tracing, and vaccine delivery, there has been robust standardisation on an all-Wales basis.

The rapid deployment of these systems, alongside the accelerated rollout of Microsoft Teams and Office 365 to the entire NHS Wales workforce, were enabled by a cloud hosting and device neutral approach.

There has been rapid progress in these areas, but there is further work to do on existing health and care services, which will take some time due to contractual timetables and the inherent complexity of some systems. Principles from the architecture review are included as standard requirements for all funding allocated through the Digital Priorities Investment Fund (DPIF). However, in some cases suppliers are not able to upgrade systems to cloud hosting, or there is no suitable cloud hosted service available from the supplier market.

The specific Action Plan and challenges in the architecture review were recommended in mid-2019. The context for digital health and care in Wales has transformed since then. As part of planning further accelerated investment into digital through 2021 and 2022, the actions and challenges will be reviewed to provide assurance that they still align with system priorities and opportunities, and take account of learning from Covid-19 response.

Specific Matters

Action taken since November 2018 to ensure openness and transparency around reporting on progress in delivering digital transformation in Welsh healthcare in advance of the creation of the Digital SHA. *In November 2018, the Committee's report identified concerns about a culture of self-censorship and denial amongst those charged with delivering a digital transformation in Welsh healthcare. In November 2019, the Welsh Government identified that establishing the Digital SHA would partly address that issue. However, the SHA will not be operational until April 2021 at the earliest.*

During 2020 Welsh government has strengthened reporting and management arrangements in several ways. Working with the Velindre Audit Committee, there is now a dedicated NWIS Audit meeting, with papers published in the same way as for any other NHS organisation. Although not formally included in the NHS Planning Framework, the NWIS Integrated Medium Term Plan (IMTP) has been reviewed and accepted by Welsh Government and is used to frame monthly management meetings. An updated NWIS reimbursement letter including an escalation framework, and an Accountable Officer letter to the Interim Director, provide more robust governance. The NWIS Interim Director has attended NHS Wales chief executive group meetings since the beginning of the Covid-19 pandemic. An interim Digital SHA Chair was appointed in November and attends NHS chairs group meetings. These measures have significantly strengthened reporting and monitoring arrangements and prepare for the establishment of the Digital SHA.

As part of digital transformation a new governance framework was confirmed in March 2020, setting out accountability, assurance and advice functions more clearly, and with a strong emphasis on transparency. Transition to these new governance arrangements was postponed at the start of the Covid-19 pandemic. A new Covid-19 Digital Cell was established in March 2020, which initially met three times a week, with membership consisting of digital leads from all NHS organisations and other key stakeholders. The Covid-19 Digital Cell has been a key part of enabling rapid decision making and delivery, maintaining a real time oversight of progress on digital transformation. Due to the scale and importance of digital developments and roll-out across Wales in response to Covid-19, NWIS has been very visibly connected with the system response and has engaged directly with external stakeholders, which has increased transparency and accountability.

Since December the remit of the Covid-19 Digital Cell has shifted to planning for digital transformation as part of post-covid-19 recovery, with oversight of Covid-19 response (eg. digital tracing, testing and vaccine systems) through a new TTP Digital Pathway Group. There are regular updates from these groups to Covid-19 and wider contingency arrangements at NHS and Welsh Government level.

The new governance framework will be introduced during the first half of 2021, alongside the new Digital SHA and the appointment of national leadership roles including the CDO for Health and Care.

Reflections on any notable changes in the Welsh Government's digital priorities and strategic approach for NHS Wales, considering learning gathered through its response to the Covid-19 pandemic. *The Committee's November 2019 evidence session considered the Welsh Government's strategic approach as set out in documents, such as its Informatics Plan 2019-2022 and the architecture and governance reviews. The Welsh Government's response to the pandemic has included multiple IT initiatives across primary, community and secondary care. For example, enhancing the digital and remote working capability of GPs so that they can undertake video consultations.*

The Health and Social Services Group (HSSG) Audit and Risk Assurance Committee (ARAC) has completed an initial 'deep dive' into digital transformation, led by an independent member and supported by officials. This has identified key aspects of the digital response to Covid-19 which could be applied to post-covid-19 recovery and to transformation generally:

- Building from existing programmes helps achieve maximum benefit quickly and provides more stable governance and assurance;
- Scalable, cloud based solutions have driven standardisation as well as pace of deliver;

- High quality remote training via 'webinars' as opposed to service desks and 'floor walkers' allows large scale training from subject-matter experts allowing real time feedback and improvement;
- The need for a strong foundation of digital infrastructure, cyber security, architecture and interoperability.

Most significantly, the Covid-19 response has shown a strong alignment to *A Healthier Wales*, for example with regard to different and 'closer to home' ways of delivering services, enabling self-management, using digital as an enabler, and making services consistent on an 'all-Wales' basis.

Planning for strategic digital transformation programmes in 2021 is being led by Welsh Government through the Digital Cell. This was the primary decision making and co-ordinating group for digital response to Covid-19, which will ensure that lessons learned are applied to post-covid-19 recovery and to continued digital transformation.

Digital and Technology is highlighted in *A Healthier Wales* as an enabler of transformation and this is reflected in the significant additional investment announced in September 2019, and in further additional investment for digital included in the draft budget for 2021/22. It is clear also that digital has been a major enabler of effective and timely response to Covid-19. Although the response to Covid-19 continues, I expect several early reviews of innovation and lessons learned to report within the next few months. These will be of interest for innovation and transformation generally, as well as digital, and at its next meeting in February the NHS Wales Executive Board will have a focussed agenda looking at approaches to recovery, including a review of actions in *A Healthier Wales* and future options for funding integrated health and care services.

Update on recruitment to key digital leadership roles. *In February 2020, the Welsh Government provided further details about the respective roles of the Chief Digital Officer, the Chief Clinical Information Officer and the Chief Technology Standards Officer. It also stated that the timetable for appointing the CDO remained dependent on the establishment of the proposed NHS Executive SHA, in which the role will be hosted. However, it would also 'explore alternative options for hosting the CDO in the interim in order to proceed with the recruitment as soon as possible'.*

Recruitment of the CDO and supporting roles has been delayed due to Covid-19 pressures. Given limited capacity and the need to prioritise, it was decided that maintaining Covid-19 response and establishing the Digital SHA was a higher priority than the CDO. This also reflected the need to protect the legislative requirements and timetable for establishing a new NHS Wales organisation.

The proposed NHS Executive SHA has been postponed and officials have explored interim hosting arrangements. All parts of NHS Wales have been under extreme pressure since the beginning of the Covid-19 pandemic and it has taken some time to confirm appropriate hosting arrangements, given the need for capacity to design and implement new recruitment and governance arrangements.

In December arrangements were confirmed with Health Education Improvement Wales (HEIW) to host an 'Office of the CDO', on an interim basis, with the expectation that this function would be transferred to an NHS Executive SHA in due course. This will allow recruitment of a CDO for Health and Care to proceed with further appointments following. I expect the advert to go live within the next few weeks, and hope to see a CDO in post by the summer.

Bob Hudson was appointed interim Chair of the new Digital SHA called Digital Health and Care Wales (DHCW) in November. Recruitment of a vice chair and independent members is in progress, with interviews early in February. Recruitment of key executive roles required to be in post by 1 April 2020 is also in progress. The Chief Executive Officer role was advertised in December with applications accepted from NHS Wales staff. Due to an insufficient number of eligible applications, the appointment panel has decided to re-advertise the role on an open basis. Helen Thomas, currently interim Director of NWIS, has been appointed as Interim Chief Executive of the new Digital SHA.

An account of how NHS Wales, including NWIS, has engaged with the development and work of the Centre for Digital Public Services and how the Welsh Government sees the relationship between the new Digital SHA and the Centre working in future (assuming continued Welsh Government support for the Centre). *The Committee understands that the Centre's initial piece of work has focused on using digital technology to improve services for users of Adult Social Care in three local authorities.*

In 2020/21 the Centre has been part funded by the DPIF and has focussed on initial 'discovery' and 'alpha' phases of work. Health is represented on the Centre for Digital Public Services (CDPS) steering group, through cross-portfolio Ministerial oversight of Digital, and through a weekly 'CDOs' meeting which includes the Centre, CDO Local Government, CDO Welsh Government, and HSSG Director Digital Technology & Transformation.

The Welsh Government has included £4.9m of support for the CDPS in its draft budget for 2021/22. This will be a significant step up for the Centre, which will be supported by close engagement with stakeholders including the new Digital SHA. As part of early stakeholder engagement the Interim Chair and the Interim Chief Executive of the Digital SHA have met with CDPS to discuss opportunities and alignment. CDPS has also worked alongside NWIS as part of a panel discussion focussed on Digital Skills in the Welsh Public Sector.

The Centre's first 'expert squad' alpha project has been centred on adult social services, with three local authorities working with the Centre and service users to explore options for digital service transformation and overcoming barriers such as difficulties for users in accessing Council websites.

Finance and Resources

Breakdown of the estimated costs of establishing and operating the proposed Digital SHA, including the estimated operating budget compared with NWIS and the reasons for any differences. *In his September 2019 Update on Digital Health and Care, the Minister for Health and Social Services announced that the NHS Wales Informatics Service (NWIS) would transition to a new digital SHA from April 2021. This was with the intention of strengthening governance and accountability, including plans for a new independent chair and board members with experience and understanding of digital change. The Welsh Government is currently consulting on various aspects of its proposals for the digital SHA. The consultation notes that 'some additional expertise will be recruited in order to fulfil the additional functions and responsibilities proposed' but does not provide information about estimated costs.*

The estimated cost of establishing the Digital SHA is £1m, and the estimated additional operating cost of the Digital SHA is £2m per annum.

The establishment costs for the Digital SHA are managed through the Welsh Government's Digital SHA Programme and its workstreams, and include one-off costs relating to the transfer of functions and processes to the new organisation. For example this includes legal and financial work such as scheduling and novating contracts, TUPE transfer of existing staff, and the preparation of new financial ledgers. These establishment costs also include the SHA Programme staff costs. The SHA Programme will run for two years from April 2020 to March 2022.

The additional operating costs are recurrent and relate to the governance arrangements for the Digital SHA including an appointed Chair and Board, and additional corporate governance and statutory functions. These costs have been benchmarked against the initial additional operating costs for HEIW, when established in 2018, which were in the region of £1.7m per annum.

The consultation process has confirmed an expanded scope and some additional functions for the new Digital SHA and as you will be aware there is also an increase in strategic investment in digital services generally. Although this is not specific to the SHA organisational structure the committee will want to note that from 2021/22 the Welsh Government will increase its core funding to the new organisation, compared to historic funding to NWIS. The Welsh Government's core funding is one of three main sources of revenue for national digital services, alongside formula

based funding for digital in primary care, and service level agreement revenue from other NHS Wales organisations. Core funding was around £30m in 2019/20, £36m in 2020/21, and will increase again to £42m in 2021/22. New functions and the £2m additional cost of operating as a Digital SHA will be covered from this increased core funding.

This additional investment in the delivery of national digital services from 2021/22 is separate to the £75m DPIF. It is important that the new Digital SHA is adequately resourced, and that it has a predictable funding settlement, so that it can support wider digital transformation across health and care in Wales.

