

**Russell George MS Chair,**  
Health and Social Care Committee

**Mark Isherwood MS Chair,**  
Public Accounts and Public Administration Committee

13 January, 2023

Dear Russell and Mark,

Thank you for your letter dated 5 December 2022. We are pleased to respond to the follow up questions after the scrutiny session on 26 October 2022.

Our responses to the follow up questions are outlined below.

Yours sincerely



Helen Thomas, CEO DHCW



Simon Jones, Chair DHCW



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## DHCW Follow-Up Responses

### Transition to the cloud

**Q1. In the session, Helen Thomas, DHCW Chief Executive, reported that DHCW had moved 25 per cent of its estate into the cloud. You undertook to write to the Committees with figures on the consequent reduction in the number and percentage of servers being used in the past five years.**

DHCW operate in a highly dynamic environment, with new servers being commissioned regularly to deal with new services and growth, and old servers being decommissioned or replaced. DHCW utilise a highly virtualised server estate, where numerous virtual servers run on a smaller number of physical servers. In 2021 DHCW moved 25% of the servers that host national digital services into Microsoft's Cloud as part of our Cloud first approach. This allowed DHCW to remove 9 physical servers from the data centre.

Other services previously hosted on-premises have now moved to cloud, these include Email services (MS Exchange to MS 365 Exchange on-line), Team collaboration services (MS Skype to MS Teams), File Storage (OneDrive and SharePoint on-line replacing file servers and on-premises SharePoint) and many others. This has reduced a further 40 on-premises servers being a mix of Physical and Virtual. We have also deployed a number of new services directly into the cloud, which include the Covid Vaccine Rebooking System, the NHS Wales App, the Covid Contact Tracing solution, and servers supporting connectivity to the Welsh Community Care Information System (WCCIS).

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

**Q2. You undertook to provide further detail on work relating to the Welsh Community Care Information System (WCCIS). In particular, the Committees would welcome information on the following:**

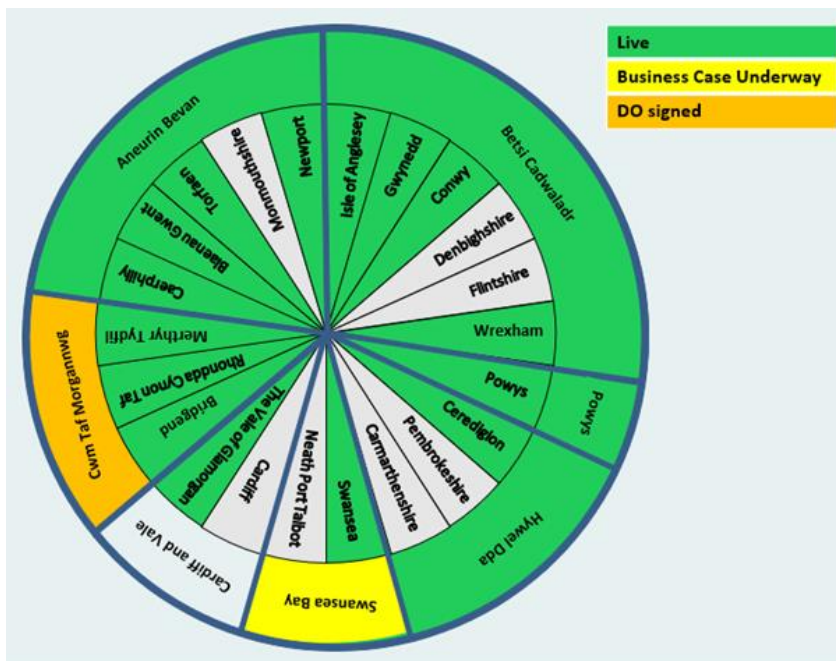
**a) An overview of the current take-up of WCCIS across health boards and local authorities.**

The WCCIS digital platform, known as CareDirector, is live in 19 out of 29 organisations. In the remaining organisations the position is as follows:

