

# Fitness For Digital - Use of Digital Technology

## Final Internal Audit Report

April 2023

Hywel Dda University Health Board



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### Acknowledgement

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### Disclaimer notice - please note

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## 1. Introduction

- 1.1 In line with the 2022/23 Internal Audit Plan for Hywel Dda University Health Board (The Health Board), an advisory review of the organisation's position and preparedness for the current and future provision of services using digital technology will be undertaken.
- 1.2 Digital transformation is a process of using technology to radically change service delivery. This transformation includes changing how the organisation works at every level and how technology underpins all digital transformation projects. The technology changes as time goes on, but organisations need to adopt technologies that help them harness and make sense of the vast quantities of data they are sitting on, as well as preparing for trends like the Internet of Things (IoT) and mobile.
- 1.3 These technologies have the potential to transform health care and organisational service delivery. The service user has to be at the centre, surrounded by technologies which transform their experience and provide them with opportunities to manage their overall healthcare experience.
- 1.4 The move to a digitally enabled organisation should be part of a Digital Strategy which supports the organisational strategy which provide a holistic view of the current business and IT environment, the future direction, and the initiatives required to migrate to the desired future state.

## 2. Scope and Objectives

- 2.1 The objective of the advisory review is to evaluate and determine the ability of the organisation to move to become a digitally enabled organisation and ensure that it drives value from investment in new technology.
- 2.2 The review sought to answer the following key questions that act as signifiers for organisational readiness for digital and provide recommendations for actions which will improve the organisation's position.
  - Is the organisation reimagining service delivery and business processes?
  - Is the organisation redefining the relationship with the service user?
  - Is the organisation leveraging the wider ecosystem in Health and Social Care?
  - Do staff have the right technology skillset and mindset?
  - Does the organisation have leaders who see the bigger picture?
  - Does the organisation have a good system for prioritising digital transformation initiatives?
- 2.3 The approach to this advisory review was based on an identification of the signifiers of successful digital organisations and of barriers to digital implementation. The position of the organisation in relation to these, and

the controls in place to deliver a digital implementation will then be assessed to enable the organisation to better understand and improve its position.

### 3. Conclusion

- 3.1 Overall, we consider the Health Board is well placed to utilise digital technologies to improve healthcare across its area. The Health Board is planning what can be described as wholesale transformation of service delivery underpinned by digital technologies.
- 3.2 It has already begun the transformation with the creation of a Cyber Security Programme which is significantly improving the Health Board cyber security position in line with DHCW requirements. The programme is looking at improving and transforming all areas of digital operations. A high level of digital security and protection will be required to protect all existing digital systems, any improvements and developments that are made
- 3.3 The Health Board has recognised patients will need to be engaged with, especially if they have limited access to digital technology, and limited digital skills and knowledge. It is taking positive action to engage with the key stakeholder group, its patients. It is using the Welsh Governments Digital Inclusion Charter and has appointed a Digital Inclusion Manager.
- 3.4 Digital is included as a key enabler within the UHB IMTP and Annual Plan and is included within Strategic Planning Objectives.
- 3.5 The Health Board has a recognised intent as stated in its long-term strategy 'A Healthier Mid and West Wales - Our Future Generations Living Well. This strategy recognises the importance of digital transformation to the achievement of its objectives and clearly states 'Digital working and solutions will underpin every aspect of health and care'.
- 3.6 The formal response (Digital Response) from the Digital team set out an investment plan for the following five years in their 2020-2025 strategic vision. It encompasses the digitisation of processes, workflows and care pathways, supporting emerging healthcare technologies to ultimately transform the delivery of health and social care within the Health Board area.
- 3.7 The digital team response recognises that responsibility for this transformation is owned by the Health Board as a whole. No single group can deliver significant digital transformation alone, only full co-operation between all stakeholder groups and individuals will make the goals achievable. The Digital Response aims to deliver simple, secure, interconnected systems and tools that save time and effort, thus improving the ability of the Health Board to achieve the transformation of its services and the delivery of excellent patient care.
- 3.8 This overall and digital ambition has been well 'marketed' throughout the Health Board and senior management levels. We have found the response

to be positive and supportive. The team members we have spoken to were unanimous in their belief that a genuine effort is being made to improve service delivery by maximising the use of digital resources.

- 3.9 We note that there is also recognition that there are several significant barriers to be overcome. E.G. There will need to be a clear definition of the digital skills required by future staff. Any hardware and software supplied must be robust, readily available, easy to use, and above all, effective in the achievement of its intended purpose.

## 4. Summary of Findings

### **Is the organisation reimagining service delivery and business processes?**

- 4.1 The Health Board is demonstrating its intent to redesign services in order to take advantage of digital technologies and solutions. It has recognised a key element of digital improvement is the need to make it leadership driven, and service led.
- 4.2 The COVID pandemic accelerated the delivery of digital programmes and drove healthcare providers to find alternative ways of working and different ways of interacting with patients such as the use of virtual patient consultations (Attend Anywhere) within the Health Board. This has driven the use of technology and digital products and driven an environment where there is a demand for digital products to feed further changes and improvements.
- 4.3 An additional example of this is the use of MS Teams by Medical Education and Professional Standards for the delivery of their 'Grand Round' training on Wednesday lunchtimes. It used to be on one site on a rotational basis, only staff there would attend. It is now done via teams, and there can be 000's joining the event from any of their sites, and staff who may be working from home.
- 4.4 There is a new Chief Clinical Information Officer (CCIO) in place and an intent to support this role with an additional group of clinicians to facilitate closer working between digital and clinical directorates and teams. We also note an intent to create six Digital Value Leaders to help drive digital value across the organisation.
- 4.5 Services are accepting ownership of their digital processes and looking to the digital team for support as appropriate. E.G Pharmacy are developing digital expertise within their sphere of operation. They have upgraded roles for team members with particular digital expertise. They express satisfaction with the support received from the digital team in the development of initiatives with national priority e.g. electronic prescribing.
- 4.6 We noted that the culture within the Health Board is a positive one in terms of the willingness to use digital technology to redesign services. We found throughout the conversations and interviews done for this review that there

is a belief that the Health Board want to improve services overall and are willing to consider all proposals that could help them do that.

### **Is the organisation redefining the relationship with the service user?**

- 4.7 The digital response to the organisational strategy includes 'Our Patient Vision'. This will redefine the Health Board/patient relationship in a digitally transformed future. The plan to achieve this is based on digitising all events and information that relate to a patients care into a data store that can be shared with all partners. The complete care pathway will be digitised, and all involved in patient care will be able to see the entire picture of a patients' health.
- 4.8 The digital vision envisages that in future patients will have to interact with medical professionals in ways more efficient than solely relying on the physical appointment process; though it is accepted there will always be a need for these. In future digitally empowered patients could be given controlled access to their records to increase their engagement with their own healthcare.
- 4.9 To achieve this the Health Board is part of the national initiative 'Digital Service for Patients and Public', which is aiming to provide a digital front-door via the NHS Wales app. We do note that the solution is still being designed. However the Health Board has hired a 'Digital Inclusion Manager to look at this from a staff and more critically, a patient perspective which will ensure that the solution fits the needs of the patient.
- 4.10 The Health Board aim is to provide patients with digital solutions and apps that can integrate with Health Board health systems. These apps will be accessible across all community services.
- 4.11 The Health Board will look to support people without digital skills through the Welsh Governments Digital Inclusion Charter. This includes six principles for an organisation to commit to, which will help digitally excluded people to enjoy the benefits of digital facilities.