Update on the Digital Priorities Investment Fund (DPIF) to include a breakdown of the allocation/expenditure to date. As part of this, the Committee would welcome details of how this Fund has been used to support the Covid-19 response, what this may have meant for other planned projects and how those projects might otherwise be funded. *In his September 2019 update, the Minister announced £50m for the DPIF to support delivery of five priorities (transforming digital services for patients and public transforming digital services for professionals, investing in data and intelligent information, modernising devices and moving to cloud services and cyber-security and resilience).*

The DPIF announced by the Minister in September 2019 was initially prioritised towards investment in infrastructure and devices. This approach was confirmed following close engagement with digital leads across NHS Wales and was targeted at replacing end of life and legacy infrastructure, at national and local level. For example funding was allocated to NWIS to upgrade servers and network infrastructures, and to health boards and trusts to upgrade user devices and Wi-Fi infrastructure.

Forecast allocations for 2019-20, which had been made by March, were re-prioritised in April and May to support Covid-19 response. Where possible this re-prioritisation was done in a way which took account of existing programmes – for example the Office 365 deployment programme was accelerated and the phasing of new functions changed to bring forward Microsoft Teams video conferencing; and infrastructure investment was restructured to focus on mobile devices and network bandwidth, to support home and remote working. In other cases existing programmes were supported to scale up local pilot projects to national – for example video consultation, part of the Technology Enabled Care programme, was deployed nationally across primary care by the end of May, then expanded to other care settings.

Resources were also redeployed from existing programmes to support new Covid-19 response projects – for example teams recruited to the National Data Resource Programme have supported several elements of Covid-19 response including contact tracing, testing, and vaccine systems.

Covid-19 pressures have had an impact on DPIF funded activity. Some existing programmes have seen their delivery timetables delayed, and other forecast programmes have not been able to complete their pre-programme phase and have therefore not started as forecast. This is not due to a lack of funding, but rather to the lack of delivery capacity – digital teams have been over-stretched since April delivering urgent Covid-19 response, as have clinical teams and other parts of the NHS and care services.

A breakdown of the DPIF allocation to date is attached at Annex B.

The DPIF will be increased to £75m in 2021-22. Covid-19 pressures will continue to have an impact on delivery capacity and Welsh Government is working with digital leaders across the NHS in Wales through the Digital Cell to consider ways in which this can be addressed.

Update on any recent work undertaken by the Welsh Government to understand the overall costs and affordability of delivering its digital strategy for health and social care over the coming years, particularly post the architecture review. *In his 2018 report on Informatics systems in NHS Wales the Auditor General reported 'In 2016, for the first time, NHS Wales has set out indicative costs and timescales of delivering its strategy. The cost over five years is tentatively estimated at £484 million on top of existing budgets'.*

For the two and a half years from September 2019 to March 2022, Welsh Government will have provided an additional £185m of funding for digital transformation, on top of existing budgets. Forecast investment in Covid-19 digital services such as contact tracing, testing and vaccine is expected to take this to more than £200m of additional digital funding.

As the committee will note, this is less than half the £484m forecast requirement over five years which was made in 2016. In his September 2019 announcement the Minister emphasised the need to strengthen governance and delivery arrangements alongside increased funding, so that increased investment is supported by increased capacity and capability. This is intended to provide assurance on value for money and is in response to the Committee's 2018 report, which was critical of delivery capacity and capability.

Welsh Government will this year look at the costs and affordability of delivering further digital transformation, taking account of lessons learned from Covid-19 response and how the challenges and opportunities for health and social care have changed since 2018. I expect this to lead to a new digital strategy for health and care which will set out new priorities, consolidate recent strategic reviews of digital, take account of the establishment of Digital Health and Care Wales, and complement a new Digital Strategy for Wales which will be published soon by Welsh Government.

Welsh Community Care Information System (WCCIS)

The Welsh Government's position on whether it considers the progress made by the WCCIS Programme to date to be satisfactory. *The Auditor General found that the Welsh Government's ambitious vision for WCCIS is still a long way from being realised. The report showed that, "as at 31 August 2020, 19 organisations were using WCCIS or had signed deployment orders, with four in active negotiation and six yet to commit. Of the 19 organisations, 13 local authorities and two health boards had gone live. However, 'live' can mean different things. Differences in how organisations are choosing to deploy WCCIS currently limit opportunities for integrated working and raise other value for money issues". There was an initial estimation that all local authorities and health boards could be using the system by the end of 2018.*

Welsh Government welcomes the recent report and recommendations by Audit Wales. The report acknowledges the ambition and inherent complexity of the WCCIS programme, which are reflected in the unique governance arrangements and the partnership approach which brings together local government and the NHS at the leadership level.

The Programme has not achieved its original estimation that all local authorities and health boards would be using the system by the end of 2018 and Welsh Government accepts that this was an over-ambitious target.

Since 2019 the Welsh Government has provided increased funding support to the WCCIS Programme and NHS organisations through the DPIF, and to Local Authorities through the Integrated Care Fund. Covid-19 response has had an impact on WCCIS delivery during 2020, as it has had on other strategic transformation programmes. Welsh Government is working with the Programme leadership to implement the recommendations from the Audit Wales report and to identify ways in which deployment orders and 'go live' can be accelerated.

Whether the Welsh Government still considers that a single system rolled out across 29 organisations is necessary to support its efforts to deliver seamless and integrated health and social care. And, if so, what it will now be doing to drive further roll out before the end of the contract term, including any key milestones or update on scheduled go live dates. *The report notes that "...the Welsh Government still considers that a national approach to information sharing between health and social care is an appropriate model to enable the co-ordination of care within the community". It also found that despite efforts to accelerate the process, the prospects for full take-up of WCCIS and benefits realisation remain uncertain, and some important issues remain to be resolved. For example, around the functionality of the system, data standards and benefits reporting.*

As set out in *A Healthier Wales*, Welsh Government considers that a single digital system rolled out across all organisations will be an important enabler of integrated working and seamless delivery of services across health and social care.

Welsh Government is committed to supporting the WCCIS programme to make progress on deployment and adoption to the end of the contract term. Welsh Government welcomes the recent report by Audit Wales, and accepts the recommendations:

1. *Before committing further central funding, Welsh Government should work with the WCCIS National Programme Team, health boards, local authorities and the supplier to:*
 - a. *Produce an updated business case;*
 - b. *Ensure organisations have the necessary capacity and support to implement WCCIS;*
 - c. *Develop clear, national feedback from front-line users about the performance and functionality of the system.*

2. *Welsh Government should work with the National Programme Team to consider how the WCCIS contract might have been strengthened to support and incentivise delivery and manage risk; and how relevant lessons can be applied to any future contracting arrangements*

Welsh Government is working with the Programme to take the recommendations forward and to explore options which would strengthen leadership, delivery and contractual arrangements. Welsh Government is also working with the programme leadership and other stakeholders and partners to review the programme's technical priorities and approach, as part of discussions on delivery timetable and milestones. Since the WCCIS programme was conceived there has been a change of strategic approach in relation to digital health and care records, in particular a commitment to implement common standards and open architecture, as described in the 2019 Digital Architecture Review.

All of this work will be informed by lessons learnt from Covid-19 response, for example for the all-Wales contact tracing service, which is used as a common platform by 31 NHS and local government organisations. Although the contact tracing system is new and is far simpler in terms of functionality than WCCIS, it has demonstrated the value and effectiveness of cloud hosting, and the use of common standards for data, user interfaces and reporting.

Update on the anticipated costs of the hardware refresh outlined in the report and the proposed approach to meeting any shortfall in funding. We would also welcome clarification of how the value for money of the hardware refresh is being considered alongside any potential system upgrade to a new software

platform hosted in the Cloud and whether an earlier decision on the software platform could have negated the need for the hardware refresh. *The Auditor General found that the Welsh Government has approved approximately £1 million to fund a contractually required refresh of the hardware supporting WCCIS. Potentially the refresh will cost more than the amount secured and organisations that have signed deployment orders are liable to pay a share of any additional costs. The report also found that before the end of 2020-21, the [WCCIS] National Programme Team expects to complete a detailed appraisal of the costs, benefits and risks of moving to a newer version of the system hosted on the Cloud.*

The requirement for a hardware refresh was anticipated in the original All Wales Deployment Order and the Master Services Agreement in March 2015. The timing of the refresh, as detailed in Clause 11 of the All Wales Deployment Order, is that it must be in place by 31 March 2021. The reasonable cost of this refresh falls to the contracting Authority on behalf of the users.

To consider value for money, the Programme has undertaken a formal Options Appraisal, which considered a range of approaches including a new cloud hosted software system. This process has concluded that a hardware refresh maintaining current system offered the best value for money, notwithstanding an increased cost of £1.93m, compared to the original forecast of £1.0m. The difference arises from essential system and server software licences required for the refreshed hardware, which had not been provided for. Including this increased cost, the WCCIS Programme's forecast capital expenditure to March 2022 is £9.6m, which is within the £9.9m forecast in the FBC to the same date.

The WCCIS Programme has advised Welsh Government that an earlier decision regarding the hardware refresh would not have resulted in a different outcome or have enabled a shift away from managed hardware to a cloud hosted service, because the current cloud version does not provide parity of functionality with the currently deployed version in Wales.

As noted in the Audit Report, the National Programme has commenced work on a Strategic Options Review. The timetable for this work has been impacted by Covid-19 pressures. To ensure adequate engagement with stakeholders and users this work will be undertaken during 2021-22.

The Committee requests a copy of the expected annual report on the progress of the programme for the period to the end of March 2020 and a summary of any additional evidence that the Welsh Government and National Programme Team would point to around benefits realisation. *The report notes that the Welsh Government is expecting the National Programme Team to produce a comprehensive annual report on the progress of the programme, starting with the period to the end of March 2020. That report was delayed by the Covid-19 pandemic. When the Auditor General asked for evidence of local and regional*

benefits his team received limited feedback. However, the National Programme Team's statement at the time of publication said that WCCIS is 'already making a difference' and that the organisations that have gone live are 'seeing the benefits'.

In August 2020, the National Programme has produced a renewed three year Business Plan, which has been attached at Annex C. In light of the Covid-19 pandemic and the recent Audit Wales report into the programme Welsh Government has agreed that an annual report on progress, will be produced for the year to March 2021. This annual report will include initial outputs from the work to establish a national benefits reporting framework. This has been developed in partnership with the Regional WCCIS Programmes and work has already commenced on the implementation plan.

Welsh Government also continues to receive quarterly monitoring and management reports as part of regular DPIF governance arrangements.

Update on progress delivering mobile functionality within WCCIS including the latest position and any results from the mobile pilot and progress in taking enhanced functionality into testing. *The report states that: "Under the original contract requirements, WCCIS must be capable of working on a mobile platform via wireless and 3/4G so that it can be accessed by NHS and local authority staff working in the community. A version of the mobile application based on the original requirements is now scheduled to be piloted before the end of 2020. The pilot has been delayed in part due to the impact of Covid-19 and the capacity of local organisations to support this work. Enhanced functionality has also been agreed and is due to go into testing shortly, for example to include appointments management".*

Welsh Government has been advised by the WCCIS Programme that the pilot version of the WCCIS Mobile App, which has been delayed by Covid-19, will be available by March 2021. The pilot will deploy version 1.3 of the app, which has been made available by the supplier alongside the current release of the core software (the second of four releases under the agreed functional delivery roadmap).

Welsh Government has agreed with the WCCIS Programme that it will provide regular updates on the progress of the pilot, through testing and subsequent deployment to pilot and live phases, as part of regular monitoring and reporting.