- Cwm Taf Morgannwg UHB has signed a deployment order to use WCCIS and Swansea Bay UHB is preparing a business case for using WCCIS
- Cardiff & Vale UHB have stated that they will not implement CareDirector, as the product does not meet their requirements, but they will work with the national team to review interoperability options as part of the wider WCCIS Programme

- Monmouthshire Local Authority – uses their own in-house system but will consider a move to WCCIS (CareDirector v6)
- Denbighshire and Flintshire Local Authorities are currently running a joint procurement for which WCCIS - CareDirector v6 is being considered
- Pembroke and Carmarthen Local Authorities are upgrading their current systems, and have had limited engagement with the WCCIS Programme
- Neath Port Talbot Local Authority will be procuring a replacement system - likely to be Spring 2023
- Cardiff Council – are committed to their current system

The diagram below shows the Health Boards and Local Authorities who are already using CareDirector or have committed to do so through a Deployment Order (DO) or are working on a business case.



**b) The reasons for any health boards or local authorities not signing up to WCCIS and choosing other systems.**

Organisations make their own decisions on whether to adopt the WCCI digital platform, based on local plans, requirements, service models and governance. Encouraging take up requires collaboration at a national, regional, and local level, with organisations working within different accountability frameworks. In addition:

- Evolving new models of care are affecting system requirements
- Change in ownership of the CareDirector software
- Instability in the technical system between October – November 2021, fully resolved in February 2022
- Trust and confidence of users reduced by past issues
- Impact of COVID on technical resources and staffing
- On-going assessment needed of future technical choices, work on this is currently underway following the Strategic Review into WCCIS.

### c) Whether those different systems are interoperable with WCCIS?

The WCCIS programme is leading national data standards work for community health to support interoperability and to drive the adoption of common digital processes. The programme is developing integrations with other national datasets and will define a standard for interoperability as part of the Strategic Review work. This will form a requirement for any future technology choices. Organisations not using WCCIS provisioned systems will be encouraged to adopt these interoperability standards.

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

The profile of the timescales for the deployment order contractual timeframes is as follows:

	Initial contract end	Max contract term end
Bridgend	01/01/2024	01/01/2028
Ceredigion	01/01/2024	01/01/2028
Powys	01/10/2024	01/10/2028
Powys Health Board	01/10/2024	01/10/2028
Blaenau Gwent	01/10/2024	01/10/2028
Merthyr Tydfil	01/12/2024	01/12/2028
Gwynedd	01/01/2025	01/01/2029
Anglesey	01/02/2025	01/02/2029
Torfaen	01/04/2025	01/04/2029
Vale of Glamorgan	01/05/2025	01/05/2029
Caerphilly	01/08/2025	01/08/2029
Rhondda Cynon Taf	01/12/2025	01/12/2029
Newport	01/05/2026	01/05/2030
Hywel Dda Health Board	01/05/2027	01/05/2031
Wrexham	01/06/2027	01/06/2031
Conwy	Milestone not met yet*	Not known*
Swansea	01/09/2029	01/09/2033
Aneurin Bevan Health Board	Milestone not met yet*	Not known*
Betsi Cadwaladr Health Board	01/03/2030	01/03/2034
Cwm Taf Health Board	Milestone not met yet*	Not known*



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Contracts may be extended for up to a maximum of 4 years, provided the extensions are enacted before the end date of the Master Service Agreement, which is 31 March 2027.

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

The WCCIS Strategic Review which is currently under way will define the future contract and technology strategy. This work is supported by consultancy firms Channel 3 Consulting and In-Form Solutions. The output is due by the end of March 2023 and will include an assessment of future options regarding different interoperable systems and a plan to deliver them.