### **Is the organisation leveraging the wider ecosystem in Health and Social Care?**

- 4.12 Within the HDDUHB region multiple, non-integrated systems are in use and will continue to be used for the foreseeable future. These systems include the Welsh Patient Administration System (WPAS) used within the Health Board, the Welsh Community Care Information System (WCCIS) used by both the Health Board and Ceredigion County Council and the Eclipse system (as separate instances) used by both Carmarthenshire and Pembrokeshire County Councils.
- 4.13 As a result the Health Board has recognised there is a need to change the narrative away from systems, and focus on data. To achieve this the Health Board, with the other key stakeholders established a Regional Digital Group which reports to the Regional Partnership Board. The aim is to discuss data

integration and compatibility with all systems to find a method for all stakeholders to share their patient/person data.

- 4.14 Although sharing data can be difficult with questions over ownership and consent, the current methodologies of Data Protection Impact Assessments and Data Sharing Agreements will be sufficient to cover any proposed solutions.
- 4.15 To achieve data integration a regional data repository is currently under discussion, with options for its structure still under consideration. The aim is for health and social care workers to answer basic questions about their patients. E.G. Is Doris in hospital? is a simple question, currently getting its answer can be difficult and time consuming.
- 4.16 We note that there is no current plan for developing the data repository, and we note that integration between clinical health and social care services will not be fully enabled without an effective way of sharing data so that all stakeholders can access it whenever, and wherever they need to.

**Recommendation 1**

The Health Board should define a plan and targeted deadline with the Regional Digital Group to agree a way forward for the Regional Data Repository.

- 4.17 The Health Board has recognised that connected health and care services will require collaboration between all stakeholder groups with a combined approach to governance, service redesign, data sharing and technology.
- 4.18 To achieve this there needs to be a comprehensive assessment made of the operational and technological readiness of all of the stakeholder groups that will be required to participate in the delivery of a 'Mid and West Wales Health and Social Care Whole System' in order to gain an understanding of their potential partners readiness and ability to participate in the required solutions.

**Recommendation 2**

The Health Board should make a full assessment of the current digital capability and willingness of all key stakeholder groups and get their commitment to a shared digital future.

- 4.19 We note that the use of local Small and Medium Enterprises (SME's) and third sector organisations and groups as suppliers and delivery partners can provide agility and access to rapid development of digital products. The Health Board should consider the use of these wherever possible. It makes

sense for locally delivered services to be provided by local businesses, assuming they are suitable and pass all appropriate vetting procedures.

### **Do staff have the right technology skillset and mindset?**

- 4.20 There has been a recent increase in the digital staff count mainly in response to required cyber security threats. We do note the existence of a 'Digital Innovation and Transformation' team and a 'Welsh Community Care Information System Community(WCCIS) programme team. Both of these should be well placed to help promote and deliver the transformation programmes that will be required.
- 4.21 As part of this review a staff survey was conducted using a questionnaire form in MS Teams; all staff were sent an invite to participate. 575 responses were received, with most people take nearly 14 minutes to complete the response. The response rate, assuming @11,000 staff at the time of the survey is 5.2%. This is reasonable given the survey method, target audience, and subject matter.
- 4.22 The survey results summary is appended in full at appendix B of the report. Comments were requested from the respondents to four questions on digital equipment, confidence and perceived capability.
- 4.23 Over 700 comments were received. We have condensed the main concerns into the following key themes:
- The lack of Health Board provided digital equipment at their location with staff having to use their own equipment if practical and possible.
  - Lack of knowledge of what applications there are, and more importantly, what they can do.
  - Poor performance of equipment and/or applications, slow or total failure.
  - Poor connectivity in certain parts of the sites or general area.
  - Some complaints about helpdesk provision
  - Lack of training in the full range of Microsoft products especially teams.
  - Lack of confidence in their digital skills.
  - Problems when systems 'down'
  - Infrastructure poor, outdated equipment
- 4.24 However, we did note that there were some supportive comments and generally positive trends.
- Enabling of working from home
  - Virtual meetings save a lot of time
  - Remote team working

- When it all works properly it does save time
  - Tech availability and functionality is improving, albeit very slowly, and there is still a long way to go.
- 4.25 The survey results indicated that only 33% of the respondents were aware of the digital Response, and therefore how it links to the main Health Board strategy. This could be as a result of an inadequate launch process, or simply been forgotten due to the national events since it was launched.

### **Recommendation 3**

The Health Board should relaunch both their Strategy and Digital Response to reinforce the message of the need for change to achieve the digital and overall ambitions.

- 4.26 We note 61%(444) of the staff responded to the statement 'Hywel Dda encourages and supports staff to understand and increase their own digital skills' agreed or strongly agreed with the statement. We consider this a positive indicator of staff support for planned moves to improve services using digital applications wherever possible.
- 4.27 However, the number of staff lacking confidence in their digital ability or the knowledge of what tools are already available suggests there is work to be done in this area.
- 4.28 There is not yet a clear picture of what the 'nurse of the future' looks like. What range of digital skills and digital technological capability will be required to maximise the benefit of the technological advances that are being planned. There will clearly be a significant need for digital 'upskilling' in order to achieve the overall strategic objectives with increased technology.

### **Recommendation 4**

The Health Board should define the digital skills that are required for each role and provide training to ensure that staff are digitally upskilled to a level appropriate for the technology they are going to have to use.

Training and awareness sessions should be provided to communicate to staff what applications are available and what they do. With training provided on digital skills in general, and on specific products to enable the full use of the functionality within the digital tools available, such as Office 365.

Consideration should be given to stating a requirement for a minimum level of digital literacy for staff.

### **Does the organisation have leaders who see the bigger picture?**

- 4.29 We note that the Board does not need to be from a technical background, but it should understand what can be accomplished at the intersection of business and technology and must be prepared to help by recognising the benefits digital technology can bring and fully supporting its inclusive and continued development by demonstrating leadership and commitment to digital transformation.
- 4.30 The Health Board responded positively to the 2018 NIS regulations. A cyber security programme to improve the Health Boards cyber security position has been commissioned. This has highlighted the resources, commitment and changes that are needed to take the digital transformation forward, both in the short, medium and longer term.
- 4.31 Further impetus to the digital development was provided by the Covid pandemic which effectively 'forced the issue'. Rapid developments and improvements were achieved in months, not years, with the full support of the Board.
- 4.32 Current reporting to the Board on digital matters is through the cyber security programme. We note that that programme has a governance and reporting workstream whose remit is to restructure the reporting of all digital matters through a defined reporting chain up to the main Board as necessary.
- 4.33 There is currently no formal committee in place specifically for digital, with reporting being via the Sustainable Resources Committee in the main, although we note that there is an Information Governance Sub-Committee.

#### **Recommendation 5**

The Health Board should consider establishing a formal committee for digital. Should this not be possible, then the terms of reference for the relevant committee be expanded to ensure digital is fully covered and digital should be explicitly included as a standard agenda item within another committee.

- 4.34 There is a named lead Independent Member for digital, and a Director with formal responsibility for digital. (Director of Finance). We note that there is an increasing number of other Health Boards who have established a (non-voting) Digital Director role to sit at the Board table. Hywel Dda Health Board have considered this approach and concluded that in the current configuration the Director of Finance oversees the digital portfolio and provides comparatively increased assurance and oversight due to the executive Board role.

- 4.35 There was a general consensus from all the parties spoken to that the Board has recognised the need for change, and that investment in technology, correctly made, will have a significant impact on future care provision.
- 4.36 We consider the Health Board leadership to be well placed to take advantage of the opportunities for improvements to overall healthcare that can be achieved with the correct use of digital technology, although the improvements suggested above may enhance this.