Issues Relating to other Specific Systems and Outages

Update on progress delivering the CaNISC replacement and confirmation that all secured funding remains available. *In November 2019, the Welsh Government confirmed that it had approved £7.5 million to replace CaNISC and stated that the replacement programme would be complete by November 2022, but that it would try to make it happen 'more quickly'.*

Welsh Government remains fully committed to delivering the CaNISC replacement as early as possible and the required funding remains available and committed.

The Cancer Informatics Programme Board leads delivery of the CaNISC replacement and has reviewed options to accelerate the programme timetable, or to bring forward key elements of the programme. In September 2020 the Board reviewed the delivery timetable again due to the need to relocate national services from Blaenavon Datacentre to a new datacentre facility.

The Programme Board noted the progress which has been made in 2020 on including CaNISC data in the main electronic health and care record, so that it can be viewed through other national systems such as the Wales Clinical Portal. As well as clinical benefits this also provides additional resilience for cancer information services.

The Programme Board's review has identified twelve workstreams which will be accelerated: Multi-Disciplinary Meeting (MDM) outcome, Radiotherapy Treatment Data, Palliative Care, Chemotherapy (SACT) Treatment Data, Data Reporting, Screening and Colposcopy, Inpatients, Radiotherapy Requesting (IRMER), Outpatients, Adverse Reactions & Patient Warnings, VCC Welsh Patient Administration (WPAS) implementation, and Investigations (Histology results).

CaNISC is a complex and fragile system which continues to be managed as a major risk. Welsh Government, the Cancer Informatics Programme Board, and all stakeholders are working hard to deliver a replacement at the earliest possible date.

Update on GP clinical systems, clarifying the current contractual position and how that was arrived at from a procurement perspective. *The Welsh Government's decision in October 2019 to terminate its contract with one of the providers of GP clinical services left one remaining provider on the framework. In November 2019, the Welsh Government noted that it was reviewing how to proceed, with that review process likely to conclude in January 2020. In February 2020, the Welsh Government noted that NWIS was working with the Health Boards and GP Practices in Wales to establish new contract(s) with the GP System suppliers.*

The procurement of General Practitioner (GP) clinical systems is led by the GMS IM&T Programme Board, which includes representation from General Practitioner Council (GPC) Wales, Royal College of GP's (RCGP), Health Boards and Welsh Government. Due to significant delays in delivery by one of the selected suppliers, the Programme Board took the decision to remove that supplier from the framework in October 2019. The Welsh Government is not itself a party to the contract.

The GMS IM&T Programme Board reviewed the options available to those practices affected by the removal of the supplier, following which it resolved to undertake a new procurement of a multi-supplier framework, in order to provide a choice of system for those practices.

The new procurement process was paused by the General Medical Services Information Management & Technology (GMS IM&T) Programme Board in March 2020, due to Covid-19 pressures. An extension was agreed with their existing supplier that it would continue to provide practices with support until 31 January 2021, with the option to further extend support until 31 July 2021 if required. The new procurement was restarted in September 2020, through stakeholder and commercial engagement, which has now been completed. The formal contract procurement is expected to start soon.

Update on My Health Online to include: the number of people currently registered to use My Health Online; work with GP system suppliers to ensure that patients do not need to re-register; and progress in enhancing the functionality available. *In November 2019, the Welsh Government stated that 350,000 people were registered to use My Health Online, but that enhanced functionality and requiring GPs to use the system, meant that 'uptake will be greater in future'. In February 2020, the Welsh Government committed to working with the suppliers to address the registration issue around the transfer of data between practices.*

As of November 2020, there are 403 practices offering My Health Online (MHOL) to patients and there are 407,496 patients registered for the service.

Work with GP system suppliers is linked to the outcome of the GP system procurement; key functionality must be delivered by the relevant system supplier. The current position is that:

- When a patient moves from one Vision practice to another the patient account can be re-linked;
- When a patient moves from an EMIS practice to a Vision practice, the account can be re-linked if a specific read-code and patient email address are available in EMIS for the patient;
- When a patient moves from one EMIS practice to another, the patient will need to re-register;
- When a patient moves from a Vision practice to an EMIS practice, the patient will need to re-register.

The digital response to Covid-19 has demonstrated that the public and patients are willing to engage with modern digital services through apps (eg. the NHS Covid-19 App) and websites (eg. the Covid-19 test booking service). Using open architecture and common standards, Covid-19 digital services have been deployed on a country specific basis (contact tracing), on a multi country basis (proximity tracking), and on a whole UK basis (test booking).

My Health Online is not built in this way and there are no plans to develop additional functionality within the existing system. Through the DPIF Welsh Government is funding a new Digital Services for Public and Patients (DSPP) Programme which will develop a range of user designed services through an open architecture and standards based approach, in line with the principles set out in the Digital Architecture Review, and informed by learning from Covid-19 digital response. The DSPP Programme has undertaken extensive supplier engagement in 2020 and will procure strategic development partners early in 2021.

Update on data outages and resilience to include, for the period since 31 August 2019, quarterly outage figures for the data centres and for CaNISC, WLIMS and WCCIS. Also to include an update on any actions the Welsh Government plans to take to strengthen data centre resilience. *The Committee’s 2018 report found that “... the NHS in Wales is struggling to run its own data centres with 21 outages in the first 6 months of 2018 – one outage every 9 days”. At its 2019 evidence session, the Committee returned to issues around outages at the Blaenavon Data Centre and the resilience of CaNISC and WLIMS based on the updated outage data supplied by the Welsh Government. The Welsh Government stated that it had made additional investment in routine maintenance to make NHS Wales IT systems more resilient and reduce outages.*

Outages for the period since 31 August 2019 to 31 December 2020 for datacentres, CaNISC, WLIMS and WCCIS are as follows:

Quarter	Data Centres	CaNISC	WLIMS	WCCIS	Total
Sep 2019	0	0	0	0	0
Oct-Dec 2019	0	1	2	0	3
Jan-Mar 2020	0	1	3	1	5
Apr-Jun 2020	0	1	1	4	6
Jul-Sep 2020	0	3	3	2	8
Oct-Dec 2020	0	0	4	1	5
Total	0	6	13	8	27

These outages include incidents which were intermittent, only affected some users, or led to slow access, as well as those during which the whole service was unavailable. The table also includes outages caused by third party issues (eg. external non-NHS network failures); failures in other elements of national infrastructure (eg. remote desktop services); and complications during planned maintenance and upgrades which delayed system restart.

Welsh Government is supporting NWIS to relocate from Blaenavon Datacentre (which is a 'tier 2' facility) to a more resilient 'tier 3' datacentre. The procurement of a new facility has been completed and all services are forecast to have been transitioned out of Blaenavon by the end of summer 2021. The majority of services will be re-provisioned in the new facility, and the programme is identifying any services which could be safely moved to cloud hosting, within the relatively short timetable for planning and implementing the relocation of critical national services.

Additional investment to accelerate elements of a replacement system for CaNISC, and a scheduled hardware refresh of WCCIS, is described above. In December 2020 there was a major upgrade to the Welsh Laboratory Information Management System (WLIMS), which increased the capacity of the system to cope with the volume of Covid-19 testing capacity and will enable new functionality. As part of Covid-19 response Welsh Government has also supported increased bandwidth to national datacentres and increased the capacity of other key elements of the national network infrastructure.

All of these investments will contribute to resilience and help reduce the number and duration of outages for national systems.

Auditor General Report on NHS Clinical Coding

The Committee has also noted the Auditor General's recent report on NHS clinical coding. While the report did not raise specific recommendations for the Welsh Government, I would welcome a response to the issues raised under the suggested four key areas for attention on page 33 of the report. These were around national leadership and capacity, training and awareness raising, adopting recognised good practice and using technology to drive improvements.

A Clinical Classification team has been established to provide co-ordination across the key areas in the report.

- **Leadership and Capacity** – The Clinical Classification team chairs a regular meeting of clinical coding managers in Wales and also represents Wales at UK level clinical coding groups. The Classifications and Terminology Standards Team has increased the frequency of all-Wales meetings from quarterly to monthly, and uses Microsoft Teams to enable real-time joint working between coding managers and the NWIS team.

- **Training** – The clinical Classifications team will procure and manage mandatory clinical coding training including a standards foundation course, a refresher course staff are required to sit every 2-3 years, and revision courses for staff sitting the National Clinical Coding Qualification (NCCQ) examination.
- **Awareness Raising** - A proof of concept dashboard allowing non-coding staff such as clinicians to view clinically coded data is being used to increase awareness of the contents of coded data and to highlight data quality issues (from a clinical perspective). This will be supported by e-learning packages for non-coding staff to highlight the importance of coding and good practice.
- **Adopting Recognised Good Practice** – The query helpdesk for clinical coding staff has been upgraded and made easier to access. A regular newsletter for clinical coding staff in Wales and a new user friendly intranet site is used to share learning and promote good practice.
- **Using Technology to Drive Improvements** - National clinical coding standards (both Welsh and UK) are available to clinical coding staff in Wales through the NWIS Clinical Classifications Standards Dictionary. This ensures a consistent, central repository of coding standards across all UHBs. This is supported by a clinical coding dashboard which checks submitted data, currently covering around 100 specific error types for diagnosis coding, with additional procedure codes error types in development.

Yours sincerely



Dr Andrew Goodall

Annex A - Update on Wales Audit Office (WAO) and Public Accounts Committee (PAC) recommendations.

2018 WAO Recommendations

WAO Recommendations	Narrative	Status
<p>Recommendation 3 – “...<i>The Welsh Government, NWIS and NHS bodies should agree a clear and achievable set of priorities for national informatics and resist adding new priorities without either deprioritising something else or adding new resources.</i>”</p>	<p>The Digital Priorities Investment Fund and strengthened NWIS governance arrangements have been used to frame agreement at system level on priorities.</p> <p>This has been supported by engagement with digital leads from all organisations, and with Directors of Planning, Directors of Finance, Chief Executives, and other national peer groups.</p> <p>Covid-19 response has required rapid reallocation of resources which has been managed through dedicated Digital Cell governance arrangements.</p>	<p>Completed</p>
<p>Recommendation 4 – “...<i>The Welsh Government, NHS bodies and NWIS should produce an open and honest assessment of what has worked and what has not so far and produce a clear and jointly owned plan for overcoming the known barriers to progress. These documents should be in the public domain so that NHS staff can see that their concerns have been recognised and are being addressed.</i>”</p>	<p>Strategic Reviews of Digital Governance and Digital Architecture were completed in 2019 and published as part of evidence to the Public Accounts Committee. A public consultation on the new Digital SHA set out the functions alongside implementing a national digital governance framework. NWIS Audit Committee papers are published in line with general NHS Wales policy.</p> <p>DHCW board meetings will be open to the public and key documents will be published, as per other NHS organisations.</p>	<p>Completed</p>
<p>Recommendation 5 - “...<i>The Welsh Government should: (a) work with NHS bodies to develop options for strengthening representation of informatics at board level, including reviewing the merits of a board level Chief Clinical Information Officer (or equivalent) role; (b) work with NHS bodies to develop a clear action plan for the development of a cadre of senior clinician-informatics staff, in line with the recommendations of the Wachter review in England; and</i></p>	<p>DHCW will strengthen digital leadership within the wider NHS system through its board and its status as a Special Health Authority.</p> <p>Health Boards and Trusts are strengthening digital representation at board level.</p> <p>The A Healthier Wales Workforce Strategy published in 2020 and includes the development of a Digital ready workforce as one of its main themes led by Health Education Improvement Wales working alongside Social Care Wales.</p> <p>Welsh Government is supporting the development of digital leaders through support for participation in the NHS Digital Academy and Digital Nurse</p>	<p>Completed</p>