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

£12m of funding has been committed to the programme for the 3-year period April 2022 to March 2025. This will cover a forecast national programme cost of £8.25 million, and regional funded activity of £3.74 million. The allocation of this investment is as follows:

Table: Forecast spend for WCCIS programme

	Note	FY 2022/23	FY 2023/24	FY 2024/25	Total funding
National Programme Staff	Staff costs including training, travel and subsistence	£1,783,389	£2,462,925	£2,462,925	£6,709,240
National Programme -Non-pay	Additional project and operational costs	£298,637	£400,000	£400,000	£1,098,637
National Programme - Strategic Review	Phase 2 project	£273,660			£273,660
National Programme - hosting	Additional hosting requirements	£173,666			£173,666
Regional Funding - West Glamorgan	Includes implementation support for SBUHB (FY23/24 and FY24/25)	£262,638	£254,932	£360,341	£877,911
Regional Funding - Cwm Taf Morgannwg	Includes funding for Data Cleanse Team delivering national work	£312,606	£46,653		£359,259
Regional Funding - Powys		£75,160			£75,160
Regional Funding - Gwent	Includes implementation support for ABUHB	£210,000			£210,000
Regional Funding - West Wales		£265,000			£265,000
Regional Funding - North Wales	Includes implementation support for BCUHB	£320,000			£320,000
Regional Funding - Cardiff & Vale		£190,000			£190,000
Regional funding to be allocated			£275,000	£630,000	£905,000
Regional integration pilot	Pilot looking at interoperability between WCCIS and other regional systems		£250,000		£250,000
District nursing - service design	Funding for regional support for this project		£288,753		£288,753
	<b>Total</b>	<b>£4,164,756</b>	<b>£3,978,263</b>	<b>£3,853,266</b>	<b>£11,996,286</b>

	Committed spend
	Proposed spend



*Timeline of Programme*

Implementation of the WCCIS digital platform CareDirector will continue in those health boards and local authorities that wish to adopt it. This is forecast to conclude in 2027, which would bring the WCCIS programme to its original projected timespan of 12 years.

*Benefits Realisation from the System*

A benefits roadmap was included as part of the original WCCIS business case. The benefits are realised by supporting implementation of the WCCIS digital platform across Wales. Once the strategic review work packages are complete, benefits will be reassessed and refreshed as part of any future business case. Benefits identified for WCCIS include: quicker hospital discharge, fewer missed appointments and wasted visits, accurate records, safer care, time and cost savings, clinical safety through data sharing, decrease of record duplication, improved service delivery, integrated / shared assessments, reduction in unnecessary hospital admissions, improved patient experience.

WCCIS was identified as an invaluable tool for the Covid-19 response. Where used, frontline health and care staff were able to quickly identify and target support for vulnerable individuals, such as those 'shielding'. Staff were also protected through remote working, and valuable Covid data / insights gained.

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

<u>What is the risk</u>	<u>How is DHCW managing this</u>
<u>If the Strategic Review outcome does not align to existing live organisations' expectations</u>	<u>Significant engagement has taken place across the WCCIS partner community as part of the Strategic Review activity, with the production of a charter stating common ground and an agreed way forward underway. The programme will seek the agreement on the charter in Q4</u>
<u>If the Strategic Review outcome does not produce a clear direction quickly</u>	<u>Significant engagement has taken place across the WCCIS partner community as part of the Strategic Review activity, with the production of a charter stating common ground and an agreed way forward underway. The programme will seek the agreement on the charter in Q4</u>
<u>If organisations do not adopt national information data standards and national approaches</u>	DHCW and WCCIS are creating a capability to support the creation of digital standards for data and processing for Social Care emulating the work already underway in the Health Care



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Prioritisation and manageability of the DHCW work programme including workforce issues

**Q3. In the session, you discussed the challenges DHCW were experiencing with vacancies. You reported that you had a plan in place to address these issues and undertook to share that plan with the Committees.**

Our plan to address these issues is set out in our new [People and OD strategy](#) published in 2022.

DHCW has made good progress in recruiting staff despite there being a very competitive market for digital and technical skills across the UK, and our limited ability as an NHS employer to compete on salary and wider benefits packages. DHCW has increased its head count from 675 in 2019 to 969 in March 2021 and our staff retention and turnover is around a third of the industry average. DHCW has also won several awards and accreditations:

- Winners of the Best Place to Work in IT at the BCS UK Industry Awards - November 2022
- Finalist for the Best Employer for Health and Well-Being - October 2022
- BS 76000 Valuing People accredited
- BS 76005 Valuing People through Diversity and Inclusion accredited

**Q4. The overall number of staff within DHCW (headcount and WTE), the number working on cybersecurity, assurances on whether the right expertise is in place, and how DHCW works with other NHS Wales bodies to address cybersecurity issues.**

In December 2022, DHCW had 1075 employees, which is a whole time equivalent of 1040. DHCW has 25 people working on cybersecurity.

