

Welsh Government.
Consultation – summary of response.

A Digital Special Health Authority for Wales.

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Introduction.

Between 7 September and 30 November 2020, Welsh Government sought views from stakeholders on the proposed functions of a new Special Health Authority called Digital Health and Care Wales (DHCW).

The consultation described why Welsh Government are proposing the change; the proposed functions currently being undertaken by NHS Wales Informatics Service (NWIS) that will be taken forward by DHCW; and how these functions can facilitate the evolution of digital maturity across the health and care sector in Wales.

The consultation requested views on the following areas and stakeholders were asked to submit their comments via an online form, email or post.

- The proposed functions of DHCW.
- The proposed board structure for DHCW.
- Whether one or more of the proposed functions of DHCW overlaps with a function already being undertaken by a different organisation in Wales (that is not NWIS).
- Additional functions that should be included within the responsibility of DHCW.
- Any impacts the proposed functions may have on the Welsh language.

General overview of the consultation responses.

There were a total of 78 responders to the consultation. Some of the written responses reflected the consolidated views of organisations within NHS Wales, and these are illustrated with analysis in the table.

In general, responses tended to elicit comments from respondents which were broadly supportive of the proposals. The open nature of the consultation form meant many provided additional information, added caveats or raised issues for further consideration. These were varied and, in many cases, were specific to the respondent and/or the organisation that they represented.

Some cross-cutting issues included the need to integrate any changes in the context of the current policy landscape and with regard to existing structures, as well as to learn from and use the experience of existing bodies and programmes and the need to share best practice.

The consultation focussed on the proposed functions of DHCW, however, some respondents highlighted operational concerns for the new organisation which do not directly correlate to the functions Welsh Government propose to confer on DHCW. Where this is the case this response will highlight the concerns for completeness with the understanding that they will be considered by the DHCW board once appointed.

Methodology.

The consultation response form consisted of 7 open-ended questions about various aspects of the proposals for the new Digital Special Health Authority for Wales, and included a 'further comments' question at the end to capture any additional considerations which respondents might have.

The consultation response form could be completed by individuals as well as on behalf of organisations. In total, 351 responses were received from 78 respondents.

Scope of the work.

The report is ordered by the questions in the consultation response form and are summarised in terms of:

- The key themes which arose from the responses.
- Operational observations from each respondent.

In the interests of report length, not all themes have been discussed in the summary.

The number of responses is not the only factor to take into consideration for decision-makers. It is important to note that the frequency of key themes cannot be used to interpret the balance of views in the same way that a closed question can. It should also be noted that where a proportion of respondents have commented in support of particular parts of a proposal, it does not follow that those not making these comments oppose that part of the proposals.

Submissions tended to be lengthy, were sometimes highly technical, and often raised points which were unique or highly specific. As there were only 351 submissions, occasionally points raised within individual submissions are discussed in the commentary, either for completeness or because they raised topics not found elsewhere in the consultation responses.

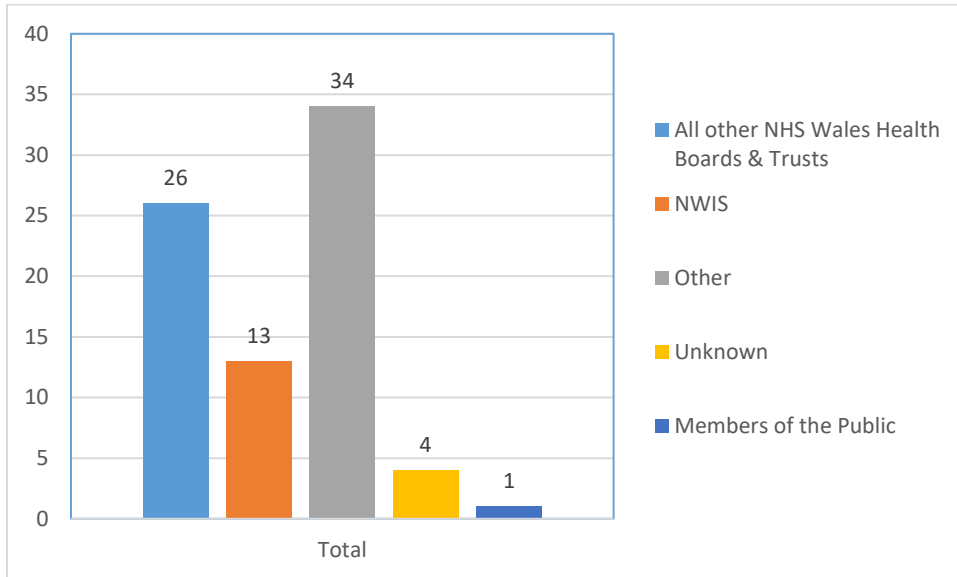
Open consultation response form.

