



<b>Meeting Date</b>	<b>26 November 2020</b>	<b>Agenda Item</b>	<b>3.8</b>
<b>Report Title</b>	<b>SBUHB Response to Consultation: A Digital Special Health Authority for Wales</b>		
<b>Report Author</b>	Matthew John, Director of Digital		
<b>Report Sponsor</b>	Matthew John, Director of Digital		
<b>Presented by</b>	Matthew John, Director of Digital		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to note and approve SBUHBs response to the Welsh Government consultation document on the establishment of a Special Health Authority to replace the NHS Wales Informatics Service (NWIS)		
<b>Key Issues</b>	SBUHB is supportive of the proposal to transition the NHS Wales Informatics Service (NWIS) into Digital Health and Care Wales (DHCW).		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the Health Board response on the establishment of a Special Health Authority to replace the NHS Wales Informatics Service (NWIS)</li> </ul>		

# A DIGITAL SPECIAL HEALTH AUTHORITY FOR WALES

## 1. INTRODUCTION

This paper set out the SBUHB response to the [Welsh Government Consultation document](#) on the established of a new Special Health Authority (SHA) called Digital Health and Care Wales (DHCW).

## 2. BACKGROUND

On 30th September 2019, the Minister for Health and Social Care announced the NHS Wales Informatics Service (NWIS) will transition from its current structure, as part of Velindre Trust, to a new Special Health Authority (SHA) called Digital Health and Care Wales (DHCW). As part of the establishment process, Welsh Government has engaged with stakeholders to develop draft functions for the new Special Health Authority. There is an external consultation on the draft functions, which we are being asked to provide our Health Board response on. The consultation ends on 30th November 2020.

Senior stakeholders across the Health Board were asked to provide comments on the consultation document. The collated Health Board response has been recommended by members of the Digital Transformation Leadership Group and approved at Executive Board Team.

## 3. GOVERNANCE AND RISK ISSUES

There are no identified significant risks or governance issues associated with the response to the Consultation.

SBUHB is supportive of the proposal to transition the NHS Wales Informatics Service (NWIS) into a Digital Health and Care Wales (DHCW). This has the potential to significantly improve the governance arrangements for digital services in NHS Wales.

Transitioning NWIS into a Digital SHA will strengthen accountability arrangements and presents opportunities for improving accountability arrangements around digital services generally, whilst ensuring that functions transferred to the new organisation are consistent with Welsh Government's digital roadmap and vision set out in "*A Healthier Wales*".

The approach is line with the recommendations of the following reviews on informatics in NHS Wales have each made key recommendations for improvement:

- Audit Wales Report
- Public Accounts Committee Report
- Digital Architecture Review
- Health Informatics Governance Review

## 4. FINANCIAL IMPLICATIONS

There are no financial implications

## 5. RECOMMENDATION

Members are asked to:

- **APPROVE** the Health Board response on the establishment of a Special Health Authority to replace the NHS Wales Informatics Service (NWIS)

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
Implementation of digital systems in healthcare can have a significant positive impact on quality, safety and patient experience. Critical to success is the establishment of effective national governance arrangements, the establishment of the SHA is a significant step towards improvement.		
<b>Financial Implications</b>		
None		
<b>Legal Implications (including equality and diversity assessment)</b>		
No known legal considerations.		
<b>Staffing Implications</b>		
None		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
The approach is line with the recommendations of the following reviews on informatics in NHS Wales have each made key recommendations for improvement: Audit Wales Report Public Accounts Committee Report Digital Architecture Review Health Informatics Governance Review		
<b>Report History</b>	Recommendation from Digital Transformation Leadership Group 20 <sup>th</sup> October 2020 Approval at Executive Board 11 <sup>th</sup> November 2020	
<b>Appendices</b>	Appendix 1 SBUHB Response template	



Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



## **SBUHB Response to the Welsh Government Consultation**

### **A Digital Special Health Authority for Wales<sup>1</sup> - October 2020**

#### **Q1 - We would like to know your views on the proposed functions of the new Digital Special Health Authority**

SBUHB is supportive of the proposal to transition the NHS Wales Informatics Service (NWIS) into a Digital Health and Care Wales (DHCW). This has the potential to significantly improve the governance arrangements for digital services in NHS Wales.

