



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

# Annual Report of Digital Health & Intelligence Committee 2021/2022



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## 1.0 Introduction

In accordance with best practice and good governance, the Digital & Health Intelligence Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

## 2.0 Membership

The Committee membership is a minimum of four Independent Members. In addition to the Membership, the meetings are also attended by the Director of Digital and Health Intelligence, Assistant Medical Director IT, Director of Corporate Governance, Data Protection Officer, Workforce Representative. Other Executive Directors will attend as required by the Committee Chair. The Chair of the Board is not a Member of the Committee but attends at least once annually after agreement with the Committee Chair.

## 3.0 Meetings & Attendance

The Committee met three times during the period 1 April 2021 to 31 March 2022. This is in line with its Terms of Reference.

At least two members of the Committee must be present in addition to the Director of Digital and Health Intelligence and/or an Executive Director to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

The Digital & Health Intelligence Committee achieved an attendance rate of 90% (80% is considered to be an acceptable attendance rate) during the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022 as set out below:

	01/06/2021	05/10/2021	01/02/2022	Attendance
David Edwards (Chair)	✓	✓	✓	100%
Michael Imperato (Vice Chair)	✓	✓	✓	100%
Ceri Phillips (Committee member until 31 July 2021)	✓	N/A	N/A	100%
Sara Moseley (Committee Member with effect from 1 August 2021)	N/A	x	✓	50%
Prof Gary Baxter	✓	✓	✓	100%
<b>Total</b>	<b>100%</b>	<b>75%</b>	<b>100%</b>	<b>90%</b>

## 4.0 Terms of Reference

The Terms of Reference were reviewed and recommended for Board approval by the Committee on 1 February 2022. The Terms of Reference were formally approved by the Board on 31<sup>st</sup> March 2022.

## 5.0 Work Undertaken

As set out in the Committee Terms of Reference the purpose of the Committee is to:

Provide **assurance** to the Board that;

- Appropriate processes and systems are in place for data, information management

and governance to allow the Health Board (“the UHB”) to meet its stated objectives, legislative responsibilities and any relevant requirements and standards determined for the NHS in Wales.

- There is continuous improvement in relation to information governance within the UHB and that risks arising from this are being managed appropriately.
- Effective communication, engagement and training is in place across the UHB for Information Governance;
- To seek assurance on the development and delivery of a Digital Strategy for the UHB ensuring that:
  - It supports Shaping our Future Wellbeing and detail articulated within the IMTP
  - Good partnership working is in place
  - Attention is paid to the articulation of benefits and an implementation programme of delivery
  - Benefits are derived from the Strategy

During the financial year 2021/22, the Digital Health & Intelligence Committee reviewed the following key items at its meetings:

### **Private Digital Health & Intelligence Committee**

#### **June, October 2021 & February 2022**

Papers presented to the private session of the Digital Health & Intelligence Committee were as follows:

- IG Audit Assurance
- Sensitive Issues
- Cyber Security Update
- Minutes of the Digital Delivery Leadership Group (formerly NIMB)

### **PUBLIC DIGITAL HEALTH & INTELLIGENCE COMMITTEE – SET AGENDA ITEMS**

#### **1<sup>st</sup> June 2021**

At June’s Committee Meeting the Committee was provided with a proposed draft of the updated Committee’s Terms of Reference. It was noted that the draft updated Terms of Reference had taken longer than planned to be reviewed due to the departure of the previous Chair of the Committee and the time required by the new Chair to review the same.

In February, the Committee carried out a further review of the Committee’s Terms of Reference in readiness for the annual review and approval of the same by full Board.

#### **Digital Transformation Progress Report (Digital Dashboard)**

#### **1<sup>st</sup> June 2021, 5<sup>th</sup> October 2021, and March 2022**

At the Committee meeting in June the Director of Digital and Health Intelligence (“DDHI”) provided the Committee with an overview of the progress made with regards to the Digital Dashboard. The DDHI also highlighted to the Committee the impact that COVID had continued to have in relation to the Health Board’s digital portfolio, and the digital and information support that continued to be required. The Committee was advised that the digital link into Woodland House had been upgraded and the impact of that had resulted in a more reliable experience using software, such as Microsoft Teams. The Committee was also informed that similar links into UHL and UHW would be made, as well as at other major sites,

and the expectation was that this would lead to a better quality of service for all staff using broadband and virtual consultations.

It was noted that a lot of work had been undertaken in relation to the preparation of the National Data Resource (NDR) and that work with regards to the same had started to move forward. A new Programme Director had been appointed by Digital Health Ecosystem Wales (DHEW) to provide focus and to move at pace to lead the NDR work. The Committee also noted that there were plans for the Digital Team to implement the Welsh Nursing Care Record (WNCR), dependent on funding, and that a business case was in progress for both capital and revenue aspects to support the rollout throughout the Health Board.

At the meeting in February, the Committee received an update on the work which was progressing with defining the digital roadmap and the associated business cases to support the digital transformation programme. This included, updates relating to digital patient communications, the PROMS procurement, Scan4Safety, and ePMA.

### **Digital Strategy & Roadmap Update**

The Health Board's Digital Strategy was discussed at each of the Committee meetings.

The creation and development of Cardiff and Vale's Digital Strategy 2020-2025 set out the Health Board's digital direction of travel and was identified as a key enabler of the UHB's service transformation plans over the following 5 years.

The DDHI advised the Committee that the Digital Strategy was approved by the DHIC Committee and Board in July 2020 and that his team were putting in place a roadmap to help bring the contents of that Strategy to fruition.