As the questions on the response form were open-ended, many respondents included information which was unique to their response and/or could not be coded thematically, such as background information about their or another organisation's expertise.

Not all organisations supplied their names, so a small number of these respondents are of unknown background.

Demographics.

Table 1: Response by sector



Question 1.

We would like to know your views on the proposed functions of the new Digital Special Health Authority.

Summary.

In general, responses to the model were positive or supportive of the proposals, with many respondents stating explicitly that they agreed with the general nature of the proposals. Some of these comments highlighted particular aspects of the proposal with which they agreed, including the importance of ensuring the ability to intervene and co-ordinate at a national level. However, many of these comments were caveated with considerations, which respondents felt that the Welsh Government needed to take into account. Naturally, some responses were focussed on considerations relating to national-level policy, while others gave comments and suggestions relating to the delivery of the Special Health Authority. Few stated that they disagreed with the proposals outright, with only a small proportion stating that they were against national level co-ordination.

Observations on the functions included:

- DHCW should continue to make progress on the ambitions of *A Healthier Wales* including driving the delivery of national digital architecture, using a standards based approach that allows NHS Wales' Organisation freedom to choose departmental systems. This should be supported by the development of an integrated national Digital strategy for health and care that provides a common framework to allow DHCW to support interoperability, infrastructure, architecture and technology enabled care.
- Increased focus on supporting the professional development of health board executives in Digital to support DHCW's role in delivery and ensure patients and staff have the digital skills to enable transformation which links to Welsh Government strategies on digital inclusion.
- Providing a legal framework for DHCW to become a trusted third party, having data controlling and processing roles and providing real-time access to data across health and care providers to support system enhancements and improvements in citizen care.
- Solidify the relationships between DHCW, the CDO for health and care, National Cyber Security Centre and the private sector to adopt minimum standards and clarify the national role DHCW will play in providing assurance to Welsh Government and NHS organisations on cyber security functions.
- Ensure that DHCW has a clear responsibility that any digital health and care services meet the needs and requirements of equality legislation and is consistent with Welsh Government's commitment under its All Wales Standards for Accessible Communication and Information for People with Sensory Loss.
- Recognise the need for further public engagement and consultation required to support the delivery of a data driven NHS Wales led by the formation of DHCW.

- There was strong support for the establishment of the proposed functions of the new Digital SHA, with respondents using examples from the COVID-19 pandemic during which it has been necessary to develop a cohesive approach across the whole of NHS Wales.
- Many respondents highlighted that DHCW should work collaboratively with other organisations across Wales, including the NHS, social care, third sector and voluntary sector organisations to ensure alignment in digital delivery, where appropriate.
- Some respondents also noted that some patients in Wales access health care services on both sides of the England/Wales border and suggested that the standards adopted in NHS Wales provide interoperability across borders to facilitate data sharing.
- One respondent also recommended that the approach set out in the consultation for information and technical standards should also be applied to cyber security and infrastructure to ensure a clear separation between organisations providing those services and the organisation responsible for ensuring compliance.

