



STAKEHOLDER REFERENCE GROUP

DYDDIAD Y CYFARFOD: DATE OF MEETING:	05 May 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Inclusion Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Spratt, Deputy Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to outline the Health Board's financial position for the year against our Annual Plan.

Cefndir / Background

Month 12 2022/23

The Health Board's revised draft Financial Plan is to deliver a deficit of £62.0m, after savings of £13.9m; this recognises the inadequate level of assurance around the identification of a further £15.5m of savings schemes deliverable within the current financial year against our initial £25.0m deficit Plan, combined with an operational variation due to system pressures and continuation of COVID-19 activities within our core services. The forecast deficit is £59.0m, after recognising a further £5.0m of operational variation offset by £8.0m Accountancy Gains.

The Month 12 Health Board financial position is an overspend of £6.1m, which is made up of £4.0m operational variance and an original deficit plan of £2.1m; this is after recognising £0.3m of WG transitional funding for COVID-19. £1.1m of savings schemes were delivered in line with identified plans.

Of the £4.0m overspend in-month, £1.3m relates to undelivered savings plans against the original target and £2.7m relates to operational pressures. These pressures are mainly being experienced within our Unscheduled Care teams, but also within Primary Care Prescribing and in Oncology, due to increased activity.

Asesiad / Assessment

The Health Board's key targets are as follows:

- Revenue: To contain the overspend within the Health Board's planned deficit
- Savings: To deliver savings plans to enable the revenue budget to be achieved
- Capital: To contain expenditure within the agreed limit

- PSPP: To pay 95% of Non-NHS invoices within 30 days of receipt of a valid invoice
- Cash: While there is no prescribed limit for cash held at the end of the month, WG encourages this to be minimised and a rule of thumb of 5% of monthly expenditure is used. For the Health Board, this is broadly £4.0m

Month 12 2022/23

Key target		Annual limit	Actual delivery
Revenue	£'m	59.0	59.0
Savings	£'m	21.9	21.4
Capital	£'m	33.3	33.2
Non-NHS PSPP	%	95.0	95.5
Period end cash	£'m	4.0	3.7

The monthly reporting to Welsh Government (WG) is in the process of being compiled for submission on 25 April 2023; Audit Wales will complete the audit of the financial accounts by 31 July 2023. Until the conclusion of the audit and the below confirmations there is a risk that the draft reported position of £59.0m could be amended.

The below confirmations are awaited and are assumed within the draft position:

- Full year audit by Audit Wales yet to commence, so all numbers are

Argymhelliad / Recommendation

The Stakeholder Reference Group is asked to NOTE and discuss the financial position as at Month 12 2022/23.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1.1: Early engagement and involvement in the determination of the UHB's overall strategic direction;
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1199 (score 25) Achieving financial sustainability.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5. Timely Care 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on HDdUHB's financial reporting system.
Rhestr Termau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Finance Team Management Team Executive Team