Transitioning NWIS into a Digital SHA will strengthen accountability arrangements and presents opportunities for improving accountability arrangements around digital services generally, whilst ensuring that functions transferred to the new organisation are consistent with Welsh Government's digital roadmap and vision set out in "*A Healthier Wales*".<sup>2</sup>

Digital is a key enabler of transformational change, which the Parliamentary Review recognised as an important priority. It provides a shared platform for safe and effective joint working between different organisations, and with citizens directly. Making better use of digital, data, and communication technologies will support developing and strengthening the quality and value of health and social care services, so that they are cost-effective and sustainable.

During the coronavirus crisis, the use of technology has been accelerated across Wales, significantly increasing the number of people accessing healthcare advice and services from their homes. There has been a national roll-out of video-consultations supporting key services including GPs, community nurses, mental health teams, midwives and diabetes clinics to maintain a visual link with their patients.

Transitioning the NHS Wales Informatics Service (NWIS) into a Digital Special Health Authority will enhance the functions available to support digital services in NHS Wales through the standardisation of Digital Systems and Open Platforms and being given the statutory responsibility for the collection, processing and dissemination of Welsh Resident Health & Care Information for NHS Wales.

Specifically on the proposed functions:

<sup>1</sup> Welsh Government Consultation Digital Special Health Authority for Wales  
<https://gov.wales/sites/default/files/consultations/2020-09/consutation-document.pdf>

<sup>2</sup> Welsh Government's "A Healthier Wales" - <https://gov.wales/healthier-wales-long-term-plan-health-and-social-care>

**Application Development and Support:** SBUHB is supportive of this function. An important aspect of this will be the organisations capability and capacity to work in collaboration with NHS Wales organisations to take support and take advantage of local and regional development and innovation.

**Digital Services design, commissioning, planning & delivery:** SBUHB is supportive of this function. A key aspect of this is to act a central expert support entity for NHS Wales Bodies. E.g. providing resource, advice and guidance on such matters as procurement; benefits realisation; contract management; programme and project management etc

**Information and Communications Technology:** SBUHB is supportive of this function. It is critical to accelerate our transition to cloud technologies. This will require strong leadership and challenge at executive and board level.

**Quality Management and Regulatory Compliance:** SBUHB is partially supportive of this function. The role of the CDO will be important in all matters of regulatory compliance and authority. It is important that the formation of the DSHA and its functions does not introduce any conflict of interest between delivery, support and authority.

**Information Management:** SBUHB is supportive of this function. It is reassuring that the DSHA will take ownership and responsibility for the EMPI.

**Information Governance and Cyber Security:** SBUHB is supportive of this function. It is critical that the DSHA play a supportive and expert advisory role to other NHS Bodies on matters of IG rather than act as the authority which should remain with Welsh Government under the CDO.

**Finance and Business Assurance:** SBUHB is supportive of this function as set out in the consultation document. SBUHB would welcome the support of the DSHA in the capacity as expert advisor on digital financial matters. However, the DSHA should not undertake the role of banker on behalf of WG and the CDO. Matters of funding allocation should be determined by WG as the authority.

**Reporting Services:** SBUHB is supportive of this function.

**Workforce Improvement:** SBUHB is supportive of this function. It is important that the new organisation plays a wider role in the support of the digital workforce development across NHS Wales, rather than being predominantly internally focussed.

## **Q2 - We would like to know your views on the proposed board structure for the new Digital Special Health Authority**

### **Independent Members**

The proposed board structure for the new Digital Special Health Authority, specifically for the board to have up to twelve members with full voting rights, comprising of seven non-officer members (including the Chair and vice-Chair) and five officer members is sensible and is in accordance with the NHS Wales best practice for Board governance models.

### **Office Members**

It is proposed that the officer members be at least Chief Executive, Executive with responsibility for Finance and an Executive with appropriate clinical expertise. In order to operate an effective Board to ensure effective governance, consideration should also be given to appointing additional officer members to complete the Board structure:

- **Board Secretary/Director/Head of Corporate Governance** - The role of the Board Secretary is crucial to the ongoing development and maintenance of a strong governance framework, and is a key source of advice and support to the Chair and other Board members. Independent of the Board, the Board Secretary acts as the guardian of good governance. The Board Secretary would be an Officer of the Board, support the Chief Executive in fulfilling their accountable officer duties, support the Chair, attend all meetings and ensure the provision of an effective secretariat and governance services.
- **Director of Workforce & OD** - to ensure that the DHCW has a well-motivated, highly skilled and high-performing workforce from the outset.
- **Digital Leadership** – it is essential that the executive team also has a member who has significant experience in leading the delivery of digital solutions and leading digital teams, ideally in the healthcare sector. This could be the CEO herself/himself or another member of the executive team – ideally both.