Operational observations included:

- Emphasise the need for DHCW to effectively engage with all stakeholders to build a foundation for partnership approaches which develop effective working relationships, collaboration, advice and support.
- Ensure DHCW has the necessary skilled resources to carry out its functions and provide services to design, develop, test and support applications on national and local levels.
- That DHCW works with Health Education and Improvement Wales (HEIW) to implement and deliver an effective development programme for digital staff across Wales.
- An external organisation pointed out that the voluntary sector has access to valuable data. They feel strongly that DHCW should consider making use of this information in the planning and development of services, as well as data it makes available as part of its reporting process. The organisation suggested that the voluntary sector should be involved in planning discussions to support this.
- The new organisation should focus on exploring emerging technologies – Artificial Intelligence, Machine Learning and advanced data science, and the vital role this will play in future proofing the delivery of services and outcomes in health.
- Technology is only a small component of change and benefits will only be fully realised if the business change is achieved. DHCW must ensure it has sufficient capacity to support business change.

Conclusion:

The respondents to the consultation were generally supportive of the functions proposed within the consultation document, with few negative or unsupportive comments. All responses provided will be considered further by Welsh Government and used to inform the strategic direction of DHCW following its establishment.

Question 2.

We would like to know your views on the proposed board structure for the new Digital Special Health Authority.

Summary:

After initially being asked about the proposed functions of the new Digital Special Health Authority, respondents were then asked for their views on the proposed board structure for the new Digital Special Health Authority.

In general, comments were supportive of the proposed board structure, with respondents welcoming the parity in governance structures with other NHS Wales organisations. Respondents were supportive of the structure, suggesting that the proposed approach will support the delivery of the functions as well as providing transparency and accountability for decision making. Respondents tended to feel that continued and consistent engagement with front line staff will be an essential component of the new body being a success and bringing about digital transformation.

Observations on the proposed board structure included:

- Responses highlighted the need for leadership at executive level to deliver digital platforms, services and systems and to drive forward the vision for DHCW. Respondents agreed that clear lines of accountability and governance structures will ensure that risks are appropriately managed and mitigated.
- Responses recognised DHCW's role in leading the delivery of national digital Health and Care services for NHS Wales and applying the standards set by the CDO for Health and Care. The CDO will take a prominent role for professional leadership and accountability.
- Responses supported increasing transparency on the decision making process to provide assurance and confidence across all stakeholders going forward.

Operational observations included:

- Respondents acknowledged that the board will be accountable to Welsh Government in a similar way to other health boards and trusts, linking strongly to the recent governance review and providing a unified governance approach. Continued and consistent engagement with front line staff will be an essential component of the new body being successful in bringing about digital transformation. Success can only be guaranteed when clinical and informatics expertise are given parity.
- DHCW should undertake research/evaluation across all areas of DHCW's remit, at the request of Welsh Government, placing people and patients at the centre of this work.

- The creation of Digital Health and Care Wales is an opportunity to strengthen the delivery of digital services on an all-Wales basis and will foster collaboration between DHCW and other NHS Wales organisations.
- To ensure that the board has a broad range of experience and that where health specialities are not directly represented that alternative arrangements are sought to ensure that their valuable input and considerations are able to be heard. For example, should the organisation take on any remit for social care data, it must ensure that local government and the social care sector are adequately represented at the most senior levels within DHCW.
- Establishing a peer to all other NHS Wales bodies will ensure the rightful prominence of digital within the system at a time where technological advances are sure to play a greater part in society as a whole.
- To ensure the new body is both a provider and commissioner on an equal basis of informatics services, where applicable this should be described in clear and unambiguous terms by DHCW.

Conclusion:

The responses to the proposed board structure for DHCW were, again, generally supportive, with respondents feeling that the creation of the organisation will provide greater transparency and accountability for the delivery of digital services across Health and Care.

Several respondents provided specific recommendations on the background, experience, competencies and qualifications of the Board members. Welsh Government are currently running a recruitment campaign for the non-officer members and are seeking a broad range of experience and skills to support the board. The independent members, when appointed, will be responsible along with the Interim Chair and Chief Executive of DHCW for appointing officers to the remaining board posts not set out in the consultation. In making the appointments the DHCW board will consider the skill sets, advice and experience required for the organisation to discharge its functions effectively in line with its standing orders and membership regulations.