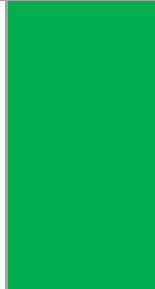
<p><i>(c) identify opportunities to strengthen the informatics voice at the most senior level in the Department for Health and Social Services, including reviewing whether and if so, how to strengthen the roles of the NHS Wales Chief Information Officer and Chief Clinical Informatics Officer in NHS Wales' strategic decision-making process."</i></p>	<p>Leaders. Welsh Government is also supporting the development of a Digital Skills Framework in partnership with a Welsh University, and is expecting to approve an NHS Wales Digital Intensive Learning Academy to start in 2021.</p>	
<p>Recommendation 7. <i>"...The Welsh Government should work with NWIS to improve the reporting of performance to tell a more balanced story of what is going well, where there are difficulties and why. Performance reporting should include information about progress against initial project plans, user satisfaction and concerns."</i></p>	<p>Welsh Government has strengthened its governance and oversight of NWIS through several mechanisms including an NWIS Audit Committee, an Accountable Officer Letter, An approved IMTP, an escalation framework, and regular monthly monitoring meetings.</p> <p>Once DHCW is established performance reporting arrangements will be consistent with those currently in place for HEIW and other NHS organisations.</p>	<p>Completed</p>
<p>Recommendation 8 – <i>"...The Welsh Government should carry out a full cost-benefit analysis of the proposed investment, including the extent to which financial savings from new systems may enable funding to be redirected from existing services to invest in new informatics systems."</i></p>	<p>Welsh Government has committed significant increased investment through the DPIF for 20/21 and 21/22 financial years to support further digital priorities and the transformation pipeline.</p> <p>Investment proposals are assessed and assured through regular governance processes including a Digital Scrutiny Panel for new proposals, a standard funding allocation letter for all programmes and projects, and SRO appointment letters for major programmes.</p> <p>The DPIF is managed as a portfolio and has enabled an agile response to Covid-19 through 2020 including re-prioritization of resources. A cost-benefit analysis of Covid-19 and other strategic funding will be undertaken in due course, and will be informed by standard requirements included in funding letters on tracking realised benefits.</p>	<p>Completed</p>
<p>Recommendation 9 – <i>"...The Welsh Government, working with NHS bodies and NWIS, should set out clear and agreed medium term funding plans for local and national ICT programmes. This should involve NHS bodies and NWIS working together before NHS bodies complete the first draft of their rolling three-year plans. It should also take</i></p>	<p>NWIS and NHS organisations are closely involved in the planning and the regular review of digital investment. Work to consolidate digital investment plans across NHS Wales through IMTPs now forms part of the IMTP planning cycle. This work has been delayed by Covid-19 response, which required a shift to quarterly planning in response to rapidly changing context.</p> <p>The medium term strategic funding requirement is well understood but will need to respond to post-</p>	<p>Completed</p>

<p><i>account of any future decision on funding required to deliver the strategy.</i></p>	<p>Covid-19 recovery challenges and opportunities through 2021-22 and beyond.</p>	
<p>Recommendation 10 – “...NWIS and NHS bodies should work together to: (a) strengthen the relationship between developers and clinicians, particularly in designing and testing new systems and functions, so that there is a better collective understanding of what is wanted and what is possible; and (b) engage with managers to identify their information needs as well as the needs of clinicians.”</p>	<p>NWIS has worked closely with clinical users through national clinical groups and through direct engagement with users of existing systems and new programmes in development.</p> <p>The new governance framework will strengthen clinical advice and assurance functions and provide transparency and accountability for user-led design of services and interfaces.</p> <p>The new Chief Digital Officer for Health and Care, supported by the Chief Clinical Informatics Officer for Wales and Chief Technology Standards Officer for Wales will further strengthen governance and leadership in this area.</p>	<p>Completed</p>
<p>Recommendation 11 – “...The Welsh Government, NWIS and NHS bodies should work together to explore options to secure the experienced ICT staff and developers that NWIS needs within the context of a comprehensive workforce plan for NWIS and taking account of the ICT staff available to NHS bodies.”</p>	<p>A strategic workforce review which was due to be commissioned in 2020 has been delayed due to Covid-19 pressures.</p> <p>The workforce review timetable has been revised to complete during 2021 and will allow it to take account of the A healthier Wales Workforce Strategy published at the end of 2020. The new CDO for Health and Care will also be in place to help shape the review as a professional lead, alongside an Organisational Change Programme being undertaken within the new Special Health Authority from April 2021.</p>	<p>By December 2021</p>
<p>Recommendation 12 – “...The Welsh Government, NHS bodies and NWIS should work together to ensure that: (a) there is a clear allocation of responsibility for achieving the benefits; and (b) there are clear responsibilities and processes in place for monitoring and reporting progress in delivering those benefits.”</p>	<p>Welsh Government has strengthened its governance and oversight of NWIS through several mechanisms including an NWIS Audit Committee, an Accountable Officer Letter, an approved IMTP, an escalation framework, and regular monthly monitoring meetings.</p> <p>Investments supported through DPIF are assessed and assured through strengthened governance processes including a Digital Scrutiny Panel for new proposals, a standard funding allocation letter for all programmes and projects, and SRO appointment letters for major programmes. These arrangements include regular quarterly reporting and monitoring requirements for all activities, and additional engagement with major programmes.</p>	<p>Completed</p>
<p>Recommendation 13 – “...NWIS should review its process for managing change requests and where necessary make changes to: (a) provide clearer feedback to the service about how their requests have</p>	<p>NWIS have undertaken periodic reviews via the Change Advisory Boards (CAB's) on the backlog of changes to understand whether the change is still required or needs to be scheduled as part future releases for systems</p>	<p>Completed</p>

<p><i>been dealt with and whether and when any changes can be expected; (b) remain open to minor changes that could have a significant impact in improving end users' use and perception of the systems; and (c) provide clearer agendas and work programmes for the Change Advisory Boards to make them more focussed on enabling impactful improvements to systems."</i></p>	<p>The NWIS CAB process depends on LHB members discussing change requirements with their users, which is a key requirement prior to formal submission to NWIS.</p> <p>Users are able to monitor progress of all change requests via the minutes of the CAB meetings, and also via the Forward Schedule of Change both of which are accessible to all NHS Wales staff</p>	
--	--	--

2018 PAC Recommendations

PAC Recommendations	Narrative	Current Status
<p>Recommendation 2 – <i>“The Committee was also very concerned by the evidence we heard on system outages, infrastructure and resilience. Given recent evidence of further outages since we took evidence, we would like further assurance from Welsh Government that the systems are resilient. We recommend the Welsh Government set out a clear timetable for putting the digital infrastructure of NHS Wales on a stable footing.”</i></p>	<p>Welsh Government has prioritized DPIF funding in 2019-20 to upgrading infrastructure and devices and this has been continued as part of Covid-19 response.</p> <p>There is a continuing programme of work planned through 2021-22 to replace legacy systems, to move national services from Blaenavon Data Centre to a new Tier 3 facility, and to increase network capacity and resilience across NHS Wales.</p>	Completed
<p>Recommendation 3 – <i>“In the discussions on the use of Cloud computing and the impact of recent outages, it was deeply concerning that, when many consumer systems appear to have very robust performance and up-time, the NHS in Wales is struggling to run its own data centres with 21 outages in the first 6 months of 2018 – one outage every 9 days. The Committee recommends a review of the senior leadership capacity in terms of skillset and governance within both NWIS and the wider NHS Digital Team.”</i></p>	<p>There have been several changes to senior leadership roles in Welsh Government, NWIS, and NHS Wales since 2019. The establishment of DHCW from April 2021 will be a major change in leadership and governance.</p> <p>The Centre for Digital Public Services is supporting a leadership development programme which will be offered to all NHS Wales boards during 2021.</p>	Completed
<p>Recommendation 4 – <i>“NWIS is currently overstretched and improvement requires far more than simply pouring more money into the existing organisation, which is unlikely to achieve</i></p>	<p>DHCW is on track to be operational from 1 April 2021. The SHA Programme will support organisational changes within DHCW during its first year of operation and will ensure that these</p>	Completed

<p><i>significantly different results. We recommend that any additional funding apportioned to NWIS needs to be tied to reorganisation to achieve the improvements that are required.”</i></p>	<p>are linked to new digital governance arrangements across NHS Wales.</p> <p>Welsh Government is working closely with NHS digital leadership to strengthen delivery capacity and capability during 2021 to ensure that increased investment can be deployed effectively, alongside Covid-19 digital response activity, and existing systems and services.</p>	
--	--	---

Annex B: Additional Digital Investment 2019/20 and 2020/21

		£m
Digital services for public and patients	TEC Programme & NHS Wales Video Consultations	3.9
	Patient Reported Outcomes & DSPP Programme	1.3
	Total, £m:	5.2
Transforming digital services for professionals	WCCIS Community Care System	6.4
	Digital Labs (WLIMS 2016 & LINC)	4.5
	Remote Working - Teams and Office 365 Programme	4.2
	CaNISC Cancer System	3.9
	Digital Ward & Electronic Nursing Care Record Programme	3.7
	Digital Eye Care Programme	2.4
	Digital Prescribing & Medicines Management	2.2
	Choose Pharmacy Programme	0.8
Total, £m:	28.1	
Investing in data and intelligent information	National Data Resource Programme	8.3
	Digital Insights and AI Partnerships	1.9
	Total, £m:	10.2
Modernising devices and infrastructure	Infrastructure & Mobile Devices Investment	41.8
	Data Centre Relocation Programme	2.4
	Total, £m:	44.2
Cyber security	NHS Wales Cyber Security Unit	0.4
Total, £m:	0.4	
Cross-cutting investment	Digital SHA Programme	1.0
	Digital Communities Wales	2.6
	Centre for Digital Public Services & Digital Leadership	0.4
	Digital Health Ecosystem Wales & Industry Engagement	0.6
	Total, £m:	4.6
Digital Priorities Investment Fund Total, £m:		92.6
Covid-19 Response Digital Programmes	Contact Tracing	4.3
	Vaccination	1.1
	Covid-19 Response Digital Programmes Total, £m:	5.4
Total, £m:		98.0



A Welsh Government Programme in partnership with NWIS and ADSS Cymru

**System Gwybodaeth Gofal Cymunedol Cymru
(SGGCC)**

Welsh Community Care Information System (WCCIS)

**National Programme Plan
2020-2023**

Version FINAL

Status: APPROVED

Authors: Kathy Mason/Karla Scott

Date: August 2020

WCCIS – National Programme Plan 2020-23

DOCUMENT HISTORY

Revision History

Date	Version	Author(s)	Revision Summary
24/02/2020	1.0	Kathy Mason	First draft
09/03/2020	1.1	KM	Revised draft
14/04/2020	1.2	KM	Revised draft – including initial assessment COVID-19 impacts
07/05/2020	1.3, 1.4	KM/Karla Scott	Revised drafts
15/05/2020	2.0	KM/KS	Revised draft – aligned with updated NWIS IMTP
20/05/2020	3.0	KM/KS	Draft for discussion at PDG
10/06/2020	3.1	KM	Final draft for Leadership Board review
06/07/2020	3.2	KS	Final draft incorporating LB feedback – Approved in principle by LB at meeting 10/07/2020 , subject to Workstream & Milestone updates
14/07/2020	4.0	KM	Final draft aligned to workstream updates for LB final approval
20/7/2020	4.1	KM	Minor amendment re strategic alignment with Social Care Digital Strategy p5
14/08/2020	FINAL		Final approval confirmed at LB meeting 14/08/2020

TABLE OF CONTENTS

Background and context

Introduction	4
Strategic Context	4
Vision, mission and benefits.....	5
Objectives	5
Scope	6
Programme Structure.....	9
Governance	12
Risks and Issues.....	13
Programme reporting	13

Progress to date

Leadership	14
Deployment to date.....	14
Stakeholder Engagement.....	14
Regional Programmes	15
Additional national funding support	15
Functional Delivery and Development Roadmap.....	15
Tech Refresh	15
Managing a complex landscape.....	16

Plans 2020 -23

Planning approach.....	17
High level milestones	18
WCCIS COVID-19 Emergency Response.....	18
Priorities for the coming year.....	19
National Workstreams and Services	19
Workstream Plans.....	20

ANNEXES:

I Programme Milestones	
------------------------	--

Background and context

Introduction

Welsh Government policy has for many years pursued a strategy of more integrated working between Health and Social Care services, to support people to maintain independent healthier lives in the community. The policy ambition is to provide high quality people focused, local, integrated care: that is safe and effective; providing the right care at the right time in the right place, from the right person. This requires underpinning digital information solutions to support integration, sharing of information, and enable fundamental service transformation.