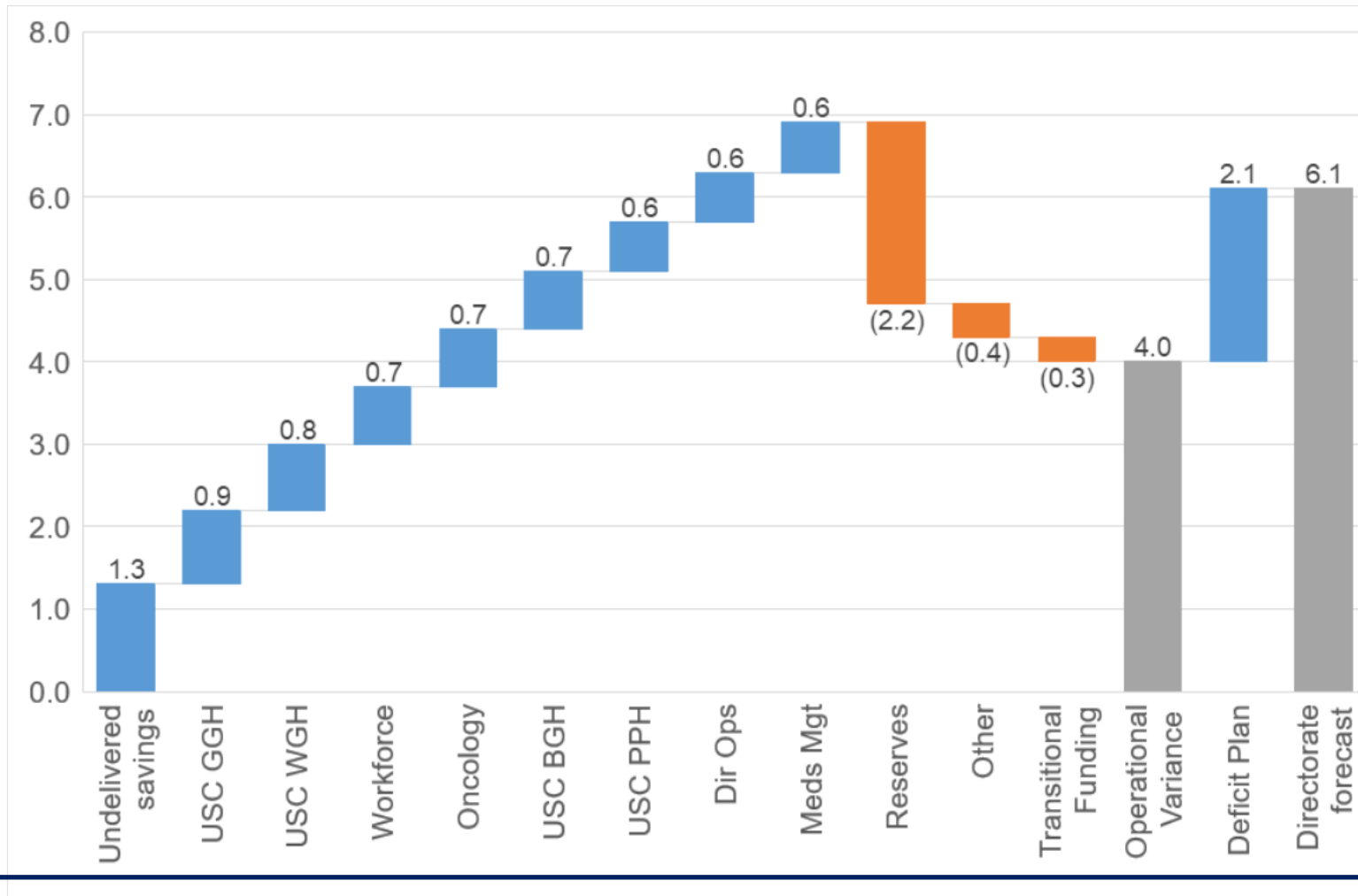
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial implications are inherent within the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	The impact on patient care is assessed within the savings schemes.
Gweithlu: Workforce:	The report considers the financial implications of our workforce.
Risg: Risk:	Financial risks are detailed in the report.
Cyfreithiol: Legal:	HDdUHB has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.
Enw Da: Reputational:	Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.
Gyfrinachedd: Privacy:	Not applicable.
Cydraddoldeb: Equality:	Not applicable.

Hywel Dda UHB

Month 12 FY23 Financial Briefing

Stakeholder Reference Group

Month 12 In-Month 2022/23: Key drivers (£'m)



The value of £0.3m is the Transitional funding allocation to match non-programme transitional COVID-19 costs incurred. £0.6m of funding has been utilised to match Exceptional Energy costs.

Operational variance excluding unidentified savings is 4.7m; underspends in non-USC not materialising to offset £2.8m of non-COVID-19 USC overspend.

Programme funding relates to the following in response to COVID-19 match-funded by WG:

- TTP
- COVID-19 mass vaccination programme
- PPE

£0.5m was released to match costs in Month 12.