Question 3.

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.

Summary:

Responses highlighted that many organisations contribute to the digital landscape in Wales, and that there will be some level of natural overlap between local and national systems. However, other responses highlighted the need to mitigate the potential risk around duplicating existing arrangements.

Improved data quality and adherence to standards prescribed by the CDO and DHCW were recognised as integral to the success of the key policy aims within *A Healthier Wales* such as the national digital architecture and the national data resource. Responses acknowledged that this would facilitate increased health intelligence, opportunities for research, development and innovation and the increased ability to publish statistics and datasets that can be used by Welsh Government and other health and care organisations within Wales.

Observations on the overlapping functions included:

- Emphasise that the core focus of DHCW should be on the delivery of the digital vision outlined in *A Healthier Wales* and functions outside of that core vision should be reviewed.
- DHCW should build on the work undertaken by NWIS in ensuring that national systems are designed, developed and deployed in line with appropriate and relevant quality and regulatory standards.
- A respondent commented that there is a significant level of crossover between two of the functional areas identified in the consultation document, these were titled “Information Management” and “Reporting Services”.
- To ensure DHCW fully represent all other statutory authorities and health and care agencies within Wales, providing a single front door for those who wish to work with both the data and organisations involved.
- Several responding organisations were positive about the potential for close relationships and collaboration that the creation of DHCW will provide.

Operational observations included:

- One suggestion was that local organisation teams are geographically placed across NHS Wales so they can provide a timely service and support where site visits are required.
- One comment highlighted the emphasis on quality management, patient safety and regulatory compliance which have been made within the consultation document and further consideration is required around the roles and responsibilities of Digital Health and Care Wales in those areas.
- While a set of standards and policies can be established and maintained by DHCW in partnership with the CDO and Welsh Government, there should remain a responsibility on other statutory organisations within Wales to maintain their own compliance with regulation and quality management regimes.
- Improved data quality and adherence to standards prescribed by the CDO and DHCW are integral to the success of *A Healthier Wales* key policy aims such as the national digital architecture and the national data resource. In turn, these should facilitate increased health intelligence, opportunities for research, development, innovation and the increased ability to publish statistics and datasets that can be used by Welsh Government, academia and other health and care organisations within Wales.

Conclusion:

While some respondents pointed out individual areas of either their own business or the business of other organisations across Wales where there could be “overlaps” or “touchpoints” in terms of the functions described, they also recognised the opportunity for collaboration across organisations. Welsh Government recognises the need to encourage local innovation through collaborative approaches which can be scaled up to drive national delivery.

It is anticipated that the governance structures and functions of the new organisation will facilitate the ability for DHCW to partner and collaborate with organisations across the system, as well as providing opportunities to share information and data in a safe and secure manner through clear and robust governance arrangements.

Question 4.

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.

Summary:

Overall, responses to this question were positive and added perspectives from across the system. Comments here not only discussed potential consequences arising from gaps in the provision of functions, but also that expertise loss could occur in advance from a lack of clarity on transition arrangements.

Responses acknowledged and welcomed the ability for DHCW to have a legal basis for processing Welsh resident information. Comments received suggested that respondents feel that data is integral to delivering digital transformation within NHS Wales and will provide a fundamental building block for the delivery of Welsh Government's policy aims as set out in *A Healthier Wales*, including a national data resource and national digital architecture.

Respondents highlighted Social Care as a fundamental contributor to the health and care economy which must have an equivalent level of priority, ensuring all citizens get the level of care and support they need in the place of choice.

Interoperability between systems, how data and information is captured, processed and shared between health and care organisations, information governance, and the importance of GDPR, were recognised as fundamental functions of the new organisation in order to deliver reporting to assist decision making and implement data standards across the system and sharing best practice.