The Executive structure in place within NHS Digital could be used as a useful benchmark when considering structures- <https://digital.nhs.uk/about-nhs-digital/our-organisation/our-organisation-structure>.

#### **Associate Members**

The consultation puts forward additional non-voting ex-officio associate members, namely:

- a Chief Digital Officer for Health and Care, NHS Wales - whose role will be to define national standards and services; advise on future digital strategy and act as a professional lead for the digital workforce.
- and a Member of staff who is a member of a recognised Trade Union.

The inclusion of associate members is a logical approach to support scrutiny of the Board decisions and to provide impartiality. Their roles and remit should be clearly set out within the DHCW Standing Orders to aid understanding of their non-voting ex-officio roles.

#### **Constitution – Board Structure**

The board structure would need to be set out in the Establishment and Constitution order for the regulation of its proceedings and business standing of the Digital Special Health Authority, and would require bespoke standing orders based on the Welsh Government model standing orders for NHS Wales.

#### **Code of conduct for data-driven health and care technology**

Given the nature of the digital health authority, and the potential for divergence of opinion amongst subject matters experts consideration could be given to introducing a code of conduct for data-driven health and care technology similar to NHS Digital in England. The code is designed to recognise that, while data-driven health and care technologies will undoubtedly deliver huge benefits to patients, clinicians, carers, service

users and the system as a whole, there is a duty to capitalise on these opportunities responsibly. Issues including transparency, accountability, liability, fairness, justice and bias, need to be considered. It is also possible that the increasing use of data-driven technologies, including Artificial Intelligence (AI), within the health and care system could cause unintended harm.

**Q3- If you believe that one or more of the proposed functions of the new Digital Special Health Authority overlaps with a function already being undertaken by a different organisation in Wales (that is not NWIS), we would like to know your reasons and any evidence to support your views on those issues.**

The NHS Wales Shared Services Partnership (NWSSP) provide a support service for NHS Wales some of their functions may overlap with the proposed functions of the Digital Special Health.

Also, there is the potential for some of these functions to overlap with the functions of the CDOs Office. The CDO will be responsible for strategy, standards and act as the authority, whereas the SHA will focus on delivery and support of NHS organisations. The risk of either entity straying out of its remit will need to be carefully managed by governance mechanisms.

**Q4 - We would like to know if you believe whether a further function or set of functions should be included within the responsibility of the new Digital Special Health Authority and for you to set out your reasons and any evidence and research to support your view.**

n/a

**Q5- We would like to know your views on the effects that 'A Digital Special Health Authority for Wales' would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favorably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?**

SBUHB is fully committed to providing a bilingual service and information for all service users. Wherever possible, service users should have their treatment and care conducted in the language of their choice. The new Digital Health Care Wales (DHCW) for Wales would have a unique role to strengthen and develop the opportunities for people to use Welsh within the digital health and social care setting, and to treat the Welsh language no less favourably than English.

Welsh-speaking patients are at risk of suffering and may even be put at risk if they cannot communicate with health professionals in their first language. For many families and individual's high quality care means the ability to use services through the medium of Welsh, because they feel more at ease in their own language. Many people may feel very vulnerable when they come into contact with the sector and don't feel confident to ask for services in Welsh. The DHCW should endeavour to deliver a Welsh-language digital infrastructure including speech-to-text, machine translation, big datasets, and machine learning. In order to promote the creation and use of Welsh Language Digital Products and Services Welsh-language interfaces, resources, and products must be available in a seamless manner, without having to be requested by the end user in accordance with the

Welsh Government's "More Than Just Words" "Active Offer"<sup>3</sup>. Choice architecture methodologies could be used to expedite this.

In addition, the Welsh Government's "More Than Just Words" Action plan, 2019<sup>4</sup> outlines the following objectives to strengthen bilingual services within the digital environment:

- people are assured that the Welsh language is mainstreamed into health and social care technology/terminology systems.
- Ensure future creation of on-line digital platforms and systems in health, social services and social care services consider Welsh language considerations from the outset. Wherever possible improvements of Welsh language capacity of current systems to be undertaken, especially those capturing workforce skills information, language preference, when an 'Active Offer' is made and share information across both health and social care.
- Guidance and practice is developed and agreed on standardised means for Welsh language preference tracking on patient records for staff in health and social care
- Questions, scripts and standards for Welsh language preference tracking are agreed, thoroughly tested prior to rollout and built consistently into health and social care systems.
- Support the development of further dictionary resources, a high standard terminological corpus to support learners and fluent Welsh speakers in health, social services and social care.