In response, the WCCIS Programme is ambitious, and necessarily complex; bringing together the core systems of a large number of organisations as a key enabler of fundamental transformation in health and social care, in line with the government policy. It is being implemented into a diverse landscape of cultural and organisational change in health and social care across Wales. This strategic Programme is ground-breaking in the UK and internationally; its timescales are long-term, requiring vision, tenacity and flexibility.

Strategic Context

Policy Drivers

The Strategic Drivers set out in the Programme Brief¹ remain valid and have been further strengthened by the publication of ‘*A Healthier Wales*’: long term plan for health and social care, in June 2018, which specifically identifies WCCIS as the key digital enabler of the policy. Setting out an action to, “*accelerate progress towards a fully integrated national digital architecture, the roll out of the Wales Community Care Information System, alongside other nationally mandated services*”.

Alignment with All Wales Health and Social Care Digital Strategy

NHS Wales has a national architecture which provides the platform, standards, governance and architectural layers that enable the development and implementation of applications to support front-line healthcare services.

The WCCIS Programme has, with its stakeholders, identified a set of interfaces required with the NHS Wales national architecture.

The recent Review of the NHS Wales Architecture confirmed that overall the WCCIS Programme is consistent and remains strategically aligned with the NHS Wales Digital Strategy. How documents and other clinical information will be shared across systems in

¹ WCCIS – Implementation: Programme Brief. First published August 2015; Reviewed and updated Feb 2017

WCCIS – National Programme Plan 2020-23

an open architecture model will be considered as part of the response to the Architecture Review. The WCCIS requirements in this area will be taken forward within the wider context, with WCCIS a good candidate for developing and testing the approach.

Work is also underway on a National Data Strategy for Social Care in Wales, the Information Management Workstream of the WCCIS Programme is participating in the development of this strategy and subsequent implementation work, as a key stakeholder.

Vision, mission and benefits

The overall **vision** of the programme was reiterated and confirmed at the WCCIS Awayday on 28 January 2020, with stakeholders, Programme SROs and the Director General for Health and Social Services and the NHS Wales Chief Executive, as follows:

“WCCIS is the key digital enabler of fundamental transformation in health and social care, in line with government policy: *Informed Health and Care*; ‘*Once for Wales*’; the Social Services and Well-being Act, and ‘*A Healthier Wales*’.

Connecting professionals to provide better joined up care”

This vision encapsulates a set of high-level system-wide **benefits** that will be enabled by the digital capability, see *Figure 1: Vision & Benefits*, below. These will be increasingly available as the Programme advances. Benefits are available to individual services and organisations from implementing the digital system into existing ways of working, particularly where these are still paper based. However, to fully realise the benefits available, system-wide deployment of the digital capability by all organisations needs to underpin service change and increasingly integrated working. The Programme provides national support and coordination, working in partnership with the Regions to support benefits realisation across localities, regions and ultimately All Wales.

Our **mission** is to implement a new, national IT system (WCCIS) as the key digital enabler to Wales becoming the first country in the UK to have a single integrated community health and social care record system for its citizens.

Objectives

As set out in the Business Case and the Programme Brief, high level objectives are as follows:

- To support community-based services **to deliver more effective and efficient services to citizens** in their own homes.
- To support ***emerging service models and service redesign*** - through provision of supporting infrastructure, application and Information Governance models

WCCIS – National Programme Plan 2020-23

- To support **efficient technical development** - through delivery of ‘Once for Wales’ principles and ‘national’ specifications, procurement and **Technical design costs** reduced
- To stimulate and accelerate the implementation of CCIS and secure take up by participating organisations.

Scope

The scope of the Programme is to **ensure delivery** of the digital capability which has been specified as required to enable local and regional service transformation in the form of integrated health and care services; and to **support and encourage** its implementation across Wales.

Delivery of digital capability

The joint health and social care procurement process concluded in 2015/16 providing an All-Wales contractual framework which all 7 Health Boards and 22 Local Authorities in Wales can use for delivering a fully managed Community Information Solution for community health staff and social workers. The contract duration is 8 years from March 2015, with an option to extend for up to a further 4 years. Legal and commercial advice is that it could be further extended for 3 years after that.

The WCCIS is a full case management system, providing diary/clinic management, waiting list management and bed management functionality.

Implementation across Wales is underway, as well as ongoing delivery of remaining software functional requirements under the contract.

Services

The contracted managed service for a Community Information Solution from Careworks/Advanced comprises a whole system solution for the support of Social Care, Community Health including Nursing, Allied Health Professionals and Mental Health and consists of a comprehensive range of services including hardware, software, training, testing, implementation, maintenance, project management support and other associated services.

Utilisation, business change and benefits realisation

The National Business Case outlined the system-wide benefits anticipated from adopting a single national solution and Authorities taking advantage of the All Wales licence.

The responsibility for implementing and using the digital capability made available under the Programme, and in delivering the transformation and benefits, rests with the Regions and their constituent local organisations.

WCCIS – National Programme Plan 2020-23

The National Programme is responsible for stimulating and accelerating implementation; working in partnership with Regions to ensure these responsibilities and objectives are aligned and supported.

WCCIS – National Programme Plan 2020-23

Information management and standards

A key element of a national approach is the requirement for shared information governance, standards, infrastructure, security and confidentiality to ensure that data is accurate, interoperable, consistent and accessible in real-time.

The Welsh Government is responsible for setting mandatory national data standards and reporting requirements for the services covered by the WCCIS Programme.

The Programme is working in partnership with WG, NWIS and professional leads of the services in scope to establish nationally consistent information and reporting standards, which the Programme is then responsible for ensuring the WCCIS solution can support.

Costs

In 2015/16 Welsh Government provided a capital grant to fund: centralised hardware, PSBA circuits and the All Wales software licence. Participating Authorities' revenue and implementation costs are the responsibility of the individual organisations.

Subsequently in 2019/20, as part of the Digital Priorities Investment Fund, Welsh Government provided additional capital and revenue to support the Programme at national level and to support a proportion of Health Boards' revenue costs for up to three years.

Programme Structure

To enable achievement of the vision, benefits and objectives, the Programme has identified a set of high-level enablers, within its scope as follows:

- Ensure usability, quality & safety of digital functionality for all services in scope
- Support effective deployment and utilisation for the solution, enabling business change and benefits realisation
- In partnership with Welsh Government, NWIS and National professional leads and informatics services, lead and support development and implementation of information and reporting standards
- Ensure delivery, availability and performance of the contracted managed service and future developments

To deliver these enablers the Programme is organised into a series of Workstreams and National Services, see *Figure 2: Programme Planning Structure*, below.

It is unusual for a transformation programme to include elements of business as usual (BAU) services. This arises from the fact that this is a long-term programme which spans the whole digital system lifecycle; from procurement, through implementation, to live running; and where individual organisations have autonomy in deciding when and how to deploy the digital capability. To maintain national coordination across, ultimately twenty-nine

WCCIS – National Programme Plan 2020-23

organisations, spanning every stage of deployment, the Programme incorporates National Services under its coordinating umbrella, alongside Programme Delivery Workstreams.

WCCIS – National Programme Plan 2020-23

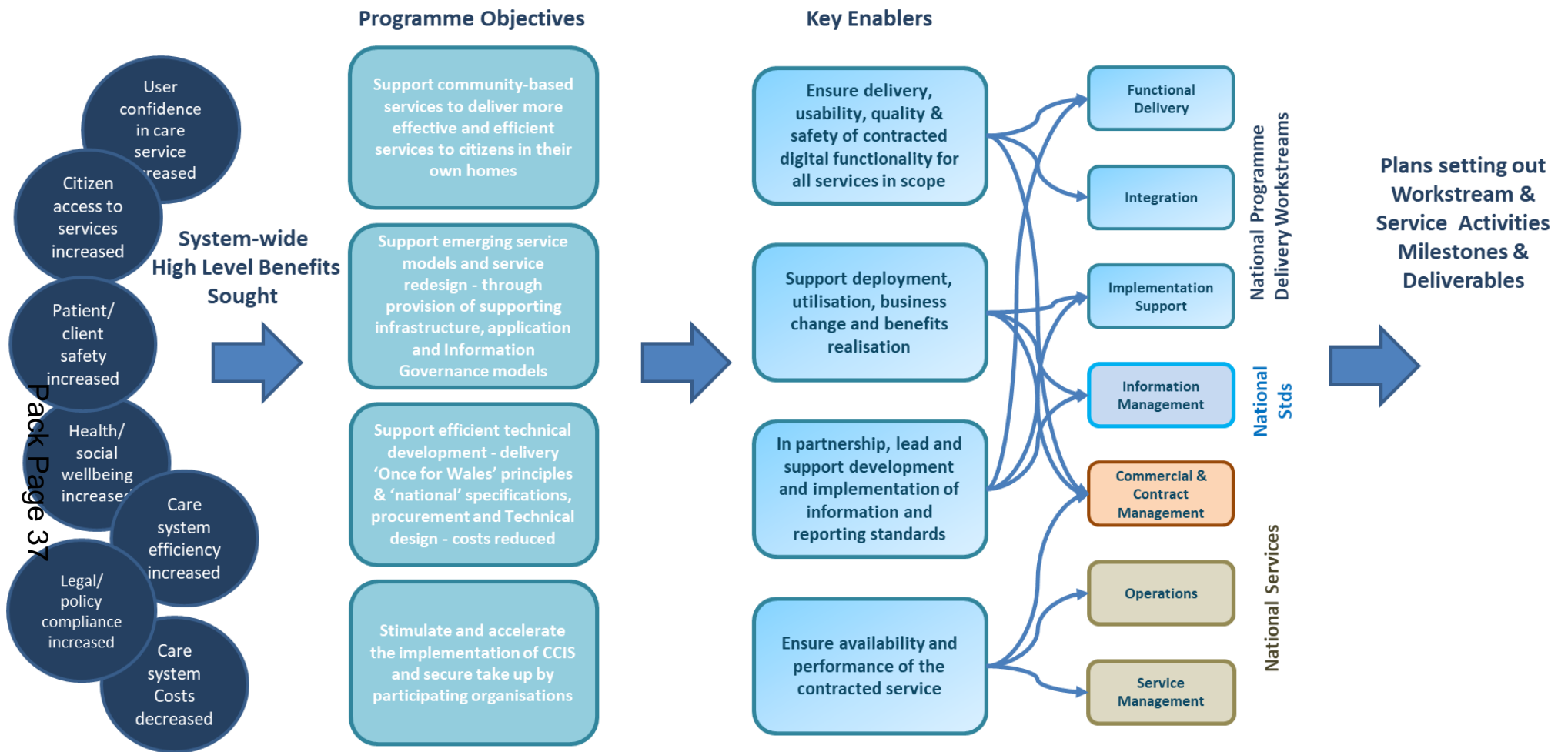


Figure 2: Programme Planning Structure

WCCIS – National Programme Plan 2020-23

Governance

To ensure appropriate and effective accountability, support responsibilities, and ensure communication and engagement, an overarching joint Health and Social Care National Governance Model is in place. This has been refined and updated during 2019/20 and the latest Model is set out in a separate document².