**Does the organisation have a good system for prioritising digital transformation initiatives?**

- 4.37 A staff idea form has been created to encourage all staff to submit any ideas for improvements. Help is provided to complete the form and an outline benefits model is included which sets out the benefits that could be achieved from the proposal. All submitted forms are considered and assessed for potential improvements.
- 4.38 A benefits realisation model has been created. All ideas submitted must include a benefits pack which lists the expected benefits of the idea, and when they are likely to be realised. There are 4 packs, the one selected will depend on the likely size of the project which can range from 'micro' to 'large', with that scale simply defined by time and cost.
- 4.39 This methodology enables basic comparisons for prioritisation of projects to be made, regardless of scale. Management of resources deployed against benefits realised, and supports the creation of a project schedule that facilitates communication and information between the digital team and the rest of the stakeholders, especially those who have submitted an idea which has been accepted.
- 4.40 The Health Board has set up an 'Agile business Group' which looks at all business cases and plans, which are then referred to the 'sustainable Resources Committee' for sign-off.
- 4.41 There is a network of digital champions across the Health Board area. Feedback received indicated their roles are recognised and appreciated. Their challenge will be to maintain momentum and digital awareness and not let progress and a positive approach stagnate.
- 4.42 We noted that some directorates spoken to feel that the communications between Digital and the service could be enhanced by a digital 'single point of contact' or 'Digital Business Partner' to act as a permanent liaison between themselves, and the digital function. We note that there are areas where there could be real benefits from high level cooperation and rapid request response times.

**Recommendation 6**

The Health Board should consider the 'Digital Business Partner' idea, especially for any clinical directorates that are heavily reliant on ICT who have their own digital expertise.

- 4.43 Although the response was generally positive there is still work to be done in this area, particularly in communicating the gap between demand and capacity within Digital and the rationale for prioritisation of developments. There are teams who feel they are, and will always be the lowest priority case for potential improvements and new technology, especially if they cannot refer directly to patient treatment priorities. We note that other organisations who have provided clarity over digital workplans consider that there is better acceptance of digital workload and ownership of digital throughout the organisation.

### **Recommendation 7**

The Digital team should ensure that all planned development listings are regularly updated and publicised to all participants and contributors. Explanations for any delays to planned delivery, priority changes etc must be included if ongoing support through continuous suggestions and submissions are to be maintained.

- 4.44 We note that there are some Directorates with greater control over their digital and IT tools and who run their own systems. Whilst this does allow services to prioritise and fund their own developments, this leads to the risk of digital fragmentation and that inconsistent data sets are collected, increased difficulties to integrate and unexpected increases in support requests to ICT
- 4.45 We note that ensuring that the Digital Team are aware of developments relating to digital across the Health Board, along with a comprehensive change control process will be essential to minimising digital fragmentation and delivering any proposed change.

### **Recommendation 8**

The Health Board should retain oversight of all digital change through a centralised Change Control Process. All digital changes, regardless of their originating directorate should go through this process, which should be managed by a change control board reporting through senior management to the full Board as necessary.

## **Barriers to digital transformation within the HB**

### **Lack of corporate digital vision**

- 4.46 We consider the Board, with comprehensive and mutual support from the Digital Team leadership have a comprehensive and generally sound vision for the future of healthcare within their area which plans to make as much

use as appropriate and possible of digital technology, whether procured, or developed in house or in cooperation with DHCW.

4.47 The digital vision is incorporated within the UHB IMTP and the Digital Plan.

#### **Resourcing / budgeting / Staffing & Skills**

4.48 Digital staffing resources have increased during the Covid pandemic and in order to complete the required improvements in the Health Boards cyber security position. However digital management consider the current resource levels will not be enough to cover both 'business as usual' work and a full digital transformation programme.

4.49 The Digital Director confirmed HDD have 65-70 core staff looking after 11,000 HB staff, spread across 4 sites. This creates its own challenges as they are spread too thin. We note that this is a consistent picture across NHS Wales. For context he confirmed with his counterpart at Great Ormand Street Hospital (a digital leader) has 140 staff covering 3,000 hospital staff, and they're all located in one place.

4.50 Digital had had a couple of 'good funding years' due to COVID-19. With extra investment from the Welsh Government. However they need £2m per year just to stand still, and report that they have 0.8% of the whole Health Board budget. Historical reports on Healthcare spending recommend 3-4% of the total budget be spent on ICT.

4.51 The planned long-term change will require the commitment of funding for digital specialist staff for the foreseeable future. The Health Board must be willing to commit to resourcing digital and IT sufficiently and invest in any required technology to complete planned developments on time and to standard. If that means ensuring that digital funding levels are maintained at the recommended levels of 3-4% of the total budget then the Health Board must aim to do that. Without adequate funding both the Strategy and the digital vision will be at risk.

#### **Recommendation 9**

A review of the funding allocated to digital and digital technologies should be undertaken to ensure that the resource is sufficient to deliver on stated and planned strategies.

Where funding is unavailable, the impact of that on delivery of the digital strategy and plans should be made clear.

#### **Digital culture, Staff - Resistance to change**

4.52 Our survey responses and comments did indicate some resistance to digital solutions. This could be due to a number of causes, from apathy because of

past 'digital' failures, digital incompetence, even just reluctance because not everyone wants to use technology. One respondent stated 'I just prefer pen and paper'.

- 4.53 Whatever the cause, the Health Board have to bring 100% their staff with them on their planned digital journey. The commitment to the changes and the improvements has to be complete and unwavering from all those involved in healthcare provision. The recommendations regarding communication of the Digital Response and training and awareness should help resolve this.

### **Partnership Limitations**

- 4.54 The Health Board can achieve its own digital aims, it is within its own control. However, the wider strategy will only be achieved if the other stakeholder groups are equally committed and engaged. There will need to be equal commitment to the overall solutions, even if the Health Board are the primary driver of the digital provision.

### **Infrastructure Limitations, Legacy systems and internal Silos**

- 4.55 The Health Board covers a large physically diverse area with coastline, mountains and valleys. It is recognised that there are currently areas where digital provision, specifically mobile phone signal and broadband provision, are not at acceptable levels for modern basic use.
- 4.56 Given the nature of the Health Board and of the NHS in Wales, legacy systems are inevitably going to be an issue, and will likely remain so for some time. There are a large number of systems in place, with control of these being spread across the Health Board and DHCW. These systems are older, often using inflexible technologies that were emplaced to meet the previous demands. They often have long lifespans and can be difficult to integrate with new cloud and web-based services.
- 4.57 The impact of legacy systems is not only as a barrier to new technology introduction, but also as time and money is spent maintaining these and managing associated risks this means that Health Board attention is taken up with legacy and not the future.
- 4.58 If digital services are to be effectively deployed, then the infrastructure to support them must be in place. The control of the wider infrastructure is outside of the Health Boards remit, though where necessary they must strongly promote and communicate their requirements with their partnerships with any organisation that can.
- 4.59 As well as the external infrastructure limitations all internal information silos must be broken down. Information must flow through and around the Health Board, it is the lifeblood of effective healthcare. Earlier recommendations on change control and the 'contextual patient view' address the actions we consider appropriate.

### **Cybersecurity**

- 4.60 We have recently audited the Health Boards cyber security programme and given it a substantial assurance rating. We have already commented on the programme earlier in this report as an example of the Health Boards intent and overall fitness for digital transformation. As such cyber security need not be a barrier to digital transformation.