The DHCW also has an important role to play in supporting delivery of the Welsh Government's "Welsh Language Digital Technology plan"

<https://gov.wales/sites/default/files/publications/2018-12/welsh-language-technology-and-digital-media-action-plan.pdf>

**Q6 - Please also explain how you believe the proposed policy 'A Digital Special Health Authority for Wales' could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favorably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favorably than the English language.**

The proposed policy could be formulated to have:

- positive effects or increased positive effects on opportunities for people to use the Welsh language;
- treat the Welsh language no less favourably than the English language, and;
- no adverse effects on opportunities for people to use the Welsh language and;
- treat the Welsh language no less favourably than the English language

<sup>3</sup> Welsh Government' "More Than Just Words" Active Offer Information Pack

<http://www.wales.nhs.uk/sites3/Documents/415/A%20active%20offer%20information%20pack%20-%20Health%20-%20FINAL1.pdf#:~:text=What%20is%20an%20%E2%80%98Active%20Offer%E2%80%99%3F%20An%20%E2%80%98Active%20Offer%E2%80%99,for%20a%20service%20through%20the%20medium%20of%20Welsh.>

<sup>4</sup> <https://gov.wales/sites/default/files/publications/2019-07/more-than-just-words-action-plan-2019-2020.pdf>

by ensuring that future creation of on-line digital platforms and systems in health, social services and social care services consider Welsh language considerations from the outset. This could be achieved through taking cognisance of the Welsh Government's "More Than Just Words" Action plan, 2019<sup>5</sup> which outlines objectives to strengthen bilingual services within the digital environment – see answer 5 above.

In addition, the governance framework of the DHCW should include Welsh language impact assessments to ensure that their policies, practices, services and functions consider Welsh language implications.

**Q7 - We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:**

### **Equality, Diversity & Inclusion**

Whilst the consultation document gives consideration to Welsh language, it is also important to consider equality, diversity & inclusion. The DHCW will be the national provider of data, information and technology to the health and care sectors, and therefore have a role to play in ensuring that the systems and services being developed are accessible to the widest range of users.

In accordance with the Equality Act 2020, and the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011, the DHCW should undertake Equality Impact Assessments (EIAs), to ensure that their policies, practices, services and functions are as inclusive as they can be by ensuring that they do not inadvertently disadvantage anyone directly affected, and wherever possible, they proactively advance equality, diversity and inclusion. This should include compliance with the Welsh Language standards in accordance with the Welsh Language Standards (No. 7) Regulations 2018.

The DHCW could also consider research studies on digital inclusion when planning policies, practices, services and functions. The Wales Co-operative Centre has undertaken work on digital inclusion, and considered how it can improve health and well-being <https://wales.coop/digital-inclusion-report-2018/>

In addition, the DHCW need to ensure they meet government accessibility requirements, all digital services must comply with the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.

### **Information Governance**

With increasing accountability requirements under the General Data Protection Regulation (GDPR) and the Data Protection Act 2018, there is a need to assure the public and a wide range of stakeholders that the DHCW is a safe haven for patient data.

### **Digital Governance Framework (Page 12)**

Whilst the consultation document makes it clear that Welsh Government are not consulting on the Digital Governance Framework, it is worth noting that it is not clear how the decisions and accountability between Health Boards will be delivered. The document states that the

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<sup>5</sup> <https://gov.wales/sites/default/files/publications/2019-07/more-than-just-words-action-plan-2019-2020.pdf>

DHCW will be a peer to all other NHS Wales bodies and in this position will be better placed to develop a relationship with them in order to ensure digital is prioritised within those bodies and is at the forefront of their plans; reference is also made to potential Joint Collaborative arrangements with NHS bodies, but would this be through a joint committee like the Welsh health Specialised Services Committee (WHSCC)?

The Framework confirms the new roles of Chief Digital Officer for Health and Care (CDO), Chief Clinical Information Officer (CCIO) and Chief Technology Standards Officer (CTSO). Clarity is required on the nature of their roles, and accountability paths.