DHCW works closely with other NHS Wales bodies through two cyber security delivery functions.

1. Since April 2021, DHCW delivers the NHS Wales Cyber Resilience Unit (CRU) on behalf of Welsh Government, which is the delegated competent authority for Wales under the National Information Security regulations. The CRU provides national guidance, an assessment framework, and assurance reporting. It works closely with NHS Wales organisations designated under the NIS regulations, including DHCW itself. The CRU has a team of 5 cyber security experts.
2. DHCW has its own cyber security team of 20, which provides operational delivery support for DHCW itself and to national programmes. This team advises on cyber issues and threats and acts as the liaison between NHS Wales, other UK Home Countries, the wider cyber security industry, including the UK's National Cyber Security Centre. The team also leads on the coordination of NHS Wales wide responses to any Cyber Security attacks or





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increased threats. There are several national groups or boards that meet regularly to discuss Cyber Security related matters. These include the Operational Security Services Management Board (OSSMB), the Infrastructure Management Board (IMB) and the Microsoft 365 Service Management Board. DHCW organise and facilitate these meetings and have the appropriate technical representation on all of them. DHCW cyber management staff also provide briefings to Health Board and Trusts and peer-groups such as the All Wales Directors of Finance, Directors of Digital and the Independent Members Digital Peer group.

Within DHCW resources there are a range of skills and expertise. DHCW have contractual arrangements with specialist third party providers where additional technical support is required. DHCW has independently accredited ISO27001 certification (Information Security Management System). This requires full re-accreditation every 3 years with surveillance audits every 6-12 months. The last full accreditation was in June 2022.

**Q5. In your oral evidence you indicated that there weren't many women within your organisation and agreed to send to the Committees some data around performance on workforce diversity.**

DHCW employs a much higher proportion of women than the average across the digital and technology industry. The DHCW workforce is more diverse than the average for the population of Wales. Although the organisation would like to see these numbers increase.

According to UK government-funded growth network Tech Nation, there are around 3 million people employed in the tech industry of which 26% are women (as at January 2022). At DHCW the workforce employed is:

- Gender – Male 59%, Female 41%
- Disability – 5.9% recorded disability, 17% not declared
- Black, Asian Minority Ethnic Community – 7.8% (the population figure across Wales is 4.9% - ONS Nov 2021)

#### Service transformation

You indicated in the session that: “digital technology is moving from a capital intensive to a revenue-based funding model, particularly as you move from a data centre into the cloud. And that will mean, from an operational perspective, that our funding requirements will change and migrate”. However, you also acknowledged that transformation and future interoperability of systems will require investment in ensuring up to date hardware and systems in health boards and primary care.



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## Q6. What is the DHCW view on the future capital funding requirements for digital transformation in healthcare within Wales?

DHCW's view is informed by its close working with other NHS Wales organisations and engagement with the wider digital health and care sector in the UK and internationally. Our view is that the capital funding requirement for digital transformation may reduce, but the revenue funding requirement will significantly increase, by more than any capital reduction.

This is driven by two industry trends. Firstly, a shift from capital to revenue funding, driven by a transition from on-premises hardware and licence-based software to cloud infrastructure and software which has a subscription or consumption based charging model. Secondly an overall increase in funding requirements driven by increasing use of data and digital, and by general inflation and specific cost increases from digital suppliers.

DHCW is not able to quantify the capital or revenue funding requirements for digital transformation at this time. DHCW is working with the All Wales Directors of Digital Peer Group to assess the digital maturity of each organisation in NHS Wales using international benchmarks, and to clarify the definition of digital spend. This consistent and objective approach across Wales will help to prioritise digital investment and forecast future funding requirements.