### **Overall Internal Culture**

- 4.61 Health Boards are traditional risk averse by nature, for good reason. They operate under intense budgetary pressures, regulation, and public scrutiny. However, this can lead to internal stagnation and an unwillingness to experiment through fear of failure. This can particularly impact on digital transformation with a reluctance to change processes.
- 4.62 Given the scale of the challenges faced it could be a time to accept a certain level of increased risk in the digital arena. Agile development could produce rapid results and stimulate further improvements.
- 4.63 We note that the structures in place for digital within the Health Board enable a more agile approach to development to take place and so move to overcome this barrier.

## Appendix A: Management Action Plan

Recommendation 1		
<p>The Health Board should define a plan and targeted deadline with the Regional Digital Group to agree a way forward for the Regional Data Repository.</p>		
Management Response	Target Date	Responsible Officer
<p>The recent work commissioned around the development of a data fabric for the Health Board has provided a strategic direction, and an options appraisal of the leading cloud providers. The Health Board will be developing a business case for the movement of data from on premises to the cloud. As part of this business case will be the case for change, which will outline the proposed plan.</p>	<p><b>Timeline</b></p> <ul style="list-style-type: none"> <li>• Strategic Options Appraisal- February 2023</li> <li>• Case for Change / Business Case - September 2023</li> <li>• Design / Delivery - October 2023 - March 2024</li> </ul>	<p>Anthony Tracey, Digital Director</p>

**Recommendation 2**

The Health Board should make a full assessment of the current digital capability and willingness of all key stakeholder groups and get their commitment to a shared digital future.

Management Response	Target Date	Responsible Officer
<p>Access to information, and the capability to use digital systems is an integral component of the Health Board’s Digital Inclusion Programme. The Health Board has subsequently signed the Digital Inclusion Charter for Wales and were accredited in September 2022 having successfully demonstrated its commitment to implementing the Digital Inclusion Charter principles. The Health Board will continue to work with stakeholders to ensure that the digital enablement plan is embedded within the organisation but also with our partners. An important element of the programme is Parity of access to ensure patients / staff using digital routes (e.g. an online access method for appointments) do not have an unfair advantage over patients using traditional access methods (e.g. a walk in enquiry or telephone call). Equity of access to care should ensure all patients are able to access effective, safe and timely care regardless of the method of care they choose to adopt.</p>	<p>December 2023</p>	<p>Anthony Tracey, Digital Director  Carolyn Williams, Head of Digital Innovation and Transformation  Michelle Hickin, Digital Inclusion Manager</p>

Recommendation 3		
The Health Board should relaunch both their Strategy and Digital Response to reinforce the message of the need for change to achieve the digital and overall ambitions.		
Management Response	Target Date	Responsible Officer
The Health Board acknowledges that the previous Digital Response was not fully socialised across all areas of the organisation and will be ensuring that the next version of the digital enablement plan is closer aligned to the Health Board’s strategy “A Healthier Mid and West Wales”.	May 2023	Anthony Tracey, Digital Director

**Recommendation 4**

The Health Board should define the digital skills that are required for each role and provide training to ensure that staff are digitally upskilled to a level appropriate for the technology they are going to have to use.

Training and awareness sessions should be provided to communicate to staff what applications are available and what they do. With training provided on digital skills in general, and on specific products to enable the full use of the functionality within the digital tools available, such as Office 365.

Consideration should be given to stating a requirement for a minimum level of digital literacy for staff.

Management Response	Target Date	Responsible Officer
<p>The Learning and Development and Digital Teams are working closely together to ensure that digital training and awareness sessions are made available to all staff.</p> <p>The Digital team are also engaged with the Office 365 Centre of Excellence to ensure that courses that are freely available are communicated via the Digital Champions network and through global communications.</p>	<p>November 2023</p>	<p>Anthony Tracey, Digital Director</p> <p>Carolyn Williams, Head of Digital Innovation and Transformation</p> <p>Michelle Hickin, Digital Inclusion Manager</p>

**Recommendation 5**

The Health Board should consider establishing a formal committee for digital. Should this not be possible, then the terms of reference for the relevant committee be expanded to ensure digital is fully covered and digital should be explicitly included as a standard agenda item within another committee.

Management Response	Target Date	Responsible Officer
<p>The Digital programme reports to the Sustainable Resources Committee. There is a requirement for a report from the Digital Director every meeting.</p> <p>The Executive Director of Finance supported by the Digital Director and Chief Clinical Information Officer (CCIO) provide the Board with the necessary assurances around the entirety of the digital agenda. The Board is also supported by an experienced independent member who provides the necessary security upon the digital programme, and risks.</p>	<p>March 2023</p>	<p>Anthony Tracey, Digital Director</p>

Recommendation 6		
<p>The Health Board should consider the 'Digital Business Partner' idea, especially for any clinical directorates that are heavily reliant on ICT who have their own digital expertise. There are areas E.G supplier equipment updates where there could be real benefits from high level cooperation and rapid request response times.</p>		
Management Response	Target Date	Responsible Officer
<p>The Digital Director will look to expand the current arrangements in place for radiology, and ophthalmology who have dedicated staff.</p> <p>Senior members of the digital team will also be looking to provide support to be created clinical support network of the Chief Clinical Information Officer. The approach is to ensure that the clinical lead is partnered with a member of the senior digital team</p>	<p>September 2023</p>	<p>Anthony Tracey, Digital Director</p> <p>Sarah Brain, Digital Services Business Manager</p>

**Recommendation 7**

The digital team should ensure that all planned development listings are regularly updated and publicised to all participants and contributors. Explanations for any delays to planned delivery, priority changes etc must be included if ongoing support through continuous suggestions and submissions are to be maintained.

Management Response	Target Date	Responsible Officer
The development of the project support package (PACE) will improve the visibility of all digital programmes.	August 2023	Anthony Tracey, Digital Director  Carolyn Williams, Head of Digital Innovation and Transformation

**Recommendation 8**

The Health Board should retain oversight of all digital change through a centralised change control process. All digital changes, regardless of their originating directorate should go through this process, which should be managed by a change control group reporting through senior management to the full Health Board as necessary.

Management Response	Target Date	Responsible Officer
<p>The Health Board currently operates a Change Advisory Board (CAB) held weekly to discuss technical changes to the underlying infrastructure. Changes will not routinely be escalated to the Executive Team for approval, however each proposed change is risk assessed, and if required will be raised to the Executive Team.</p> <p>The Digital Team do acknowledge that the current Change Advisory Board need to be expanded to include all changes affecting Health Board systems, such as upgrades to functionality.</p>	<p>September 2023</p>	<p>Anthony Tracey, Digital Director</p>

**Recommendation 9**

A review of the funding allocated to digital and digital technologies should be undertaken to ensure that the resource is sufficient to deliver on stated and planned strategies.

Where funding is unavailable, the impact of that on delivery of the Digital Response and plans should be made clear.