These governance arrangements reflect the fact that only through collaborative endeavours can the Programme support delivery of the shared vision of digitally enabled transformation in community health and social care for Wales and the benefits to its citizens.

The programme is funded and sponsored by Welsh Government and delivered in conjunction with delivery partners:

- NWIS - hosting national resources and funding and providing informatics expertise, infrastructure, operations and service management support;
- Regional WCCIS Programme Boards, in the context of their Regional Partnership Boards.

In summary, the governance structure is as follows:

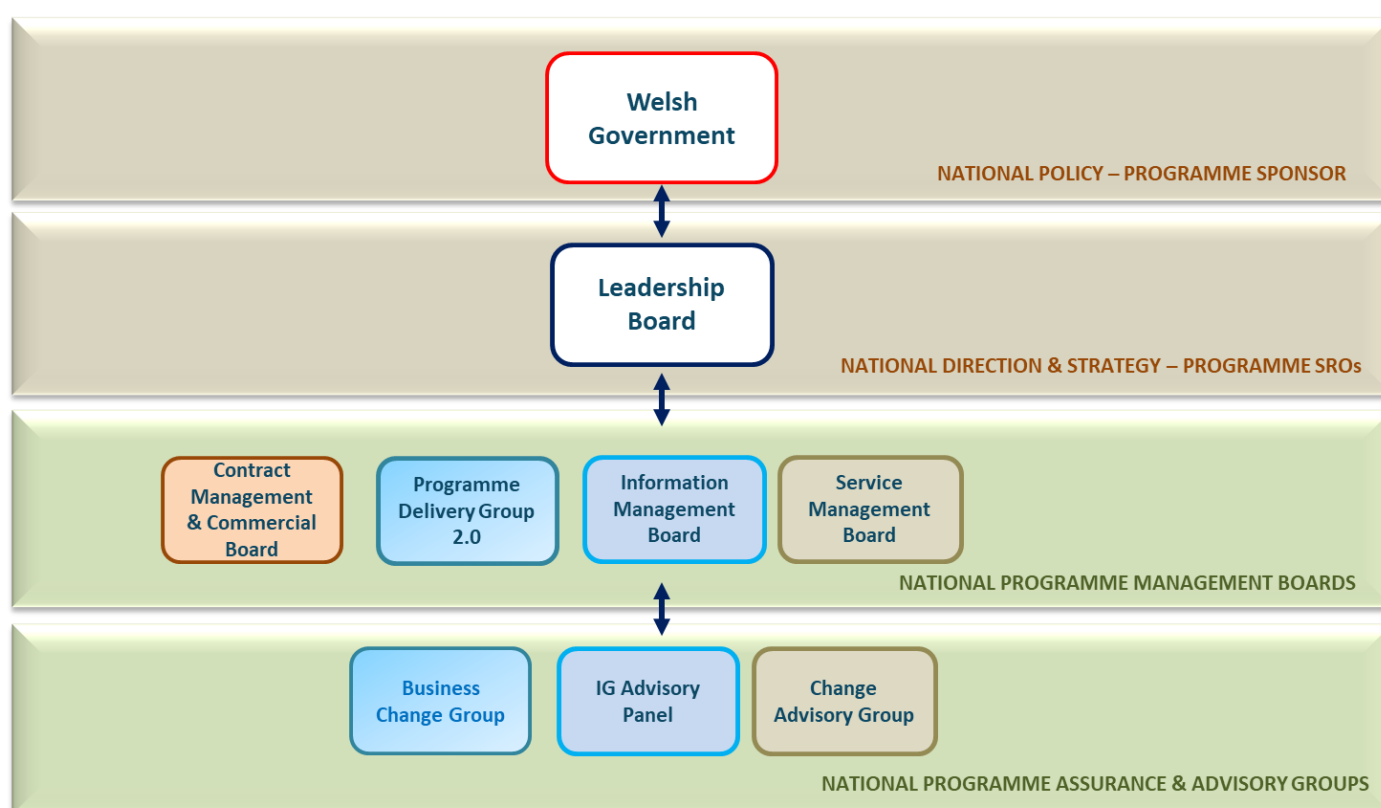


Figure 3: Governance Structure - overview

² WCCIS Governance Model, May 2019.

WCCIS – National Programme Plan 2020-23

Risks and Issues

The PMO will maintain a risk and issue log at overall Programme level. This will comprise the risks and issues logged by the National Boards and the PDG and escalated to them from the constituent Workstreams and Services. The PMO log will also indicate where there has been escalation to the Leadership Board or beyond. This log forms part of the regular Programme reporting pack³.

Escalations from Regional Programmes will go to the PDG, who may refer them to another National Board where appropriate.

Escalations regarding the live system and service from user organisations will go to the SMB.

National Boards may in some cases escalate risks and issues to their external stakeholder groups. This will be reflected in their log.

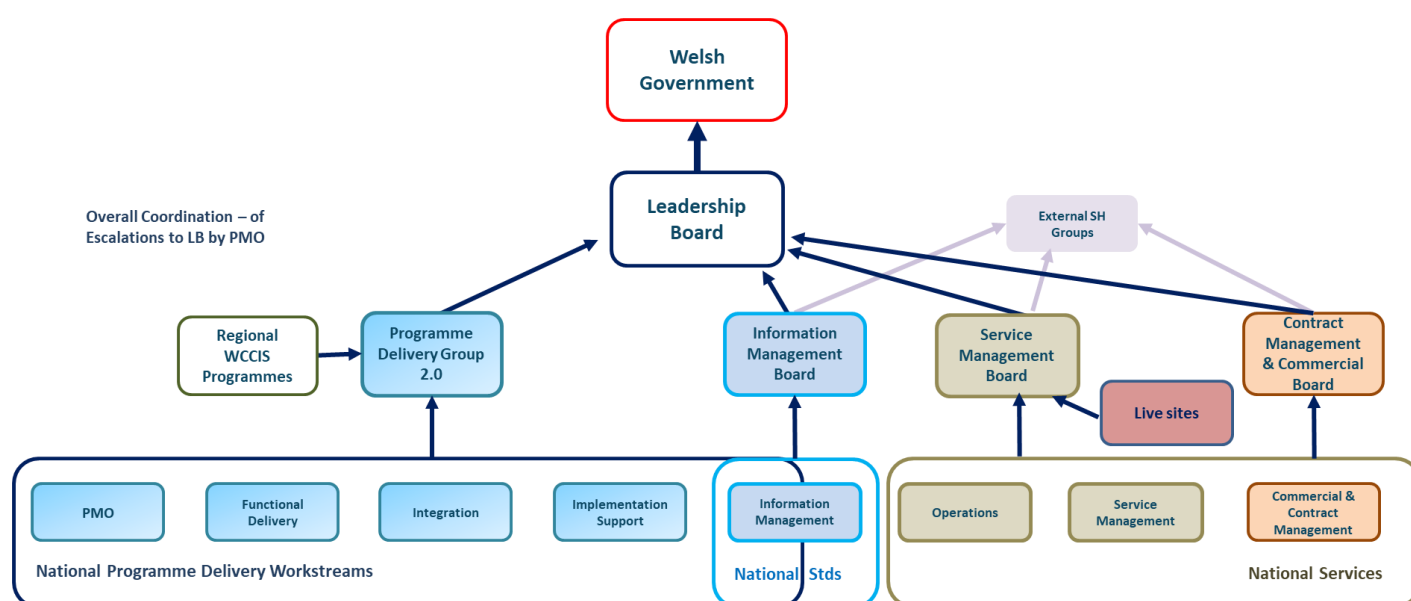


Figure 5: Escalation routes

Programme reporting

Reflecting the complexity of the programme and the expanse and diversity of stakeholders the Programme is required to report to a range of structures and forums. To ensure an efficient and coordinated schedule of reporting a Programme Reporting Structure and Format³ has been established to accompany the Governance Model. In line with this the National PMO will prepare a set of regular reports for Welsh Government, Leadership Board and other National Boards and using a set of reporting components across a reporting matrix.

³ WCCIS - Programme Reporting Structure and Format 2020-21

WCCIS – National Programme Plan 2020-23

aims and objectives. Following the Awayday the Programme Delivery Group has been relaunched bringing national and regional leads together in a single forum.

Regional Programmes

Each Region is working on transformation of services and working towards increasing levels of integration under the auspices of their Regional Partnership Boards. Most Regions now have a focused WCCIS Programme, and the development of these has been supported by further funding from the Integrated Care Funding for this and next financial years and there has been measurable growth in maturity of some Regional Programmes over the past 12 months.

Additional national funding support

A funding bid to Welsh Government's Digital Fund has been successful. This will support additional resources for the national delivery function. The deployment of these resources will be overseen by the new PDG, with the aim of achieving maximum impact in achieving the jointly agreed priorities.

In addition, this funding seeks to support an acceleration of deployments, particularly by Health Boards. This provides funding over three years to support Health Boards with new revenue streams arising from the implementation of digital systems to replace manual, paper-based systems.

Functional Delivery and Development Roadmap

The Programme Commercial and Contract Management team, with support from stakeholder representatives, negotiated a significant contract variation with the Supplier, which was signed in November 2019. This addressed the issue of outstanding and delayed functionality, removed some requirements that had proved to be commercially and technically unfeasible, and included some additional functionality identified as key priorities by stakeholders. This has been set out in a Functional Delivery Roadmap (FDR), against which progress is now being tracked by all stakeholders and is supporting the Commercial and Contract Management team to hold the Supplier to account.

Tech Refresh

Building on this, the next step is to agree the future roadmap of the solution and its hosting platform. Under the MSA, there is the requirement for a refresh of the hardware in Year 6, March 2021. This was factored into the approved Full Business Case and the Programme Plan has anticipated the requirement to fund the capital costs. Participating Authorities are also aware of this requirement and their obligation to contribute to these costs, as part of their signing Deployment Orders.

WCCIS – National Programme Plan 2020-23

Alongside the hardware refresh required under the contract, to be in place by in March 2021; the Supplier, Careworks Ltd, has confirmed that the underlying platform Microsoft Dynamics 2011 would be out of support by July 2021. Discussions have been underway with the Supplier for some time regarding the identification of options and delivery of a set of proposals for decision by the Programme

These discussions are in the context of technology that has moved on since the contract was first signed, digital strategies have been updated; thus, replacing the hardware 'like for like' (Do Minimum option) may not be the best vfm option. Options need to encompass the potential to move the solution to Cloud hosting, alignment with Wales' strategic plans in respect of Microsoft more widely, and the potential to migrate to a next generation version (known as CareDirector Version 6) of the system.