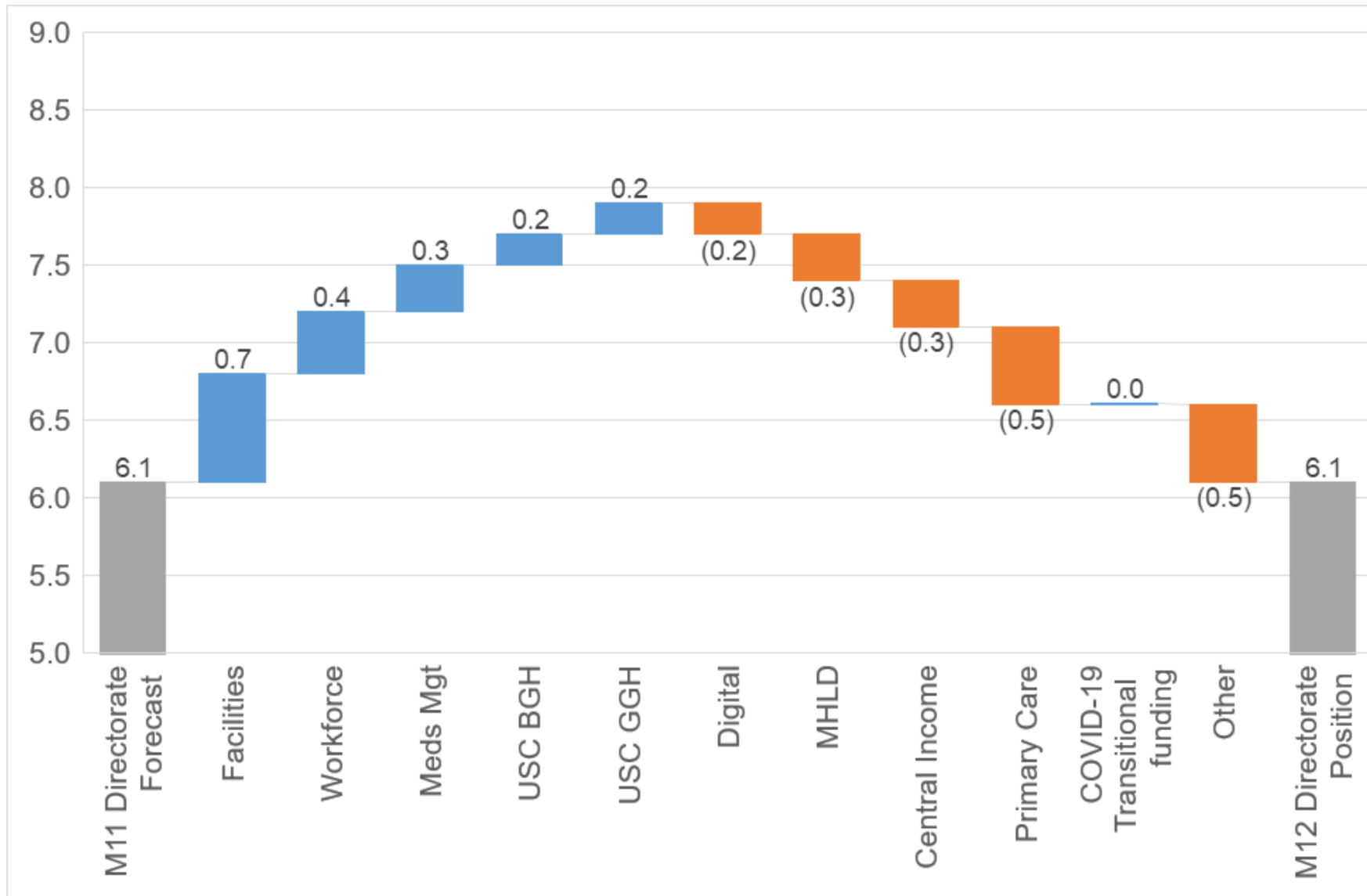
Month 12 In-Month 2022/23: Key drivers (£'m)

Directorate	Non COVID-19	COVID-19	Total	Non-COVID-19: Operational Driver comments COVID-19: list scheme(s) and value
Undelivered Savings	1.3	-	1.3	Non COVID-19: Undelivered planned savings across the Health Board.
USC GGH	0.9	-	0.9	Non-COVID-19: With continued front door pressures site was on Red for 20 days with Surge beds on average 33 with highest at 40 beds. Pay £722k - Nursing & HCSW £591k over ,Substantive vacancies remain high, with continued high levels of agency shifts booked in month .Medical Staff £75k over due to Locum & Medacs usage in Gen Med & A&E covering vacancies and pilot scheme to improve discharges. Non Pay £156k overspent- With drugs £141k over, clinical services and supplies £93k over, offset by the release of the Atrial Fibrillation VBHC funding.
USC WGH	0.7	0.1	0.8	Non-COVID-19: Site pressures continue with 32 patients on discharge pathways, an average of 45 surge beds (42 in m11) with a peak of 51 (50 in m11) and an average of 24 patients in A&E needing a bed. As at 5th April we have 67 medically optimised patients against a bed base of 199. As a result, medical staffing is £259k overspent and nursing £278k overspend. Additionally, we have a 125k drugs overspend (driven by high cost gastro drugs), again as a direct result of site pressures. COVID-19: Driven by continued staffing of Puffin Ward through a mix of substantive and agency/bank staff.
Workforce	0.7	-	0.7	Non-COVID-19: Deviation to budget is due to International recruitment phase 2 costs £0.5m and additional tribunal costs.
Oncology	0.7	-	0.7	Non-COVID-19: Drugs £842k overspend - SACT activity increased 32% (includes 10% in year) since 19/20, far in excess of previously funded growth. This brings a prior year drugs growth cost pressure of 15% plus a further 20% pressure in year due to the activity growth, including transition of Enzalutamide patients to homecare (previously WP10s). Income (£149k) due to significant commercial access drug rebates received in month from Velindre. Pay vacancies improve position but offset by increased consumable spend, drug transport and Chemocare maintenance costs.