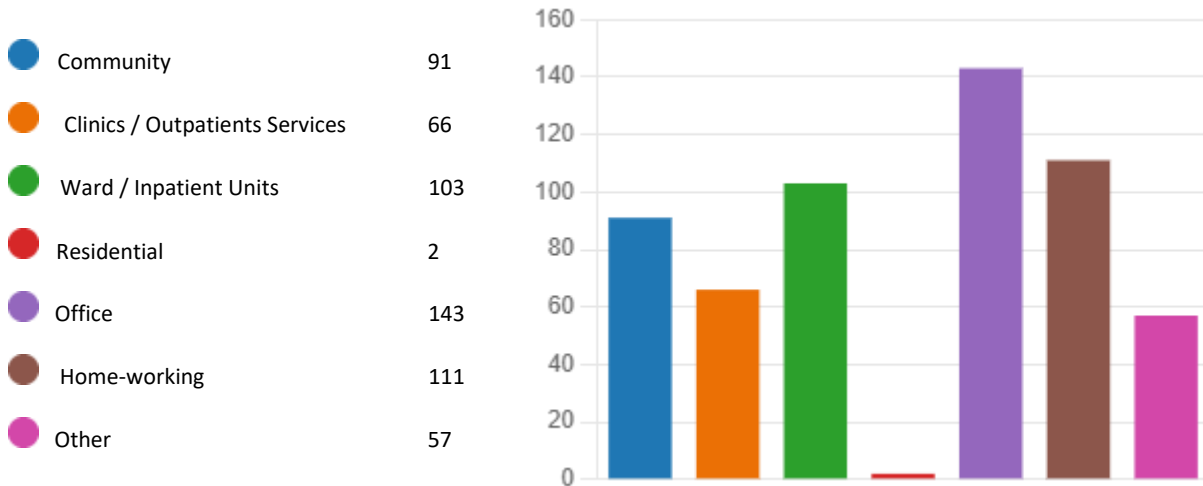
Management Response	Target Date	Responsible Officer
The Executive Director of Finance and Digital Director are currently working through the financial implications of the digital enablement plan, and the funding required. Each of the funding proposals will be risked assessed, and where required will be supplemented with a business case for investment.	June / July 2023	Anthony Tracey, Digital Director

## Appendix: B Survey results summary

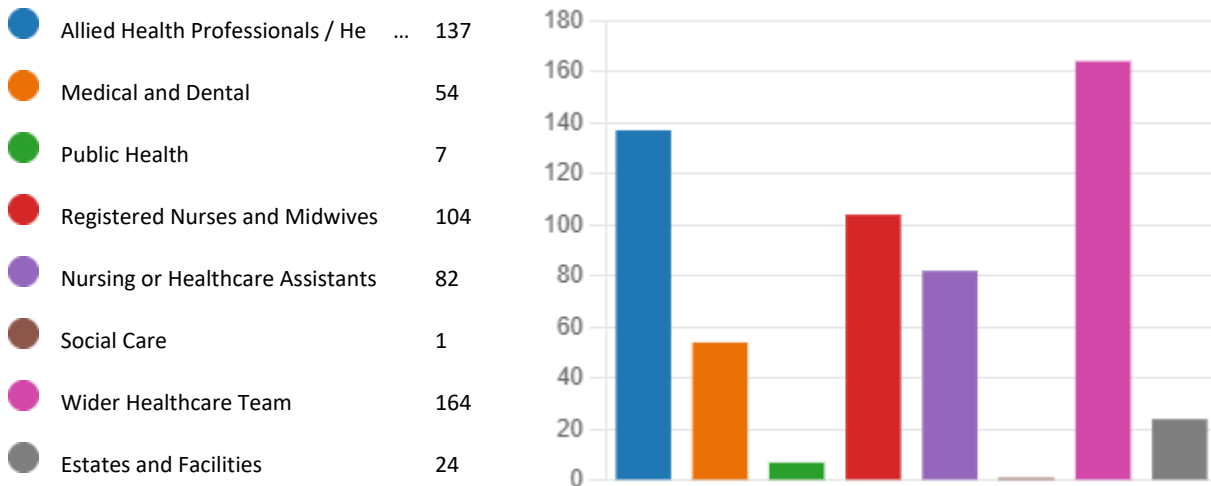
Use of Digital Technologies within Hywel Dda University Health Board

Responses 573: Average time to complete 13:26; Status Inactive

Q Which work setting do you spend most time in



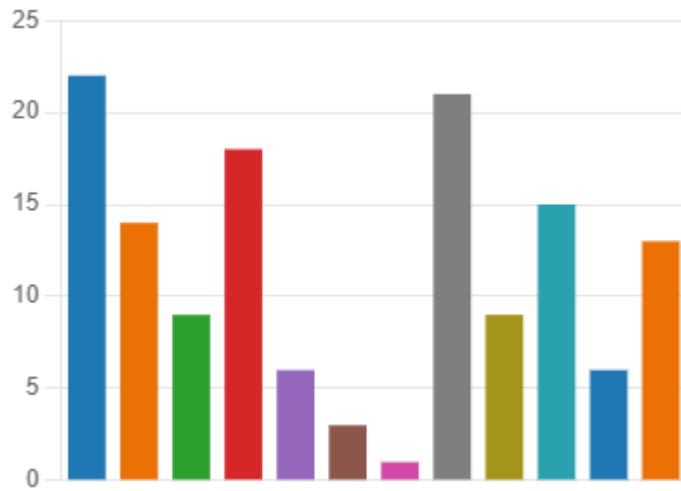
Q Which of the following best describes your staff group?



## Fitness For Digital - Use of Digital Technology

Q Which of the following best describes your role within Allied Health Professionals / Healthcare Scientists / Scientific and Technical?

<span style="color: blue;">●</span> Occupational Therapy	22
<span style="color: orange;">●</span> Physiotherapy	14
<span style="color: green;">●</span> Radiography	9
<span style="color: red;">●</span> Pharmacy	18
<span style="color: purple;">●</span> Clinical Psychology	6
<span style="color: brown;">●</span> Psychotherapy	3
<span style="color: pink;">●</span> Operating Department Practitio...	1
<span style="color: grey;">●</span> Other qualified Allied Health Pr...	21
<span style="color: olive;">●</span> Support to Allied Health Profess...	9
<span style="color: cyan;">●</span> Other qualified Scientific and Te...	15
<span style="color: blue;">●</span> Support to healthcare scientists ...	6
<span style="color: orange;">●</span> Other	13



Q Which of the following best describes your role within Medical and Dental?

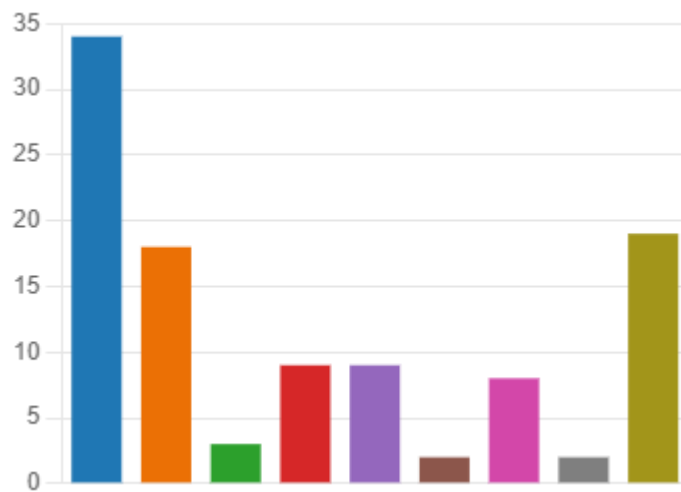
<span style="color: blue;">●</span> Medical / Dental - Consultant	27
<span style="color: orange;">●</span> Medical / Dental - In Training (e. ...	7
<span style="color: green;">●</span> Medical / Dental - Other (e.g. St ...	8
<span style="color: red;">●</span> Salaried Primary Care Dentists	1
<span style="color: purple;">●</span> Other	11



# Fitness For Digital - Use of Digital Technology

Q Which of the following best describes your role within Registered Nurses and Midwives?

● Adult / General	34
● Mental health	18
● Learning disabilities	3
● Children	9
● Midwives	9
● Health Visitors	2
● District / Community	8
● Other Registered Nurses	2
● Other	19



Q Which of the following best describes your role within Social Care?