Observations on the functions included:

- DHCW should ensure that facilitate the consistent recording of patient experience in a GDPR compliant digital way, making best use of medical devices and wearable technology regardless of organisational and/or regional boundaries.
- Ensure that the digital SHA will manage the governance processes and approval for digital services to be commissioned in any NHS organisation. This would ensure products and services procured or developed by the different organisations comply with the national standards, meet the appropriate standards for security, GDPR and interoperability and are strategically aligned to the national objectives.
- To take advantage of the opportunity establishing DHCW presents to resolve current information governance and data sharing issues across the system.
- One external organisation highlighted the risk that the new Digital Health Authority could place greater emphasis on health rather than social care. The response recognised that social care is a fundamental contributor to the health and care economy and must have an equivalent level of priority, ensuring all

citizens get the level of care and support they need in the place of choice. In recognition of these risks, their suggestion would be to include social care as a separate function of the Authority.

- As the principal lead on cyber security-related issues and the coordinator of cyber security strategy and policy with other home countries and the National Cyber Security Centre, DHCW should also be responsible for coordinating the best cyber security approach for private sector companies contracted to provide digital services to NHS Wales.
- One external organisation noted that they are particularly keen to ensure that DHCW works towards a consistency of standards and principles with the other countries of the United Kingdom.
- DHCW should have the responsibility to promote activities to support digital inclusion for all users and the staff of health and social care in Wales, working in partnership with other NHS and social care bodies and other agencies including Digital Communities Wales and the CDO for Health and Care.
- DHCW to work with appropriate stakeholders in an agile manner, including them in discovery and iterative design.

Operational observations included:

- The responses were mixed on the degree of centralisation of digital systems and services within NHS Wales, some respondents felt that there should be a reduced diversity of digital systems, whereas others made the case of a central architecture that would support the interoperability of smaller solutions in use across the health and care sector.
- One respondent raised the potential risk of reducing accountability if DHCW held the 'dual roles' of standards authority and service provider and suggested that over time these should be clearly separated to ensure transparency in governance and accountability.
- An external respondent noted, the recent pandemic has demonstrated that there is enormous potential to build the level of communication that takes place between the patients and the healthcare system through digital means, providing patients with more rapid access to services, and aiding efficiency within the organisation.
- A respondent suggested the creation of an information security unit for NHS Wales, given the sensitivity of users' medical data.

Conclusion:

The responses received generally endorsed the functions identified within the consultation document. Many respondents highlighted the requirement for DHCW to have the appropriate legal basis for the collection, processing and dissemination of data, supported by an appropriate framework for information governance. This was seen by many as a key enabler of their key programmes to support the digital transformation agenda, and this requirement is being developed further by Welsh Government through policy and legislation.

Several respondents also emphasised the need for DHCW to engage with users, citizens and patients to inform the design and delivery of its services. This ambition has already been set out by Welsh Government in *A Healthier Wales* and this will continue to be pursued through the establishment and operation of the organisation.

The appointment of a Chief Digital Officer for Health and Care with responsibility for setting standards across the sector will ensure that any potential risks around accountability for the new organisation are reduced.

Integration, interoperability and adherence to national standards were key themes of responses to this question. When developing the detailed functions for DHCW, Welsh Government will strengthen this function to ensure that the new organisation is enabled to deliver on the policy aim of a national digital architecture.

Question 5.

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 favourably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

Question 6.

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 favourably 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 favourably than the English language.

Summary.

Questions 5 and 6 both related to the impact of DHCW on the use of the Welsh Language. Responses recognised that DHCW can play a key role in supporting patients in Wales to use digital services in their preferred language. Responses also highlighted the opportunity for digital systems to support staff to use Welsh with Welsh-Speaking patients.

Digital Health transformation was clearly recognised as an opportunity to expand the use of the Welsh language in the day to day activities of the NHS. There was strong support for digitising processes to ensure that all patients in Wales are able to go through treatment options in the language they most feel comfortable using and NHS Wales’ staff have access to robustly translated workplace tools that allow NHS business to be conducted through the medium of Welsh.