## Q7. How is DHCW ensuring that the software you develop is usable by others within NHS Wales?

DHCW works closely with users to understand their requirements and to design and deliver software which meets user needs. Through a Stakeholder Engagement Strategy and Plan DHCW also works closely with delivery organisations and other key partners like the Centre for Digital Public Services. DHCW undertakes extensive clinical engagement, employs clinical leads, and co-designs systems with users. The NHS Wales App is currently in a 'managed private beta' phase through which there is structured testing and feedback with up to 1000 users.

Our approach to user design also includes:

- Engaging with the Welsh Clinical Informatics Council which acts as a user request / assurance / change control forum for clinical software. This forum is chaired by the DHCW Medical Director
- Clinical user assessment and patient safety assessments form part of DHCW's formal assurance process, which is overseen by the Welsh Informatics Assurance Group
- The DHCW Business Change team works with users to provide support, particularly in areas of digital transformation and adoption. The Business Change team offers a mix of



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support delivering technical advice on changes to the system, training, eLearning and quick reference guides, videos and demonstrations, in addition to collecting user feedback informing product enhancements

- Regular meetings are held between the DHCW executive team and the executive teams of partner NHS bodies throughout the year to review and agree organisational priorities and alignment at a strategic level
- Major digital services are overseen by Service Management Boards, Change Advisory Boards, and Clinical Advisory Boards, which provide guidance and feedback on user requirements and experience
- Our Service Desk handles around 250,000 calls a year, which includes feedback from users, as well as technical support ensuring that callers are able to use our digital services

### Social Care

**Q8. DHCW's focus to date has been very largely on healthcare. What plans there are for any expansion of work into social care?**

The DHCW Transition/Establishment Programme Board agreed that DHCW's role with regards to social care would be to support the delivery of joined up digital services for health and social care, without impacting the current mechanisms for governance and accountability for directly delivering care.

Following DHCW's establishment a Memorandum of Understanding (MOU) with Social Care Wales was developed to set out how DHCW and Social Care Wales will jointly deliver many of the strategic digital health and care priorities, the MOU was agreed and signed by both parties.

In November 2022 DHCW's Leadership Team expanded to include a new role of the Director of Primary, Community and Mental Health Digital Services. This role will forge closer links with Social Care colleagues in Local Government and the 3rd Sector, with the aim of understanding how best DHCW can help support the social care challenges, now and in the future.

Engagement with users in health and social care is at the heart of the development and delivery of the WCCIS programme.

### Data security and patient access

**Q9. Since Welsh Government published Informed Health and Care - a Digital Health and Social Care Strategy for Wales in 2015 there has been a strategic aim to make patients medical records and data available. Other countries have provided direct electronic patient access to their records. What plans are there in Wales for progressing work on this?**



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Through the [Digital Services for Patients and Public Programme](#) DHCW is delivering the NHS Wales App, which will give people access to health and care services through their electronic devices. The NHS Wales App will provide a safe and coordinated way for people in Wales to access records held about their health and care and to help them access appropriate services when needed.

This programme will start with patient access to their summary care record, as coded and held in the primary care system. This will be supplemented with appointments and signposting to disease specific online resources to help self-management of specific disease conditions such as diabetes and help promote improvement behaviours such as stopping smoking and weight management.

The NHS Wales App is currently in a managed private beta phase involving around 1,000 people. It is anticipated to transition to a public beta phase in Spring 2023, followed by a full live release later this year.

**Q10. In the session the Committees asked whether there were any machine decision making processes taking place in relation to patient data. You undertook to provide details of what was in place currently.**

The Committees were interested in particular on:

- A. The use of algorithms, categorisation, and predictive analytics;
- B. If so, the datasets that are being used in them and how categories are decided;
- C. Details of the data controllers, the data processors and any audits undertaken in those areas;
- D. Whether any data sets are currently open-source or planned to be made open-source.

Early projects have involved working in partnership with academia and NHS partners in the use of machine learning in areas such as Did Not Attend prediction and Natural Language Processing, with encouraging early results.