● Approved social workers / Socia ...	0
● Social care managers	0
● Social care support staff	1
● Other	0



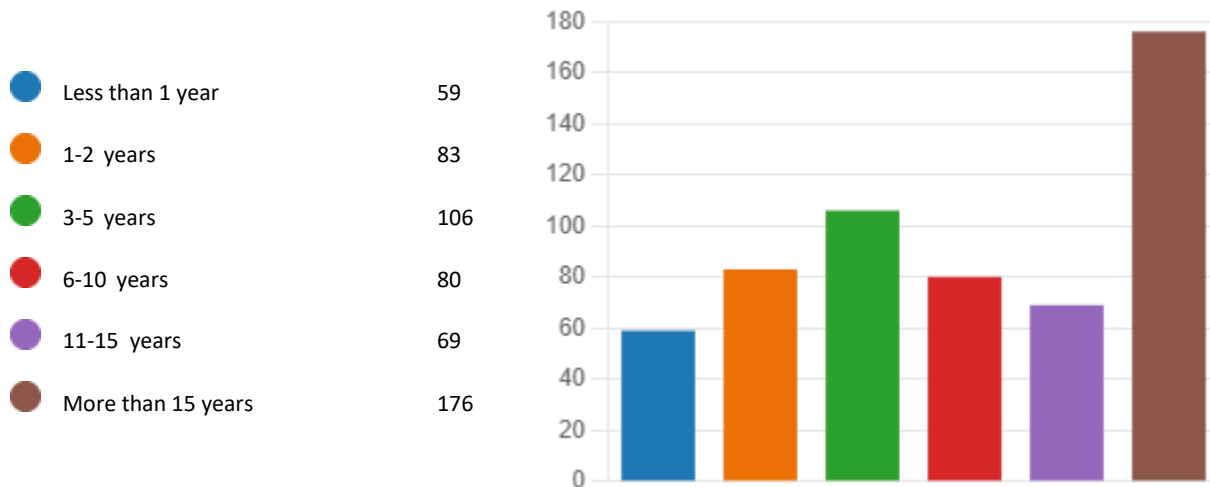
Q Which of the following best describes your role within the Wider Healthcare Team?

● Admin & Clerical (including Me ...	94
● Central Functions / Corporate S ...	49
● Other	21

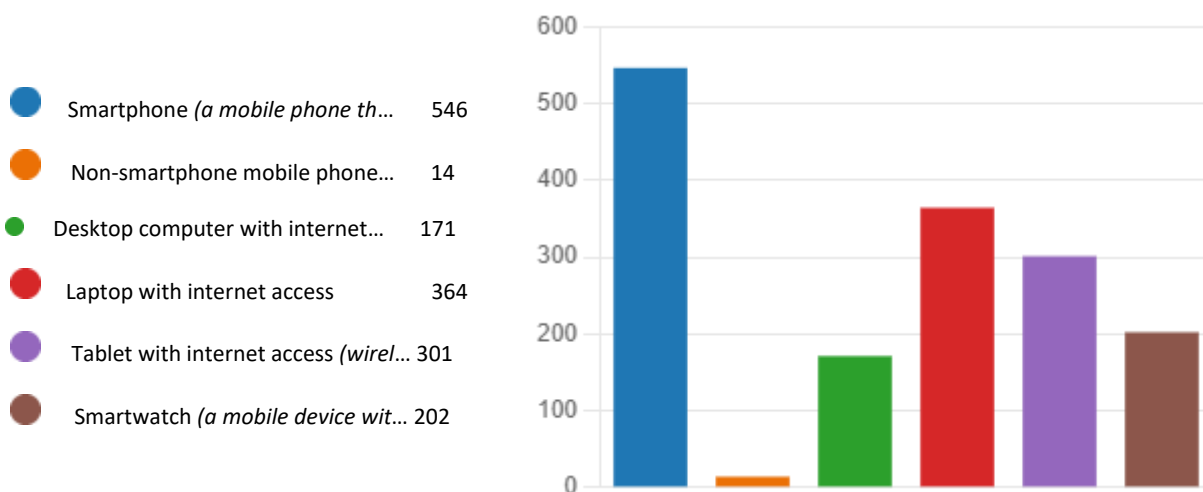


# Fitness For Digital - Use of Digital Technology

Q How many years have you worked for Hywel Dda University Health Board?



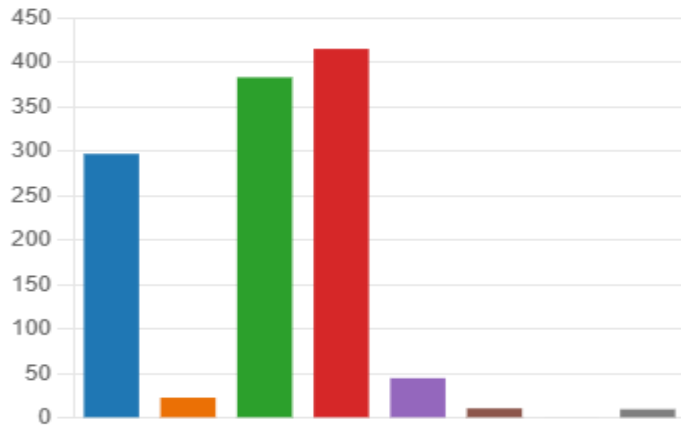
Q Which of the following digital devices do you regularly use for **personal** use?  
*Select all that apply.*



# Fitness For Digital - Use of Digital Technology

Q Which of the following digital devices do you regularly use for **work** use? *Select all that apply.*

- Smartphone (a mobile phone th ... 297
- Non-smartphone mobile phone ... 23
- Desktop computer with internet ... 383
- Laptop with internet access 415
- Tablet with internet access (wirel... 45
- Smartwatch (a mobile device wit ... 11
- None of the above 1
- Other 10



Q Thinking about the device(s) you use for work purposes, what type of device(s) are they?

- Work-issued device(s) only 346
- Both work-issued and personal ... 213
- Personal device(s) only 14

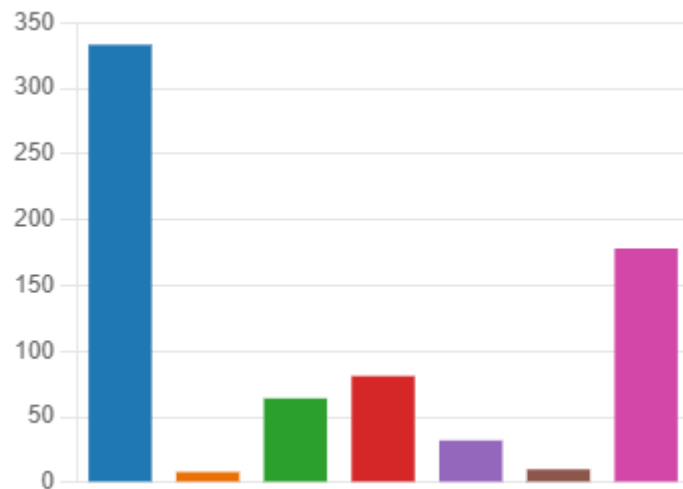


## Fitness For Digital - Use of Digital Technology

Q. Which **personal** digital devices do you use for **Work purposes**?

Select all that apply.