Month 12 In-Month 2022/23: Key drivers (£'m)

Directorate	Non COVID-19	COVID-19	Total	Non-COVID-19: Operational Driver comments COVID-19: list scheme(s) and value
USC BGH	0.7	-	0.7	Non-COVID-19: Continued pressure in March with 13 red days. Presence of COVID-19 remains the same. Average 9 unplaced in ED and average of 30 medically optimised patients with 14 ready to leave. Continued sickness in nursing and increased sickness in medical plus agency to fill vacancy gaps resulting in increased variable pay costs incurred in month. Clinical supplies & drugs cost pressure reflecting continued surge activity.
USC PPH	0.6	-	0.6	Non-COVID-19: Pay reduced to £184k over - Nursing & HCSW £92k overspent, with continued agency costs due to vacancies and sickness rates as previous months. Medical Staff £61k over due to continued locum usage in Gen Med & historical cost pressures. Non Pay £422k overspent - insulin pumps & consumables increased its overspend in Month to £260k & drugs are £101k overspent(increase of £60k due to homecare).
Director of Operations	0.5	0.1	0.6	Non-COVID-19: Income - £145k overachievement; due to receipt from 111 of Adastramoney, this is offset in non pay for charge from Advance. Non pay - £806k overspent; Due to scanning work £500k, refurbishment of unit 3 £100k, Adastramoney charge £145k, WAST invoice and additional consumables in sterile services. Pay - (£138k) under budget; due to unfilled GP shifts and practitioner vacancies in OOH (£77k), vacancies in senior management posts and medical management sessions (£37k) and vacancies in Health recs (£16k) and various other directorate vacancies. COVID-19: Pay - Additional Clinical engineering agency costs for maintenance of new COVID equipment - £12k. Non-pay - £32k over; storage costs relating to accommodation for both Dura park and Owens.
Medicines Management	0.6	-	0.6	Non-COVID-19: Driven by items growth of 1.27% and a significant increase in cost per item to £8.06 seen in January data. Included within these figures is the significant increase in the number of drugs listed on the NCSO concession list YTD.
Reserves	(2.2)	-	(2.2)	Non-COVID-19: Release of central reserves and central release of items.

Month 12 In-Month 2022/23: Deviation from forecast (£'m)



Month 12 In-Month 2022/23: Deviation from forecast (£'m)

Directorate	Non COVID-19	COVID-19	Total	Non-COVID-19: Operational Driver comments COVID-19: list scheme(s) and value
Facilities	0.7	-	0.7	Non-COVID-19: Prior month forecast (£322k) underspent; actual this month £338k over; Reason for deviation is partly due to crystallisation of risks; laundry adjustment £120k instead of £50k; additional provisions spend £145k instead of £50k; Other elements include £160k worth of maintenance and repair costs. Additional design fees carbon project only part funded £30k increased staffing costs in month £50k, lower income across retail due to closures from staff shortages £30k; £60k on IT equipment, software licences and office equipment purchased in month.
Workforce	0.4	-	0.4	Non-COVID-19: Deviation to forecast is due to : additional international nurses being recruited as part of Phase 2, 48 now recruited against the original plan of 40, additional costs of OSCE training and accommodation also incurred, £200k. NWSSP legal charges for Employment matters £90k. Additional charge for Occupational health system due to change of contract at all Wales level £30k, Glien house additional charges for car parking and backdated Carms County council for alarm system £70k. Plus balance due to additional costs for training, OD.
Medicines Management	0.3	-	0.3	Non-COVID-19: Driven by a higher number of items seen in December and January data (+80k) than forecasted. Additionally, the cost per item for PARS increased to £8.06 in January. Mitigated slightly by an increased GMS transfer of £90k for December and January and a transfer of costs associated with Pharmacy Robots in WGH to Capital.
USC BGH	0.2	-	0.2	Non-COVID-19: Driven by nursing (£104k) - the shift fill rate increased to 87.2% which is the highest it's been over two years. Retrospective medical adhoc claims for February plus costs for a new gastro consultant at agency rates (£119k). Drug costs (£40k) increased activity plus significant drug costs for Fomepizole (treatment for antifreeze as per Royal College Guidance (£20k) ; One off (£10K)agency finder fee for a Dr recruited in month; mitigated by end of year pay creditors (-£22k).

Month 12 In-Month 2022/23: Deviation from forecast (£'m)