Since the acquisition of Careworks by Advanced, the Programme has worked with them to expedite these proposals. Reaching agreement and enacting them is a priority for the Programme in 2020/21,

Managing a complex landscape

Inevitably with a Programme of this size, timetable and complexity, challenges continue to arise. The strengthened governance, now largely in place will be key to enabling the Programme to anticipate and respond; ensuring that impacts are understood and required changes are dealt with in a controlled and managed way; ensuring the vision remains valid and aligned with national policy and regional priorities; that the business case is still relevant and that benefits are optimised.



Plans for 2020 – 2023

The current planning cycle is aligned with the Digital Priorities Investment Funding (DPIF), the Integrated Care Fund (ICF) and with the planning horizon of key delivery partner, NWIS; which overall, cover the three years from April 2020 to March 2023.

In this timeframe it is the aim that all Authorities will have signed Deployment Orders and that implementation activities will be reducing, if not completed, and that the Delivery Programme will be handing over to ongoing operational business as usual and service management at a national level. Ongoing national activities are also anticipated, to support and coordinate benefits realisation and sharing business change knowledge and best practice across the Regional Programmes.

This three-year cycle sits within the twelve-year contractual framework, which comprises an initial eight-year timeframe from March 2015 to 2023, with a four-year extension phase, until 2027. Commercial advice has also confirmed that a further three years would potentially be available under current procurement regulation.

Planning approach

To achieve its vision, aims and objectives, the National Programme requires a collaborative and consultative approach by all parties to manage the alignment of priorities, dependencies and risks and optimise the outcomes and ultimate benefits across the system. Maintaining a workable and optimal balance across these elements requires collaboration and sometimes a willingness to accept some compromises in one area in order to achieve the overall vision and aims and the benefits across the All Wales health and social care system.

The planning approaches adopted need to support a developmental, iterative, learning process; to identify and respond to challenge, change, and shifting priorities quickly; assess their impact across the Programme and ensure that the optimum balance is maintained.

To support a structured approach to managing this complexity, the Programme utilises the tools and approaches of the Managing Successful Programmes (MSP®) methodology the best practice public sector programme management approach. In line with this the National Programme is organised into a series of Workstreams and National Services which are overseen by the National Boards and the Programme Delivery Group (see *Figure 3: Governance Structure – overview*, above).

Workstream plans, reflecting the need to be flexible, are developed on a quarterly cycle. Dependencies and co-production across Workstreams required to deliver Programme Milestones and Key Deliverables are managed using 'Tranches'. To support communication and monitoring of the Workstreams the PMO will support Workstreams using the TIP methodology.

WCCIS – National Programme Plan 2020-23

In certain of the workstreams some of the deliverables are themselves detailed plans, e.g. in the Functional Delivery Workstream, a key deliverable would be the development, testing and implementation plan for a specific release of the software. These types of plans will form a key dependency for the participating organisations as part of their detailed local planning and management.

High level milestones

The Programme Milestones are set in the context of each of the Key Enablers and are included in Annex I. They seek to ensure achievement of the overall aims and objectives of the programme. Each year, or more frequently if required, they will be updated taking account of progress to date and priorities agreed with the stakeholders via the governance arrangements.

WCCIS COVID-19 Emergency Response

In week commencing 16 March 2020 an initial assessment of the anticipated impact of the National Emergency was undertaken and a WCCIS Programme COVID-19 Emergency Response was prepared and approved by SROs on 20/3/2020. This identified the following priorities for resources and activities:

Priority 1: Business continuity of live service - Ensuring that the live service remains available

Communications - Ensuring fast and effective lines of communication and escalation are in place and working across all stakeholder individuals, organisations and groups

Priority 2: Fast tracking - Identifying and expediting the development and roll out of additional functionality or additional ways of using the system that could help the emergency

Priority 3: Impact assessment and management of delays to the development and deployment across the programme - This includes service delivery, commercial and contractual, resourcing etc.

A Bronze Community COVID-19 Response Group was established, reporting jointly into the NWIS Gold Command structure and the Leadership Board. This group included representation from all Regions and all live WCCIS sites, it has met, alongside BAU Programme Boards and Groups, since March, to ensure the above priorities were being addressed. The Bronze Group was formally stood down at the end of June and any outstanding activities and escalations were formally transferred back to BAU governance arrangements.

WCCIS – National Programme Plan 2020-23

There has been impact on the draft Programme Plan, as it was originally set out in March 2020. The March version of the Plan was not formally approved by the Programme Leadership Board as Board agendas were adjusted to prioritise the COVID-19 response. This final version of the Programme Plan has been revised since March to take account of the known and anticipated impacts of COVID-19.

Priorities for 2020/21

Key priorities for the coming year, adjusted for COVID-19 impact, include:

- Working in partnership with WG and NWIS to establish the Community Information Management Board structure and constituent Information Development Boards, supporting proactive national coordination of information management and data standards and developing national reporting standards across all service areas; which the Programme is then responsible for ensuring the CareDirector system can support.
- Formal options appraisal for the required Technical Refresh and Business Justification Case for any additional funding requirements to implement the recommended option. Subsequently, conclude commercial and technical agreements with the Supplier for the agreed technical refresh, and confirm the development roadmap for the product and service to the end of the contract period.
- Assessing the impact on the current FDR and deployment pipeline arising from the technical refresh and agree an updated set of plans with the Regions and Participating Authorities. This needs to take account of the impact of delays to delivery, exacerbated by COVID-19, against the contracted FDR timetable
- Ongoing assessment and management of COVID-19 impacts in order to maintain progress of national programme deliverables, and monitor and support regional and local deployment plans .
- Assessing and responding to recommendations from the Audit Wales Review, expected to be published in September 2020; revising priorities and workstream plans for Q4 and beyond, as required.
- Agree and implement developments to national service and operational management to oversee BAU and ongoing improvements to performance and service delivery.

National Workstreams and Services

Following the Governance review and restructure in 2019, the Programme organisational structure has been reviewed and the revised structure is set out in *Figure 4: Programme Workstreams and National Services*, below.

WCCIS – National Programme Plan 2020-23

The National Workstreams and Services are overseen and managed by the National Programme Management Boards and the Delivery Group (see *Figure 3: Governance Structure – overview*, above) in line with their Terms of Reference. Each Workstream has a Workstream Lead, who is accountable to the appropriate National Board or the PDG. Each Workstream also has a Regional ‘buddy’ assigned to promote closer working between the National and Regional teams.

The **Programme Delivery Workstreams**, including the Information Management Workstreams are set out as part of this Programme Plan, these include:

- PMO
- Functional Delivery Support
- Integration
- Implementation Support
- Information Management

National Services are overseen by the WCCIS Service Management Board (SMB) in line with their Operating Models, as they are agreed by the SMB, these include:

- Operations – providing national configuration, design, standards and assurance; managing changes and new releases to the software in line with agreed processes; coordinating incident and problem management between the managed service and national infrastructure; and coordinating integration support and management with the NHS national architecture.
- Service management – providing national coordination and support of the service management of the live solution and new releases
- Commercial and Contract Management function - This comprises professional and financial management support from NWIS, available as provided to the wider NWIS portfolio. It supports delivery of the requirements under the contract, managing the MSA on behalf of Bridgend CBC and participating Authorities; providing commercial expertise and guidance to the Programme, and coordinating across the commercial, financial and contract framework; and assuring participating Authorities’ Deployment Orders

Workstream Plans

Each Workstream has its own set of deliverables that feed into the overarching delivery and Programme Milestones set out in Annex I.

WCCIS – National Programme Plan 2020-23

A number of the Programme Milestones which depend on input, resources and collaboration with delivery partner NWIS have been included in the NWIS 2020 – 23 Integrated Medium-Term Plan (IMTP). These are highlighted in Annex I.

Each Delivery Workstream maintains an overall Workstream Plan, Quarterly TIPs, and a Risk and Issues Log. In some cases, key deliverables within Workstreams are themselves detailed plans, e.g. the implementation and testing plans for software and integration releases.

Skills and resources within the Workstreams deliver agreed outputs to contribute to the delivery of individual Projects and Tranches that make up the overall Programme.

Since March, the following COVID-19 related impacts, reflected in the milestone plans in Annex I, are of note:

- Prior to the COVID-19 situation progress was being made in recovering the delays to delivery and implementation of the FDR, however, the COVID situation crystallised and added to existing delays as at March 2020. The acceptance testing and implementation of software release r5/2/13 was directly affected; however, the release successfully went live on 13 July 2020. The piloting of the Mobile App v1.3 was stalled, due to frontline staff capacity, this is now being re-planned.
- Delivery milestone acceptance and commencement of testing of r5/2/15 and the accompanying Mobile App v1.4, is also affected, with commencement of testing now delayed against original plans. With anticipated continuing limitations on staff, increased risk levels have been logged against the anticipated timelines for testing to complete and for acceptance into production/live. Mitigation and a review of the plans are underway.
- The delays in the FDR, which should have fully completed by Q4 this year, is now impacting the planning and timelines for the future roadmap and tech refresh, which has some 'hard stop' deadlines in the critical path. This will increase the complexity and risk profile of the options for the tech refresh, this is noted and included in the current and planned work in this area.

WCCIS – National Programme Plan 2020-23

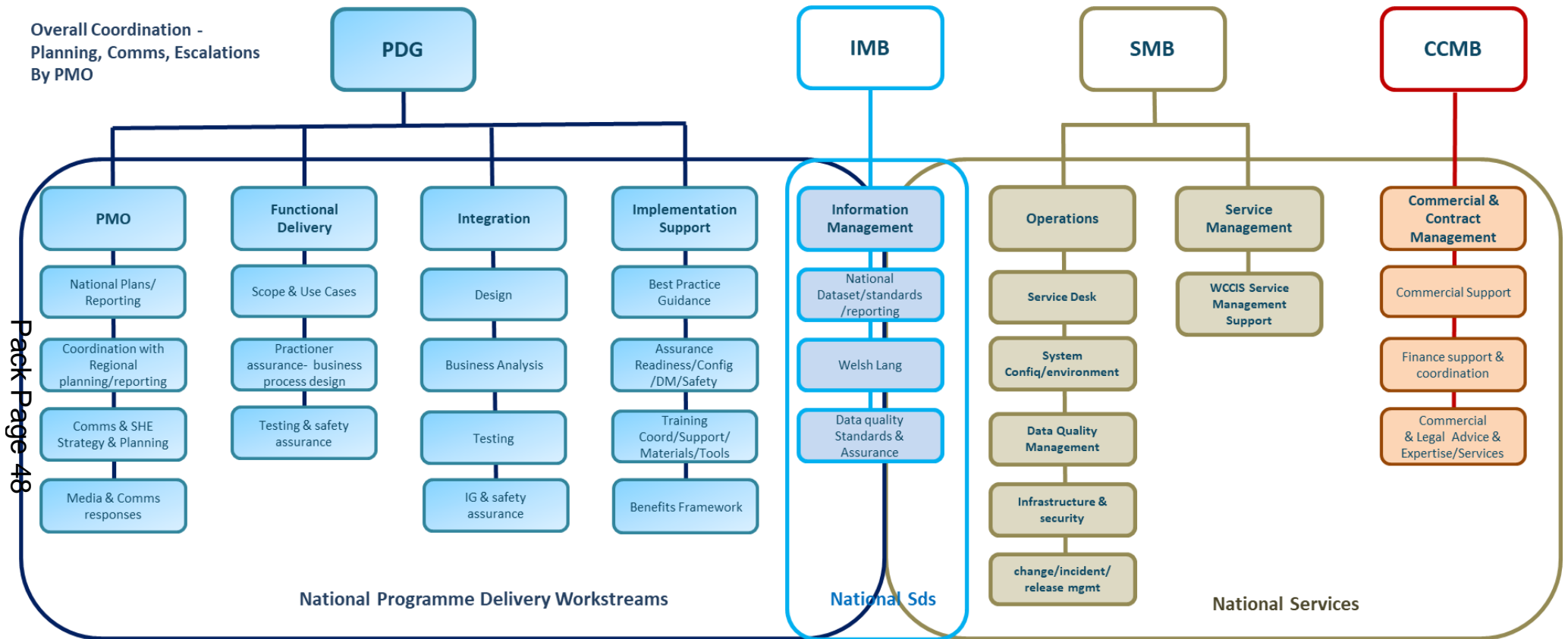


Figure 4: Programme Workstreams and National Services

ANNEX I – High level milestones and key deliverables

Key to Milestone Tables

- *Programme Milestone – (In **Bold** if included in NWIS IMTP)*
- *Programme Milestone TBC*