- Smartphone (a mobile phone th... 333
- Non-smartphone mobile phone... 8
- Desktop computer with internet... 64
- Laptop with internet access 81
- Tablet with internet access (wired... 32
- Smartwatch (a mobile device wit... 10
- Other 178



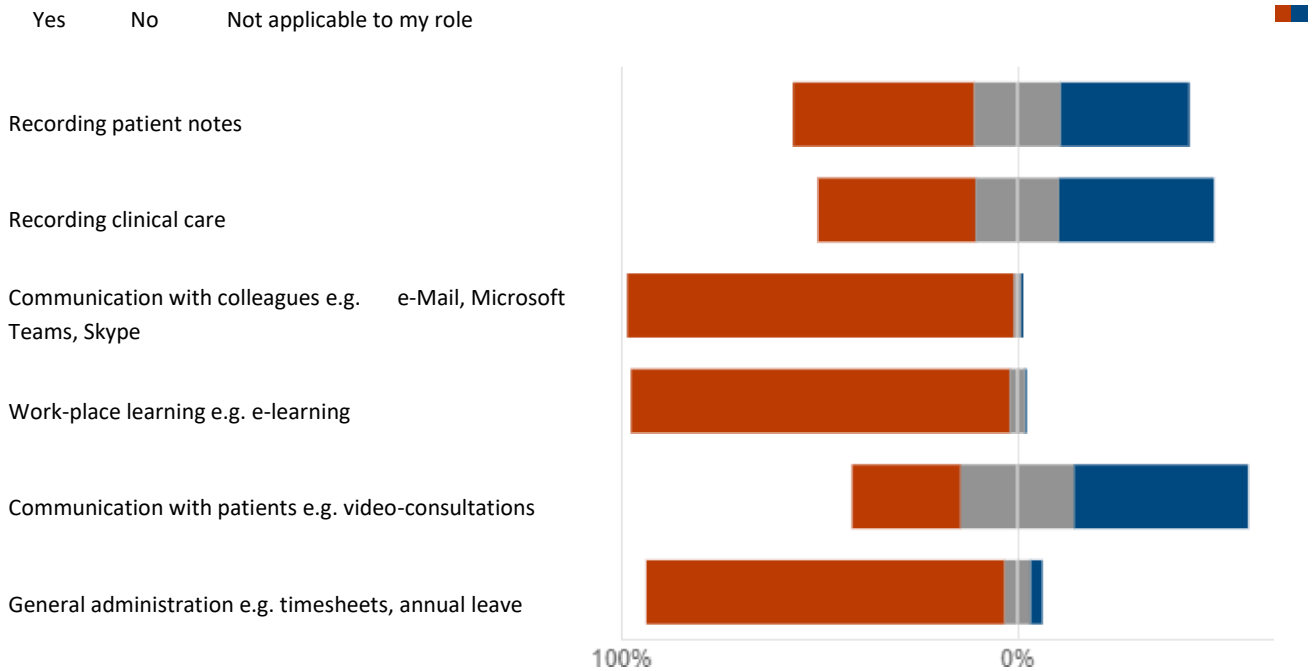
Q Which of the following statements best describes the main reason for using your personal device(s) for work purposes?

- Convenience; I like having every ... 110
- Necessity; I haven't been provid ... 101
- Capability; my work-issued devi ... 52
- Familiarity; I feel more comforta ... 50
- Other 260

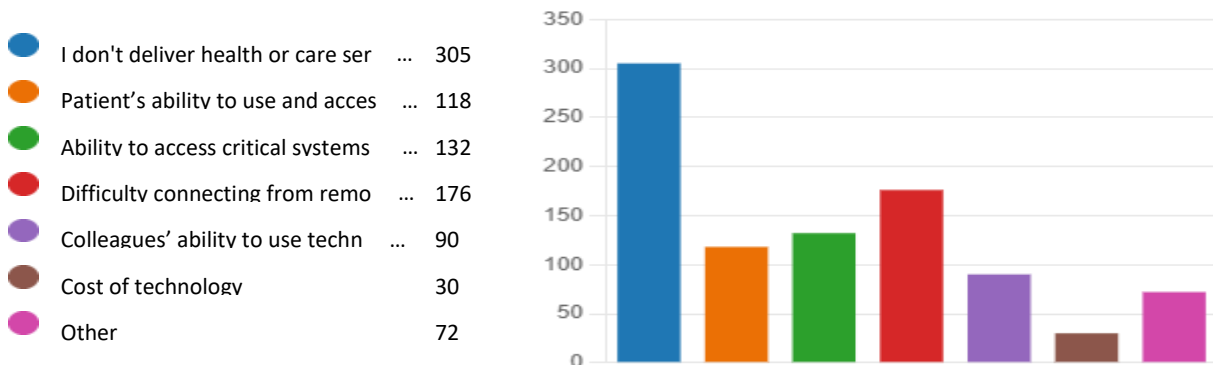


# Fitness For Digital - Use of Digital Technology

Q On your role, do you use digital devices to undertake the following:

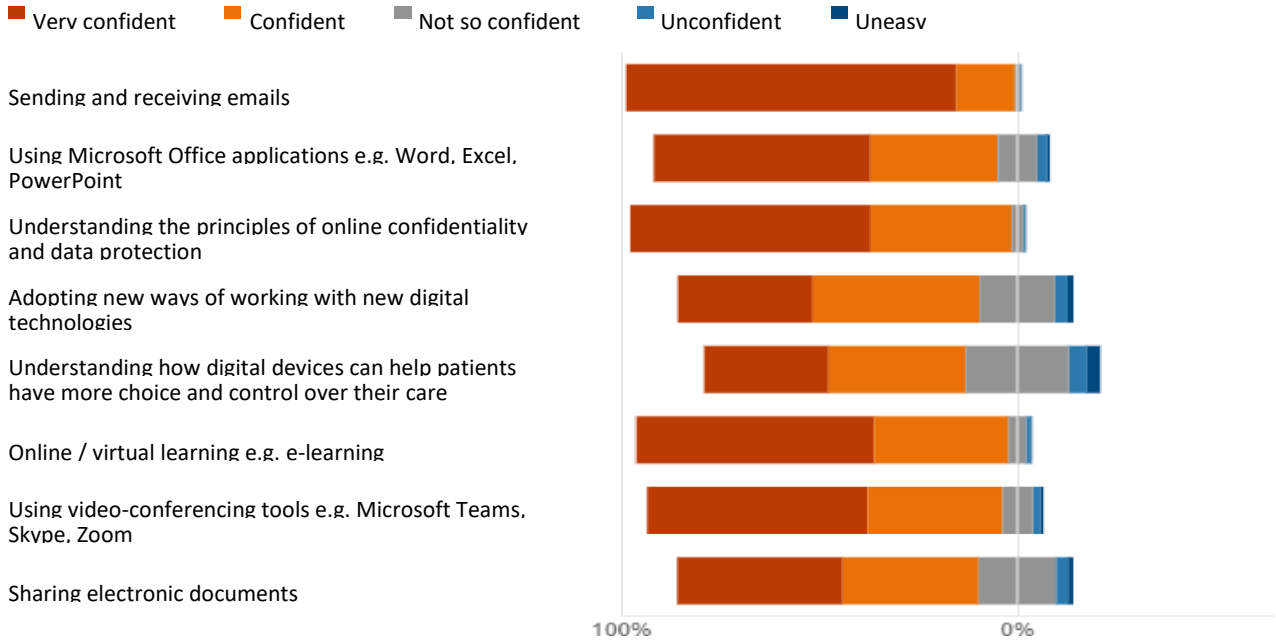


Q What do you believe are the greatest challenges you experience when trying to deliver health or care services remotely?