Through the National Data Resource Programme, DHCW has recently confirmed arrangements for using the Google Cloud Platform to host key services including national data stores, data services, and a data analytics platform. Subject to robust and transparent, ethical and governance processes, this will provide opportunities to increase the use of algorithms, categorisation, and predictive analytics. Leads from DHCW have met with Sarah Murphy MS following her questions at the scrutiny session and we will be happy to provide further updates to the Committees as our activity in this area develops.

DHCW are supporting a new All Wales AI Working Group, established to improve co-ordination of Machine Learning and AI across NHS Wales.



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DHCW has robust Information Governance and Data Privacy processes. Any new information processing is subject to a Data Protection Impact Assessment (DPIA), and this will include AI and other approaches. DHCW works closely with the Information Commissioners Office and will follow the Information Commissioners Office guidance and seek specific advice to ensure any AI system is compliant with data protection law and provides safeguards for individuals rights and freedoms.

Whilst we publish information that relates to NHS activity, we do not currently have any data sets that are open source. We are developing options to publish further data in a safe and secure way, working with open data principles.

**Q11. What assessment has DHCW made of any changes to General Data Protection Regulations (GDPR) and how could this impact on data collection, protection and sharing of NHS Wales data. In the evidence session you highlighted the need for improved cross-border data and systems interoperability between NHS services in Wales and England and indicated there was work underway on this issue. We would be grateful if you could keep the Committees updated on progress in this area of work.**

The Data Protection and Digital Information Bill (first reading 18 July 2022) followed publication of the UK Government's response to Data: a New Direction Consultation.

Once the Bill reaches its final stage it will become the Data Protection and Digital Information Act 2022, which will enact changes in current UK legislation. The proposed Bill looks to amend rather than radically overhaul current legislation – the UK GDPR and Data Protection Act 2018. Key areas include:

- Reform of the Information Commissioners Office structures, duties and enforcement powers
- Frameworks for Digital Verification Services
- Updates to Provisions on Information Standards for health and adult social care (England Only)
- Provisions relating to smart data schemes and the sharing of customer data
- Provisions to facilitate the flow of data for law enforcement and national security
- Reforms in Birth and Death registrations enabling a move to an electronic system
- Research provisions
- Cross Border flows of Information (Ref - Cross UK and Euro Borders)

### **Data safety and audit**

DHCW places high importance on patient confidentiality and data security for all national systems, this is managed through:

- A user ID for every member of staff



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- An electronic master patient index to keep patient data such as name, address, date of birth and sex, current and accurate
- Specialised user monitoring software known as the National Intelligent Integrated Audit Solution which proactively monitors users access to patients' electronic records, potential data breaches, and highlights unusual or suspicious activity for further investigation. This software protects privacy and helps NHS Wales organisations build trust with citizens, enabling the sharing of patient data where legitimate use cases exist.
- Patients may opt out of a summary of information held by their GP being used within other Health Care bodies

**Q12. In the evidence session you highlighted the need for improved cross-border data and systems interoperability between NHS services in Wales and England and indicated there was work underway on this issue. We would be grateful if you could keep the Committees updated on progress in this area of work.**

Work is underway with four NHS England Integrated Care Systems which border Wales to improve cross-border data sharing, cross-border care pathways, and interoperability between systems. The initial focus of this work is on the Powys area, due to its health system configuration, through which Powys Teaching Health Board commissions services from adjacent health providers in England, as well as other NHS Wales organisations.

We will be happy to keep the Committees updated on this work as it progresses.

#### Cancer information systems

**Q13. In the session, you indicated that Phase 1 of the replacement system for CaNSIC would be going live in November. You also indicated that Phases 2 and 3 were complex, would require detailed planning, and could take up to two years to put in place.**

We would be grateful if you could provide further information on:

- A. The original timescales for the replacement of CANISC, and any reasons for slippage against those.
- B. The current timetable for decommissioning CANISC and replacing it with alternative system/s.
- C. Whether you are on track to achieve the current timetable, and whether the decommissioning of activity due for November that was mentioned in the evidence session has taken place.