The DDT informed the Committee that 5 business cases had been produced:

1. Scan 4 Safety
2. Electronic Prescribing & Medicines Administration
3. Digital communications
4. Flexible working business case
5. Rationalising Printer Estate

The Committee had noted that the creation of several business cases had resulted in approval of some, via the Business Case Approval Group which was chaired by the Executive Director of Finance. The Committee was advised of the context surrounding the Digital Strategy, which included:

- The Digital Strategy which was approved in August 2020
  - The Strategy remained relevant and had been tested with Connect3 (Grant Thornton)
  - It was aligned to the Shaping Our Future Clinical Services (SOFCS) / UHW2 with regards to a learning Health and Care system.
  - It was aligned nationally through the National Clinical Framework.
  - It was aligned UK-wide – Action 6 for the NHS (Lance Commission looking forward from Covid).

In February the Committee was advised that a refresh of the Digital Strategy was being undertaken and that the scope was to focus on the robust digital foundations for the future and, specifically, those that support the delivery of the UHW2 strategic vision and clinical model.

### **Digital Strategy – Case for Investment**

The Health Boards Digital Strategy Case for Investment was discussed at the Committee meeting in June. The Committee was advised that (i) the amount of capital investment that came in routinely as an annual recurring sum was circa £500,000 from discretionary capital and (ii) how that finite sum had compared with other Health Boards.

The Committee had recognised the financial constraints and limited resources of the Digital Team and the impact that could have in relation to being able to adequately plan, in particular given that the funds were usually more readily available at the end of the year or through short term funding solutions. The Committee also noted that if that if the financial allocation continued to be a challenge over a number of years it could damage the underlying structure i.e. physical structure or virtual structure of the Health Board.

The Committee had recognised that lack of digital investment could become more apparent in the Strategy & Delivery Committee, because the digital technology would underpin the Health Board's key strategies. The Committee had noted that the investment piece of work would be referred to the Strategy & Delivery Committee, and subsequently to the Board, to highlight how the impact of not investing appropriately in Digital could impact upon the delivery of the Health Board's overarching strategy.

### **IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)**

The Committee was advised that the Information Governance Team ("the IG Team") had some outstanding work in order to get back to a pre-Covid position. The Committee had recognised that the IG Team was being mindful not to overburden services with information governance requests whilst pressures had shifted to recovery. Assurances were provided to the Committee in terms of the work undertaken by the IG Team to ensure that the Health Board met its statutory obligations with regards to Subject Access Requests ("SARS") and Freedom of Information requests ("FOI's"). The Committee had noted that the IG Team had continued to review a large number of Information Governance related incidents but only a small number of them were reported to the ICO as the majority did not meet the reporting threshold. The detail of these incidents was reported to the Private DHIC Committee meeting.

The Committee was advised in October that the Interim Medical Director had taken over the role of Caldicott Guardian for the Health Board from the Interim Chief Executive Officer.

The Committee had noted that mandatory training compliance remained a concern and that the IG Team would be contacting all line managers to remind them of the importance of Information Governance and staff training in relation to the same.

The Committee had noted that the volume of monthly Freedom of Information requests was approximately 400 to 450.

### **Clinical Coding Performance Data**

The clinical coding performance data was provided to the Committee at each of its meetings.

In June the Committee noted the concern raised with regards to the loss of staff within the Digital Department. The Committee had noted that a change had been seen over the previous 12 months because the English Health Boards had offered their staff a higher band of pay and more home working. The Committee had noted the need to look at how the Health Board could support its staff in other ways.

In October 2021 the Committee was advised that Coding Compliance was marginally beneath the Welsh Government target of 95%, but well above the national average in Wales.

In February, the Committee was informed that the Health Board had lost a number of experienced staff, four of whom were qualified Accredited Clinical Coders and that the Health

Board was utilising contract coders on a short term basis to cover the small shortfall prior to the end of year submission in June.

### **Joint IMT & IG Corporate Risk Register**

At each meeting, the Committee received the Joint IMT and IG Corporate Risk Register and Committee Members scrutinised the same in order to assure themselves that the identified risks were being managed appropriately.

At its October meeting, the Committee was also appraised of staff recruitment to mitigate cyber security risks and had noted that the Cyber resource was scarce across Wales and that the Health Board was, therefore, at risk of losing staff working in that area.

### **IMT Audit Assurance Tracker**

The Committee received and discussed the IMT Audit Assurance Tracker at the June & October 2021 meetings.

The Committee had noted that the IG Team was under resourced given the amount of work that was required and therefore, the need for an additional post in the new Digital and Health Intelligence structure had been proposed and would be referred to the Management Executives for approval in October.

The Committee was further advised that more issues had been identified on the tracker relating to cyber work that was ongoing and, that as part of the Network and Information Systems Regulations (NIS) the Health Board had been asked to participate in a cyber assessment framework and that the associated 35 days programme of work would start on 11 November 2021.

### **IG Audit Assurance Tracker and Work Plan**

The IG Audit Assurance Tracker and work plan were received and discussed at the Committee meetings in June & October 2021.

In October the Committee was advised: -

- of the work that was being prepared in readiness for the ICO's visit and re-audit; and
- All Welsh Audit Office and internal audit recommendations had been completed or superseded, 8 regulatory recommendations had been closed, and 17 remained open.

### **Policies**

In February 2022, the Committee received and approved the Information Governance Corporate Training Policy.

### **6.0 Reporting Responsibilities**

The Committee has reported to the Board after each of the Digital Health & Intelligence Committee meetings by presenting a summary report of the key discussion items at the Digital Health & Intelligence Committee. The report is presented by the Chair of the Digital Health & Intelligence Committee.

### **7.0 Opinion**

The Committee is of the opinion that the draft Digital Health & Intelligence Committee Report 2021/22 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

**David Edwards**  
**Committee Chair**