Directorate	Non COVID-19	COVID-19	Total	Non-COVID-19: Operational Driver comments COVID-19: list scheme(s) and value
USC GGH	0.2	-	0.2	Non-COVID-19: Pay deterioration of £28k - Increased Nurse Agency usage offset by reduction in Medical Locum costs . Non Pay £183k deterioration - Increased Homecare Drugs costs of £37k, additional costs of £58k against Clinical Services & Supplies(A&E, CDU, Derwen, Merlin & Preseli Wards in particular) and further one off costs relating to patient Air Transport, Dr's finders fees and furniture and fitting relating to the reopening of Preseli Ward.
Digital	(0.2)	-	(0.2)	Non COVID-19: Deviation to forecast is mainly due to additional income received from WG re DPIF programme £(0.14)m and WCCIS RRB adjustment as per agreement of balances £(0.13)m.
MHLD	(0.3)	-	(0.3)	Non-COVID-19: Income (£69K) Additional Income from SMAFF Slippage for Buvidal Drugs.Buvidal Accrual Release 21-22. Pay (£143K) Annual Pay Credit Accruals Posted in M12 net effect reversing 21-22 Accrual and 22-23 . Non Pay (£32K) Purchase of Healthcare (£32K) Over Accrual adjustment.
Central Income	(0.3)	-	(0.3)	Non-COVID-19: Increase in income compared to forecast due to WHSSC income increasing by £127k based on Neonatal care, £65k of addition income from WG for Afghan Refugees and an increase of £57k for CRU
Primary Care	(0.5)	-	(0.5)	Non-COVID-19: Driven by additional PADM's Drugs funding of £(761k) not expected. Offset by worsening in the GMS position as a result of increased Partnership Claims (including full year retrospective claims) and increase in Managed Practice locums and non pay costs.



GRŴP CYFEIRIO RHANDDEILIAID STAKEHOLDER REFERENCE GROUP

DYDDIAD Y CYFARFOD: DATE OF MEETING:	05 May 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Digital Charter / Digital Inclusion
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Digital Director

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report provides the Stakeholder Reference Group with an overview of the Digital Inclusion programme at Hywel Dda University Health Board (HDdUHB) which works towards Planning Objective (PO) 5R, to establish a Digital Inclusion Programme which will lead, connect and support a coordinated approach to various digital inclusion work across the Health Board and its wider partners.

Key Insights:

- The Health Board has subsequently signed the Digital Inclusion Charter for Wales and was accredited in September 2022, having successfully demonstrated its commitment to implementing the Digital Inclusion Charter principles. The Health Board will continue to work with communities to co-produce digital services with patients, ensuring that all patient, service users and carer voices help shape the work to ensure it delivers the maximum possible value to the community.
- Digital inclusion is about overcoming all of the challenges outlined within the paper. Equally, with so many challenges, no single organisation within the region can address digital exclusion, so this is a truly co-operative approach
- SMART Partnership Funding Application for regional digital divide research completed and submitted to WG.
- The Health Board has been accepted onto the Digital Inclusion Alliance for Wales representing Health bodies
- HDdUHB has also:
 - Joined the Online Centres Network
 - Become a member of the National Data Bank
 - Develop an internal Kit Loaning Scheme

Cefndir / Background

What is Digital Inclusion and why is it important?

Welsh Government's (WG) Digital Inclusion Strategy defines digital inclusion as “equipping people with the motivation, access, skills and confidence to engage with an increasingly digital world, based on their needs”. As the world in which we live becomes more digital and all services continue to move through their digital transformation journeys, there is an increasing need to ensure that the population does not get left behind. Together, organisations must take responsibility and accountability of ensuring that the population are equipped and enabled to engage with services and with everyday life through digital technology, if they choose to.

Promoting Digital Inclusion within the region is a key pillar to the region's inclusive growth and provides examples of ensuring that the Health Board is taking positive steps to improve the patient experience, and also positively impact the region's economy and wider society. The Health Board has settled on the following as a definition of digital inclusion, which builds upon the WG's approach:

- Digital Literacy and Skills – being able to use computers, the internet and mobile technology, such as smart phones. This is an obvious barrier, but is by no means the only or biggest one that people can face.
- Accessibility – ranging from broadband connectivity and assistive technology to the design and provision of services to meet all the patients' / citizens' needs.
- Affordability – affordable access to the internet and digital devices is still an issue for many people within the Health Board.
- Motivation – knowing the reasons why digital is a good thing and would be beneficial.
- Trust – ensuring that the data of the patient / citizen will be safe. Ensuring they feel they can get a similar service whilst on-line without speaking to a person. Confidence – giving the patient / citizen the confidence that they will not break anything if they click on a button. Part of the programme is giving confidence to the patient / citizen that digital is not a scary prospect.

WG is committed to reducing the digital divide to ensure that everyone has the equity of access to services, regardless of socioeconomic circumstances, and has funded a national programme, Digital Communities Wales: Digital Confidence, Health and Well-being, which supports organisations in all sectors to develop and embed digital inclusion activities within services. The digitally excluded already miss out on opportunities to save money, find work, learn skills and access important services, with many already coping with issues such as loneliness, poverty, unemployment or long-term health conditions – issues made worse by not being online.

What is the Digital Inclusion Charter for Wales?