COVID-19 impact = delay






COVID-19 impact = acceleration

WCCIS – National Programme Plan 2020-23

KEY ENABLER: Ensure usability, quality & safety of digital functionality for all services in scope

Responsible Board: PDG

Workstream(s): Functional Delivery/Integration/Commercial & Contract Management/Operations/Implementation Support

2020/21				2021/22	2022/23
Q1	Q2	Q3	Q4		
	<i>Improved processes and ways of working with Supplier agreed</i>	<i>Improved processes and ways of working with Supplier fully implemented</i>			
 <i>Approved FDR recovery plan – post COVID</i>	<p>5/2/13 Milestone 2 – Product Available</p> <p>5/2/13 Milestone 3 – Stable Operations</p> <p>MPI – Product Available (PDQ/PIX/Inbound)</p> <p>5.2.15 & Mobile App Integrate v1.4 – available for testing</p> <p>Confirm scope of 5/3 5/3.1</p> <p>Mobile App Integrate v1.3 Available for Pilot</p>	5/2/15 & Interfaces & Mobile App Integrate v1.4 Milestone 2 – Product Available	<p>Validated Use Cases 5/3 5/3.1 (core & integrations) & identify funding for enhancements</p> <p>5/2/15 & Interfaces & Mobile App Integrate v1.4 Milestone 3 – Deployed and SO achieved)</p>		
	<i>Updated Functional Delivery & Development Roadmap, post COVID agreed with Supplier and Stakeholders</i>	<i>Approved Business Case and funding identified for tech refresh</i>	<p>Tech Refresh decision re: HW Refresh reqs by 31/3/21 implemented</p> <p>Update FDR & SW implementation plans in line with Tech Refresh decision</p>	<i>Implementation of Tech Refresh decision</i>	





Pack Page 50

WCCIS – National Programme Plan 2020-23

KEY ENABLER: In partnership, lead and support development and implementation of information and reporting standards

Responsible Board: **IMB**

Workstream(s): **Information Management**


2020/21				2021/22	2022/23
Q1	Q2	Q3	Q4		
	<i>Fast tracked reporting requirements for COVID-19</i>				
	<i>National information standards - reporting requirements (perf improvement/rehab services)</i>	<i>National information standards - reporting requirements – SC proof concept Safeguarding standardisation</i>		<i>National information standards - reporting requirements – Full MH suite</i>	
		<i>National Info Development Boards in place</i>			
		<i>Management & processes to address/prevent duplicate records in place</i>		<i>Approved Business Case and funding for BAU national standards function (within NWIS successor org)</i>	

Pack Page 52

KEY ENABLER: Ensure availability and performance of the contracted service

Responsible Board: **SMB**

Workstream(s): **Service Management/Operations/Commercial**

2020/21				2021/22	2022/23
Q1	Q2	Q3	Q4		
	<i>Improved processes and ways of working with Supplier agreed</i>		<i>Improved processes and ways of working with Supplier fully implemented</i>		
	<i>Proposals for national support model agreed & Business Case for additional funding requirements approved</i>			<i>Approved Business Case and funding for BAU ongoing national service management & operations function (within NWIS successor org)</i>	
	<i>User Group established</i>				

Pack Page 53

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



Llywodraeth Cymru
Welsh Government

Nick Ramsay MS
Chair of the Public Accounts Committee
Cardiff Bay
CF99 1NA

Our Ref: AG/RP

12 February 2021

Dear Mr Ramsay

Update on progress against recommendations made in Public Accounts Committee and Wales Audit Office reports on Out of Hours Services

Thank you for your letter of 29 September, noting our response, of 28 August, updating the Committee on progress in delivering the recommendations of its July 2020 Report into Out of Hours Services. You requested a further update by 12 February 2021 on progress made against these recommendations. Previously you have also asked us to provide you with an update on the Audit Wales (WAO at that time) recommendations made in their Out of Hours report published in July 2018. Please accept my apologies for the delay in providing you with this update.

In August 2020 we noted that a great deal of progress has been made against the recommendations of both reports and we provided a comprehensive update document, unfortunately given the need to support the Covid-19 response we have been unable to refresh the update to reflect more recent progress and the changing context. However I have provided a general update on progress and a reflection on the changing context as part of this letter.

You should also be aware that Officials have had discussions with Audit Wales relating to the progress highlighted in the update and the process for agreeing that recommendations have been delivered. Unfortunately these discussions have been interrupted by the pandemic.

The broader context and landscape relating to urgent primary care has changed significantly over the last 12 months. As you will be aware Covid-19 has had a profound impact on the NHS. In terms of OoHs/111: demand has fluctuated as patient behaviours change; there have often been more clinicians available to the Out of Hours and 111 service; 111 has become a more recognisable brand as a result of its use during the pandemic being available across Wales for Covid-19 related calls; and the full service is now available in 5 of the 7 health boards (Cwm Taf Morgannwg successfully launched the 111 service in October 2020).

Covid-19 has also seen a much greater emphasis on care closer to home both by the NHS and patients. Emergency Departments (EDs) are no longer seen as the easiest, or best, point of access for the public with urgent care needs. In this context, over the pandemic period the CAV 24/7 contact first model has been introduced in Cardiff, with a similar model now operating in Anuerin Bevan and implementations planned in other health boards over the next few months. In these models, patients are asked to phone first before attending ED. They receive an initial triage from a call handler and if required will then be passed onto a clinician who will undertake a further triage. Following this the clinician will then make a decision on the best point of care for the patient, often this is back to primary or community care services, but if this is ED then the patients are booked in at a time of less demand.

At the same time and partly to support the phone/contact first approach, Urgent Primary Care Centre pathfinders are now operating in 5 health boards, these seek to provide a 'setting' where patients with an urgent primary care need can be seen by Primary Care clinicians in a timely manner both in and out of hours.

The implementation of the NHS 111 Website including the on-line symptom checker has had a significant impact with the site having over 1.6m hits in March 2020 alone. At the same time a range of other digital services for clinicians and the public has made a significant difference and increased NHS resilience throughout the COVID period. We continue to review how the service can support wider urgent care whilst we also implement the new 111 IT system, SALUS. Despite delays caused by Covid-19 I anticipate this being in place in Quarter 3 next year.

These developments are examining different approaches and testing various models the aim is to produce a consistent, integrated and accessible framework for 24/7 urgent primary care. 111 will be the point of access for this integrated model.

In summary, the COVID-19 pandemic of 2020 has had a profound effect upon the delivery of NHS services and the behaviour of the general public in the way they choose to access healthcare. We have seen rapid developments in operational delivery within the NHS in order to ensure patients who are COVID positive receive the treatment they need and at the same time protect those who are most at risk. This provides a blueprint for the future, the 'lockdowns' aimed at controlling the spread of COVID-19 saw a sharp reduction in attendance at Emergency Departments (EDs), and a large increase in the amount of calls to the NHS 111 service and use of the COVID-19 online symptom checker. 111 services continue to operate above pre-COVID levels, while attendances at ED returned to a more 'usual' level between wave one and two, they have again reduced compared to the pre-COVID situation.

In light of the changes described above, the 111 Programme Team and Urgent Primary Care group within the Primary Care Strategic Programme are working closely together to review the future strategy and implementation over the next few years. This is aimed at

providing a consistent 24/7 urgent primary care offering rather than one that is defined by the time of the day, or day of the week.

I hope you find this update helpful.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Andrew Goodall', written in a cursive style.

Dr Andrew Goodall
Director General/ Chief Executive NHS Wales

Agenda Item 3

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

Document is Restricted

Document is Restricted



WRITTEN STATEMENT BY THE WELSH GOVERNMENT

TITLE	Shaping Wales' Future: Delivering National Well-being Milestones and National Well-being Indicators and a report on Wales' future.
DATE	19 February 2020
BY	Jane Hutt MS, Deputy Minister and Chief Whip

The past year has been an unprecedented period of uncertainty and challenge, one which has impacted every aspect of our lives. Although the challenge of the pandemic remains it is important we begin to lay the foundations for a sustainable future. In particular, it remains crucial for us to continue to take an evidence based and long-term approach to leading Wales out of the pandemic. Key to shaping Wales' future is how we measure Wales' progress through our National well-being Indicators, shape the future direction through the setting of National Milestones, and understand what might shape Wales' future through a Future Trends Report for Wales.

We consulted on the development of the National Milestones and some changes to the National Indicators in 2019. Since then as well as responding to the coronavirus pandemic we have faced a number of other extraordinary challenges with profound implications for Wales, including addressing the climate emergency, tackling systemic inequality and preparing for Wales' changed place in the world after Brexit. We recognise that each of these challenges has fundamental implications for the future of Wales and understanding their impact has been vital in developing our approach.

The pandemic in particular has disrupted our ability to collect some of the data we rely upon to measure progress towards some of our Indicators and has caused some delays to the planned work on the revision of some Indicators and development of Milestones following the consultation.

Although we continue to face sustained challenges, we are now in a position to start work on the Future Trends Report, restart the important work on the development of National Milestones for Wales and make some small changes to the National Indicators. Taken together they will play an important supporting role in providing direction for Wales in the future as we move towards reconstruction and recovery.

To reaffirm our commitment, we have published a [roadmap for 2021](#) setting an accelerated timescale for delivery given the urgent challenges we face and the progress we have made since the consultation. As well as setting National Milestones and making changes to the National Indicators, this plan also outlines the development of the Future Trends Report which will provide a valuable source of information on the trends likely to shape Wales' future, and support the work of public bodies and Public Services Boards.

The activity set out in this plan has implications for public bodies and Public Services Boards and there will be an opportunity for these organisations and wider stakeholders to be engaged in the activity we plan to deliver this year. Although the continued pressures we face may continue to impact on what we can deliver, I am pleased to publish this plan, the next step in our commitment to accelerate the embedding of the Well-being of Future Generations approach across our work and across Wales.

To support this national implementation I have established a cross sector stakeholder advisory forum. The forum will gather stakeholder perspectives on key issues, opportunities and barriers to the implementation of the WFG Act; share innovative practice; and, provide a mechanism for discussion between Government and stakeholders on key matters relating to further implementation of the WFG Act.