Recommendations on the Welsh language included:

- One response emphasised that DHCW should support and promote the use of the Welsh language and bilingual applications. This would provide staff and citizens the opportunity to review information in Welsh and English and would ease the process of communicating health information between staff and the patient in Welsh.
- One response suggested that DHCW could be responsible for establishing a governance framework to assist and support organisations determining the Welsh language requirements for digital services.
- Responses suggested that one of the non-officer members should have a specific assurance role for the Welsh Language ensuring any developments or procurements the DHCW leads on ensures Welsh Language requirements are a key component and are embedded into the culture of the new organisation.
- An external organisation emphasised that they recognise that the Welsh language is an important part of Welsh culture and that Welsh as a language

should continue to be an inherent part of digital solutions. Any system design and development should have the Welsh language as a default parameter with the option to switch seamlessly between Welsh and English.

- Digital Health transformation is a brilliant opportunity to expand the use of the Welsh language in the day to day functions of the NHS. By digitising processes we can ensure that all patients in Wales are able to not only consent but go through their treatment options in the language they feel most comfortable using.

Operational observations included:

- It would be important to work with the Welsh Language Commissioner from the start in order to understand the measures that need to be in place for facilitating the use of the language in national digital services, bearing in mind that Health Boards need considerable support on this from a comprehensive national digital service across all their activities, including Board meetings.
- Running a dual-or-multilingual system could be used as a rationale to maximise the use of standardised glossaries and quantitative data (e.g. minimal free text, maximal clinical coding for symptoms, diagnoses and interventions). This would have the advantage of reducing data-storage, and people could read-out in a language of their choice.
- The language construct must be fully bilingual in order that all parties can fully understand the content. There is also a similar argument for the language needs of resident ethnic minorities.

Conclusion:

Respondents viewed the creation of DHCW as an opportunity to further enhance access to digital health and care services through the medium of Welsh. As with the responses in other areas, respondents emphasised the importance of collaboration and partnership in designing and developing systems and services, with a specific focus on meeting the language needs of Welsh speaking staff and patients.

Question 7.

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:

Summary.

This question offered respondents the opportunity to raise any additional issues that they felt were not addressed in the consultation paper. Due to the number of responses received, a number of wide ranging and varied comments and observations were provided. The observations have been presented in this section thematically.

Many respondents were welcoming of the opportunity to respond to the consultation and urged Welsh Government to take on board learning from the past and use it to inform the development of future digital strategy. It appears from the response that the creation of DHCW will enable the achievement of the policy ambitions of Informed Health and Care and *A Healthier Wales*, however, there are still a number of challenges and obstacles that must be met by Welsh Government, DHCW and the Health and Care Sector in Wales through digital transformation.

Observation Themes:**Cloud Services**

A number of respondents welcomed the move to a “cloud first” approach for the delivery of digital platforms, systems and services. However, respondents also identified a number of challenges to achieving this goal.

- One respondent raised concerns around the security and confidentiality of cloud based solutions, suggesting that there are potential risks, especially with third party cloud providers.
- One respondent stated that the financial implications of a cloud first approach would require a review of funding arrangements as this would likely mean a move away from datacentre installations requiring capital funding to subscription based models requiring ongoing revenue investments.
- Respondents also raised concerns that any migration of existing systems to cloud based models could impact on operational services and that this should be considered when planning migration activities.

Collaboration

A key theme for vast majority of responses was that DHCW should collaborate with its various stakeholders and partner organisations across the health and care sector.

- Several respondents highlighted the need for DHCW to work with multidisciplinary teams and patient groups in order to inform design and development of services.
- Responding organisations also mentioned their existing relationships with NWIS and suggested that the creation of DHCW would be an opportunity to further develop and enhance relationships and strategic partnerships.

- Several responding organisations stated the importance of the relationship between HEIW and DHCW to ensure that the health and care sector is empowered to develop digital skills and embed a strong culture of digital innovation across the workforce.
- Respondents welcomed the intention set out in the consultation document for DHCW to work in an agile manner alongside stakeholders.
- Several respondents highlighted the importance of the voluntary sector in the delivery of care across Wales and suggested that DHCW should include representatives of the sector in service design.
- Respondents also identified areas for collaboration and learning from best practice from outside Wales, suggesting that DHCW could hold stakeholder workshops to inform service users of changes to national standards and providing an opportunity to learn about potential service impacts from service users.