The Charter exists to support and champion organisations working in the public, private or third sector in Wales, who are willing to promote basic digital skills and help people get online. The Charter includes six pledges and is a way for organisations whether public, private or third sector, to show their commitment to helping digitally excluded people enjoy the benefits of being online and commit to reducing the digital divide experienced by many within our workforce and wider communities. The Digital Inclusion Charter pledges organisations in Wales to commit to:

- Ensuring that all staff and volunteers have an opportunity to develop basic digital skills, and that they take advantage of this opportunity.
- Ensuring that digital inclusion principles are embedded into day-to-day activities and support the role digital tools play in managing health and wellbeing

- Encourage and supports staff and volunteers to help other people to get online and have the confidence to develop basic digital skills and help other organisations to embrace digital tools.
- Commit support and resources for digital inclusion activities and initiatives in Wales in whatever way possible, to ensure every citizen can engage digitally, if they choose to.
- Share best practice and activity around digital inclusion with the Digital Communities Wales – Digital Confidence, Health and Well-being programme to ensure activities are co-ordinated to ensure maximum impact and consistent measurement.
- Endeavour to build local partnerships amongst organisations who want to share ideas and co-ordinate activities with others in their area

In response to the Digital Inclusion Charter for Wales, HDdUHB showed its commitment to tackle digital inclusion by signing the Charter. HDdUHB announced its commitment by being the first Health Board in Wales to develop a digital inclusion programme which will provide a co-ordinated approach to digital inclusion across the Health Board and its wider partners for the local population. The programme works towards embedding digital inclusion into the day-to-day practices and activities of the Health Board and focuses on the following 8 Pillars:

Pillar 1 - Recognise digital access and skills as a social determinant of health

Pillar 2 - Co-design digital health services

Pillar 3 - Improve digital health literacy in the population

Pillar 4 - Develop 'digital health hubs' to improve inclusion

Pillar 5 - Build trust and relationships with poorly-served groups

Pillar 6 - Harness the benefits of digital for health and wellbeing

Pillar 7 - Improve digital skills in the health and care workforce

Pillar 8 - Embed digital inclusion in health, care and wellbeing strategies

In order to meet the priorities outlined above and within the Health Board's Health and Care Strategy, 'A Healthier Mid and West Wales: Our future generations living well', 'Future Generations: Living Well', HDdUHB is focused on ensuring that the workforce have the digital skills and aptitude, and that patients, their families and the wider communities, are equipped and able to access health and other public and support services in a digital environment should they wish to do so.

HDdUHB's Commitment

The Health Board's commitment to digital inclusivity began with the signing of the Digital Inclusion Charter for Wales in October 2021 and the pledge to develop the digital inclusion programme to ensure equity of access and support opportunities for the workforce and the wider population of West Wales.

In August 2022, the Digital Inclusion Manager came into post to lead and develop the programme which focused on the development of the skills and confidence of the workforce and to develop and connect the Health Board with its wider stakeholders and partners, to work collaboratively to ensure equity of support and opportunities available for the whole population.

Subsequently, in September 2022, HDdUHB completed the action plan and gained the Digital Inclusion Charter Accreditation having, successfully demonstrated its commitment to implementing the Digital Inclusion Charter principles, becoming the first Health Board in Wales to successfully gain the Accreditation, showing the commitment to Digital Inclusion.

In November 2022, HDdUHB completed an Expression of Interest to become the first Health Board in Wales to join the Alliance membership. The Digital Inclusion Alliance Wales (DIAW)

was established as a multi-sector group of organisations to bring together people from across the public, private, third, academic and policy sectors in Wales, to co-ordinate and promote digital inclusion activity across Wales under one national banner.

In February 2023, HDdUHB officially announced and launched its commitment to Digital Inclusion by organising a Digital Inclusion in Health Launch Event, which successfully raised awareness and developed knowledge around digital inclusion, and its benefits to health and wellbeing. HDdUHB's workforce, stakeholders and community organisations and support groups were invited to hear from Digital Inclusion experts and local support groups and organisations, offering insight into their digital inclusion journeys. It was officially confirmed and announced on 28th February 2023, during the event, by Prof. Hamish Laing, Chair of the DIAW, that the Health Board was successful in its application to become a member of the Digital Inclusion Alliance. HDdUHB's Digital Director represents Health services in Wales within this membership group moving forward.

During March 2023, the Regional Digital Inclusion Steering Group held its first meeting. The group consists of key stakeholders from across the HDdUHB region to develop a collaborative approach to digital inclusion, including patient groups, third sector, community teams, social care and Health. The aims of the group are:

- Bring stakeholders together to provide insight into the digital divide experienced by the population of HDdUHB and to share good practice, to develop a truly inclusive agenda to drive digital inclusion within the wider Health Board region.
- Act as a collaborative and informative group steering the developments and changes required within the region to ensure that digital inclusion.
- Ensure that access and skills are seen as a social determinant of health and is an available opportunity for all.