The Cancer Informatics programme was established in November 2019. The first major milestone, Phase 1, went live on 14 November 2022 at Velindre Cancer Centre, reducing the reliance on CANISC for information access and availability of the cancer care record.



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Phase 1 was delivered within the three-year timeline, maximising investment already made in existing national applications/services (Welsh Clinical Portal - WCP and the Welsh Patient Administration System - WPAS).

In addition, the focus of Phase 1 has been on standardising data across Wales and improving workflows for cancer pathways across health board boundaries. This followed earlier work undertaken to ensure the summary cancer record was available to clinicians across Wales. The next phase of development will focus on functionality in WCP to support palliative care and colposcopy services.

From Quarter 1 2023/24, cancer services across Wales will start to transition to use the newly developed software to capture cancer data; the transition will progress sequentially (services for one tumour site at a time) starting with cancer data that is required for national audits. This will reduce CANISC usage through 2023 to the point where it can be switched to “read only” during 2024.

#### Key performance indicators (KPIs) and benchmarking

**Q14. In the evidence session you indicated that you were using your KPIs to benchmark your performance against other organisations. Could you provide further information on the benchmarking referred to, indicating how your performance compares to elsewhere in the UK and more widely.**

DHCW reports detailed KPIs to the DHCW Board at its public meetings which are available to view from the DHCW website via the [Integrated Organisational Performance Report](#). KPIs cover all areas of DHCW delivery performance through our Integrated Organisational Performance Report. Several KPIs reported on can be benchmarked against other NHS organisations.

We are exploring areas in which we could introduce benchmark reporting. For example, we have identified a KPI on Service Availability which has been benchmarked against NHS Digital, and will now be presented at the DHCW Board meetings from January 2023 onwards.

As mentioned above, DHCW is working with health boards and trusts in Wales to undertake digital maturity assessments, using internationally recognised assessment frameworks which can be benchmarked between organisations in Wales, the UK and internationally. DHCW is funding this national approach across NHS Wales, using the HIMSS Electronic Medical Record Adoption Model (EMRAM) digital maturity assessment (for technical functionality) and the KLAS User Research survey (for user experience). Together these assessments are expected to provide a robust benchmark across Wales which will be a foundation for prioritised investment and planning.



GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

Tŷ Glan-yr-Afon  
21 Heol Ddwyreiniol Y  
Bont-Faen, Caerdydd  
CF11 9AD

Tŷ Glan-yr-Afon  
21 Cowbridge Road  
East, Cardiff  
CF11 9AD

#### Prison healthcare data

**Q15. The Fifth Senedd's Health, Social Care and Sport Committee's inquiry into health and social care provision in the adult prison estate in Wales heard evidence around the limitations of the IT infrastructure used in prison healthcare. The Minister for Health and Social Services has said Welsh Government are assessing the resourcing needed to improve access to the medical records of prisoners, although this has implications in terms of IT infrastructure and investment priorities. Have DHCW been involved in any work or discussions around this area?**

DHCW provides a full suite of modern IT infrastructure services to HM Prisons in Wales in the same way as delivered to GP Practices in Wales, such as Broadband Connectivity (PSBA), Managed Desktop PCs and Printers, Microsoft Office 365 (NHS email/Teams), Training and Service Desk support.

DHCW also provides Welsh Prisons with access to a shared (England and Wales) Prison Clinical System to support offender healthcare and immediate access to offender's health record when offenders move between Prisons across England and Wales.

In addition to the Prison Clinical System, DHCW also provides Prisons with access to our national applications such as the Welsh Clinical Communications Gateway (WCCG) for e-referrals and the Welsh Clinical Portal (WCP) providing access to the patient's full medical record, including the record held by the patient's registered GP. Currently, two Prison (HMP Berwyn and HPM Cardiff) have access to these services with plans to roll out to remaining Prisons this year.

DHCW is not aware of any discussions or received requests for additional IT services beyond what is currently provided or available to Prisons.