Data

A large number of respondents to the consultation made comments around the use of data in Wales. They were broadly supportive of the approach proposed by Welsh Government in the consultation document but raised a number of areas for consideration.

- Respondents highlighted the need for DHCW to establish effective data flows for the collection and dissemination of health and care data to support both business intelligence, policy making and value based service design, as well as providing real-time data to inform clinical decision making.
- Several responses supported the creation of a legal basis for DHCW to collect, process, analyse and disseminate data on behalf of NHS Wales.
- Responses also raised concerns about access to patient data and sought to ensure that this provision would be supported by robust governance processes.
- Several respondents also recognised the importance of healthcare data in supporting innovative and evidence based approaches to digital transformation and recognised DHCW's role in providing this.
- It was also suggested that DHCW could support NHS Wales in providing data to support research and innovation and adopt best practice and learning from other nations.
- One respondent also highlighted the potential for further developments in policy and legislation in Wales to enable a truly collaborative approach to the management of health and social care data.

Digital Inclusion

A key theme across a number of responses was digital inclusion. Respondents expressed concern that while there is a clear requirement for health and care services to be developed with digital technologies in mind, there are still a large number of service users that are unable or unwilling to interact with digital services.

- Highlighting the 'shift' towards virtual appointments during the COVID-19 pandemic, one responding organisation suggested that older people should be supported to access services digitally.
- Several respondents raised the issues of accessibility for some digital services and suggested that DHCW should have a champion for disability and sensory loss to support those with access needs to use digital services.

Governance

Respondents were supportive of the proposed governance approach and welcomed the opportunity to put DHCW on an equal footing with other NHS organisations in terms of governance, transparency and accountability.

- Respondents noted that the proposed governance approach would raise the prominence of digital services.
- Responses were mixed on the division of responsibility within the proposed approach, with some respondents suggesting that the proposal was appropriate in line with DHCW's role as both commissioner and provider of digital services, whereas others felt that a further separation between the operation of services and enforcement of standards is required.

Operational observations included:

- One respondent highlighted the responsibility that the SHA has with regards to accessibility, and that it should ensure that citizens and staff members with disabilities should be empowered and supported to access digital systems and services.
- Several respondents raised concerns that the transition may 'distract' NWIS from the delivery of key operational requirements at a time when resources are required to focus on the COVID-19 pandemic.
- There was general agreement on the need to focus on encouraging cross-border working within the new framework. While there was a suggestion that cross-border working was best led by appropriate regional bodies, there was more support for a nationally joined-up approach to cross-border initiatives. It was felt that a nationally-led approach would help because of the knowledge and experience which already exists at the national level and which would help negotiate what will be an increasingly complex and challenging environment surrounding cross-border working. Also, a national approach was seen as appropriate given that the remit for cross-border working is both ambitious and broad, cutting across many existing activities at different levels. A national approach would have the necessary oversight to lead this.

Conclusion:

The responses to this question were varied, encapsulating the wide ranges of perspectives and viewpoints put forward by respondents. It is clear that there is a desire for DHCW to collaborate widely with stakeholders and members of the public to inform the design and development of digital services across Wales.

There is also clear support for DHCW to ensure that it has the appropriate legal basis to process and disseminate data across health and care.

Respondents raised concerns about the transition process impacting on operational delivery, and this is being continually monitored by Welsh Government and NWIS to ensure that resources continue to be available for operational services while the transition takes place.

Closing Remarks and Next Steps

We are grateful to all of those who have responded to the consultation document, the wide range of perspectives and insights provided have raised a number of key questions and considerations that will inform the development of detailed functions for DHCW, and can also help inform further developments in digital strategy for Wales in the future.

It is clear that the overwhelming majority of responses were supportive of the creation of DHCW and welcoming of the proposed functions as an opportunity to build on advances in digital technology and deliver service transformation across health and care in Wales.

DHCW will be operational from 1st April 2021, and responses from the consultation will be used to develop a list of functions for the new organisation to take forward.