HDdUHB's digital inclusion programme works in line with the Health Board's digital response and will focus on and ensuring that digital inclusion and accessibility is key in the:

- Integration of new digital programmes and related population health initiatives.
- Unlocking the skills and information required to improve decision making of patients in relation to engaging with digital and services.
- Development of patient centred solutions in communities.
- Improvement of user digital literacy allowing for maximising the benefits of digital technologies and being digitally skilled and confident.

The Health Board will continue to work with communities to co-produce digital services with patients, ensuring that all patient, service users, and carer voices, help shape the work to ensure it delivers the maximum possible value to the community.

An update on the individual pillars of the programme is provided below.

Asesiad / Assessment

Progress to date, towards meeting the Health Board Planning Objective and the eight identified pillars within the Digital Inclusion programme is as follows.

Pillar 1 - Recognise digital access and skills as a social determinant of health

HDdUHB has:

- Joined the Online Centres Network (Become a Digital Inclusion Hub), working in partnership with our internal libraries to support skills development;

- Become a member of the National Data Bank to support staff who are unable to afford connectivity to access free data and;
- Is developing the internal processes of a “Kit Loaning Scheme” where internal devices are recycled and refurbished to loan out to staff members who are excluded or unable to afford or access devices;
- Work continues to take place to finalise the internal working processes, support and resources required to ensure a robust and effective support package, however, this is moving in a positive direction with the buy in and engagement from internal departments keen to be a part of the support offered internally to the workforce
- The Regional Digital Inclusion Steering Group focuses on working in collaboration to develop further activities and support within communities.

Pillar 2 - Co-design digital health services

- Digital Inclusion team are working with the Tech Enabled Care team, specifically, with Chronic Obstructive Pulmonary Disease (COPD) patients to understand digital skills and confidence levels of patients engaging with the Tech Enabled Care projects and consider the support and needs of patients prior to and during their engagement with services, and to establish ways in which the Health Board can develop health services further to engage and inspire patient participation with digital services and health monitoring from home.

Pillar 3 - Improve digital health literacy in the population

- The development of the regional Digital Inclusion Steering Group will open the opportunity for the Health Board to engage with the population to understand the level of digital health literacy.
- The development of a research project with the University Of Wales Trinity St David, and partners will offer an insight into the current levels of digital health literacy within the region and will present opportunities to understand the priority areas and help shape and determine the digital health literacy support required within the region.

Pillar 4 - Develop ‘digital health hubs’ to improve inclusion

- Health hubs will offer access to devices, connectivity and support for patients and the public to access and to develop their skills and confidence around the digital health support available. Discussions have already taken place with the planning of the new Integrated Centre in Cross Hands and the Digital Inclusion team will continue to explore further avenues to develop digital health hubs in existing community assets to ensure parity of opportunity for all.

Pillar 5 - Build trust and relationships with poorly-served groups

- A good representation of stakeholders who support the poorly served groups have been invited, and are agreed members of the regional Digital Inclusion Steering Group. These stakeholders will support opportunities for the Digital Inclusion team to engage with and develop trust with identified groups within the communities to develop the activities and opportunities required to ensure that no one is left behind due to lack of access to devices and connectivity, skills and confidence, to ensure, if they choose to, the population can engage positively with health services and all other services within the region moving forward.

Pillar 6 - Harness the benefits of digital for health and wellbeing

- HDdUHB organised the Digital Inclusion in Health launch event to raise awareness and harness the benefits of digital for health and wellbeing, which successfully took place in February 2023. The event inspired and developed further knowledge of the benefits of digital within health and raised the profile of digital inclusion and the need for all organisations to consider, embed and harness the benefits digital can bring to the whole population.

Pillar 7 - Improve digital skills in the health and care workforce

Positive progress has been made to raise the profile and awareness of digital inclusion with internal departments through:

- Initial engagement with internal departments has raised awareness and inspired a number of teams to express their interest in engaging with the programme and has opened opportunities to pilot a skills audit to gather data and baseline understanding of current staff skills levels within certain teams.
- A digital inclusion inspiring and engagement session took place on 12 April 2023 to specifically engage the Waiting List Support Service workforce with digital inclusion in health, to understand skills and development needs of staff, and to co-design support and development opportunities with to ensure a capable and enabled workforce for the future. Outcome and feedback from the initial session will support the Digital Inclusion team to revise and adapt the content of the session as required to roll out to the wider workforce.
- An internal skills audit has been developed and is being completed by teams on engagement, allowing for a baseline understanding of digital skills and development within the Health Board's workforce.
- Work is ongoing to develop the Digital Champions network within the Health Board. Digital Champions have been offered training to upskill and develop confidence in helping others with digital skills. Further work is being done to develop a robust process and network of support and resources for digital champions to signpost peers to which will ensure that Digital Champions to not feel unsupported and encourage further Digital Champions to join the internal network.
- A Digital Inclusion SharePoint page has been created to allow staff to access resources and support opportunities. This information has also been reflected within the staff benefits 'Hapi App' and is open for all staff to access at a time that is convenient to everyone.
- Excellent working relationships with the Learning & Development department have been established and agreement made to consider and develop opportunities for all levels of digital skills. The departments are working closely together to ensure that all areas of need are identified and addressed through the coordination and provision of learning and support within the Health Board.