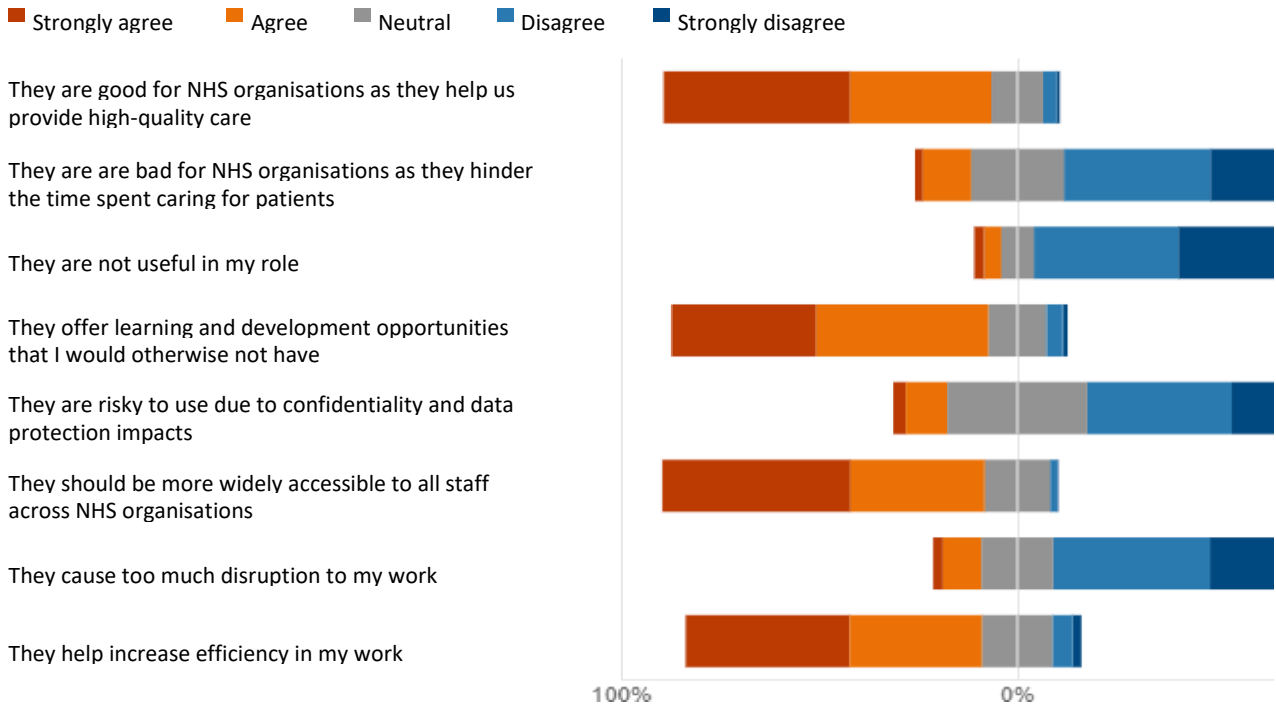


# Fitness For Digital - Use of Digital Technology

Q In general, at home or at work, how confident do you feel about the following digital ways of working?



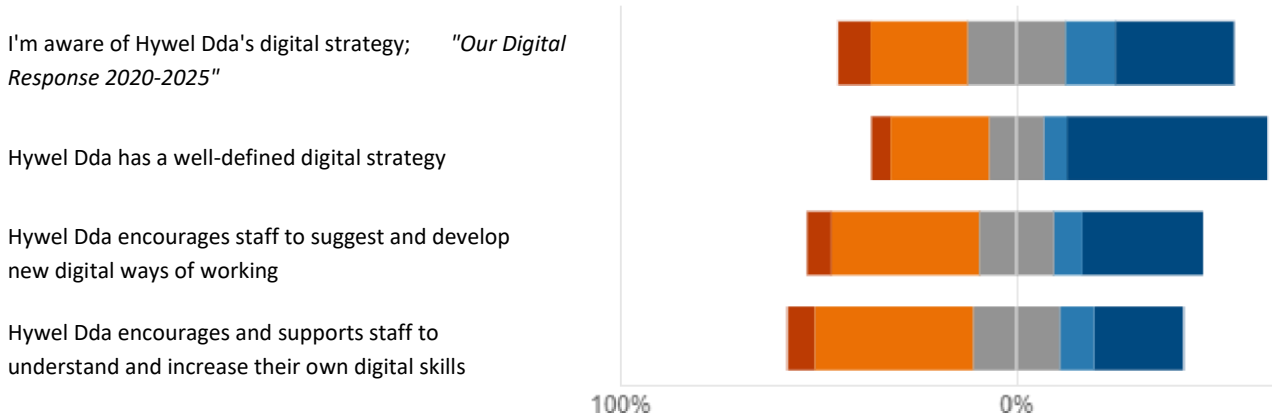
Q How do you perceive digital technologies in the workplace?



# Fitness For Digital - Use of Digital Technology

Q To what extent do you agree with the following statements about Hywel Dda University Health Board's digital vision?

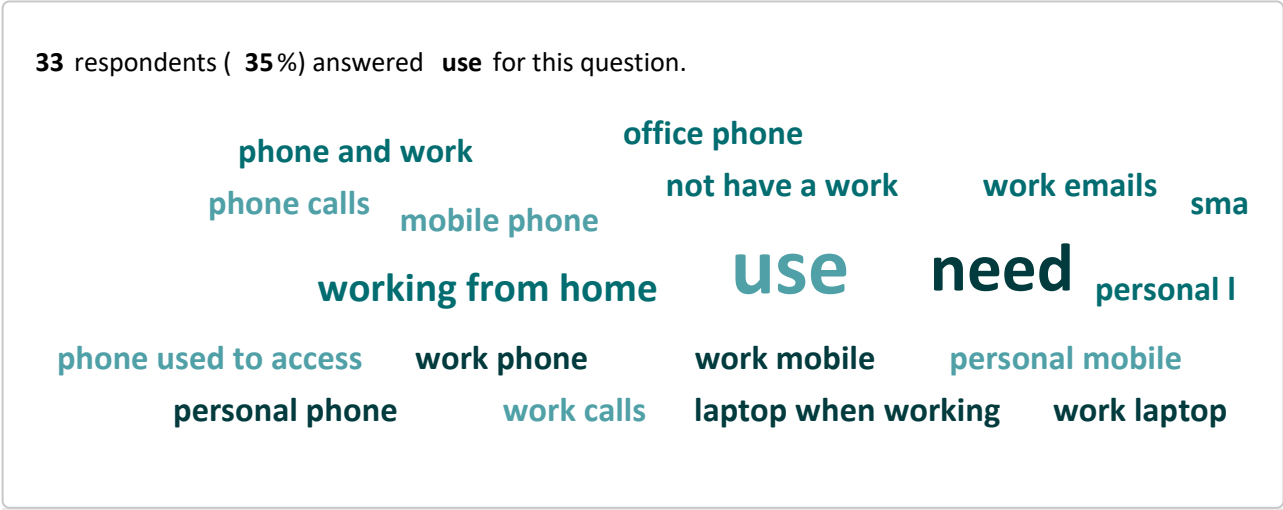
■ Strongly agree   
 ■ Agree   
 ■ Disagree   
 ■ Strongly disagree   
 ■ Don't know



Q Please could you tell us a little more about the device(s) needed for your role?

101 Responses all redacted to preserve anonymity and listed at appendix C

Scatter chart below



# Fitness For Digital - Use of Digital Technology

Q Please could you tell us a little more about the device(s) and lack of functionalities?

24 respondents ( 52%) answered use for this question.



Q Please tell us a little more about how you feel towards digital tools and services in your area of work

156 respondents (38%) answered work for this question.



Q If you have any thoughts about digital tools and services not covered above, please share with us below

40 respondents ( 27%) answered use for this question.





NHS Wales Shared Services Partnership  
4-5 Charnwood Court  
Heol Billingsley  
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Cardiff  
CF15 7QZ

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)