Pillar 8 - Embed digital inclusion in health, care and wellbeing strategies

- The Digital Innovation and Transformation team have developed a Digital Framework request form which is required to be completed for any new digital solution being considered or requested within the Health Board. The Framework highlights digital inclusion and requests the consideration and requirement to embed digital inclusion into new digital solutions internally.
- The Digital Inclusion team is working closely with internal teams to explore opportunities available to incorporate and embed digital inclusion activities and support within team processes and ways of working to embed and develop a sustainable and proactive approach to the service.

The Regional Digital Inclusion Steering Group, and the development of collaborative and positive relationships with stakeholders will be integral to the development of and success of the programme pillars mentioned above. Working in collaboration underpins the principles of the Digital Inclusion Charter, the Digital Inclusion Framework for Wales but also the Strategic Objectives of the Health Board. Parity of opportunity, access to devices, connectivity and the development of skills and confidence is seen as an enabler for the population and HDdUHB communities to positively engage and access all services moving forward. Collaboration is key to empowering and enabling our workforce and communities for the future.

Summary and Next Steps

The Digital inclusion Programme continues to gather pace, and work in all eight pillars demonstrates the commitment of the Health Board and the Digital team to improve digital literacy and inclusivity with staff, patients, carers, and our wider communities.

HDdUHB's roadmap for the next 6 – 9 months includes:

- Development of a Digital Divide Research document in partnership with regional stakeholders which will provide a clearer understanding of the level of digital exclusion faced by the population, whilst identifying and highlighting areas of need across the region.
- To work with the outcome of the research, it is proposed that a visual map will be developed, highlighting areas of exclusion within the region, which in turn will support the Regional Digital Inclusion Steering Group to collaboratively respond to and explore development opportunities and support activities and services to reduce the digital divide faced within the region.
- Establish a baseline understanding of internal staff digital skills and competence levels. The Digital Inclusion team, working with Health Education and Improvement Wales (HEIW), will expand on engagement with the workforce through a staff skills audit, to gather a measurement of current skills and confidence levels and identify the development needs and requirements. This will allow the Health Board to shape and prioritise learning developments to ensure a digitally enabled workforce for the future including the recruitment of new staff into the Health Board.
- Addressing staff digital skills and access is a priority to our digital roadmap, therefore, the Digital Inclusion team will work closely with Digital Project Managers to embed a Digital Readiness Assessment into project planning and ensuring staff capability and confidence is developed prior to digital project rollouts.
- Work towards expanding our partnerships to include organisations that will help us to improve the impact and support our digital inclusion programme across the region.
- The Digital team will also be working with the Workforce and Organisational Development (OD) team to design a change behavioural programme for staff and patients in order to influence and change perceptions of digital and digital systems.

Argymhelliad / Recommendation

The Stakeholder Reference Group is requested to NOTE the content of the paper and make recommendations it considers appropriate which will enrich the digital programme.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

- 2.1.1: Early engagement and involvement in the determination of the UHB's overall strategic direction;
- 2.1.3: Feedback to the UHB on the impact of the UHB's operations on the communities it serves.
- 2.1.4: The SRG has responsibilities under the Equalities Act 2010.

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.4 Information Governance and Communications Technology 3.2 Communicating Effectively 4.2 Patient Information
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	5R_22 Digital Inclusion
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	https://www.digitalcommunities.gov.wales/digital-inclusion-in-health-and-care About the network - Good Things Foundation Since accessing the Databank... it's been a like a weight's been lifted" - Good Things Foundation Device Loan Scheme Resources (gov.wales)
Rhestr Termiau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y grŵp cyfeirio rhanddeiliaid: Parties / Committees consulted prior to Stakeholder Reference Group:	Sustainable Resources Committee (SRC)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not known at present.
Ansawdd / Gofal Claf: Quality / Patient Care:	The ability for patients to communicate with the Health Board is essential. Digital inclusion will allow the Health Board to explore greater digital services and therefore improving the experience of the patient.

Gweithlu: Workforce:	There will be an impact on staff as they are included within the ethos of digital inclusion. All staff and patients should feel comfortable in using the digital solutions that are to be implemented within the Health Board.
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	The inability for patients not to feel engaged with their care via the use of digital solutions will affect the Health Board's reputation within the community. The strategic movement of providing care closer to the patient will mean that the Health Board needs to embrace digital solutions to improve patient care
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable