Digital & Health Intelligence Committee

Tue 15 August 2023, 09:00 - 10:30

MS Teams

Agenda

09:00 - 09:10
10 min

1. Standing Items

1.1. Welcome & Introductions

David Edwards

1.2. Apologies for Absence

David Edwards

1.3. Declarations of Interest

David Edwards

1.4. Minutes of the Committee Meeting held on 30 May 2023

David Edwards

1.4 Draft Public DHIC Minutes May.pdf (11 pages)

1.5. Action Log following the Committee Meeting held on 30 May 2023

David Edwards

1.5 Draft DHIC Public Action Log - MayMD.pdf (2 pages)

1.6. Chair's Action taken since the Committee Meeting held on 30 May 2023

David Edwards

09:10 - 10:15
65 min

2. Items for Review and Assurance

2.1. Digital Transformation and Digital Strategy Progress Report

15 minutes *David Thomas*

2.1 Digital Strategy update August 2023 2.pdf (5 pages)
2.1a Appendix 1 DHIC August 2023 1.pdf (11 pages)

2.2. Joint IMT & IG Corporate Risk Register

10 minutes *David Thomas*

2.2 Joint IMT IG Risk Register Cover.pdf (3 pages)
2.2a DHI Combined Risk Register August 2023.pdf (4 pages)

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2.3. IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)

10 minutes *James Webb*

2.3 IG Compliance DHIC Aug 2023.pdf (6 pages)

2.4. Digital Services Key Performance Indicators

10 minutes *David Thomas*

2.4 Digital Services Key Performance Indicators Cover.pdf (2 pages)
2.4a - Appendix 1 Power BI reporting for DHIC.pdf (12 pages)

2.5. Framework Policies, Procedures & Controls Update

10 minutes *David Thomas*

2.5 Framework Policies Procedures and Controls.pdf (3 pages)
2.5a Controlled Documents Schedule.pdf (1 pages)

2.6. BREAK – 10 mins

10:15 - 10:20
5 min

3. Items for Approval / Ratification

3.1. Policies:

5 minutes *David Thomas*

i. *Records Management Policy (UHB 142)*
ii. *Records Management Procedure (UHB 326)*

3.1 Policies Cover.pdf (2 pages)
3.1a - Appendix 1 - Records Management Policy UHB142 July '23.pdf (3 pages)
3.1b - Appendix 2 - Records Management Procedure UHB 326 July '23.pdf (26 pages)

10:20 - 10:25
5 min

4. Items for Noting and Information

4.1. Minutes: Digital Directors Peer Group

5 minutes *David Thomas*

4.1 Digital Directors' Peer Group - Cover Report from DHIC.pdf (2 pages)
4.1a - Appendix 1 - Digital Directors Peer Group Minutes - June 2023.pdf (4 pages)
4.1b - Appendix 2 - Digital Directors Peer Group July - July 2023.pdf (4 pages)

10:25 - 10:25
0 min

5. Agenda for Private Digital & Health Intelligence Meeting

i. *Minutes from the Private DHIC Meeting held on 30 May 2023*
ii. Digital Budget and Investment and Digital Strategy Case for Investment (confidential paper)
iii. *Caldicott Guardian Requirements (Confidential paper – contains personal data)*
iv. *Cyber Report including: Performance Measures (confidential paper)*

10:25 - 10:25
0 min

6. Any Other Business

Mohamed.Sarah
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10:25 - 10:25
0 min

7. Items to bring to the attention of the Board / Committee

David Edwards

10:25 - 10:25
0 min

8. Review of the Meeting

David Edwards

10:25 - 10:25
0 min

9. Date & Time of next Meeting:

David Edwards

Tuesday 3rd October 2023 at 9am via MS Teams

10:25 - 10:25
0 min

10. Declaration

David Edwards

o consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this neeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the ublic interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960]

Mohamed,Sarah
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Unconfirmed Minutes of the Public Digital & Health Intelligence Committee Meeting
Held On 30 May 2023 at 9 am
Via MS Teams

Chair:		
David Edwards	DE	Independent Member - Digital
Present:		
Keith Harding	KH	Independent Member - University
Akmal Hanuk	AH	Independent Member – Community
In Attendance:		
Sara Moseley	SM	Independent Member – Third Sector
James Quance	JQ	Interim Director of Corporate Governance
Angela Parratt	AP	Director of Digital Transformation
David Thomas	DT	Director of Digital & Health Intelligence
James Webb	JW	Information Governance Manager
Bruce Johnson	BH	IT Project Manager
Observers:		
Urvisha Perez	UP	Audit Wales
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Michael Imperato	MI	Independent Member - Legal
Suzanne Rankin	SR	Chief Executive Officer

Item No	Agenda Item	Action
DHIC 30/05/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the Public meeting and confirmed the meeting was quorate.	
DHIC 30/05/002	**Apologies for Absence** Apologies for absences were noted. **The Committee resolved that:** a) The apologies were noted.	
DHIC 30/05/003	**Declarations of Interest** **The Committee resolved that:** a) No Declaration of Interest were noted.	
DHIC 30/05/004	**Minutes of the Meeting Held 14 February 2023** **The Committee Resolved that:**	

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	a) The Minutes of the Meeting held on the 14 February 2023 were confirmed as a true and accurate record.	
DHIC 30/05/005	**Action Log – Following the Meeting held on 14 February 2023** The Action Log was received. The Interim Director of Corporate Governance (IDCG) stated that Clinical Board Directors had not been invited to the meeting today and requested that this was discussed at the next meeting. **The Committee Resolved that:** a) The Action Log was discussed and noted.	IDCG
DHIC 30/05/006	**Chair's Action taken since the Committee Meeting held on 14 February 2023** **The Committee Resolved that:** a) There were no Chair's Action.	
	Items for Review and Assurance	
DHIC 30/05/007	**Digital Transformation Progress Report** The Director of Digital Transformation (DDT) presented the Report and highlighted the following: <u>2022/23 IMTP</u> • Good progress had been made with what the team had set out to achieve in the year 2022/23. <u>2023/24 IMTP</u> • There was an emphasis on national Welsh Government (WG) programmes. • The main constraint was limited resource which was diverted to meeting organisational priorities and operational needs • There were a few mitigations in place which included: - A digital advisory board would be established to ensure digital resource was aligned with organisational programmes and project priorities. - An assessment of capacity was undertaken and there were some resource gaps due to difficulty	

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	recruiting the right skills and expertise which was part of a wider challenge. <u>Governance</u> • A revised governance model was being developed. • The Digital team was aiming for greater transparency and shared decision making with the organisation so that it could make the best use of its limited resources. • That proposal had been informed by a senior management team assessment of capacity over and above business as usual (excluding the O365 team and Operations) which highlighted that: - The Digital team continued to carry a number of vacancies (that was not unique to the Health Board). - The Digital team's capacity was over committed. - There was a growing backlog of requests. • The proposal under discussion also recognised the new Welsh Government Chief Digital and Innovation Officer role. Direction would be provided on matters, such as standards for interoperability and Welsh Government (WG) digital priorities. <u>Shaping our future digital services</u> • It was noted that over 40 gathering intelligence conversations were held with colleagues in organisations undergoing similar programmes to Shaping our Future Hospitals and Shaping our Future Clinical Services. • That work would inform the Health Board's plans. <u>Enterprise Architecture</u> • The first phase of the work had been completed. • It was part of determining the baseline in terms of where the Health Board was and what was required in the next 18 months or so to progress the digital maturity journey. • The work had delivered the required outputs including: - Enterprise Architecture diagrams	

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	- Target Operating Model - Viewpoints e.g. of the data stack, infrastructure, system suppliers - List of standards - A route-map that captured ideas for further discussion and key decisions to be taken - A report with recommendations <u>HIMMS Assessment</u> • The Health Board had undergone an assessment of its digital maturity using the globally recognised HIMSS (Healthcare Information and Management Systems Society) Electronic Medical Record Adoption Model (EMRAM) standard. • That recognised standard defined what a modern health care system must aspire to. • It described 7 Levels (0 to 7) of maturity where Levels 6 and 7 were the most digitally advanced acute Trusts globally. • Only 8 UK NHS Trusts (all in England) had achieved those two levels. • However, HIMSS EMRAM was not a whole system assessment - it only assessed the digital maturity of the main hospitals and did not take account of community services. • The Health Board had been assessed as achieving Level 1. • For the Health Board to progress to the next Level, that would depend upon having an Electronic Patient Record system in place. <u>SMART health and care system</u> • The system was about making sure that all data was reusable. • A bid was made to WG for some modest funds to create capacity to develop a Digital Strategic Outline Case (Digital SOC) in support of the Shaping our Future programmes (clinical services, hospitals, community service etc). <u>Journey to digital maturity</u> • There were over 100 programmes and projects in train at any one time as the Health Board responded to operational needs and WG priorities.	

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	• The revised governance structure would help the Digital team with the prioritisation of those works in a context of limited resources. • The Digital SoC would build upon the Digital Strategy ambition to be a learning health and care system and work towards becoming a SMART healthcare system to facilitate delivery of redesigned and reimagined clinical pathways, models of care and, in time, new hospital buildings. The Director of Digital & Health Intelligence (DDHI) thanked the team for the work that they had put into the update. It was noted that there needed to be a balance between dealing with the “here and now” and also longer strategic work. The Digital team also needed to try and create time, effort and resources to look at the longer term. The Independent Member – Community (IMC) requested more assurance on the small steps being taken to achieve the goals. He also queried whether that was being done by the Health Board itself or would a third party be required. The DDHI responded that all of the Digital team was busy working on the here and now. As a result, there was limited scope to consider matters beyond the next 12 months. The DDT advised that what had been presented at the meeting and the previous meeting were the small steps being taken. The Enterprise Architecture was essential to give a baseline position. It also flushed out key decisions that needed to be taken. The HIMMS exercise was also valuable to determine the next steps required. Refreshing the governance and shared decision making was also critical. The DDHI advised that the Digital team wanted to work with the DHCW and other Health Boards who have similar issues. The CC queried how realistic was 10 years to develop a SMART hospital. He also queried how joined up were the Estates and Digital teams. The CC also queried where did the patient voice fit into the governance.	

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	The DDT responded that they were making significant progress. However, it all came back to the funding element. The DDHI advised that they would need to work more closely with the Estates team. **The Committee Resolved that:** a) The Digital Transformation Progress Report was reviewed. b) The proposed governance model was commented on.	
DHIC 30/05/008	**Joint IMT & IG Corporate Risk Register** The DDHI presented the Joint IMT and IG Corporate Risk Register Paper and highlighted the following: • There were currently 14 joint IMT/IG risks identified within the Risk Register document attached in Appendix 1. • 1 risk relating to Cyber Security remained red with a score of 20. The CC queried whether the risks relating to achieving the ambitions around the SMART hospitals needed to be captured. The DDHI responded that the risks focused on the here and now and the operational risks. The IDCG advised that the Corporate Risk Register needed to be looked at alongside the risks on the Board Assurance Framework (BAF). **The Committee Resolved that:** a) Progress and updates to the Risk Register report were reviewed and noted.	
DHIC 30/05/009	**IG Data & Compliance (Sis, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)** The Head of Information Governance and Cyber Security (HIGCS) presented the Report and highlighted the following: • Information Governance staffing levels remained stable but the Information Governance Department had continued to find the increased workload challenging.	

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	• Between January 2023 and April 2023, the Information Governance Department had reviewed a total of 185 information governance related incidents reported via Datix. • Of those breaches reviewed, six of the breaches met the threshold to be reported to the Information Commissioner's Office (ICO). The details of those breaches, plus a complaint received from the ICO, would be outlined in the Private meeting of the Committee. • Since June 2022, the Health Board had experienced a steady increase in the number of health record requests received. The overall compliance for the last 12 months was 58%. • The "go live" date for the new digital Subject Access Request system was by the end of March. A soft launch would take place in May and June, with a view of rolling out to the public during the Summer. • The purpose was to streamline the requesting process and to manage performance and report figures more easily. • A total of 34 Subject Access Requests submitted for non-health records were received from December 2022 to March 2023. • 31 requests (91%) were complied with (within the legislated timeframe) and 2 remained outstanding (having appropriate extensions applied). • The Health Board Information Governance training compliance was currently at 74%. That represented a further 4% increase in overall completeness since figures were last provided to the Committee. The CC advised that they should not go down the route of FOI requests to other Health Boards. **The Committee Resolved that:** a) A series of updates relating to significant Information Governance issues was received and noted.	
DHIC 30/05/010	**Digital Services Key Performance Indicators** The DDHI presented the Digital Services Key Performance Indicators Report. The IT Project Manager (IPM) showed the Committee the latest live data taken from the Ivanti system and highlighted the following: • The executive score cards showed the number of incidents and requests.	

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	• Moving forward it would be broken down into different areas. • The red area was the number of incidents and requests which remained open. • The average duration was coming down all the time. • In terms of the request and incident report, the key thing was the source. The Digital team would like to take the pressure off the phones and increase traffic through the self-service portal. • A new self-service portal would be implemented. It would help clarify when users should report an incident and when they should request a service. There would also be a knowledge base available for common issues. The DDHI queried whether there would be a "comms piece" to staff to accompany the go live date. The IPM responded that the new self-service portal had been on the Health Board staff's screen savers for a week. The DDHI responded that a weekly comms update would be useful. The CC advised that it would be useful to get feedback once it had launched. **The Committee Resolved that:** a) The progress made since the last update on the Ivanti service desk tool in relation to KPIs was reviewed and noted.	
DHIC 30/05/011	**Framework Policies, Procedures & Controls** The DDHI presented the Framework Policies, Procedures & Controls Paper and highlighted the following: • Since the last meeting in February 2023, a number of procedures and policy documents had been under review with the external Contractors and IT Governance. • The Records Management Policy would come back for approval in the next Committee meeting. • There was a wider piece of work being undertaken with the Corporate Governance team to look at all of the out of date policies, procedures and guidance notes. **The Committee Resolved that:**	DDHI

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	a) The progress made in updating the priority policy and procedure documents was noted.	
DHIC 30/05/012	**Committee Self Effectiveness Survey** The IDCG presented the Committee Self Effectiveness Survey and highlighted the following: • The individual findings of the Annual Board Committee Effectiveness Survey 2022-2023 relating to the Digital and Health Intelligence Committee were presented at Appendix 1 for information. • Overall the findings were positive and there were no areas identified for improvement. • The DDHI drew the Committees attention to questions 5, 10 and 11 where there were question marks in regard to full compliance. The DDHI queried the question 5 response where one person identified that they did not have sufficient knowledge to identify key risks and challenge line management. The DDHI asked what support would Committee members like to receive. The IDCG advised that more was required to bring the risk element alive. The Health Board should use the BAF to guide the agendas more. He also suggested a general briefing session for each of the Committees with regard to talking through all the risks each Committee faced. The Independent Member - University (IMU) queried the large number of acronyms included within papers. He also queried the length of papers for Board and how Independent Members were expected to get through those alongside their other roles. The IDCG agreed with the IMU's points. A Task and Finish group were being set up with Independent Members and Executives to look at Committee papers. The CC advised that they only need key information and the option to look at detailed information if required. It was agreed that given the importance of digital, there needed to more time allocated for Board development. The DDHI responded that Digital would be discussed at the Board twice a year and the Committee should consider which key points to take to Board.	

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	The Committee Resolved that: a) The results of the Annual Board Effectiveness Survey 2022-2023 relating to the Digital and Health Intelligence Committee were noted.	
DHIC 30/05/013	**Welsh Government Digital Strategy for Health & Social Care Refresh** The DDHI presented the Welsh Government Digital Strategy for Health & Social Care Refresh and highlighted the following: • A long-awaited digital strategy from WG was circulated to organisations in April following updates from Michael Emery. • The strategy was in development for the previous 12 months and final consultation feedback had been sought from organisations. • A key focus was to put people at the heart of the strategy. • A number of comments were received from the Health Board. The DDHI advised that it would be a huge challenge but there were many worthy ambitions within the document. A huge challenge related to how it would be financed by WG and how that would be filtered through the different organisations. **The Committee Resolved that:** a) The response submitted on the Welsh Government Digital Strategy for Health and Social Care refresh document was reviewed.	
	Items for Approval / Ratification	
DHIC 30/05/014	**Policies – Verbal Update** The DDHI stated that no policies were presented to the Committee for approval. **The Committee Resolved that:** a) No Policies were noted.	
DHIC 30/05/015	**Minutes: Digital Directors Peer Group** The following Minutes were received by the Committee: • Minutes of Meeting – 15 February 2023 • Minutes of Meeting – 7 March 2023 • Minutes of Meeting – 4 April 2023	

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	• Minutes of Meeting – 2 May 2023 (unconfirmed) **The Committee Resolved that:** a) The Minutes of the Digital Directors Peer Group of the meetings held on 15 February 2023, 7 March 2023, 4 April 2023 and 2 May 2023 were received and noted.	
DHIC 30/05/016	**Any Other Business** No Other Business was discussed.	
DHIC 30/05/017	**Items to bring to the attention of the Board / Committee** No Items were brought to the attention of the Board / Committee.	
	Date & Time of next Meeting: Tuesday 15th August 2023 via MS Teams	

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Action Log
Following the Digital Health & Intelligence Committee
Held on 30 May 2023
(For the meeting 15 August 2023)

Minute Ref	Subject	Agreed Action	Lead	Date	Status
Complete Actions					
DHIC 14/02/007	**Digital Transformation Progress Report**	The Board should be advised on digital transformational matters at least twice a year at the request of the UHB Chair.	David Thomas/ James Webb	30.05.2023	**COMPLETED** Update provided at the May meeting.
DHIC 14/02/010	**Subject Access Requests (SAR) for medical records**	The HIGCS would bring data to showcase where the Health Board stood amongst other Health Boards and to understand whether they were an outlier or not. Trajectories would be set for the SAR medical records.	David Thomas/James Webb	30.05.2023	**COMPLETED** Update to be provided at the May meeting.
Actions in Progress					
DHIC 30/05/005	**Clinical board attendance**	To discuss Clinical Board attendance at the next meeting.	David Thomas	15.08.2023	**Update on 15 August 2023** David to raise at the Digital Advisory Board meeting on 28th June, which should have representation from all Clinical Boards and see whether they can provide nominations to attend the Digital Health & Intelligence Committee.

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Minute Ref	Subject	Agreed Action	Lead	Date	Status
DHIC 30/05/011	**Records Management Policy**	To be approved at the next Committee meeting.	David Thomas	15.08.2023	**Update on 15 August 2023** - Agenda item 3.1
Actions referred from another Committee					
Actions referred to the Board / Committees of the Board					

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Report Title:	**Digital Transformation Progress Report**				Agenda Item no.	2.1
Meeting:	**Digital and Health Intelligence Committee**		Public	x	Meeting Date:	15th August 2023
			Private			
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	**Director of Digital and Health Intelligence**					
Report Author (Title):	**Director of Digital Transformation**					

Main Report
Background and current situation:

Background and current situation:

1. 2023/24 IMTP

Emphasis is on national WG programmes with the exception of Common demographics store - as reported to DHIC in May 2023, this will need to come from within existing resources unless an investment case is successful however day to day and operations requests prohibit this at the moment

Risks to plans

- The main constraint in pace of delivery is limited resource availability, which is diverted to meeting organisational priorities and operational needs

Mitigations

- A digital advisory board was established in June to help ensure digital resource is aligned with organisational programme and project priorities
- A PMO has been established and is carrying out an assessment of available resource to create a more agile resource pool, consolidating all available resource
- The digital front door to manage requests into D&HI continues to mature, this is expanded upon in the supporting document at Appendix 1, which will be presented by the UHB's Head of Digital Services Management – ***see separate presentation at Appendix 1***

2. Shaping our Future Digital Services

We have now held over 60 gathering intelligence conversations with colleagues in commensurate organisations undergoing similar programmes to Shaping our Future Hospitals and Shaping our Future Clinical Services as well as the National Hospital Programme in England.

This work informs our plans. We have amassed a knowledge base of articles and artefacts including what good can look like, benefits we can expect to realise through digitisation, different approaches and other key learning points from similar organisations on the same journey.

With the core Shaping Our Future Hospitals (SOFHs) and Shaping Our Future Clerical Services (SOFCS) teams, a workshop to explore digitally enabled clinical services was held on 25 July with several sessions throughout the day. We had a session for Execs and one with D&HI colleagues which Digital Directors across UHBs and DHCW, Welsh Government and Cardiff University, were also invited to in the morning as well as the NHS Executive including the CDIO office which sent a representative.

This was followed by a workshop with a mix of clinical, nursing, AHP, clinical scientist, innovation and operational colleagues invited.

Mohamed-Salem 07/08/2023 16:51:10

We were joined and supported throughout the day by colleagues from the National Hospitals Programme in England and from Leeds Teaching Hospitals NHS Trust who have undergone a similar journey in regards to new hospital build, transforming clinical and digital services.

The key objectives of the day were:

- Share the approach being taken by NHP England & Leeds including opportunities and challenges in relation to digital transformation
- Share the learning from the NHP and Leeds
- Advise us regarding our approach and provide us with a critical friend as we embark on the development of a Digital SOC
- Join the Digital Workshop being facilitated by Channel 3 and provide us with their observations.

Channel 3 CONSULTING

Purpose of the workshop

As the clinical leadership:
(today)

- Whilst digital transformation is our enabler it is our vision and our journey that will transform care
- We want to understand what opportunities are on both the horizon and immediately available to use for transforming care.

We will:
(approach)

- Learn from what others are doing (England NHP)
- Look at future trends and predictions (Gartner)
- Think about how data unlocks and transforms opportunities for care (case study)
- Collaboratively (interactive) explore the beneficial impact from six perspectives (methodology).

So that:
(impact):

- Our ***vision*** is clinically led
- Our ***optimism*** can galvanise transformation.
- We can set our ***routemap*** that enables us planning delivering and optimising care.
- As part of our ***journey*** to a smart learning health and social care system

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Channel 3 CONSULTING

Agenda for Tuesday 25 July 2023, 12:30 to 15:00

Item	Description
Welcome	• Welcome, introductions and purpose of this workshop • Our clinical vision and how we will use our time together today
Part 1: Sharing	• NHS England's New Hospitals Programme Digital transformation Director NHSE New Hospitals Programme
Part 2: Mega Trends	• Current and expected innovations that we can use to create Cardiff and Vale as of a digitally enabled, smart and learning fully integrated care system • Activity: what is our appetite?
Part 3: Beneficial Impact	• Exploration of a care pathway • Beneficial Impact model • Activity: mapping beneficial impact
Part 4: Journey	• What can we do now, today, with what we have • What needs to follow later • Activity: prioritising the beneficial impacts or their digital enablers?
Close	• Summarise, next steps and close

The day was well attended and we are using the data now to inform priority work areas, for example, what clinicians valued most for early delivery to enable their aspirations to transform clinical services.

The main ask is for EPR/integrated care record capability.

There are also foundational building blocks we need to have in place to support important initiatives now such as electronic prescribing and medicine administration, Welsh Nurse Care Record and others. An investment case will be produced optimising all the work done previously on enterprise architecture and solutions architecture and presented for consideration.

This complex work all contributes to the Digital Strategic Outline Case for Digital in support of the Shaping our Futures programme (encompassing clinical services, hospitals, community service) and is part of the journey to digital maturity described at the DHIC meeting in May 2023.

3. Tactical Activity Update on work programme over last 3 months

Digital Service Management Team – Key Updates

- Upgrade to Version 6 for Chemocare now complete for both Adults and Peads
- Upgrade to Philips Echo system ISCV now complete for both Adults and also Peads – this also involved a complete Server Infrastructure replacement programme as all servers were End of Life
- Upgrade to GE Cath Labs systems including CCW and the Universal Viewing system – this also involved a complete Server Infrastructure replacement programme as all servers were End of Life
- Installation of a new PET scanner is due to go live w/c 24th July 2023 – this new scanner is the first installation in the UK and the 3rd in Europe. This programme of work is part of the ALL Wales PETIC programme and C&V are the first installation of the new scanner in Wales.
- Ongoing project support for the UHW Site Reorganisation programme.
- Establishment of a PMO for D&HI dept, inclusive of management reporting across all digital works, standards for 'work request' capture, triage and assessment, and a pathway for project agreement (large initiatives). This work is now 45% complete.

Mobile 07[redacted]

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The Digital & Health Intelligence team continue to deliver a wide range of initiatives to support the organisation's strategic ambitions. Demand continues to outstrip capacity, therefore changing our governance model will support the process of sequencing a range of competing priorities.

We remain committed to developing plans and securing investment to achieve our digital aspirations in support of the UHB aims to transform clinical service delivery.

Recommendation:

The Board / Committee are requested to:

1. REVIEW the progress report
2. COMMENT on the proposed Governance model

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention		Long term		Integration		Collaboration	x	Involvement	

Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: Yes

Benefits realisation from smarter working practices using digital solutions

Workforce: Yes

Supports our contribution for our digitally enabled workforce

Legal: Yes/No

Reputational: Yes

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Supports our ability to manage our resources and data effectively
Socio Economic: No
Equality and Health: No
Decarbonisation: Yes
Improved use of digital solutions – this reduces travel by staff and patients (home working and virtual appointments)

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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Item 2.1 1 - DHIC August 2023

Llunio ein Gwasanaethau Digidol i'r Dyfodol
Shaping Our Future Digital Services

Mark Cahalane
Head of Digital Services Management

Mohamed Sa
07/08/2023

Image from RCN website

Problem statement

Llunio ein Gwasanaethau Digidol i'r Dyfodol
Shaping Our Future Digital Services

Limited resource means robust prioritisation and sequencing

- Establish a decision making group UHB Digital Advisory Board (DAB) to
  - Ensure we are clinically led
  - Ensure we are delivering on what the organisation sees as important
  - Manage expectations
  - Guide our future

- Mix of clinical and operational senior leaders
- Representative of the whole organisation

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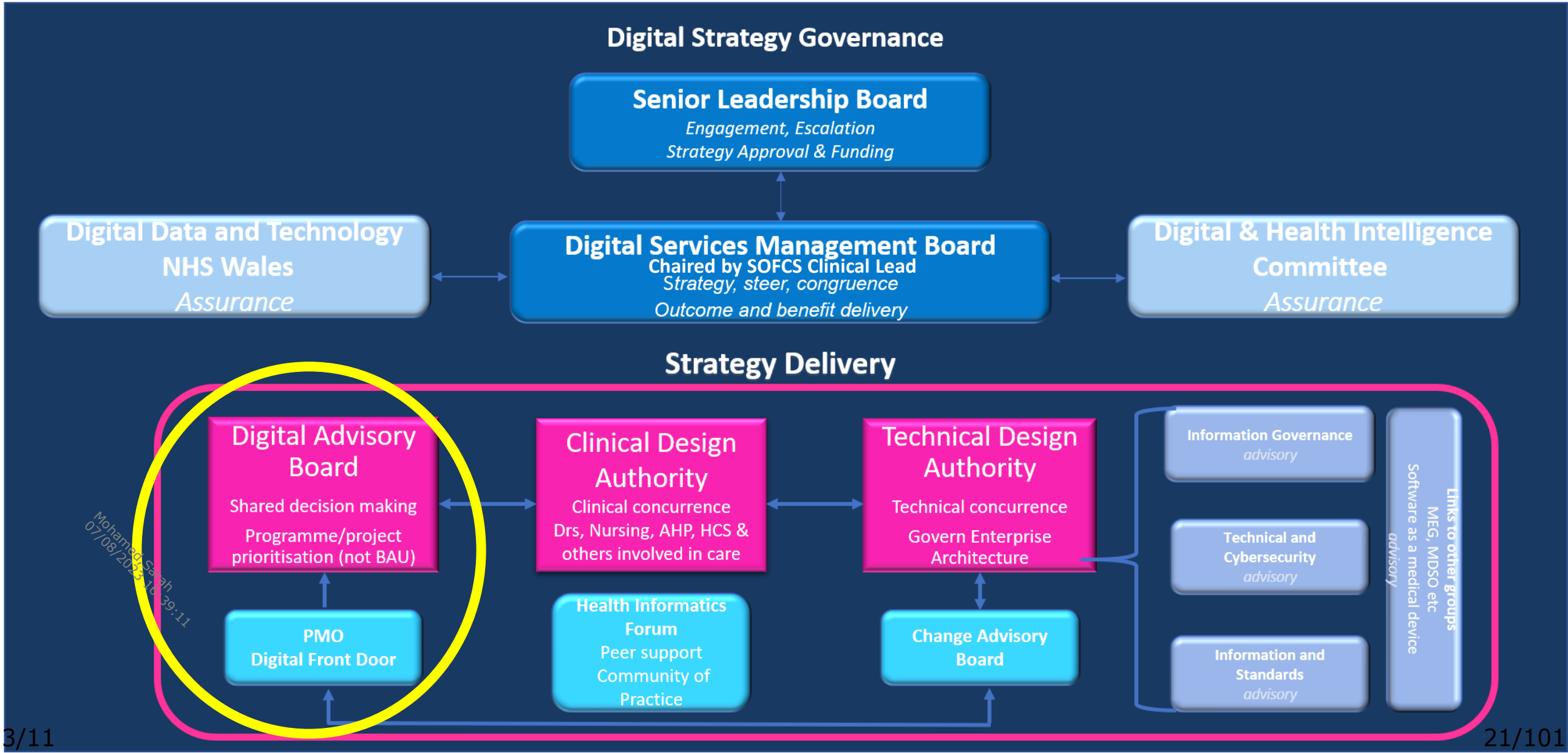
A group of people who run formal meetings to assess, prioritise, authorise, and schedule changes as part of the change control process. Review changes prior to the meeting. Assess and recommend the approval or rejection of proposed changes in a timely manner.

Underpinned by a Technical CAB in D&HI

Proposed governance model

Llunio ein Gwasanaethau Digidol i'r Dyfodol
Shaping Our Future Digital Services



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Digital Work Prioritisation and Controls

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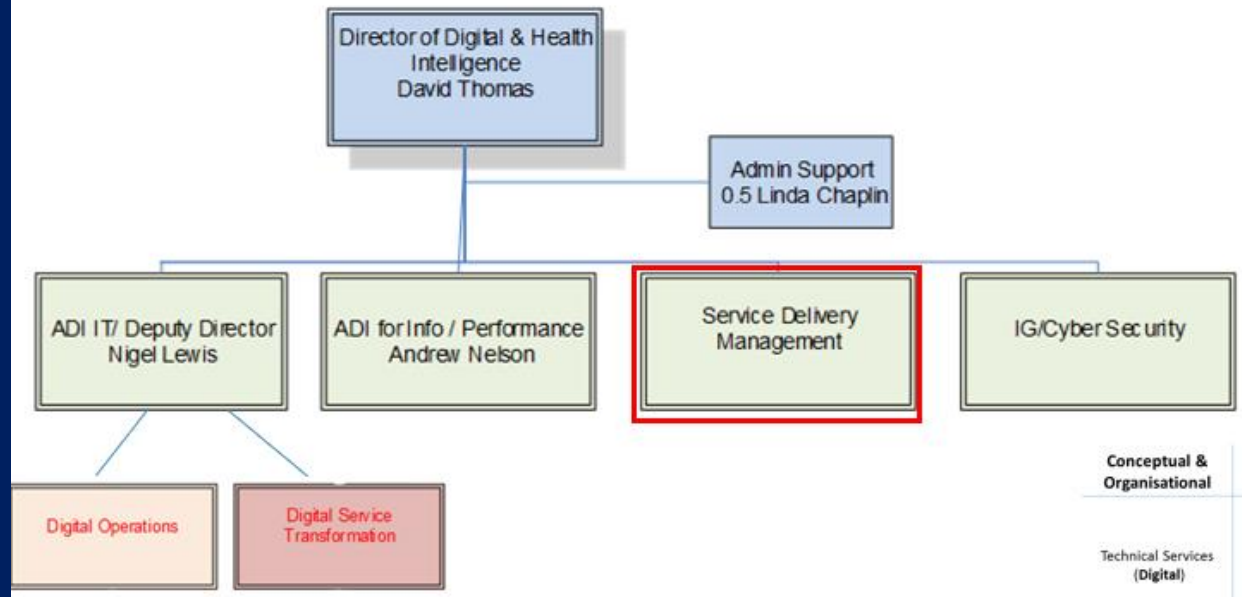
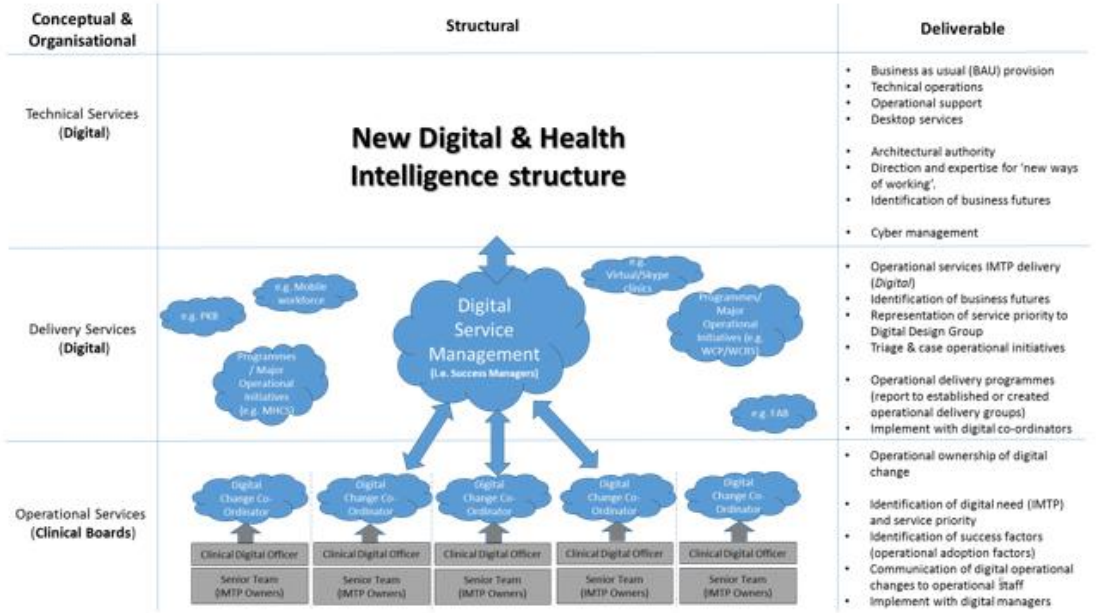
Where is DSM in the 2019 D&HI structure and design communications





'This function is responsible for alignment of service needs (across C&V UHB) to digital delivery'

Taken from D&HI Re-Organisation Consultation paper 2019

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Digital Work Prioritisation and Controls

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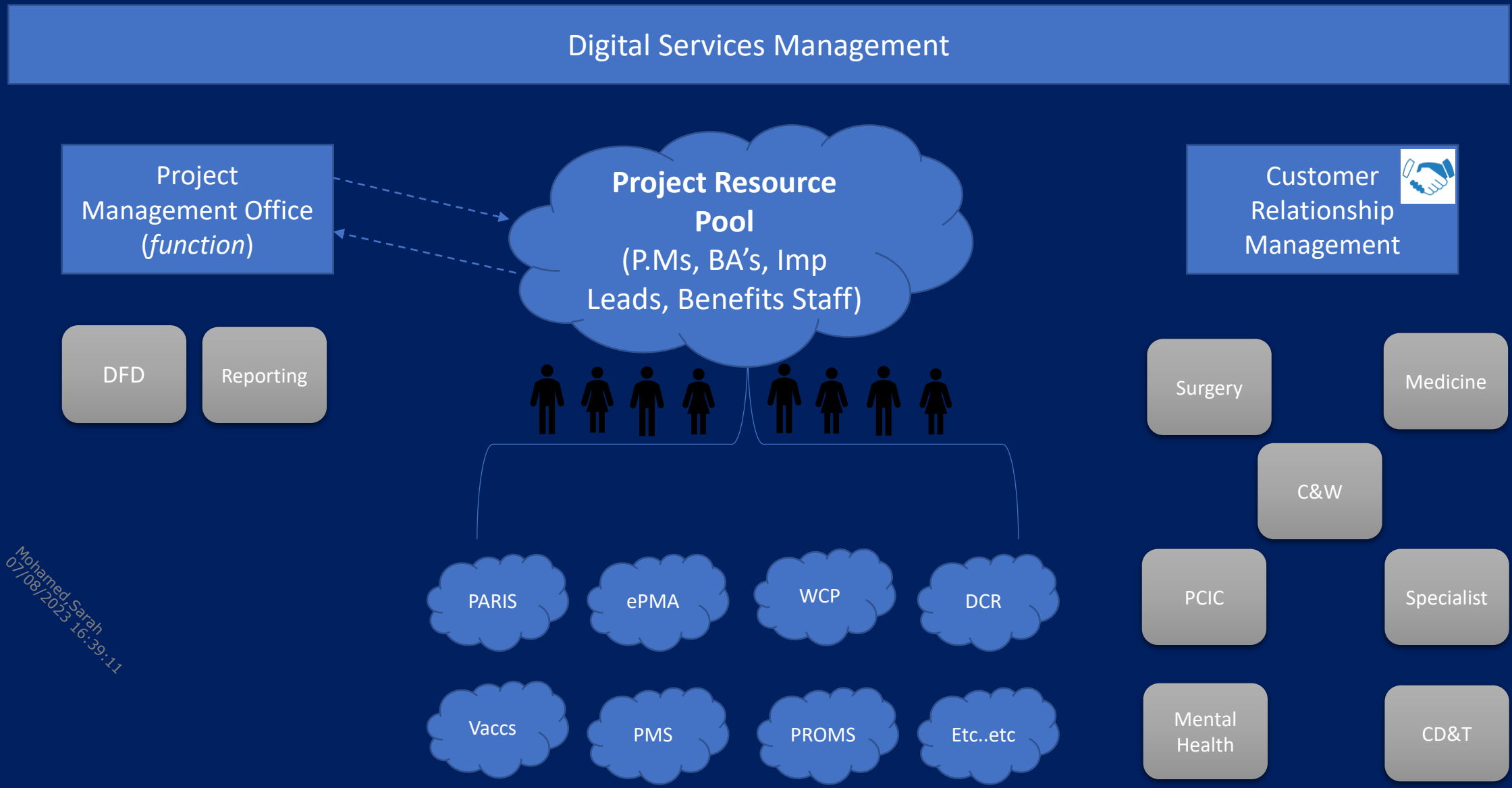

Digital Work Prioritisation and Controls

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Digital Services Management (DSM) – *! In construction !*

Head of DSM
Mark Cahalane

DSM Programme Lead
Katherine Roscoe

PMO
Reporting
Controls
Standards

Kim Cox (*0.3FTE*)
Thomas Bott

Acute Projects
Sandra Whitney

Hayley Garland
Vickie Davies
Rob Hughes
Mike Bowers
Peter Noneley (*P/T*)
Paul Thomas

Non- Acute Projects
Katherine Roscoe

Gill Pinch
Tony Charles (*Temp*)
Matt Prior
Olga Rachello (*Maternity*)
Kim Cox (*0.3FTE*)

Implementations Group
Imp Manager (B7)

Martin L Davies (WCP)
Jennifer Jones (WCP)

Dave Stafford (PMS Admin)
Lorna Collins (PMS Admin)

Matt Prior (PMS Training)
Rob Baker (PMS Training)
Slavko Matanovic (PARIS Training)

Relationship Management

Phillip Edwards – PCIC
Jo Evans – CCH
Vacancy - CCH
Simon McDonald – M.H
Toby Fleming – CD&T

Housed Programmes
Escalations Only

- O365 — Leigh Richardson
- Social Prescrib — Stephen John
- Digital Care Region — Tim Evans
- SFS — Emma Richards
- PROMS — Steve Thomson
- V.C — Dave Wayling/ Shelley Tyson
- WCP — Imp Manager (B7)
- PARIS — Katherine Roscoe

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- Agile Projects Group

PMO Process

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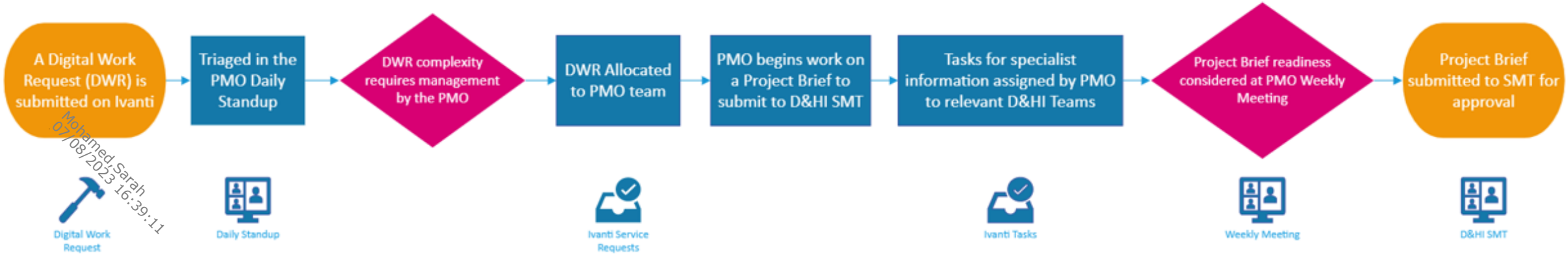
Assessment

New Digital Project Requests are assessed according to a number of factors. Based on this assessment, a decision will be made whether to assign a Project Manager.

What requires a Project Manager?

As a *general rule of thumb*:

- Is critical to the functioning of the UHB
- Will take more than ten days to deliver
- Is of significant scale
- Requires deep coordination between multiple teams



PMO Process

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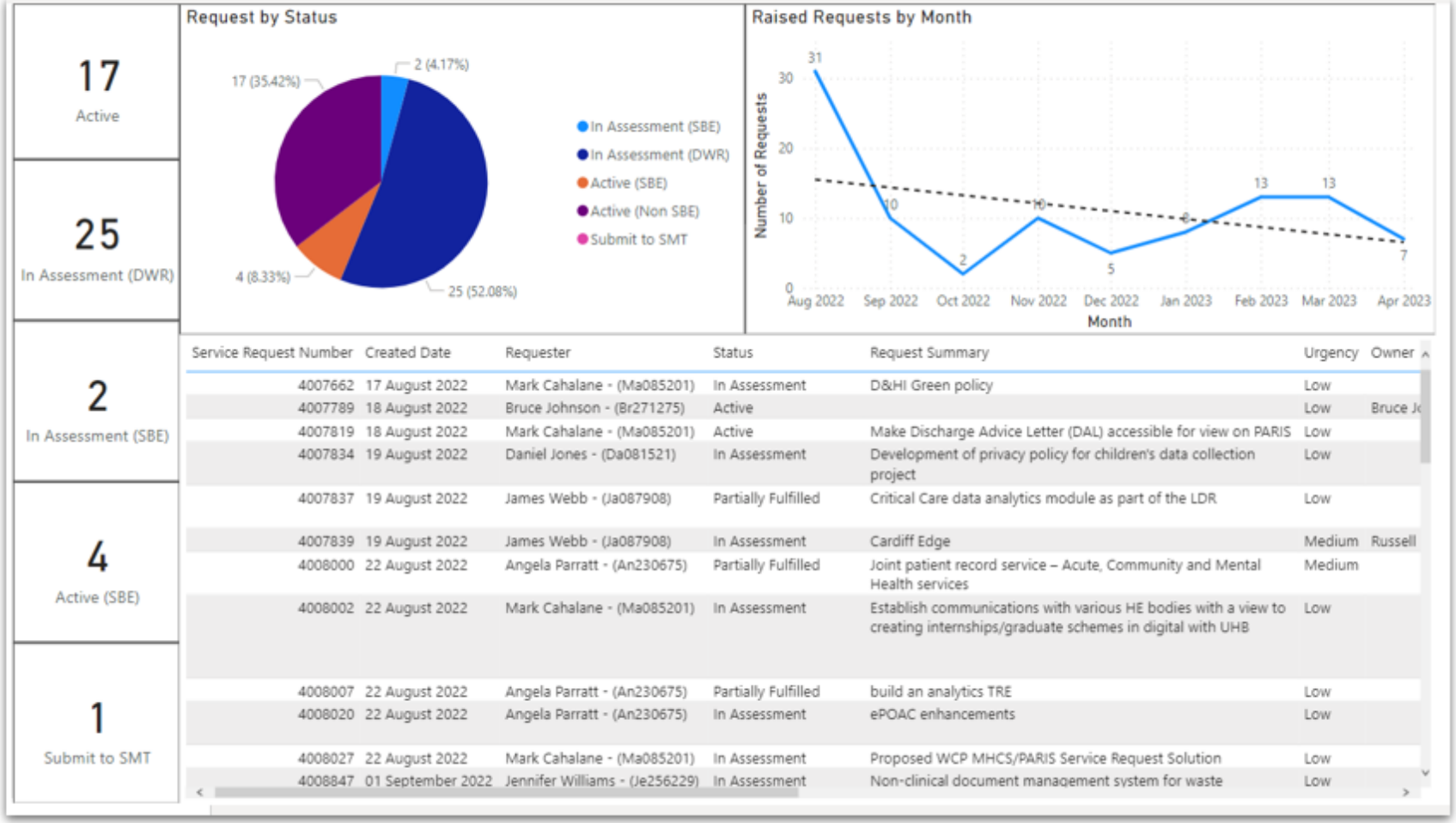
How are Ivanti insights utilised?

- Ivanti provides valuable insight into the activity of D&HI teams. It surfaces data on the status of all requests passing through the Digital Front Door.
- This data is visualised by PowerBI and presented to the D&HI SMT Work Requests review meeting each Monday.
- Through this, senior management are afforded a view of activity and resource demands across the D&HI departments.

The PMO Report



Service Request Number	Created Date	Requester	Status	Request Summary	Urgency	Owner
4007662	17 August 2022	Mark Cahalane - (Ma085201)	In Assessment	D&HI Green policy	Low	
4007789	18 August 2022	Bruce Johnson - (Br271275)	Active		Low	Bruce Jo
4007819	18 August 2022	Mark Cahalane - (Ma085201)	Active	Make Discharge Advice Letter (DAL) accessible for view on PARIS	Low	
4007834	19 August 2022	Daniel Jones - (Da081521)	In Assessment	Development of privacy policy for children's data collection project	Low	
4007837	19 August 2022	James Webb - (Ja087908)	Partially Fulfilled	Critical Care data analytics module as part of the LDR	Low	
4007839	19 August 2022	James Webb - (Ja087908)	In Assessment	Cardiff Edge	Medium	Russell
4008000	22 August 2022	Angela Parratt - (An230675)	Partially Fulfilled	Joint patient record service – Acute, Community and Mental Health services	Medium	
4008002	22 August 2022	Mark Cahalane - (Ma085201)	In Assessment	Establish communications with various HE bodies with a view to creating internships/graduate schemes in digital with UHB	Low	
4008007	22 August 2022	Angela Parratt - (An230675)	Partially Fulfilled	build an analytics TRE	Low	
4008020	22 August 2022	Angela Parratt - (An230675)	In Assessment	ePOAC enhancements	Low	
4008027	22 August 2022	Mark Cahalane - (Ma085201)	In Assessment	Proposed WCP MHCS/PARIS Service Request Solution	Low	
4008847	01 September 2022	Jennifer Williams - (Je256229)	In Assessment	Non-clinical document management system for waste	Low	

Relative Prioritisation Mechanism

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PROJECT Prioritisation		Value/Benefit									Deliverability				Progression Scoring	
Programme Title	Project Title	Business Drivers							Impact	Benefit	Patient Safety/Clinical	The higher the score the more attractive the initiative	EASE OF	TECHNICAL	The higher the score the more likely the initiative will be deliverable	Total Value & Deliverability score The higher the score, the more attractive and achievable the initiative.		Compl	Effort
MASTER		Accumulation columns ((Accumulate 1 point per item))							1: 1-10 users 2: 10-100 users 3: 100-500 users 4: 500-2500 users 5: 2500-5000 users 6: 5000+users	1 = Small-eg. aesthetics 2 = Useful-eg. functionality not directly affecting patient care 3 = Valuable - eg. time or cost savings 4 = Enhancement - eg. alignment to business processes 5 = Transformative - eg. functionality that directly enhances patient care	1=Insignificant - established workaround available. Not essential. 2=Minor - Small effect on patient care to individuals or small group. 3=Moderate - Affects a group of patients. 4=Major - Affects patient management and could potentially affect all patients. 5=Critical - Potential misdiagnosis, missed results or other vital information.		1=Difficult - Demanding project that may require external expert involvement. 2=Challenging - Major project, staff may need training/something the dept hasnt delivered before 3=Manageable - Significant project within dept capabilities 4=Straightforward - requires effort to implement, skills available within the UHB. 5=Trivial - Can be achieved in day to day work.	1=Incompatible- Directly conflicts with current systems, would require enormous effort to be made functional. 2=Adaptable - Challenging to implement, integration difficult. 3=Compatible - Straightforward to implement and can be integrated. 4=Integrated - easy to implement and has some integrations. 5=Interoperable - trivial to implement and has full integrations with the UHB digital ecosystem.				Percentage completion	Remaining Effort in 7.5 hour days
		Executive objectives	Efficiency Savings	Direct Patient Care Solution	Health and Safety	Regional and National Works	Decarbonisation	Legal or statutory response	Total (n b Legal/statutory defaults to 8)										
	Weighting								5	5	5	Value	10	10	Deliveral	Total Scor		%	
Paris	PARIS hardware replacement	x		x		x		x	8	5	5	5	111	3	4	70	181		90%	
Paris	Implementation of Paris Version 7	x		x		x		x	8	4	4	4	96	4	4	80	176		100%	
WCP	WCP Result Notifications	x		x		x			3	5	5	4	83.5	4	5	90	174		20%	30
LDR	PMS High Availability	x	x	x	x	x			5	6	5	5	102.5	2	5	70	173			
	Acute Sites Master Planning ward/clinic moves - UHB Site Reconfiguration - D&HI	?	?						2	4	4	4	69	4	5	90	159		20%	48 Days
LDR	API Manangement								5	5	5	4	92.5	1	5	60	153			
	WNCR - Welsh Nursing Care Record Implementation	x		x		x	x		4	6	5	5	98	2	3	50	148		10%	40
	Brainomix Deployment		x	x		x	x		4	2	5	5	78	4	3	70	148		50%	4 days

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Link to LIVE: [DHI Relative Prioritisation Tool v0.92.xlsx (sharepoint.com)]

Relative Prioritisation Mechanism

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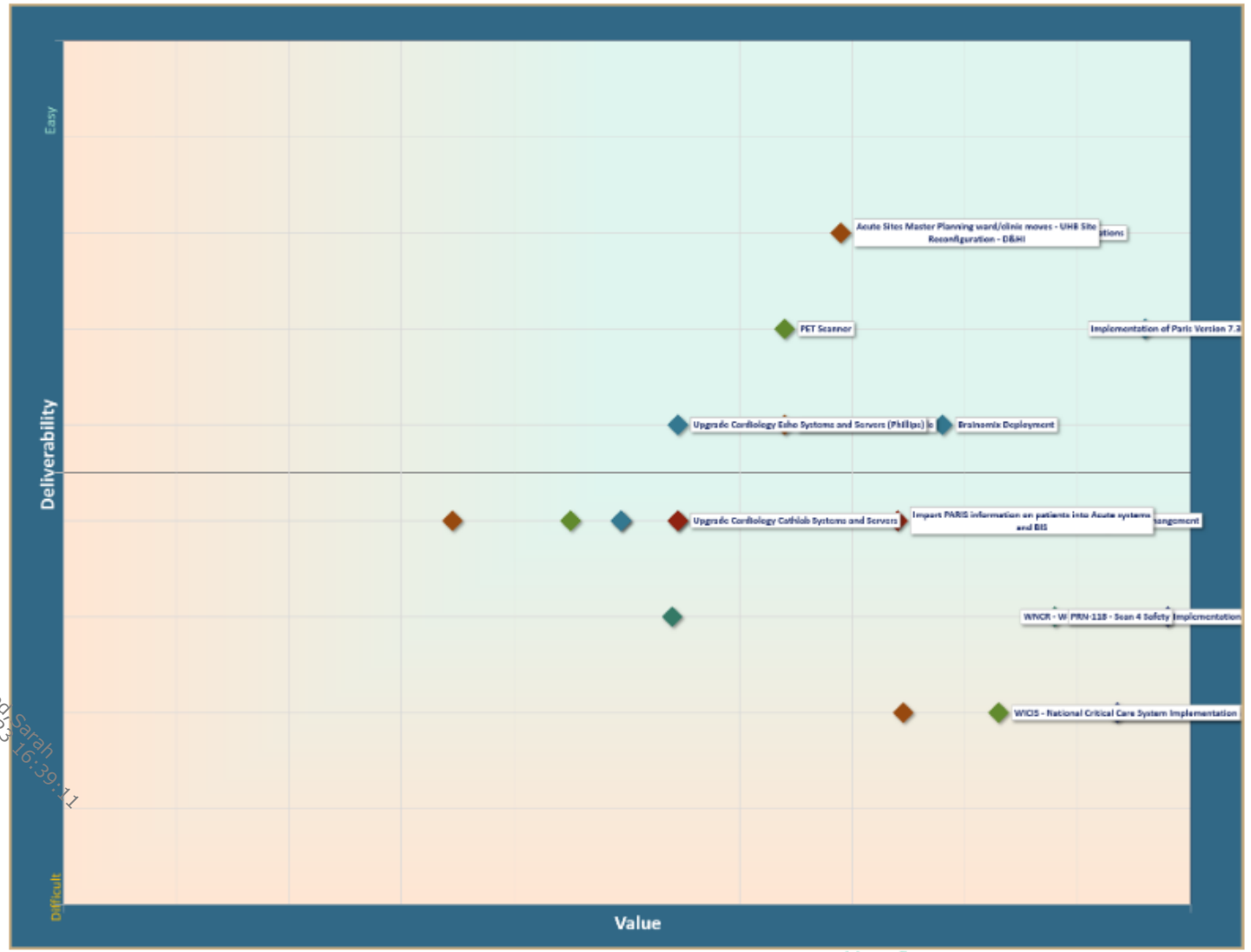
GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale University Health Board

Relative Prioritisation Matrix



This grid provides a means of visually appreciating the value/deliverability contention that exists for all works requested of D&HI

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Relative Prioritisation Mechanism – LBAU's

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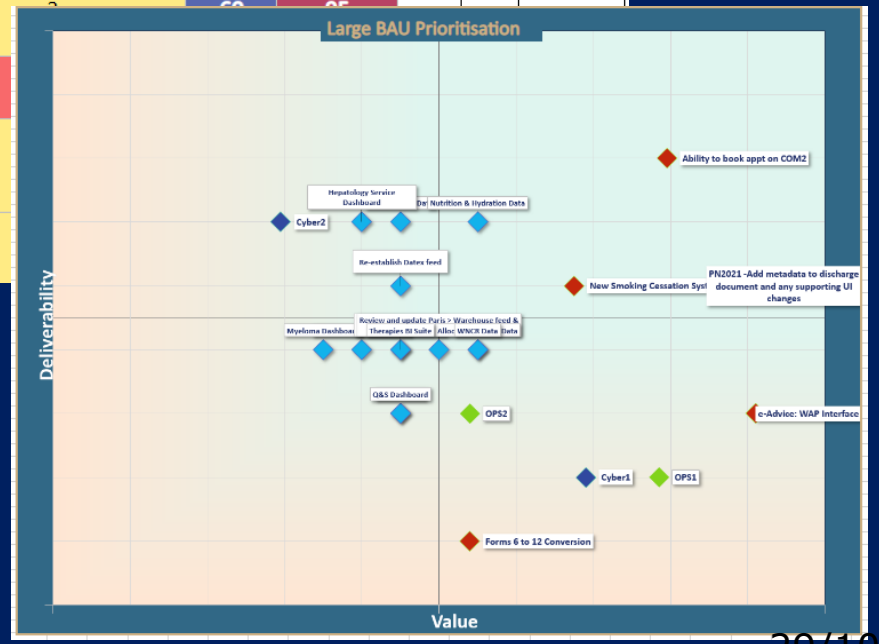
PROJECT Prioritisation		Value/Benefit					Deliverability				Progression Scoring		
Programme Title	Project Title	Business Driver:	Impact Assessment:	Benefit Assessment:	Patient Safety/Clinical Risk:	The higher the score the more attractive the initiative	EASE OF IMPLEMENTATION:	TECHNICAL CONSIDERATIONS:	The higher the score the more likely the initiative will be deliverable	Total Value & Deliverability score The higher the score, the more attractive and achievable the initiative.	After Scoring all initiatives, sort the Total Score column from Largest to Smallest.	Completion	Effort
MASTER		Accumulation column ((Accumulate 1 point per item)) !!Statutory and Legislative requirements score 8!! ☐Exec Objectives Driven ☐Efficiency Savings ☐Direct Patient Care Solution ☐Health and Safety ☐National Reporting (eg. WG or CQC) ☐Regional Care Works ☐Decarbonisation	1: 1-10 users 2: 10-100 users 3: 100-500 users 4: 500-2500 users 5: 2500-5000 users 6: 5000+users	1 = Small-eg. aesthetics 2 = Useful-eg. functionality not directly affecting patient care 3 = Valuable - eg. time or cost savings 4 = Enhancement - eg. alignment to business processes 5 = Transformative - eg. functionality that directly enhances patient care	1=Insignificant - established workaround available. Not essential. 2=Minor - Small effect on patient care to individuals or small group. 3=Moderate - Affects a group of patients. 4=Major - Affects patient management and could potentially affect all patients. 5=Critical - Potential misdiagnosis, missed results or other vital information.		1=Difficult - Demanding project that may require external expert involvement. 2=Challenging - Major project, staff may need training/something the dept hasnt delivered before 3=Manageable - Significant project within dept capabilities 4=Straightforward - requires effort to implement, skills available within the UHB. 5=Trivial - Can be achieved in day to day work.	1=Incompatible- Directly conflicts with current systems, would require enormous effort to be made functional. 2=Adaptable - Challenging to implement, integration difficult. 3=Compatible - Straightforward to implement and can be integrated. 4=Integrated - easy to implement and has some integrations. 5=Interoperable - trivial to implement and has full integrations with the UHB digital ecosystem.				Percentage completion	Remaining Effort in 7.5 hour days
	Weighting	4.5	5	5	5	Value Score	10	10	Deliverability Score	Total Score		%	7.5 hour effort days
District Nursing BI & Data Acquisition	District Nursing Dashboard		2	3	3	40	3	3	60	100			
Myeloma BI & Data Acquisitions	Myeloma Dashboard		1	3	3	35	3						
Cancer BI Phase 2	Ca Radiology		2	4	3	45	3						
Q&S and Mortality BI & Data Acquisition	Re-establish Datex feed		2	4	3	45	4						
e-Advice Referral data quality	Analysis and fix of e-Advice referrals		3	3	3	45	3						



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Report Title:	**Joint IMT & IG Corporate Risk Register**			Agenda Item no.	2.2
Meeting:	**Digital and Health Intelligence Committee**	Public	x	Meeting Date:	15th August 2023
		Private			
Status *(please tick one only):*	Assurance		Approval		Information x
Lead Executive:	**Director of Digital and Health Intelligence**				
Report Author (Title):	**Director of Digital and Health Intelligence**				

Main Report
Background and current situation:

The joint IMT Risk register is a combined register consisting of digital / Information Governance and Information / Performance risks.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

There are currently 14 joint IMT/IG risks identified on the report:

1 x Risk is in red status with a score of 20 which include:

- Cyber Security

3 x Risks have remained in amber status with scores between 10 and 12 which include:

- Server Infrastructure
- Outcome Measures
- WLIMS

2 x Risks have moved from amber status to yellow status with scores between 8 and 9:

- Non-Compliance with data protection legislation
- Governance framework (IG policies and procedures)

1 x Risk has remained in yellow status with a score of 4 reduced from 8:

- Effective resource utilisation

6 x Risks remain in yellow status with scores between 8 and 9.

- Data Quality
- Data availability (Accessibility of Data)
- Clinical Records Incomplete
- Insufficient Resource – Capital & Revenue
- UHB Standard Data Processing
- WCCIS Local team not resourced

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1 x Risk has remained in yellow status with a score of 3:

- NWIS Governance

Recommendation:

The Board / Committee are requested to:

NOTE progress and updates to the Risk Register report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention	x	Long term		Integration		Collaboration	x	Involvement	

Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes/

As outlined in the risk register

Safety: Yes

Financial: Yes

Non-compliance and less efficient ways of working

Workforce: Yes

Impacts on ways of working

Legal: Yes

Compliance with regulatory requirements

Reputational: Yes

Trust of staff and patients/service users

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes

Green IT and digital solutions that support greater virtual working

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Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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RISK REGISTER TEMPLATE

CLINICAL BOARD/CORPORATE DIRECTORATE: CORPORATE

SPECIALITY/DEPARTMENT: Digital & Health Intelligence

Risk Ref.	Strategic Objective	Date risk added dd/mm/yyyy	Risk	Exec Lead	Initial Risk Rating			Controls	Assurances	Current Risk rating			Gaps in Control	Gaps in assurance	Actions	Who	When	Target Risk rating			Date of next review	Assurance Committee
					Consequence	Likelihood	Total			Consequence	Likelihood	Total						Consequence	Likelihood	Total		
A4/0023	8	06/08/2011	**Cyber Security** - Due to prevailing national and international Cyber Security threats there is a risk that the Health Board's IT infrastructure could be compromised resulting in prolonged service interuption and potential impacts on the safety of patients due to an inability to access electronically stored data.	Director of Digital and Health Intelligence	5	4	20	The UHB has in place a number of Cyber security precautions. These include the following: - The implementation of additional VLAN's and/or firewalls/ACL's - Segmenting and an increased level of device patching. - The use of Monitoring and Vulnerability Softare - Health Board wide Mandatory Cyber Security Training and Phishing Campaigns.	Regular Cyber Security updates that review the Health Board's preparedness for a cyber attack and the controls in place are undertaken in the following forums: - at fortnightly Operational Cyber Group Meetings - at monthly Cyber Security Meetings - at each private and public Digital Health and Intelligence Committee An Assessment of the Health Board's Cyber Assessment Framework was undertaken in January 2022 with 4 Critical Priority Areas and 6 Significant/Moderate Priority Areas recommended.	5	4	20	Additional resources is required to fully implement recommended areas of best practice. Completion of mandatory Cyber Security training is below the required level.		The requirements to address the resourcing of Cyber Security Management have been acknowledged in an approved but unfunded UHB Business Case. (May 2022: Successful business case bid made to BCAG to ensure appointment of dedicated Cyber resources. Roles are currently being advertised and recruited to. Global cyber threat increase in response to events in Ukraine. Implementation of NIS Regulations provides powers to WG to penalise organisations who are non-compliant with fines up to £17m or 4% of turnover. Continued efforts need to be made to improve compliance with the Health Board's Cyber Security Mandatory Training and to increase awareness of and engagement with the Health Board's Phishing Campaigns. Compliance with/completion of Cyber Resilience Unit Recommendations. September 2022 : Two of the 4 roles have been appointed to. The remaining posts are in the recruitment process. Jan 2023 - We have successfully appointed a Cyber Security Manager and we anticipate a start date mid February. One of their main priorities will be to implement the improvement action plan May 2023 update - Cyber Security Manager post to be re-advertised. Second phishing simulation email sent to all staff in March 2023. New malware incident SOP developed. **July 2023 update: IT Security Officer appointed and due to commence in post August 2023. This post will support the UHB with its NIS compliance and allow the cyber analysts to prioritise security monitoring. Further work is being done to the Cyber Security Manager role to achieve a higher banding before re-advertising**	Head of IG & Cyber Security	August 2022 Ongoing	5	3	15	01/07/2022	Digital Health Intelligence Committee

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A3/0110	8	13/12/201	**Server Infrastructure** The IM&T Department is actively implementing a vFarm infrastructure that significantly reduces costs whilst dramatically increasing resilience of Server Systems. However, the cost savings are to the Health Board as a whole and Service Departments in particular and come at an increased cost to IM&T specifically. This infrastructure requires core investment to complete and revenue based support to maintain. There is a requirement to also retain a minimal number of physical servers for those systems not capable of virtualisation.	DT			0	The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.		4	3	12			May 2022: The final 21/22 digital capital investment allocation total exceeded £6M and is being used to provide for significant improvements in resilience as infrastructure upgrades and replacements are implemented. Sept 2022: Additional server/communications racks, power disribution and electrical work has been requested, financed and in progress for two disaster recovery designated sites. These are located in Woodland House and UHL. This work is scheduled and planned to be completed by Oct/Nov 22. Jan 2023: Servers, racking and UPS devices have all been purchased. We are waiting for electrical work to be completed in Woodland House and UHL to implement. This action is currently sat with CAV CEF. May '23: Installation of the new additional Disaster Recovery locations is pending. This is due to Capital, Estates and Facilities electrical work still being outstanding. This work is planned for June and July 2023. When complete there will be DR Infrastructure located at UHL and Woodland House. **July 2023: Electrical work has been completed within CRI and Woodland with UPS devices and new racks comissioned. UHL is planned for mid Aug due to complexitity. The first DR and secondary production equipment is planned to be installed in Woodland House in late Aug 23.**	Head of Digital Operations				0		
	8	28/09/2015	**Outcome Measures:** Risk: Unavailability of full, consistent care delivery information results in an inability to ascertain outcomes of care we provide, and commission, plan and improve services accordingly. Consequence - Low assurance on safety, quality and effectiveness of services and satisfaction with services, sub optimal decision making, inability to execute policy and strategy, reputational damage.	DT			0	Analysis and wider engagement and communication of outcome and audit data, triangulated with efficiencies and effectiveness data as part of Medical Director led programme established. UHB and national investment in data repositories and clinical forms will support programme		3	4	12			Acceleration of programme. This will be addressed via the Digital Strategy enablers programme and clinician and analyst channels programme boards (Oct 2020). Jan 2021: both channel programme boards established and will drive the programme. September 2022: Digital Strategy seen as a key enabler to support the UHB's wider strategic programmes. Raodmap and investment plan shared withg Execs, SLB and Board. Jan '23 - Data Improvement Group established by Director of Digital and Health Intelligence Director and Director of Finance; initially baselining of patient data that is captured across the UHB - will then focus on completeness and quality of the data. May '23: It's been agreed to focus on 4 specialities to do a deep dive into their use of systems to collect and report/analyse data - a model that can be applied to other areas. **Jul '23. Interviews have been arranged with Endoscopy, Physio, Orthopaedics, General Surgery and PCIC between 19-Jul-23 and 31-Jul-23. Interview responses will be analysed and brought back to the next data improvement meeting on the 08-Aug-23 for discussion and agreeing next steps.**	Head of Architecture and Analytics and Head of Business Intelligence				0		
A4/0024	8	29/01/2021	**The Welsh Pathology Information management system (WLIMS)** implementation has taken longer than envisaged. As a result of this all Health Boards will not have migrated off their legacy pathology systems (Telepath) by end of March 2018, which is when their current telepath contracts will expire (contract currently in extension).	DT			0	The UHB engaged with NWIS and other Health Boards to evaluate options available to mitigate this risk.		5	2	10			May 2021 : WLIMS continues to fall short of the full range of functionality. Therefore Telepath system will need to continue in use and be monitored providing mitigation to the new LINC system in the future. Jan 2022 update- Telepath Contract was extended to end of 2020 (including Hardware refresh) but the Service are in discussion with the supplier to extend further to a date that will see C&V onto the new LINC system in 2023 May 2022 update: HW and SW contract extended to end of 2025 Sept 2022: Risks associated with the LINC programme ability to deliver have been raised at national CEO level. May '23: LINC programme changes agreed with new plan and timescales being worked up (Sept '23) **Jul '23: CAV Digital Operations are actively working with AWMGS to move the current LIMS environment out of its isolated DMZ and onto the Cymru domain. In parallel to this the Server operating systems and LIMS application are being upgraded. This work is planned to be completed mid-August 2023.**	Head of Operations				0		
	8	19/02/2018	**Data Quality** High level risk - core business activities potentially compromised as a result of weaknesses in assurance framework in areas listed below: Absence of Standard Operating Procedures to administer patient activity, Low take up of staff training in Standard Operating Procedures to administer patient activity, Incorrect/incomplete/late recording of activity Absence of ISO 27001 certification. Consequences: Potential for poorer patient outcomes and experience, analysis and benchmarking flawed resulting in poor decision making, under recovery of income, inability to maximise potential of R&D	DT			0	Further re-invigoration of the role out of COM2 will increase clinically validated data. Updates and training programme scheduled for mental health and our partners in order to address issues identified in recording and reporting compliance with parts 2 and 3 of the mental health measures. New dashboard release will expose greater amount of data to users, in a more user friendly way, enabling validation by relevant clinicians. Data quality group has established a work plan to improve quality and completeness of data and how it is presented.		3	3	9			Data Quality Group needs to be refocussed. It is currently not meeting due to IG staffing pressures. Sept 20 Data Quality will be addressed via the new governance arrangements - specifically the Analyst Channel Programme Board; plans to establish this board in October 2020. Jan 2021: the Analyst Channel Programme board is holding its inaugural meeting in February, chaired by a clinician. May 2022: Working with the CCIO and service leads, a data strategy is being developed to support the digital strategy roadmap plans, which will be produced by Q3 2022/23. September 2022: Data Quality as part of the Data Strategy is being addressed at UHB level comprising baseline position of info/data by November 2022 and a complete audit by March 2023. Jan '23 - CAV UHB position made clear in a written response to the Senedd's sub committees relating to the adoption of the WCCIS' system May '23: Little progress with data strategy writing however, data quality should begin (and can be done in parallel) at the point of collection e.g. systems need to have checks in place when recording data (system enhancements) **July '23: Data Improvement Group has wide representation across the Clinical Boards and is focussing on completion of full baseline to identify all data sources**	Head of Architecture and Analytics				0		
	8	28/09/2015	Risk: **Accessibility of data**: UHB does not have an ability to access and use the data it requires to carry out its full range of statutory obligations and enable delivery of our strategy and IMTP. . Specific risks - lack of access to GP data and the UHB's data residing in NWIS supplied applications (e.g. WCRS, WRRS) Consequence - Inability to deliver strategic UHBs, namely - Supporting people in choosing healthy behaviours, - Encouraging self management of conditions, - Enabling people to maintain or recover their health in or as close to home as possible, - Creating value by enabling the achievement of outcomes and experience that matter to people at appropriate cost, - Enable and accelerate the adoption of evidence based practice, standardising as appropriate	DT			0	Approach identified to work with C&V GPs to share data across care sectors to inform improvement and to gain a better understanding of need, demand and the capacity available to meet it. National data repository programme will provide access to tools and expertise		3	3	9			National Architectural design group and interoperability group being set up in line with Once for Wales agreement and WG Informatics statement of intent should provide medium term solution. HB taking forward data acquisition programme in line with the development of the electronic care record. May 2021: in support of information sharing outside of direct care purposes, agreement has been reached with WAST and Cardiff Council (Social Services) for data to be shared; a similar request to include GP data is currently being considered by the Wales GPC/DHCW. May 2022: Data sharing between CAV UHB, WAST and Cardiff Council's social services being piloted following successfyl test. GP data remains out of scope pending WG review of governance for cross-setting information sharing. September 2022: Information sharing between CAV UHB, Cardiff Council and WAST established. Additionally, the Digital Care Record Group has been established reporting to the RPB Board. Jan '23 - Digital Care Record Group scoped out a work plan for delivering the sharing of information - initially for the "Looked After Children" utilising the LDR May '23: Digital Care Region has scoped out a work plan to create a patient identity management service to enable the safe sharing of patient records between health and social care. A proof of concept was recently developed and is now in the testing phase. **Jul '23. DHCW have released in beta 2x APIs (for testing) to access their national documents repositiory and consumption of their reference data service. The Regional Partnership Board (Digital Care Region) have approached a company called Blackpear who can facilitate the accessing of GP data. Prehab to rehab team and Local Data Resource team are in talks with ViPC to facilitate the accessing of GP data.**	Head of Architecture and Analytics				0		

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	8	28/09/2015	**Clinical Records Risk**: Clinical records are not joined up across disciplines, care settings or geographical boundaries resulting in incomplete and out of date patient information. Summary information is not routinely shared across systems. Differing local service models which are also going through a period of significant change mean access to appropriate data is an increasing need. Consequence is unsupported clinical decision-making, introducing patient harm and/or disadvantage and failure to meet NHS Wales digital strategy	DT			0	UHB architectural design to be reviewed to consider local data repository for bringing together in a usable way clinical information held in numerous clinical systems. UHB working through a programme to implement once for Wales requirements for data and technical interoperability standards.		3	3	9			National prioritisation for NWIS to open up the national data repositories. Jan 2020: NDR & CDR workshops to understand the technical roadmap this will be picked up via the national IT infrastructure review being undertaken in Feb / March 2020 . The new governance model supporting the Digital strategy delivery will address via the clinician channel programme board, which is being established in October 2020. Jan 2021: The clinician channel programme board has been established and will drive direction and priorities for the NDR/LDR in CAV. May 2021: All Digital strategy channel programme boards established and led by a senior clinician, overseeing the delivery of the CAV Digital Strategy roadmap plans. Jan 2022: NDR Programme Board re-established with a smaller focussed group. CAV represented via Director of Digital & Health Intelligence. September 2022: CAV LDR plan being formalised. Jan ' 23: CAV LDR now live, data started to be ingested, albeit to support mostly operational reporting. Low head count in LDR stifling pace of delivery, in particular the development of a summary record shared across multiple domains. May '23: The LDR workload has been steadily increasing overtime to a point where customers are unhappy with the support and pace of delivery. Currently there are 28 projects WIP (1,620 days of effort to complete), 4 projects on-hold (120 days of effort to complete) and 41 projects on the backlog (1,980 days of effort to complete). The resource to carry out these projects are 2 x WTE and 2 x 0,5 WTE, which is impeding the pace of delivery and support **Jul '23. A consultancy company that provides enterprise architecture services is helping to document and design the future UHB landscape. The data improvement group will be interviewing 5x services to determine how they use systems (or paper) in their daily workflows.Their responses will be analysed to determine the wider architectural work**.	Head of Architecture and Analytics				0		
A2/0004	8	13/12/2013	**Insufficient Resource:** The delivery of the IM&T Strategic Work plan is based on the UHB being able to ensure that the IM&T Department is appropriately resourced to manage infrastructure and deliver projects. All bench marking information indicates that the UHB is significantly under resourced in this area. Consequence: Inability to support operational and strategic delivery at pace required, reliance on outsourcing at enhanced cost, non compliance with legislation (FOI / GDPR)	DT			0	The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.		3	3	9			Jan 2021: Discretionary capital allocation for Digital has been restored to £500K for 20/21. The UHB is also actively engaged with Welsh Government in undertaking a review of National Infrastructure requirements as part of the plans to increase Digital investment in Wales. In addition the Digital infrastructure 5 year sustainability plan has been updated to ensure that highest priority risks are addressed first with any available funding. The D&HI directorate has also been successful in gaining in excess of £1m additional revenue funding from the UHB for 20/21 and there are bids being considered for recurring additional revenue. May 21 Update: Year end funding of in excess of £2m plus earlier allocations in support of COVID has allowed to HealTh Board to plan to enahnce its Digital Device infrastructure. There is however a great deficit going forwards between the anount of Discretionary capital allocated to Digital and the requirements to sustain our infrastructure. This has been highlighted to Capital Management Group and included in the Digital services Case for Investment plan submitted to management excecutive in December 2020. Sept 21 - A staff gap analysis has been carried out in DH&I. Significant shortfalls has been identified and formalised within the report being presented to CAV UHB Exec Board by the Director of DH & I Jan 2022 update: A submission on resourcing was submitted to management Exec in November but was only funded on a non recurring basis to end of March. Further submissions are being prepared for consideration by the Business Case Assessment Group (BCAG) May 2022: D&HI and Finance teams have reviewed current structures and cost base and developed a plan to resource priority areas already idetnfiied as critical ; these are under consideration by the DoF and likely to require business cases for submission to BCAG. Sept 2022: succesful bids to BCAG have resulted in additional investment in the Digital Operational team, 365 team and WiFi team. Unfunded cases comprise of information and project/service delivery requirement resources. These will be reviewed and built into the longterm financial model work being led by the Director of Finance. Jan '23: Implementation of the Digital Stragies work plan (Road map) continues to be dependant on addequate resources; a process of prioritising organisational programmes of work is currently undertaken May '23: Digital investment challenges to be discussed in private session of DHIC on 30.05.23. Governance changes proposed to manage the process of sequencing to be in place by July 2023. **July '23: Digital roadmap and Digital Information Programme proposals presented and discussed at Board on 27.07.23. Agreement that investment cases should feed into the long term financial plan (DDHI & EDOF to action)**	Director of D&HI				0		
	8	16/02/2018	**UHB Standard Data Processing** Risk: obligations and accountabilities relating to the way data is handled are not formalised Consequence: the UHB could suffer detriment and/or have difficulties applying remedies against a third party if data is not handled appropriately	DT			0	Library of outline documents for sharing data available, with completion of these supported by corporate information governance department. Requirements to use and refer to are being emphasised within the training.		4	2	8			Procurement are greatly assisting process by referring all issues involving data sharing to the corporate IG department. September 2022: Procedures improved via the IG Working Group whereby new data requests for data sharing are reviewed and actioned in a consistent manner. January 2023 update: IG Dept due to provide a presentation to the Procurement Dept January 2023 on requirements to ensure IG and cyber security are satisfied when third parties are enlisted. May 2023: No further update **Jul '23: Digital Care Region has scoped out a work plan to create a patient identity management service to enable the safe sharing of patient records between health and social care. A proof of concept was recently developed and is now in the testing phase.**	Head of Digital Services Management				0		
	8	16/02/2018	Risk: **IG policies and procedures** are not up to date/do not cover all relevant areas. Procedures are not aligned to relevant national policies. Consequence: Lack of clarity in terms of how the UHB expects its staff to work to in order for relevant accountabilities to be discharged.	DT			0	Update: Controlled document framework requirements delayed due to resource constraints - Integrated IG policy is live and covers a number of existing policies.		4	2	8			Restructuring of IG department will increase amount of expert resource. Investment in training will also increase available expertise to support the review of policies. A formal review of policies and procedures is underway as per risk #7. May 2022: Controlled documents are reviewed and action plans for refresh or updates are routinely captured and reported on at each DHIC meeting. September 2022 update: A third party has been enlisted to update existing policies and implement new SOPs were we are have identified gaps in our processes. This work is progressing with updates reported to DHIC. January 2023 update: A number of existing procedures have been updated and two new ones created. These will be presented to DHIC in February 2023. May 2023 update: 10 policies/procedures/guidelines updated and presented to Feb 2023 DHIC. A futher two documents currently in the process of being reviewed/updated. **July 2023 update: The Records Management Policy has been updated and is being brought to DHIC in August 2023. Additionally, the Records Management Procedure and Transportation of Casenotes and PII Procedure have been updated.**	Head of IG & Cyber Security				0		

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	8	28/09/2015	Risk:- **Non compliance with Data Protection & Confidentiality Legislation** - the UHB's progress in taking forward the action plan to reduce the risk of non compliance following the ICO's assessment of our 'reasonable assurance' with the GDPR/ DPA is not sufficient to mitigate the risk of non compliance with Data Protection Legislation. Consequence: Mistrust of our population and other stakeholders resulting in their unwillingness to share / divulge essential information, Significantly financial penalties - and increasing post BA case	DT			0	Clinical Board assurance and co-ordinated mitigation of risk being developed via quality and safety meetings. Ownership and community of practice anticipated to develop across IAOs/IAAs from this. GDPR awareness being used to ensure Leaders and asset owners are reminded of existing requirements and mandatory nature of the asset register. Options for enabling messaging in compliance with legislation has been considered by clinical and executives on a number of occasions, and UHB close to agreement.		4	2	8			Restructuring of IG department will increase amount of expert resource. Resolution of long term absence will also increase available expertise and resource to support GDPR plan, and manage the operational requirements on the corporate department. Ongoing implementation of GDPR/ICO action plan. The Information Governance team have developed a work plan to review and update all outstanding policy and procedure documents in the CDF and these are scheduled to be complete by December 2020. Implementing the action plan will reduce the risk, May 2021: policies are being reviewed and an update will be reported to DHIC in June 2021. Sept 2021: Business case being presented to appoint further IG support to support with CB engagement. Jan 2022: Additional non-recurring funding made available until 31.03.22. Recurrent funding bids are being prepared for consideration by the Business Case Assessment Group (BCAG) May 2022: Review of all mandaorty training being done in June to ensure that IG and cyber training are prioritised. September 2022 update: Following a 6 month program of work, staff accessing their own records and family records has fallen by 76% and 65%, respectively. The UHB is required to ensure that it has appropirate security controls in place to protect patient data. January 2023 update: There continues to be a decrease following targetted comm in the number of staff accessing own and family records (80% & 75% respectively) May 2023 update: Ongoing work tackling inappropriate access to clinical systems with access to own and family records reduced by 76% and 85%. **July '23: IG Mandatory training for Cardiff and Vale staff continues to increase. NIAS compliance has improved as a result of awarness raising**	Head of IG & Cyber Security				0		
A4/0025	8	10/07/1905	**WCCIS** Risk: The delivery and implementation of a single instance of national Mental Health, Community and Therapies System (WCCIS) requires significant local resource to co-ordinate work streams and implement key deliverables across the UHB. Consequence: Delayed milestones, poor quality deliverables and ultimately delayed realisation of benefits. Critical deliverables are being held up, including: local business case; delivery of full functionality against the Statement of Requirements; delivery of essential product enhancements; infrastructure, system configuration, service management, ongoing support, integration with other national systems, testing, data migration.	DT			0	Update 18/11/2019: Temporary posts have been funded from regional ICF monies, including 2 Business Analyst posts, regional technical , programme and project lead resources. Implementation in the UHB remains dependent on delivery of extensive functional enhancements, for which there is currently no delivery roadmap.		4	2	8			Jan '23 - In the absence of a future upgrade path for the WCCIS (CareDirector) system , the UHB is currently unable to adopt the WCCIS system as a digital platform for the scoped services. The UHB is partnering with its local authorities through the Regional Partnership Board (RPB) and has set up a Digital Care Region (DCR) Steering Group to own the governance foundations for record sharing between local health and social care organisations. This approach is consistent with, and supportive of the National and Local Data Resource (NDR, LDR) programme aims for the sharing of data, and guided by the National Digital Strategy 2021 in its aspirations to address RPB challenges through the delivery of data agility. Our approach, is to work towards ensuring that data within the PARIS system can be shared via appropriate interoperability which means that not all organisations have to use the same system in order to be able to share relevant data across systems. May '23 - Engagement of D&HI team with National WCCIS Programme Team is limited, with no current opportunity to discuss or influence the direction of the ministerial options paper going to the ministry in early June 2023 **July '23: No update**	Head of Digital Services Management and Director of Digital and Health Intelligence				0		
	8	01/10/2018	**Effective Resource utilisation** :With an increasingly restricted resource, the UHB requires assurance that digital effort is expended in the most benefits laden workload. Benefits based prioritisation requires robust and matured benefits tracking and a matured reprioritisation mechanism. This requires some changes of technique within the Digital department.	DT			0	Establishment of a formalised corporate prioritisation mechanism based on benefits and corporate drivers for change.		4	1	4			May 2022 - D&HI continue to prioritise infrastructure work based on the UHB Digital Strategies. These are also in conjunction with the National Infrastructure Management Board and All Wales Infrastructure Programme. A digital front door process has been developed and is being tested before launching in June 2022, utilising the new Ivanti IT service management tool. Sept 2022: Work continues on the Digital Front door. Late Aug 2022 has seen the soft launch of the Digital work request icon via the Ivanti Self Service portal. All work and project requests for Digital are going through this method, this in turn is providing improved workload visibility and planning benefits. Jan 2023: A PM for the DFD project has been employed until Mar 23. The project has come to a partial completion awaiting recruitment of a dedicated staff member to assist with request triaging. May 2023: A new Head of Digital Services Management post has been created and new PMO team and function as well as process has been agreed by the CAVUHB Senior Digital Management team. **July '23: Digital Advisory Board established as group representing all Clinical Boards focussed on prioritisation of work requests**	Head of Digital Operations				0		
	8	02/02/2018	**Governance arrangements** for overseeing and challenging NWIS are weak. There is insufficient transparency, blurred lines of accountability and they lack a clear set of priorities Consequences: The significant resource we provide to NWIS is not optimally used to support the UHB in delivering its statutory obligations nor in supporting us to deliver our strategic objectives as identified in "Shaping Our Future Wellbeing"	DT			0	UHB is engaged with WG and NHS peers to take forward the recommendations of the WAO review of NWIS with a view to addressing the numerous risks identified in the report.		3	1	3			CAV involvement in National programme activities and Governance review**.** Opportunity to influence the new SHA replacing NWIS via the consultation exercise which has commenced (Sept 20). Jan 2021: Feedback submitted to WG in response to the new SHA consultation document launched in Nov 2020. May 2021: DHCW committed to quarterly stakeholder Exec to Exec meetings to share plans and strategic ambitions (initial meeting held in May 21) Jan 2022: Regular DHCW execs to exec meetings scheduled for 2022. May 2022: Exec to Exec meeting held in May 2022, agreed regular director level engagement and collaboration meetings in diaries. September 2022: Regular DHCW/CAV meetings diarised at Director level. Jan '23 - Annual plan of digital programme agreed with DHCW, to be reviewed at Exec to Exec meeting in February 2023. May '23 -- Work programme agreed and reviewed via quarterly Exec to Exec review meetingds between DHCW and CAV. Propose to close and remove from Risk Register. Rationale for proposal: stronger collaborative joint working arrangment now in place between CAV UHB and DHCW (exec level) **July '23: No Update**	Director of D & HI				0		

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Report Title:	IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, staffing and mandatory training)			Agenda Item no.	2.3
Meeting:	Digital & Health Intelligence Committee	Public	X	Meeting Date:	15th August 2023
		Private			
Status *(please tick one only):*	Assurance	X	Approval	Information	
Lead Executive:	Director of Digital & Health Intelligence				
Report Author (Title):	Head of Information Governance and Cyber Security				

Main Report
Background and current situation:

This report considers key information governance issues considered by the responsible Executive Director, Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO). Specifically, it provides information on the following areas of Information Governance within Cardiff and Vale University Health Board (the UHB).

- Information Governance (IG) Staffing levels and capacity
- Data Protection Act - Serious Incident Summary and Report
- Freedom of Information Act - Activity and Compliance
- Data Protection Act (DPA) - Subject access requests (SAR)
- Compliance monitoring/National Integrated Intelligent Auditing Solution (NIIAS)

Each individual report contains specific details relevant to the subject area, and includes updated information since the previous report to the Digital Health Intelligence Committee (DHIC) on how the UHB has complied with the obligations of each piece of legislation that satisfy the information governance requirements.

The UHB is required to ensure that it complies with all the legislative requirements placed upon it. In respect of Information Governance, the relevant legislation which largely impacts on this work are the Data Protection Act 2018 (DPA), UK General Data Protection Regulation (UK GDPR) and the Freedom of Information Act 2000 (FOIA).

Quarterly reports are produced for the DHIC to receive assurance that the UHB continues to monitor and action breaches of the UK GDPR/DPA 2018, FOI requests and that subject access requests (SAR) are actively processed within the legislative time frame that applies and, that any areas causing concern or issues are identified and addressed.

ASSESSMENT

1. **Information Governance Staffing Levels and Capacity**

Information Governance staffing levels remain stable but continue to find the current workload challenging.

The staffing structure is as follows:

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- David Thomas, Director of Digital and Health Intelligence is the Senior Information Risk Owner
- Professor Meriel Jenney, Medical Director, is the Caldicott Guardian
- James Webb is the Data Protection Officer
- The Information Governance Department is currently resourced at 5 WTE.

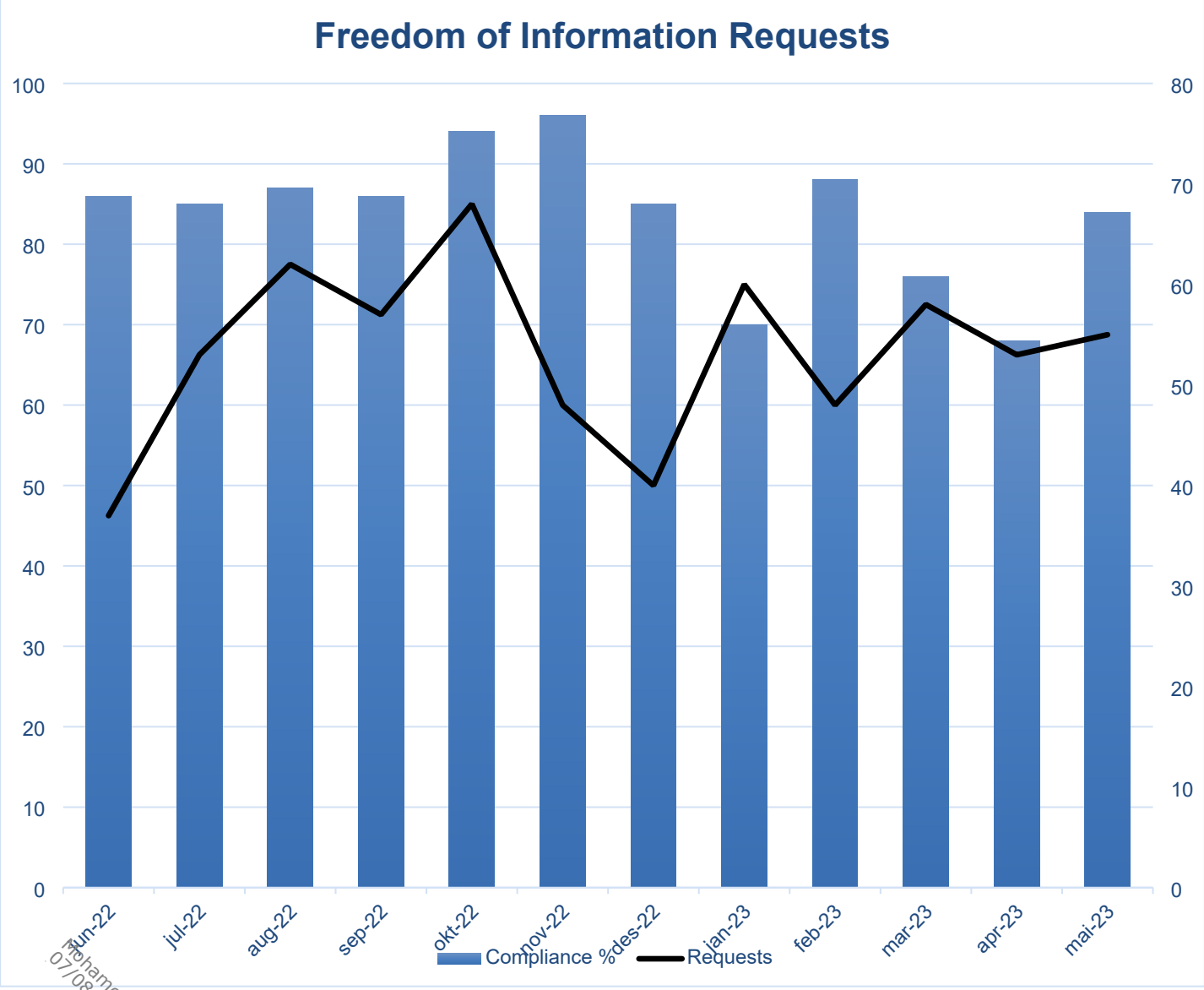
2. Data Protection Act – Serious Incident Report

Date reported: May 2023 to Jun 2023

Between May 2023 and June 2023, the Information Governance Department have reviewed a total of 112 information governance related incidents reported via Datix. Of these breaches reviewed, only one of breaches met the threshold to be reported to the Information Commissioner's Office (ICO). The details of this breach are outlined in the private meeting of this committee.

3. Freedom of Information Act

FOI compliance percentage for the last rolling 12 months against the 20-working day deadline is demonstrated as follows:



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Whilst the drop in January was anticipated, we were expecting this position to be recovered during February and March. The average number of FOIs received during the last 12 months has increased marginally to 53 requests per month and average compliance has slightly dropped to 84%.

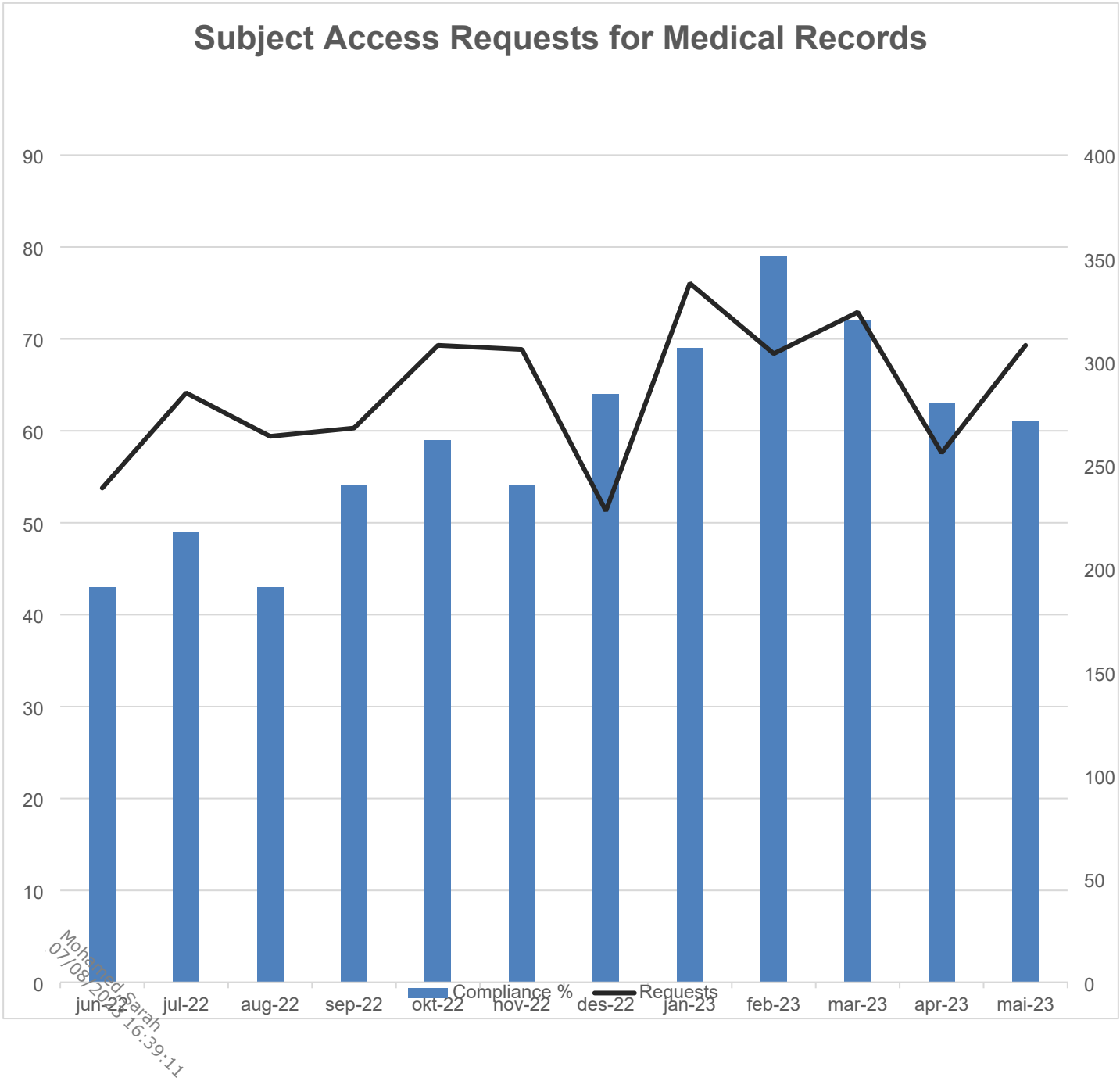
A link to the UHBs FOI disclosure log can be found below. This provides a link to every FOI the UHB publishes online. In the event that requests are made for the same information, the UHB is able to signpost requestors to this log.

https://cavuhb.nhs.wales/about-us/governance-and-assurance/freedom-of-information/disclosure-log/

4. Subject Access Requests Processed

4.1 Health Records requests

Medical Records SAR compliance percentage for the last rolling 12 months against the one-month deadline is demonstrated as follows:



There has been a steady drop in compliance since February 2023. The total number of monthly requests remains high. Average compliance over the last rolling 12 months is 63%.

The Subject Access Request Digital Front Door is currently live and the being piloted within Medical Records Department. There will be a phased roll out following a successful pilot.

4 .2 Non-Health Records

A total of 17 subject access requests submitted for non-health records were received from April 2023 to May 2023. 16 requests (94%) were complied with, within the legislated timeframe.

5. Compliance Monitoring/NIIAS

Since January 2022, the UHB has sent out a total of 750 letters to staff who have been identified by the UHB's instance of the National Intelligent Integrated Audit Solution (NIIAS), based on a process approved by Management Executive.

These letters form part of an approach which also includes a wide-reaching and targeted comms programme of work. Further detail will be provided in the private meeting of the committee.

6. Information Governance Mandatory Training

Overall UHB Information Governance training compliance is currently 74% and is broken down by Clinical Boards as follows.

Org L4	Assignment Count	Achieved	Compliance %
001 All Wales Genomics Service	306	279	91%
001 Capital, Estates & Facilities	1396	1202	86%
001 Children & Women Clinical Board	2364	1879	79%
001 Clinical Diagnostics & Therapeutics Clinical Board	2607	2139	82%
001 Corporate Executives	1029	802	78%
001 Medicine Clinical Board	1917	1292	67%
001 Mental Health Clinical Board	1512	1081	71%
001 Primary, Community Intermediate Care Clinical Board	1137	905	80%
001 Specialist Services Clinical Board	2111	1579	75%
001 Surgical Services Clinical Board	2435	1680	69%
UHB	**16814**	**12838**	**76%**

This represents a further 2% increase in overall completeness since figures were last provided to the Committee.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

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- Information Governance resource remains unchanged since the last committee meeting.
- 112 information governance related incidents reviewed from January 2023 to April 2023.
- 2 data breaches since the last committee have been reported to the Information Commissioner's Office.
- Freedom of Information compliance has dropped slightly dropped over the last two months.
- Requests for access to medical records remains high. A steady drop in compliance since February 2023.

- The Information Governance Department continues to send letters to staff who breach data access policy.
- Information Governance mandatory training have increased by a further 2% and continues to edge towards an acceptable level.

Recommendation:

The Board / Committee are requested to:

- RECEIVE and NOTE the series of updates relating to significant Information Governance issues

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention	x	Long term		Integration	x	Collaboration	x	Involvement	x

Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes
Compliance with legal and mandatory requirements
Safety: Yes
Supports patient and staff safety
Financial: Yes
Non-compliance
Workforce: Yes
Applies to entire workforce
Legal: Yes
compliance
Reputational: Yes
Confidence in managing assets/supporting services
Socio Economic: Yes/No

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Equality and Health: Yes/No	
Decarbonisation: Yes/No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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Report Title:	**Digital Services Key Performance Indicators**				Agenda Item no.	**2.4**	
Meeting:	**Digital and Health Intelligence Committee**	Public	X		Meeting Date:	15th of August 2023	
		Private					
Status *(please tick one only):*	Assurance		Approval		Information		X
Lead Executive:	**Director of Digital and Health Intelligence**						
Report Author (Title):	**Director of Digital and Health Intelligence**						

Main Report
Background and current situation:

As previously reported to the Digital and Health Intelligence Committee, the digital service-desk tool, Ivanti, has been fully implemented within the Digital and Health Intelligence (D&HI) digital operations service. This has now been expanded beyond the service desk to include the majority of other functions within the D&HI directorate.

The aim is to demonstrate clearly activity and workflows within D&HI and to improve request/incident management, capturing and publishing overall performance across a range of Key Performance Indicators more broadly across the organistion.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The digital self-service portal (Ivanti) has continued to mature with additional front-end request forms, and additional back-end management information being piloted, with positive feedback from DHI staff as well as the UHB's end-users.

A new team has taken on some of the roles of reviewing and reporting information for the D&HI management, therefore there has been a review of our reported KPIs.

Initially the D&HI team are looking to report on KPIs for activity in the following workstreams:

Service Requests – Requests for information or advice and assistance, as well as general requests.

Incidents – Notifications of failures of systems or equipment

Change Requests – Requests for an adjustment to an existing specialist system, primarily used for PARIS and other clinical systems.

As we develop the capturing and reporting of all activity, this will shortly include:

- Scale of incoming work numbers in comparison to closed work numbers.
- The current work requests that are open.
- The types of work requests and their relative priority to support the sequencing and prioritization process
- highlight issues and provide assurance to the D&HI leadership so they have clear overview and grip.

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To facilitate this the team is looking to provide an online reporting service for management colleagues using the Office 365 Business Intelligence reporting software "Power-BI".

Appendix 1: shows the Workflow reporting for Digital & Health Intelligence through Ivanti.

These will be presented in more detail at the DHIC meeting using the latest live data pulled from the Ivanti system.

In the future, as we improve the reporting capacity around digital activity there will also be the ability to provide reporting and assurance on project works and large work programmes.

Recommendation:

The Committee is requested to:

REVIEW and NOTE the progress since the last update on the Ivanti service desk tool in relation to KPIs.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention		Long term		Integration		Collaboration	x	Involvement	x

Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes
– service non-availability is reduced through faster logging and response times
Safety: No
Financial: Yes
– provides a more effective use of resources
Workforce: Yes
– provides more effective support to all users of Digital Services
Legal: No
Reputational: Yes
– enables the service to demonstrate performance against targets and to publish performance on a routine basis
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Mohamed-Sarah 07/08/2023 16:

D&HI Key Performance Indicators
Power BI Reporting Demo for DHIC

Mohamed.Sarah
07/08/2023 16:39:11

Basics

The idea is these reports will be mounted in a POWERBI online workspace where relevant colleagues can view and interrogate the reports as they wish.

The report is split into 3 groups based on workflow groups through Ivanti with the general layout remaining the same, but some sub reports changing based on group.

Blue – Service Requests
Purple – Incidents
Orange – Change Requests

Each report can then be drilled down to present various levels of detail.

Suggestion / Request – currently the only way to display by team is by the ivanti based teams, if colleagues could confirm which ivanti team sits in each of the four major teams Ops, Trans, Cyber, Informatics and then “others” we could simplify the report of “Owner Team” down to “Owner Group” by the 4 major and then those that sit external.

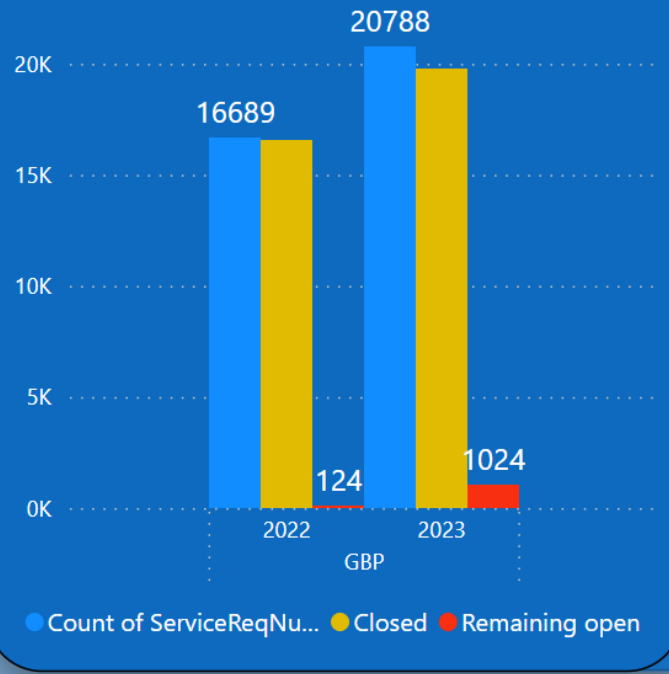
Mohamed,Sarah
07/08/2023 16:39:1

Below are example screenshots, showing how filtering by year, month and quarter can show the changes in work flow and response times.

Service Requests – Year Filter – All time

Service Request Details

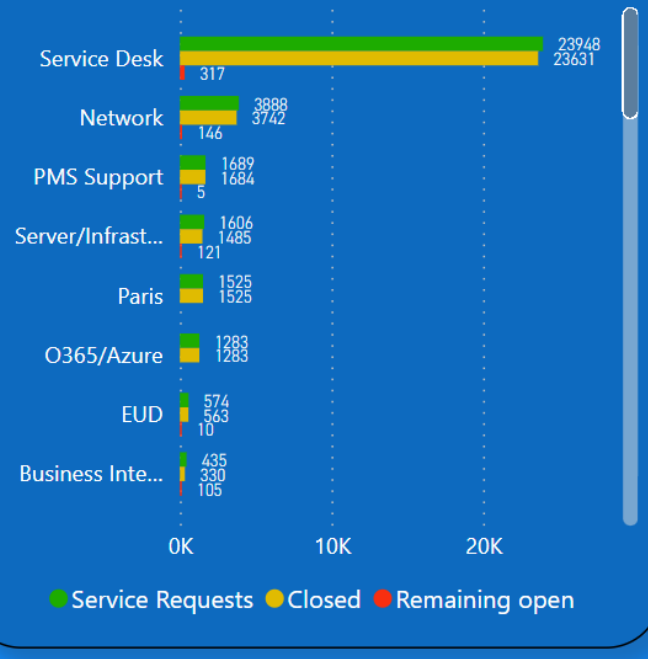
Service Requests Made, Closed and Remaining open By Date



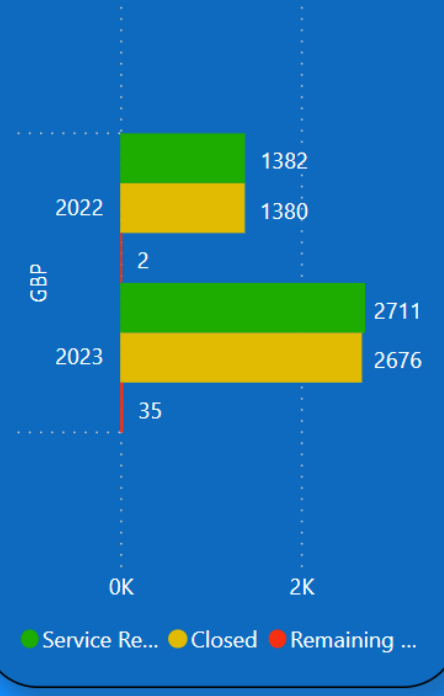
Displayed by Urgency

Displayed by Owner Team

Service Requests, Closed and Remaining op...



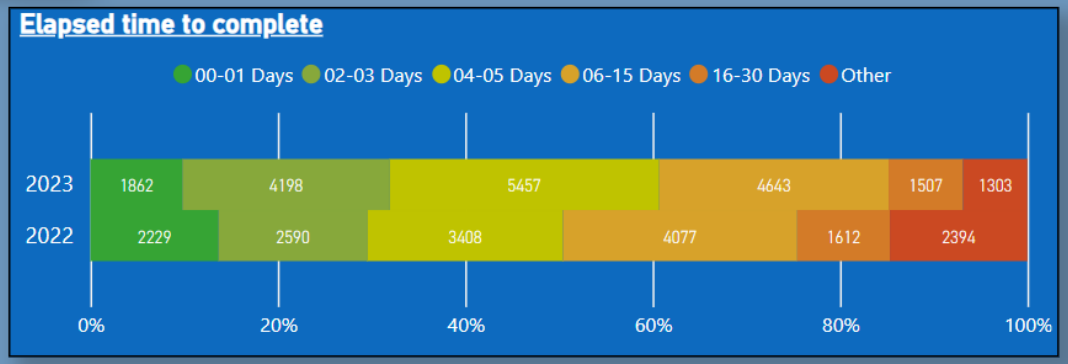
Automation Supported Requests



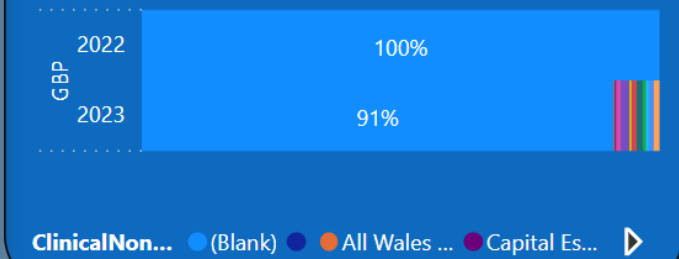
Median Days to Complete SRs	Average Days to Complete SRs
5	14.09

Longest Days to Complete SRs	Current Open SRs
419	1148

Elapsed time to complete



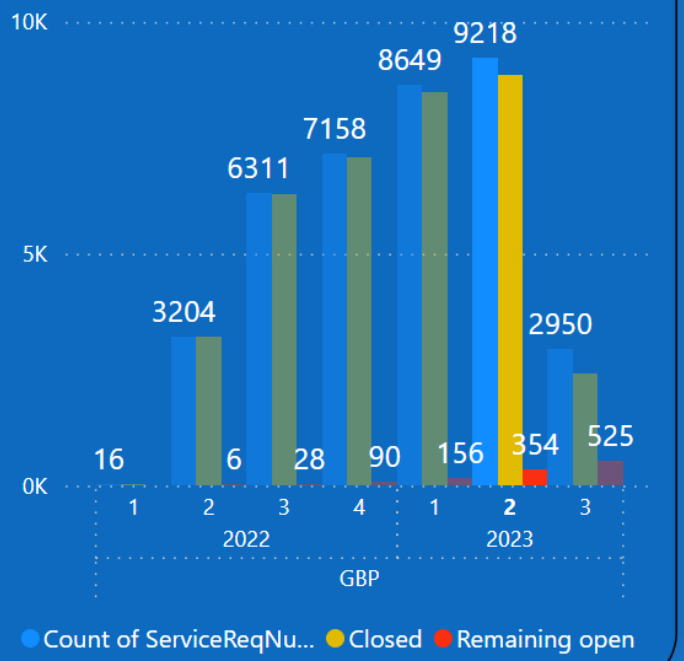
By Clinical Board



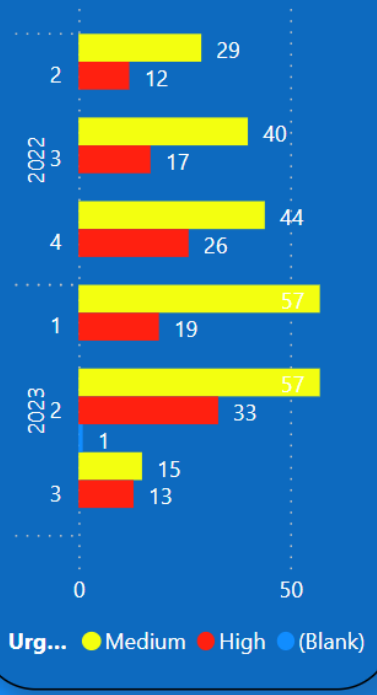
Service Requests – Quarterly – Highlight – Quarter 2 - 2023

Service Request Details

Service Requests Made, Closed and Remaining open By Date

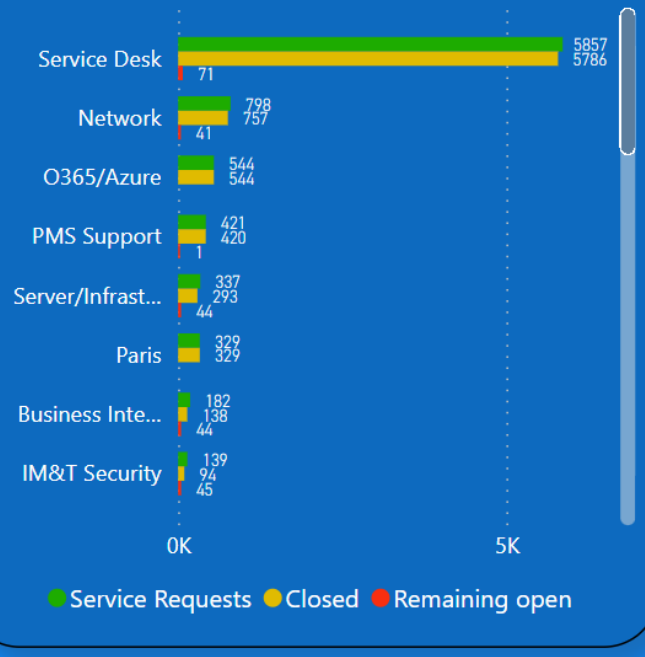


Displayed by Urgency

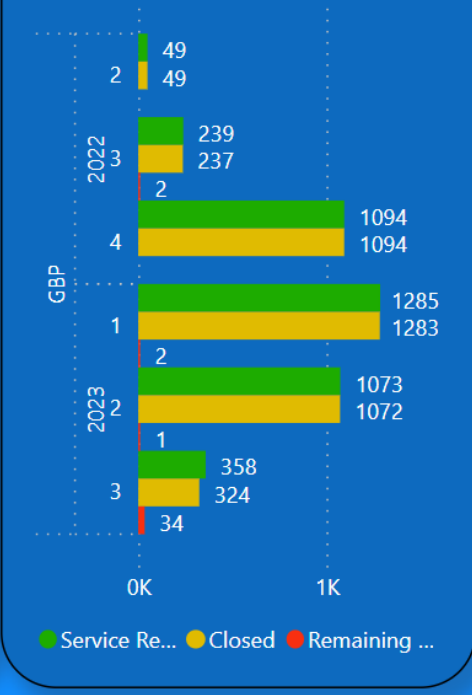


Displayed by Owner Team

Service Requests, Closed and Remaining op...



Automation Supported Requests



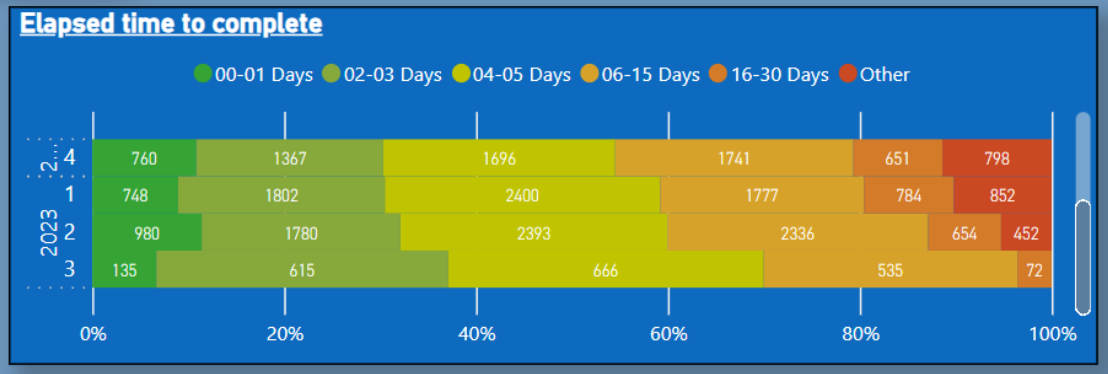
Median Days to Complete SRs
5

Average Days to Complete SRs
8.65

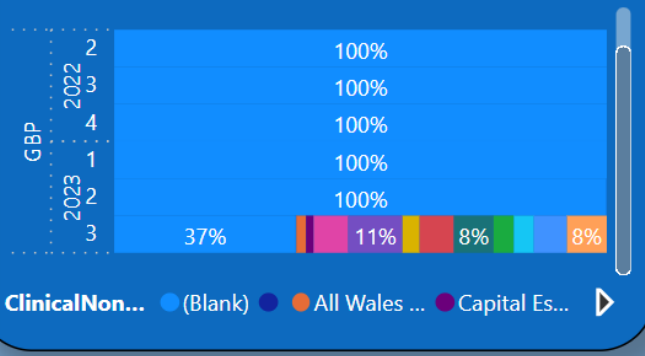
Longest Days to Complete SRs
107

Current Open SRs
354

Elapsed time to complete



By Clinical Board

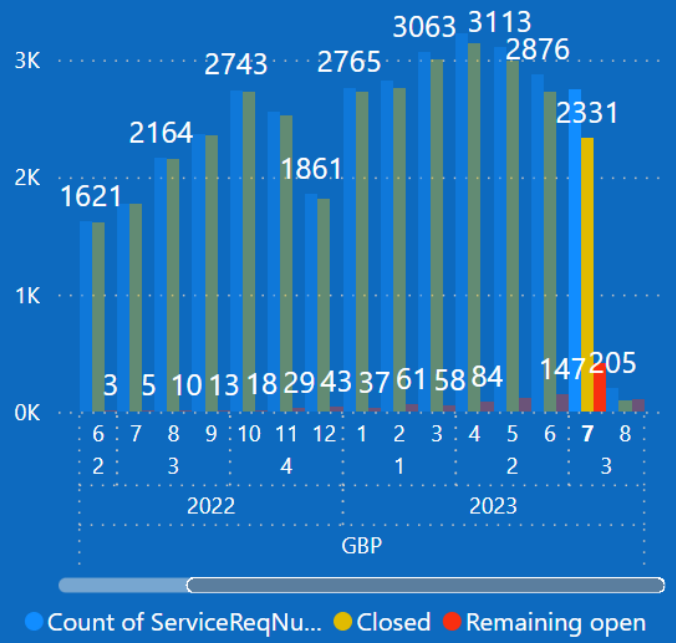


Service Requests – Monthly – Highlight June

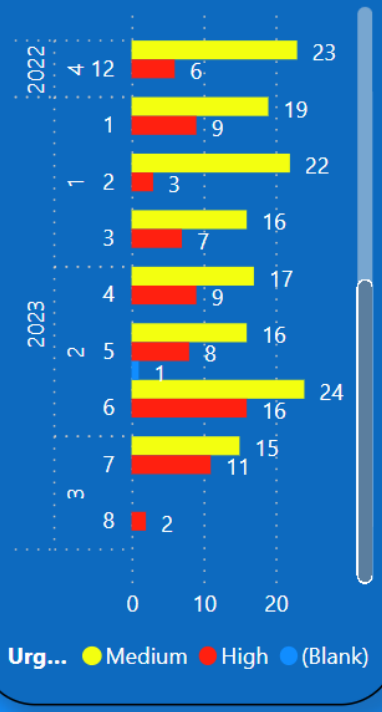
Service Request Details

Service Requests Made, Closed and Remaining open

By Date

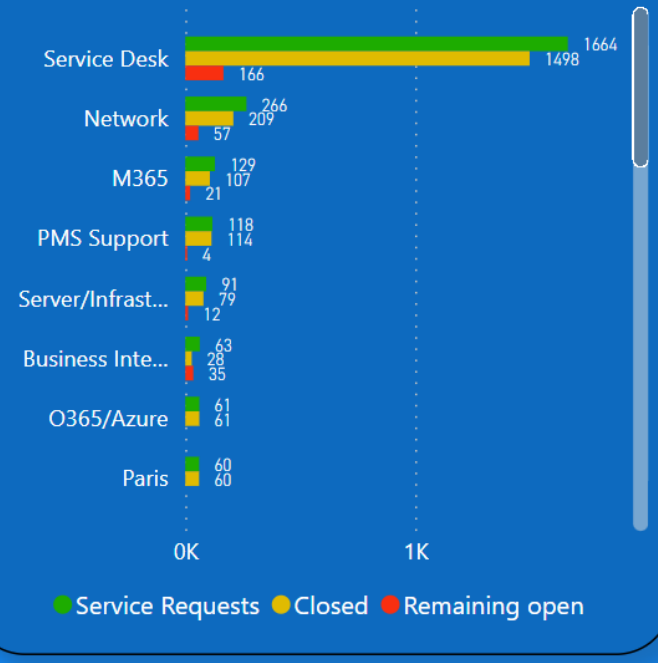


Displayed by Urgency

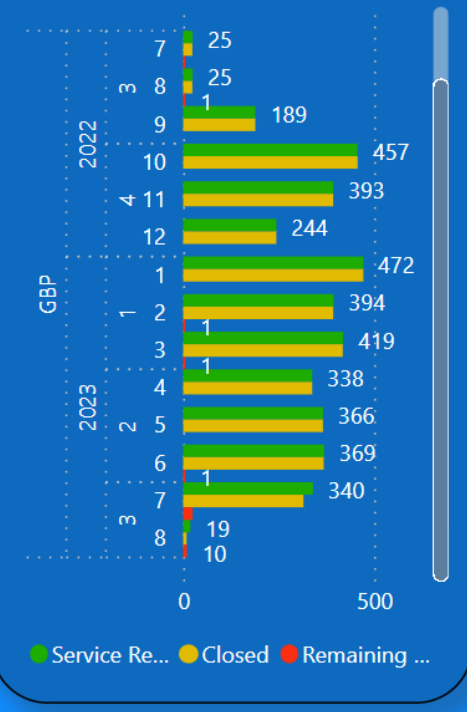


Displayed by Owner Team

Service Requests, Closed and Remaining op...



Automation Supported Requests



Median Days to Complete SRs

5

Average Days to Complete SRs

5.42

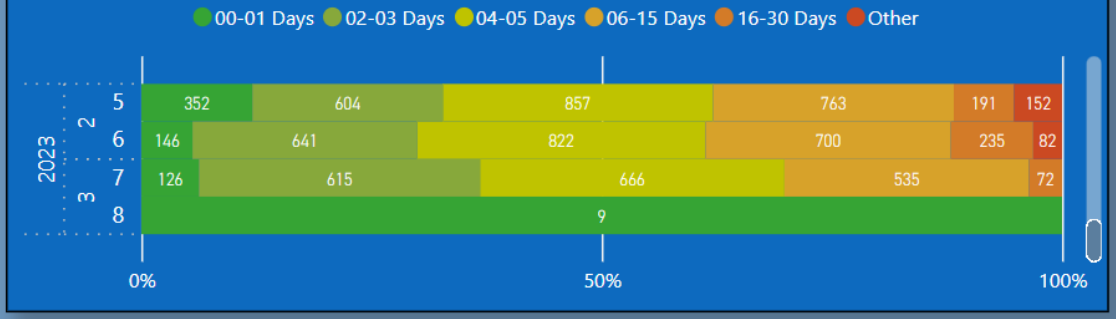
Longest Days to Complete SRs

30

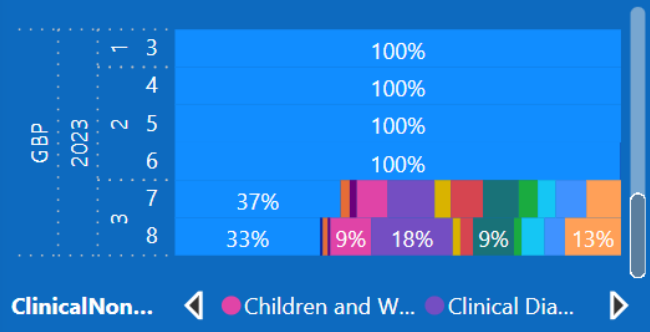
Current Open SRs

413

Elapsed time to complete



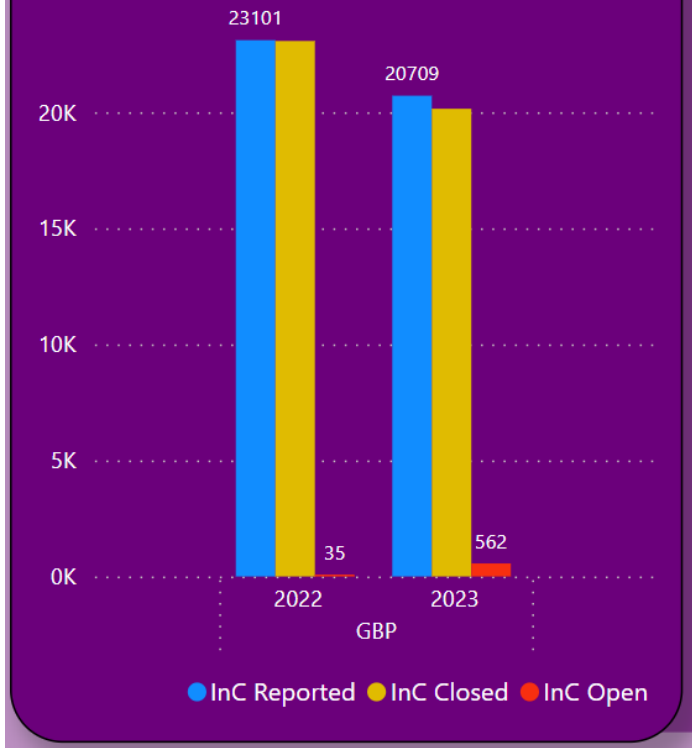
By Clinical Board



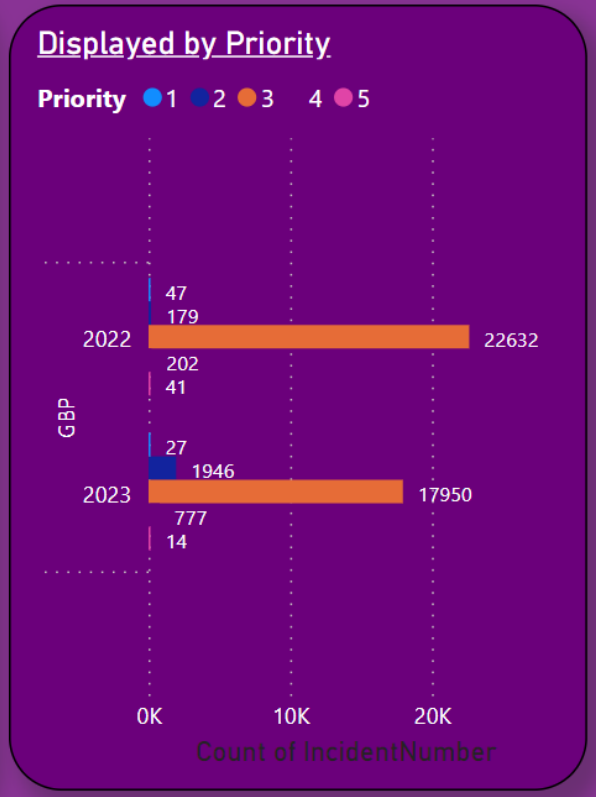
Incidents Reported – Year Filter – All time

Service Request Details

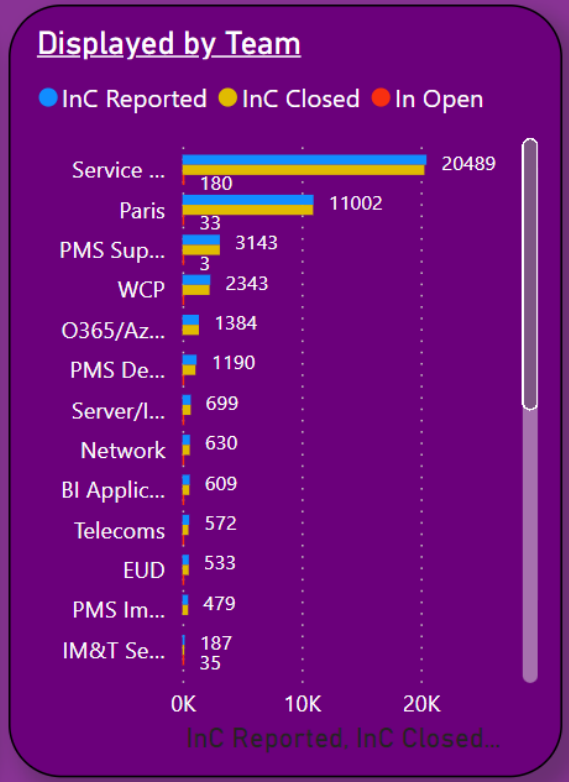
Incidents Raised - Current All Time Status



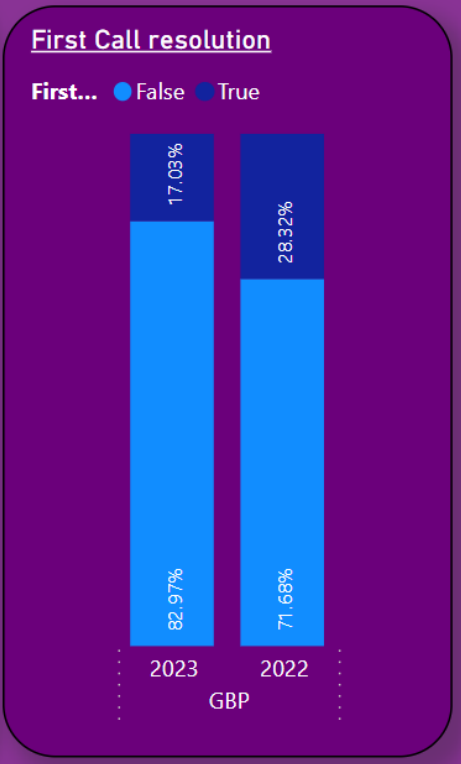
Displayed by Priority



Displayed by Team



First Call resolution



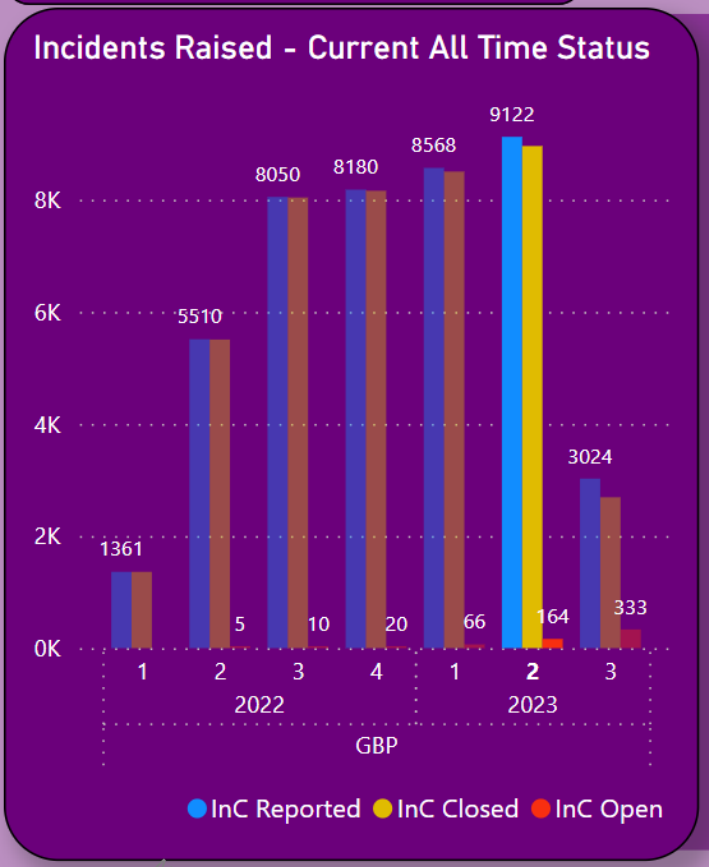
Median Days to Complete	Average Days to Complete
11	16.14

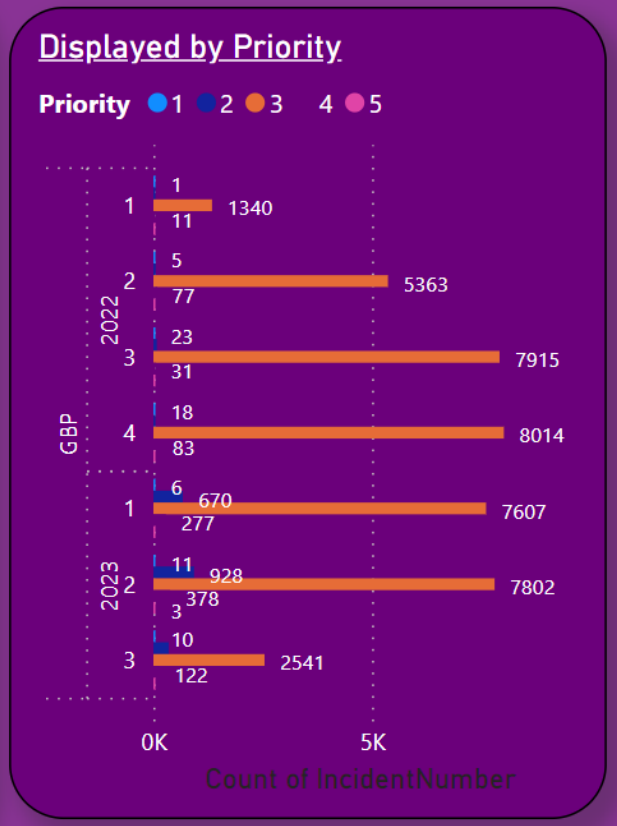
Longest Days to Complete	Current Total Live Incident Reports
397	597

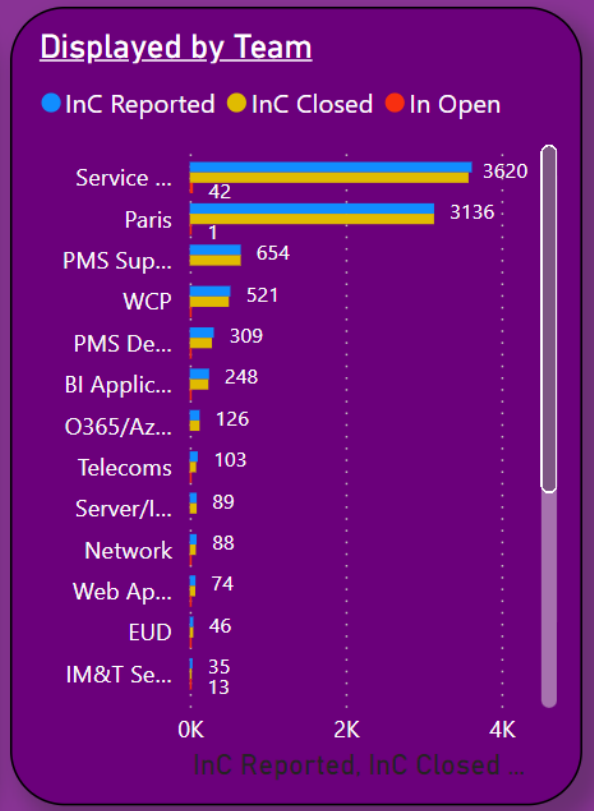
Modified Sarah 6/04/2023 16:39:11

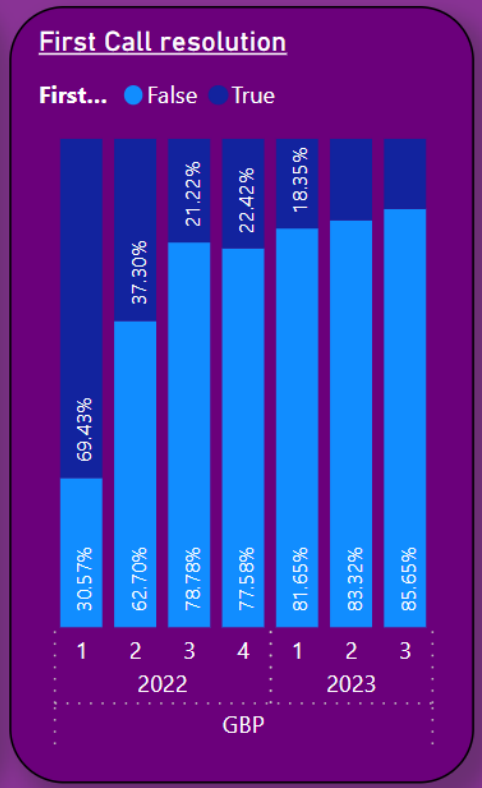
Incidents Reports – Quarterly – Highlight – Quarter 2 - 2023

Service Request Details









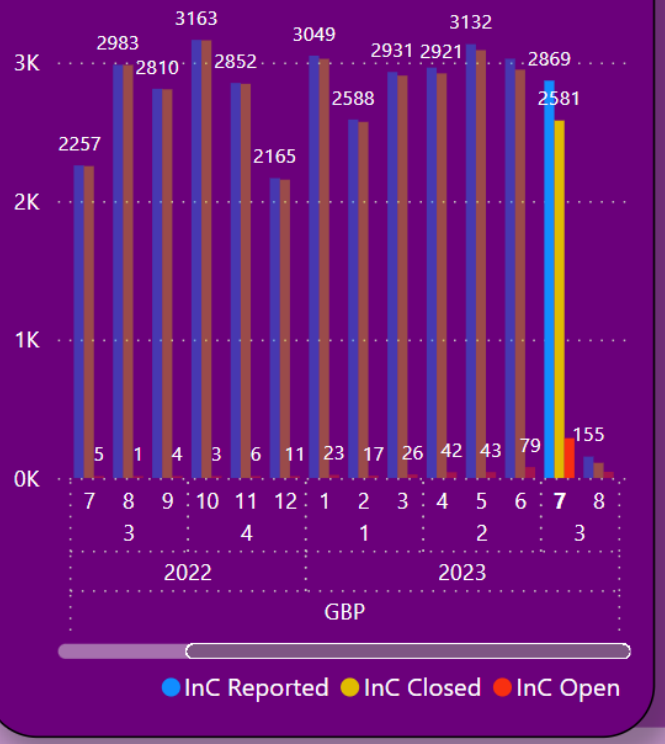
Median Days to Complete	Average Days to Complete
11	14.19

Longest Days to Complete	Current Total Live Incident Reports
111	164

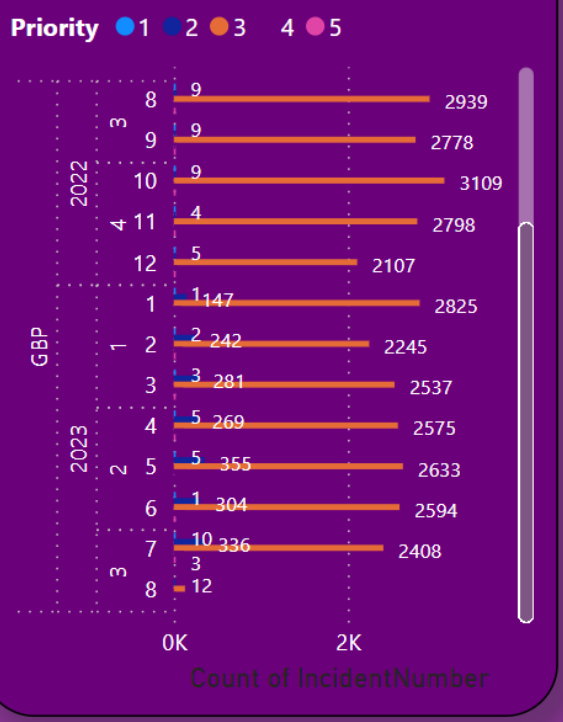
Incidents Reported – Monthly – Highlight June

Service Request Details

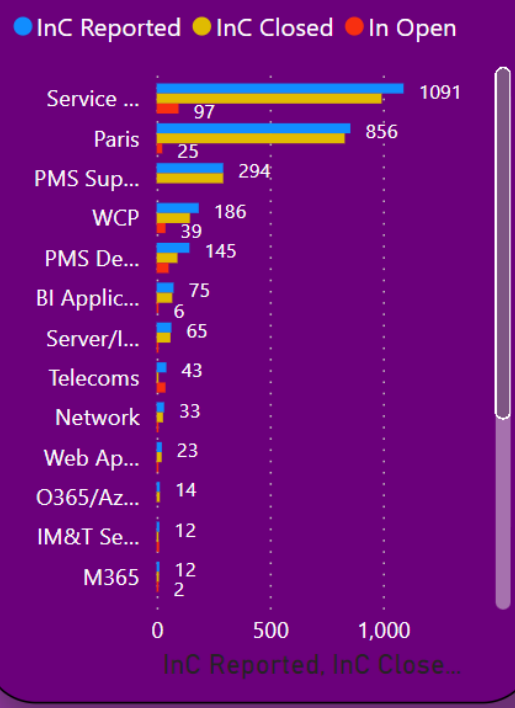
Incidents Raised - Current All Time Status



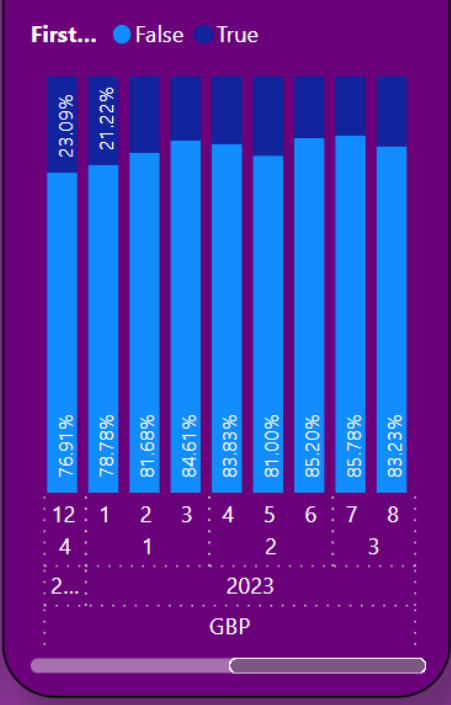
Displayed by Priority



Displayed by Team



First Call resolution



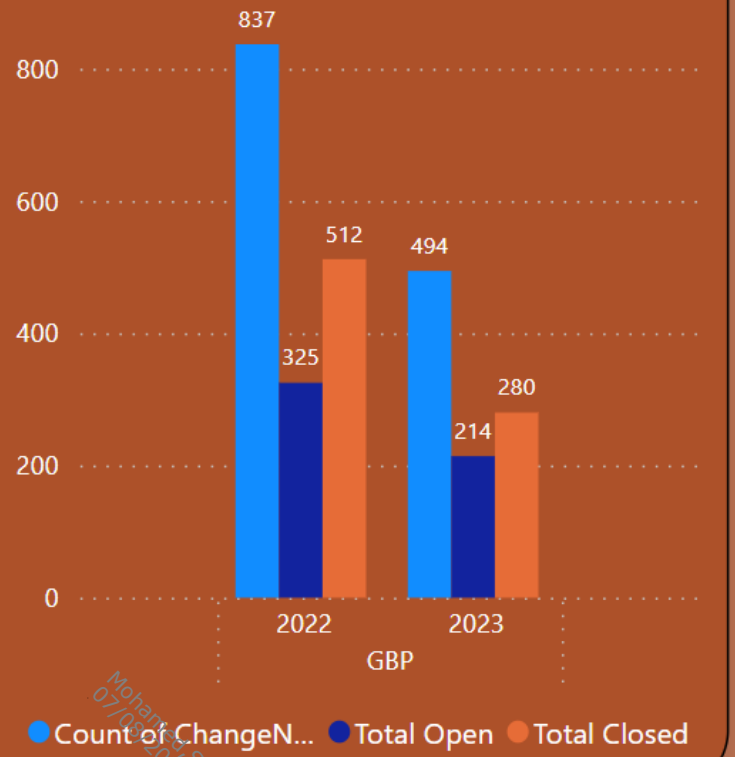
Median Days to Complete	Average Days to Complete
9	10.15

Longest Days to Complete	Current Total Live Incident Reports
28	288

Change Requests – Year Filter – All time

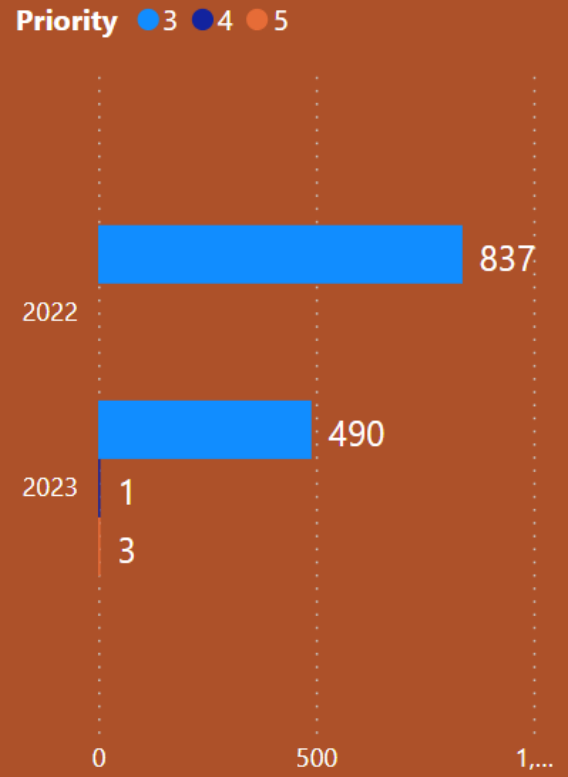
Service Request Details

Change Requests Made, Closed and Remaining open

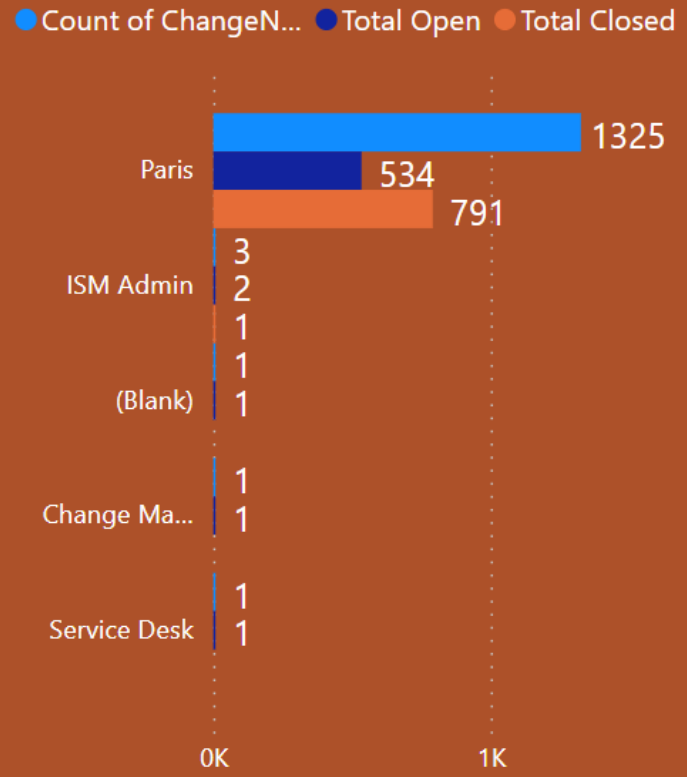


Mohamed Sarah
07/06/2023 16:39:11

Displayed by Priority



Displayed by Team



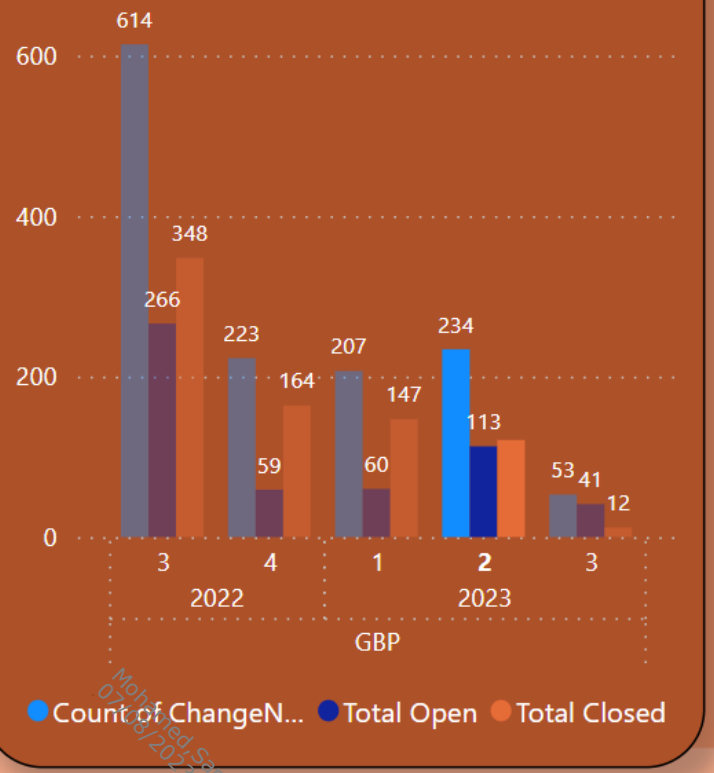
Current Total Live Change Requests

539

Change Requests – Quarterly – Highlight – Quarter 2 - 2023

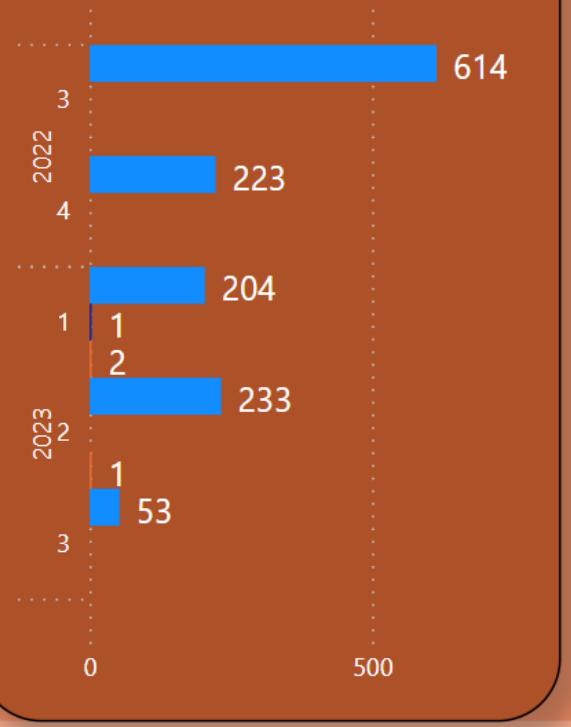
Service Request Details

Change Requests Made, Closed and Remaining open

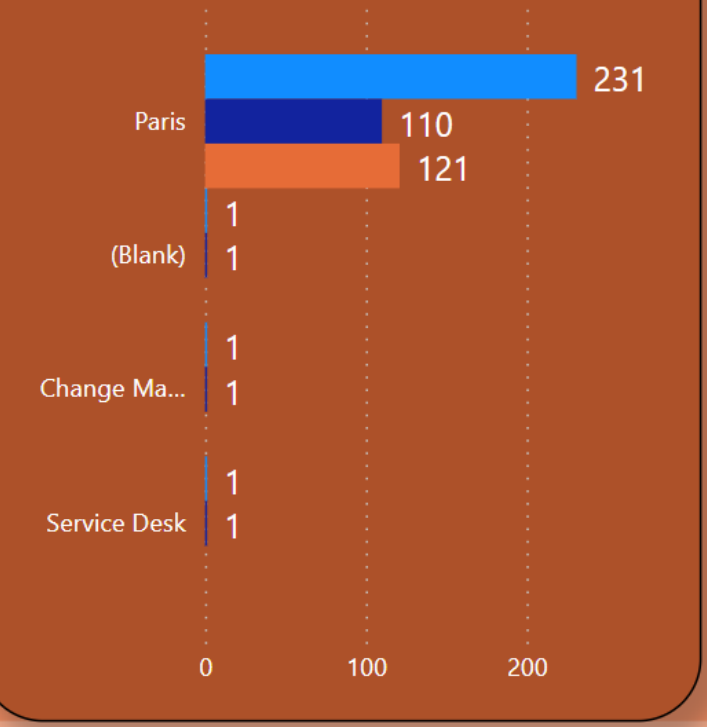


Mohammed Sarah
07/08/2023 16:39:...

Displayed by Priority



Displayed by Team



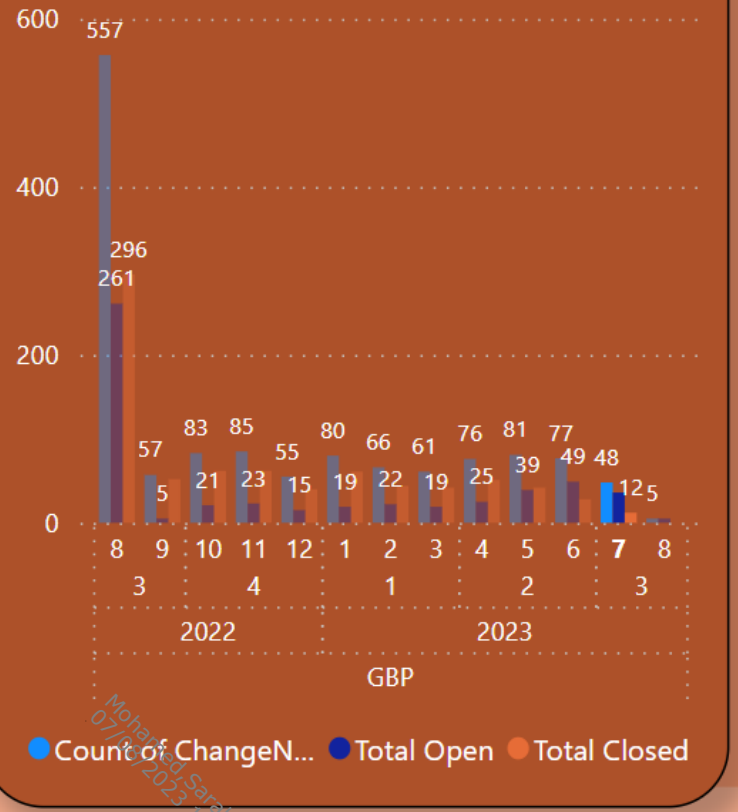
Current Total Live Change Requests

113

Change Requests – Monthly – Highlight June

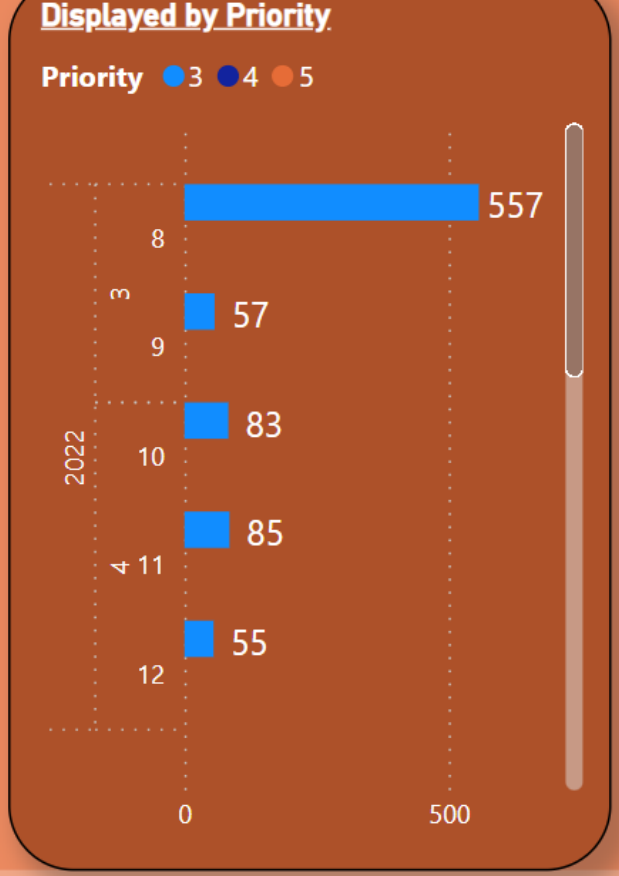
Service Request Details

Change Requests Made, Closed and Remaining open

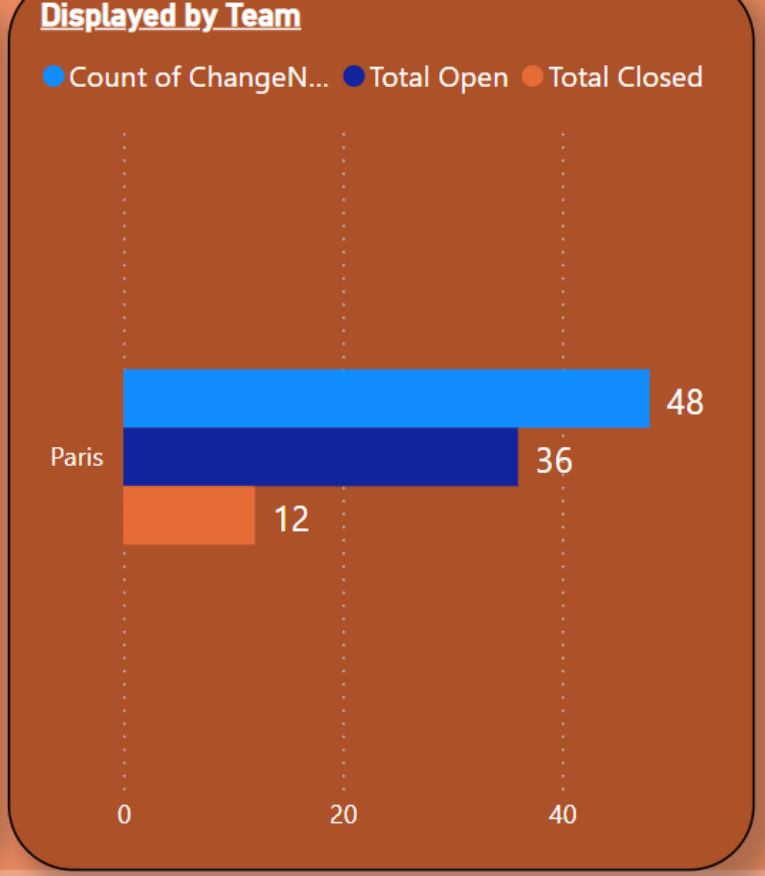


Mohamed Sarah
07/06/2023 16:39:11

Displayed by Priority



Displayed by Team



Current Total Live Change Requests

36

Potentials

- There is the potential to make additional or adjusted report templates for ease of information, such as below the complex template showing three workflows, opened and closed numbers, and then median completion days.

CAV UHB - Digital Health and Intelligence Reporting Structure - Live to July 2023

Operational Reporting | Workstreams through Ivanti monthly

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Below shows the current work flow opened, to work flow closed for each of the three current Ivanti reported workstreams categorised by month, with work colour coding defined by inflow green to red low to high, and outflow red to green low to high.

For Service Requests and Incident Reports that are currently work managed on ivanti we also show median days to completion (final close) this shows the point at which 50% of incidents/requests were closed. As some incidents/requests by nature will be hundreds of days open beyond the control of our team this reporting metric shows a strong indication of time to complete most incidents while excluding the skewing effect of outliers such as 300+ days awaiting response from a company despite chasing.

Work Stream	Status Reported	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023
Service Requests	Opened request	1778	2164	2369	2743	2554	1861	2765	2821	3063	3229	3113	2876	1670
	Closed request	1599	1791	1987	2911	2512	1970	2280	2729	2925	3096	3337	2696	1624
	Median Completion Days	6	5	5	5	5	5	5	5	5	5	5	5	5
Incident Reports	Opened Incidents	2257	2983	2810	3163	2852	2165	3049	2588	2931	2963	3132	3027	1795
	Closed Incidents	1834	2990	2351	2802	3308	2725	2464	2716	2721	2558	3214	3267	1667
	Median Completion Days	9	10	9	10	11	11	11	9	9	10	11	11	11
Change requests	Opened request		557	57	83	85	55	80	66	61	76	81	77	28
	Closed request		294	52	61	62	39	61	42	39	51	37	24	5

Report Title:	**Framework Policies, Procedures & Controls**			**Agenda Item no.**	**2.5**
Meeting:	**Digital and Health Intelligence Committee**	Public	x	**Meeting Date:**	**15th August 2023**
		Private			
Status *(please tick one only):*	Assurance		Approval	**x**	**Information**
Lead Executive:	**Director of Digital and Health Intelligence**				
Report Author (Title):	**Head of Information Governance and Cyber Security Information Governance Manager**				

Main Report
Background and current situation:

As reported at the last DHIC meeting, a number of policies and procedures documents are out of date and need to be reviewed and updated.

As previously stated, the focus over the past twelve months has been to review and update those procedures and guidance documents that support our cyber security and IT security plans, as these have been deemed to be the highest priority.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

Since the last meeting in May 2023, the following procedures and policy documents have been reviewed and are summarised as follows:

- Records Management Policy September 2019.doc - ref UHB 142
- Records Management Procedure Jan18.doc - ref UHB 326
- Information Governance Transportation Of Case Notes And Personal Identifiable Information (PII) Procedure – ref UHB 263. This is to be noted only

The records management policy (and supporting procedure document) is included as a separate agenda item for this meeting, as the policy will require formal approval from the committee. Procedures and guidance documents are not subject to the approval process and are brought to the committee for information and to note only.

The full Document Schedule is attached as Appendix 1.

Recommendation:

The Board / Committee are requested to:

Mohamed-Sarah
07/08/2023 16:09:11

The Committee are requested to:

- Note progress

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term		Integration		Collaboration	x	Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
Adherence to appropriate policies will further reduce risks
Safety: Yes
Patient safety supported by good governance arrangements
Financial: No
Workforce: Yes
All staff need to be aware of their role in using and accessing personal/patient identifiable data
Legal: Yes
Policies set out compliance against IT security and information governance requirements
Reputational: Yes
Compliance with GDPR and Information Governance requirements
Socio Economic: Yes/No
Equality and Health: Yes/No
Decarbonisation: Yes/No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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Controlled Documents Schedule

UHB Ref Number	Title of Document	Type of Document	Last review date	New review date	Current Status	Comments
UHB 006	Data Protection Guidance For Researchers'	Guidelines	07-Dec-2015	07-Dec-2018	Review to be scheduled	
UHB 007	Remote Access Software	Protocol	29-Sep-2010	11-Jan-2012	Review to be scheduled	
UHB 048	Internet and E-mail Monitoring, administration and Reporting Protocol	Protocol	26-Apr-2011	01-Apr-2014	Review to be scheduled	
UHB 263	Transportation of Personal Identifiable Information	Procedure	26-Feb-2015	26-Feb-2018	To be noted by DHIC on 15th August 2023	For noting at DHIC only
UHB 286	Information Governance Corporate Training Policy	Policy	21-Jul-2015	21-Jul-2018	Review to be scheduled	
UHB 287	Information Risk Managment Procedure	Procedure	18-Sep-2015	18-Sep-2018	Review to be scheduled	
UHB 288	Data Quality Management Procedure	Procedure	15-Sep-2015	15-Sep-2018	Review to be scheduled	
UHB 289	Information Asset Procedure	Procedure	22-Jun-2015	22-Jun-2018	Review to be scheduled	
UHB 290	Personal Information use and Disclosure of and the Duty to Share Guidance	Guidelines	22-Jun-2015	22-Jun-2018	Review to be scheduled	
UHB 298	Data Quality Policy	Policy	15-Sep-2015	15-Sep-2018	Review to be scheduled	
UHB 301	Information Goverance Operational Management Responsibilities Procedure	Procedure	19-Jan-2016	19-Jan-2019	Review to be scheduled	
UHB 326	Records Management Procedure	Procedure	08-Aug-2017	08-Aug-2020	To be reviewed by DHIC on 15th August 2023	This procedure supports the Records Management Policy
UHB 142	Records Management Policy	Policy	30-Jan-2021	30-Jan-2022	To be reviewed by DHIC on 15th August 2023	
UHB 356	Contractual Clauses and Arrangements Procedure	Procedure	22-Jun-2015	22-Jun-2018	Review to be scheduled	
UHB 357	Clauses within Employment Contracts Procedure	Procedure	22-Jun-2015	22-Jun-2018	Review to be scheduled	
UHB 421	Remote Working Procedure	Procedure	18-May-2021	tbc	Review to be scheduled	
UHB 422	Malicious Software Guidance	Guidelines	18-May-2021	tbc	Review to be scheduled	
UHB 424	IT Business Continuity Guidance	Guidelines	08-Aug-2017	08-Aug-2020	Reviewed/Completed	Previously noted by DHIC - see key
UHB 427	IT Security Equipment Procurement Guidance	Guidelines	20-Sep-2016	20-Sep-2019	Reviewed/Completed	Previously noted by DHIC - see key
UHB 428	IT Security Incidents (Breach) Guidance	Guidelines	20-Sep-2016	20-Sep-2019	Review to be scheduled	
UHB 429	IT Security Software Licensing Procedure	Procedure	20-Sep-2016	20-Sep-2019	Reviewed/Completed	Previously noted by DHIC - see key
UHB 246 - N	Information Governance Policy	Policy	15-Nov-2019	04-Feb-2022	Review to be scheduled	
UHB 207	Performance Management Framework	Framework		05-Mar-2014	Review to be scheduled	
UHB 002	DATA PROTECTION ACT POLICY	Policy		08-Nov-2019	Review to be scheduled	
UHB 288	Data Quality Management Procedure	Procedure		15-Sep-2018	Review to be scheduled	
UHB 350	DATA PROTECTION ACT PROCEDURE	Procedure		20-Sep-2019	Review to be scheduled	
UHB 420	IT Security Disposal of Equipment Guidance	Guidelines		08-Aug-2020	Reviewed/Completed	Previously noted by DHIC - see key
UHB 423	Bring your own Devices Local Procedure	Procedure		08-Aug-2020	Reviewed/Completed	Previously noted by DHIC - see key
UHB 430	IT Security Assets Guidance	Guidelines		08-Aug-2020	Reviewed/Completed	Previously noted by DHIC - see key
UHB 431	IT Security Code of Connection Guidance	Guidelines		08-Aug-2020	Reviewed/Completed	Previously noted by DHIC - see key

Key	Policy	Procedure/Guideline
Review Period (Min 28 Days 1st Consultation + 10 Days Review 1 + 5 Days Review 2 *to include EHIA (EQIA) review)		
Final Draft Approved via relevant Steering Group.		
Provided to DHIC for noting, adopted by CAV and do not require further approval		

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Report Title:	**Policies – Records Management Policy**			**Agenda Item no.**	**3.1**
Meeting:	**Digital and Health Intelligence Committee**	Public	x	**Meeting Date:**	**15th August 2023**
		Private			
Status *(please tick one only):*	Assurance		Approval	x	**Information**
Lead Executive:	**Director of Digital and Health Intelligence**				
Report Author (Title):	**Head of Information Governance and Cyber Security Information Governance Manager**				

Main Report
Background and current situation:

A number of policies are beyond their original review date and therefore require updating. Through a process of internal prioritisation, the records management policy has been worked on to ensure that the supporting are in place, notably the records management procedure document, which is appended to the policy.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The records management policy sets out the definition of records as defined through statute and standards. The accompanying records management procedure document describes the purpose, responsibilities of named roles within the organisation as well the responsibilities of all staffing in respect of record keeping and record management.

Once approved, this policy will be uploaded onto the UHB's share-point site and communicated to all staff, asking that they note the contents of the updated policy.

The Records Management Policy UHB142 and the supporting Records Management Procedure UHB326, are attached as appendices 1 and 2.

Recommendation:

The Board / Committee are requested to:

The Committee are requested to:

- APPROVE the records management policy and supporting procedure document.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X

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4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term		Integration		Collaboration	x	Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
Adherence to appropriate policies will further reduce risks
Safety: Yes
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Reputational: Yes
Compliance with GDPR and Information Governance requirements
Socio Economic: Yes/No
Equality and Health: Yes/No
Decarbonisation: Yes/No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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Reference Number: UHB142 Version Number: 4	Date of Next Review: July 2026 Previous Trust/LHB Reference Number: T197

Records Management Policy

Policy Statement

To ensure that Cardiff and Vale University Health Board (the UHB) delivers its aims, objectives, responsibilities and legal requirements transparently and consistently in respect of the records it holds. To ensure that the UHB handles and processes all records in accordance with the legal requirements, codes of practice and guidance issued by relevant authorities including, but not restricted, to the Welsh Government and the Information Commissioner's Office.

Policy Commitment

This policy and supporting procedure sets out the overall commitment of the UHB to comply with relevant legislation for handling all the records it creates.
The UHB will follow. Records Management Code of Practice for Health and Care 2022 It will ensure that all staff are informed of the importance attached to the way in which records are managed and the relationship of records management to assist in achieving the overall business strategy of the organisation. This policy and supporting procedure will ensure that the UHB have effective systems of record management as recommended within the code to fully comply with all legal requirements placed upon it in respect of records management.

To provide clear direction for the management of all UHB records, including both clinical and corporate records. To address business and performance standards such as the requirement to meet Caldicott standards, Welsh Health and Care Standards Framework, and the Information Governance Toolkit Standards as far as possible in the Welsh context.

Cardiff and Vale University Health Board (the UHB) understands the definition of records to be:

- The ISO standard ISO 15489-1:2016 defines a record as: "Information created, received, and maintained as evidence and as an asset by an organisation or person, in pursuance of legal obligations or in the transaction of business."
- Section 205 of the Data Protection Act 2018 defines a health record as a record which, consists of data concerning health, has been made by or on behalf of a health professional in connection with the diagnosis, care or treatment of the individual to whom the data relates.
- The DPA 2018 defines 'data concerning health' as personal data relating to the physical or mental health of an individual, including the provision of health care services, which reveals information about their health status. Health data | ICO

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All records held by the UHB fall within the scope of this policy and these are personal (relating to patients, public and employees i.e. clinical/medical records) and corporate (for example financial records, letters, reports) and in electronic, virtual or physical format. It applies to all areas and services within the remit of the UHB.

Supporting Procedures and Written Control Documents

This Policy and supporting procedures describe the following with regard to all aspects of

- Records creation
- Records keeping
- Record maintenance
- Access and transfer
- Appraisal
- Archiving
- Storage
- Disposal
- Responsibilities for Records Management

Other supporting documents are:

- Records Management Procedure
- Records Management Retention and Destruction Protocol and Schedule
- Information Governance Policy and Framework
- Data Protection Act Policy and Procedures
- Freedom of Information Act Policy
- IT Security Policy
- Risk Management Policy
- Information Risk Management Procedure
- Guide to Incident Reporting Incident Management Investigation and Reporting. [Serious incidents]
- Electronic and Paper Clinical Results Review and Retention Protocol
- Managing health and social care records: code of practice 2022 | GOV.WALES

Scope

This policy applies to all UHB staff whether permanent, temporary, or contracted including students, contractors or volunteers in all locations including those with Honorary contracts.

Equality Impact Assessment	An Equality Impact Assessment has been completed for the overarching IG Policy. The assessment found that there was some impact on the equality groups mentioned in relation to communication. An action plan has been developed to address those areas.

Health Impact Assessment	A Health Impact Assessment (HIA) has not been completed as this document falls under the IG Policy.
Policy Approved by	People Planning and Performance Committee

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Group with authority to approve procedures written to explain how this policy will be implemented	Information Governance Sub Committee
Accountable Executive or Clinical Board Director	Medical Director

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	Date approved by Quality and Safety Committee 16/10/2012	24/4/13	*New UHB document previous Trust document reference.*
2	Date Approved by People, Planning and Performance Committee 6/9/16		Reviewed and structured into new UHB format
3	Submitted to IGSC 8/8/17		Only change relates to the retention schedules due to the new retention arrangements in NHS England. Recommended by IGSC 8/8/17 for submission to R&D committee formal approval.

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Reference Number: UHB 326 **Version Number:** 4	**Date of Next Review**: July 2026 **Previous Trust/LHB Reference Number: N/A**

Records Management Procedure

Introduction and Aim

This document supports the Information Governance Policy and the Records Management Policy. At its highest level records management is at the heart of Information Governance and this procedure will ensure that Cardiff and Vale University Health Board (the UHB) has sufficient information for the implementation and monitoring of effective Information Governance systems thereby ensuring it complies with the legal requirements places upon it for all information held by the UHB and that all information is dealt with in accordance with the law and best practice when handling both personal and corporate information.

This procedure will support the good practice recommendations in the Records Management Code of Practice for Health and Care 2022 which states that every organisation should have in place a records management policy, either as a separate policy or as part of a wider information or knowledge management policy, which is promulgated throughout the organisation and of which all staff are aware.

This procedure sets out the framework within which the staff responsible for managing Cardiff and Vale University Health Board's (the UHB's) records can develop specific standard operating procedures and guidance to ensure that records are managed and controlled effectively, and at best value, commensurate with legal, operational and information needs. This documentation and the associated UHB training programme will enable all staff handling records to comply with the legal obligations and best practice surrounding records management

Objectives

The main objectives are to ensure:

Accountability – Adequate records are managed to account fully and transparently for all actions and decisions in particular:

- To protect legal and other rights of staff or those affected by those actions
- To facilitate audit or examination
- To provide credible and authoritative evidence

Quality – That records and the information within them can be efficiently retrieved by those with a legitimate right of access, for as long as those records are held by the UHB.

Security – That records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled and audit trails will track all use and changes. Records will be held in a robust format which remains readable for as long as the record is required.

Retention and disposal – There will be consistent and documented retention and disposal procedures to include provision for permanent preservation or archival records.

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Training – That all staff will be aware of their individual record keeping responsibilities through generic and specific training programmes and guidance Performance measurement – Application of records management procedures are regularly monitored against agreed indicators and action taken to improve standards as necessary.	
Scope This procedure applies to all UHB staff whether permanent, temporary, or contracted including students, contractors or volunteers in all locations including those with Honorary contracts.	
Equality Impact Assessment	*An Equality Impact Assessment has not been completed. This is because a procedure has been written to support the implementation the Records Management Policy.*
Health Impact Assessment	*A Health Impact Assessment (HIA) has not been completed as this document supports the Records Management Policy.*
Documents to read alongside this Procedure	• Information Governance Policy and Framework • Records Management Policy • Records Retention and Destruction Protocol • Data Protection Act Policy and Procedure • Freedom of Information Act Policy • IT Security Policy and Procedure • Risk Management Policy • Information Risk Management Procedure • Guide to Incident Reporting Incident Management Investigation and Reporting. [Serious incidents] • Electronic and Paper Clinical Results Review and Retention Protocol • Records Management Code of Practice for Health and Care 2022 - Digital Health and Care Wales (nhs.wales)
Approved by	Information Governance Sub Committee

Accountable Executive or Clinical Board Director	Medical Director
Author(s)	Corporate Governance Senior Information and Communication Manager

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments

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Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	*Information Governance Sub Committee 10/6/2016*	*7/9/16*	New procedure document to support the Records Management Policy.
2	IGSC 8/8/17		Amended to reflect the new retention arrangements in NHS England
3			

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1. INTRODUCTION

Records Management is the active process through which an organisation manages all aspects of records whether internally or externally generated and in any format or any media (e.g. manual or electronic) from the moment of their creation, all the way through their lifecycle to the moment of their eventual disposal or permanent archive. It includes both health records and the many different types of corporate records (e.g. Finance, estates and Engineering, Personnel),

The records held by the UHB are its corporate memory, providing evidence of actions taken and decisions made over time. These records represent a vital asset to support daily functions and operational management and activity including the delivery of healthcare. Records support policy formation and managerial decision-making and also protect the interests of the UHB and the rights of patients, staff and members of the public. Records support consistency, continuity, efficiency and productivity and help deliver services in consistent and equitable ways.

Records management is a specialty which uses an organisational system to guide and control the creation, version control, movements, filing, retention, storage and ultimate disposal of records, in a way that is rigorous administratively and legally, whilst serving the operational needs of the organisation and preserving an appropriate historical and chronological record for the future.
Key components of records management are:

- Record creation
- Record keeping
- Record maintenance (including tracking of movements)
- Access and disclosure
- Closure and transfer
- Appraisal
- Archiving
- disposal

Records are a valuable resource because of the information they contain. Information is only usable if it is correctly recorded in the first place, is regularly up-dated, and is easily accessible when needed. Information is essential to the delivery of high quality evidence-based health care on a day-to-day basis and effective record management processes ensure that such information is properly managed and is available whenever, and wherever there is a justified need for patient-based information, in whatever media it is required and also to fulfil the following:

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- Support patient care and continuity of care

- Support day to day business processes and procedure which underpin delivery of care;
- Support evidence-based clinical practice
- Support sound administrative and managerial decision making, as part of the knowledge base for UHB services;
- Meet legal requirements, including requests from patients, staff and others under the Data Protection Act 2018 (for living individuals) and the Access to Health Records Act 1990 in relation to patient records (for deceased patients) and Freedom of Information Act 2000;
- Assist clinical and other audit processes and;
- Support improvements in clinical effectiveness through research and support archival functions by taking account of the historical importance of the material and the needs for future research.

The Department of Health Records Management NHS Code of Practice was previously used as the main source of guidance for this procedure and the UHB adopted the retention schedules referenced within this code of practice document in October 2012. The code of practice has been revised and replaced with the Records Management Code of Practice for Health and Care 2022 and in keeping with the previous arrangements the UHB will adhere to the new requirements set out within the Code of Practice. The document can be accessed on the following web link:

https://digital.nhs.uk/codes-of-practice-handling-information

2. PURPOSE

This procedure provides a framework within which the staff responsible for managing the UHB's records can develop specific localised standard operating procedures and guidance to ensure that records are managed and controlled effectively within their areas, thereby ensuring that the UHB can achieve best value, commensurate with legal, operational and information needs. This documentation and the associated UHB training programme will enable all staff handling records to comply with the legal obligations and best practice surrounding records management

3. MANAGEMENT AND ORGANISATIONAL RESPONSIBILITY

The records management function is recognised as a specific corporate responsibility within the UHB. It provides a managerial focus for records of all types in all formats, including electronic records, throughout their life cycle, from planning and creation through to ultimate disposal. It has clearly defined responsibilities and objectives and adequate resources to achieve them.

A summary of the management structure is outlined below.

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Cardiff and Vale University Health Board – Board

The UHB Board has overall responsibility and accountability for the quality of records management. Ownership and copyright of NHS records as a rule lie with the UHB Board, not with individual employee or contractor

Chief Executive

The *Chief Executive* has delegated responsibility for ensuring that records are managed responsibly and appropriately within the UHB in accordance with legislation and best practice. As the accountable officer the Chief Executive is responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and continuity. Records management is key to this as it will ensure appropriate, accurate information is available as required.

Senior Information Risk Officer - Director of Digital and Health Intelligence

The Chief Executive has appointed the Director of Corporate Governance as the Senior Information Risk Officer Role (SIRO). The Director of Corporate Governance is the Director at Board level with lead responsibility for records management within the UHB. The SIRO takes ownership of the risk management of information assets and assures risk assessment process to the Board and is responsible for advising the Chief Executive Officer on risks related to records and management of records.

Caldicott Guardian - Medical Director

The Chief Executive has appointed the Medical Director as Caldicott Guardian and the Medical Director is the Executive Director with lead responsibility for health records management within the UHB. The Caldicott Guardian is responsible for protecting the confidentiality of patient and service users' information and enabling appropriate information sharing. The Caldicott Guardian has a strategic role which involves representing and championing Information Governance requirements and issues at Board level and also within the overall UHB Governance Framework.

Clinical Board Directors and Corporate Leads – Deputy Senior Information Risk Officer's

Clinical Directors and corporate leads, whether functions are provided by central or devolved areas, are responsible for records management for their areas aligned with their roles as deputy SIROs and are responsible for the implementation of the records management policy and procedures.

Directorate Managers and their corporate equivalents

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Are responsible for operational records management in their areas. This applies to all areas and roles e.g. wards, outpatient clinics and operating theatres.

All Managers

All Managers are responsible for the records within their areas and they should ensure that they take responsibility to:

- Participate in appropriate training to allow them to perform their role in respect of records management responsibilities
- Liaise and act as a point of contact for the IG team in respect of the Freedom of Information Act and Data Protection Act subject access rights.
- Raise awareness of records management arrangements within their area of responsibility
- Liaise with colleagues to ensure that records are accurate, up to date and stored according to the appropriate records management standards
- Ensure that the staff they manage attend the required IG training to fulfil the roles they undertake.

All staff,

All staff whether clinical or administrative, must be appropriately trained so that they are fully aware of their personal responsibilities in respect of record keeping and records management, and that they are competent to carry out their designated duties. This should include training for staff in the use of electronic records systems. Clinical Board Directors and Corporate Directors are accountable for training within their areas and must ensure that the directorate managers or equivalent ensure that all staff are trained following the UHB information governance training policy that can be accessed by this link. Staff training will be monitored through the Personal Appraisal and Development Review (PADR). Roles and responsibilities will be clearly set out in their job descriptions.

Every employee

- Is responsible in law for any record created or used by them
- Has a contractual and common law duty of confidentiality for any records that they create, handle, store or come across during their employment
- Must understand their responsibilities when using or communicating personal data and information
- Must not obtain or attempt to obtain improper or unauthorised access to information which is subject to restrictions which have either been ignored or overridden

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- Should only gain access to information for which they are entitled to i.e. information should only be accessed or obtained on a “need to know” basis
- Should not access information to which they are not authorised or have a need to do so
- Must ensure that they report inappropriate accesses to records or their loss/theft (whether thought to be temporary or permanent) in accordance with the UHB Incident reporting Policy and Procedure.

Records management responsibilities are incorporated within job descriptions and are also included within the standard Agenda for Change Terms and Conditions of Service. All staff must ensure that they keep appropriate records of their work within the UHB and that they manage all records in keeping with the Records Management Policy and this procedure and any subsequent relevant procedures or protocols that may be issued.

Professional advisory roles for health records and non health records are discharged by the Head of Health Records and the Head of Information Governance and Assurance respectively

It is a disciplinary offence for staff to breach the Records Management Policy and procedures by their acts or omissions and managers are responsible for applying the UHB’s Disciplinary Policy in such situations.

3.1. Individual Responsibility

All individuals who work for an NHS organisation are responsible for any records that they create or use in the course of their duties. Furthermore any record that an individual creates is a public record and may be subject to both legal and professional obligations. A description of these obligations can be found in the Records. Records Management Code of Practice for Health and Care 2022 Records Management Code of Practice for Health and Care 2022 - Digital Health and Care Wales (nhs.wales)

In addition there is also a detailed retention on the web link above.

The key statutory requirement for compliance with records management principles is the Data Protection Act 2018. It provides a broad framework of general standards that have to be met and considered in conjunction with other legal obligations. The Act regulates the processing of personal data.

3.2. Legal and Professional Responsibilities

There are a range of legal and professional obligations that limit, prohibit or set conditions in respect of the management, use and disclosure of information and similarly, a range of statutes that permit or require information

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to be used or disclosed. The key legal and professional obligations covering personal and other information are listed in Records Management Code of Practice for Health and Care 2022.

Where necessary, the UHB will obtain professional legal advice on the application of these provisions.

4. INFORMATION GOVERNACE ASSURANCE FRAMEWORK

4.1. Digital Health Intelligence committee (DHIC)

The IGSC (DHIC) forms part of the wider UHB governance structure~~. It reports to the People, Planning and Performance (PPP) Committee which is a committee of the Board.~~ This is a formal committee of the board

The purpose of the IGSC in respect of records management is to:

- Provide evidence based and timely ***advice*** to the SIRO to assist in discharging their functions and meeting their responsibilities.

- ***Gain assurance*** from the Clinical Boards and corporate services that they have the required arrangements and systems in place to effect good records management so that the Chair of the IGSC can give assurance to the PPP Committee and the UHB Board. This is particularly in relation to the UHB's arrangements for creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of records in accordance with its:
    - Stated objectives;
    - Legislative responsibilities, e.g., the Data Protection Act (DPA), Freedom of Information Act (FOI), Health Records Act and
    - Relevant requirements and standards determined for the NHS in Wales.

The Terms of Reference for the IGSC can be accessed on the UHB web site

4.2. Medical Records Management Group (MRMG)

The Medical Records Management Group is a working group that supports the Information Governance Sub Committee in its assurance role. It develops action plans related to the UHBs obligations in respect of Records Management process and in response to internal and external audit and national assessments relating to medical records.

4.3. 4.3 Non Health Records Management Group (NHRMG)

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The Non Health Records Management Group has been established to support the Information Governance Sub Committee in its assurance role. It

will develop action plans related to the UHB's obligations in respect of records management for all non health related issues.

5. RECORDS MANAGEMENT SYSTEM

Records must be maintained in a system that ensures they are properly stored and protected throughout their life cycle; this includes all electronic records, including any records that are migrated across to new systems, as well as all manual records. To this end the UHB, before procuring new systems or putting new processes in place, will take into account the need to keep up with technological progress (e.g. new hardware, software updates) to ensure that records remain accessible and retrievable when required. When developing or implementing any new systems a Privacy Impact Assessment must be completed.

The UHB's Information Asset Procedure must be followed.

The aims of the UHB's Records Management System are to develop and maintain consistent records management systems across all areas of the UHB and to ensure that:

- **Records are available when needed** - from which the UHB is able to form a reconstruction of activities or events that have taken place;
- Records can be accessed - records and the information within them are grouped in a logical structure to ensure quick and efficient filing and retrieval and so that they can be located and displayed in a way consistent with its initial use, and that the **current version is identified** where multiple versions exist. This will also aid implementation of authorised disposal arrangements, i.e. archiving or destruction;
- **Records can be interpreted** - the context of the record can be interpreted: who created or added to the record and when, during which business process, and how the record is related to other records;
- **Records can be trusted** – the record reliably represents the information that was actually used in, or created by, the business process, and its integrity and authenticity can be demonstrated;
- **Records can be maintained through time** – the qualities of availability, accessibility, interpretation and trustworthiness can be maintained for as long as the record is needed, perhaps permanently, despite changes of format. There should be suitable storage areas so that records, whether physical or electronic, remain accessible and usable throughout their life cycle, this includes ensuring that technological upgrades are supported;
- **Records are secure** - from unauthorised or inadvertent alteration or erasure, that access and disclosure are properly controlled and audit trails track all access (e.g. sign in/out logs or computer generated audit trials), use and changes. A variety of security measures should be implemented for example, authorised access to storage and filing

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areas, lockable storage areas, user verification, password protection and access monitoring. This would also include maintaining a log of when records are issued form and/or returned from storage areas on site or to authorised off-site facilities;

- **Records are retained and disposed of appropriately** - using consistent and documented retention and disposal procedures, which include provision for appraisal and the permanent preservation of records with archival value;
- **Staff are trained** - so that all staff are made aware of their responsibilities for record-keeping and record management; and
- **cross-referencing** of electronic records to their paper counterparts (where dual systems are maintained). A formal assessment should be undertaken and reviewed by the Non-Health Records Management Group or Medical Records Management Group, depending on the nature of the information, where duplicate records are required to be retained.

5.1. Controlled Document Framework(CDF)

The UHB has a controlled documents framework specifically for documents that fall under the remit of Information Governance Sub Committee which includes the documents relating to Records Management. The CDF sets out what policies and procedures are required to meet clinical and business needs and audit purposes. It is a constantly evolving document as requirements change.

The CDF is monitored by the IGSC who ensure that core policies and procedures are:

- In existence
- Reviewed and updated in a timely manner
- Implemented appropriately

The UHB recognises that there are policies and procedures and guidance that are derived through professional guidance, primarily but not exclusively:

- Royal Colleges (medical staff)
- Nursing Midwifery Council (NMC)
- Therapies; Physiotherapy, Occupational therapy, Dietetics and Podiatry
- Diagnostic Colleges, Radiography, Pathology
- Finance
- Information and Technology
- Media Resources
- Organisational Development and Training
- Research and Development

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All professional groups that management their records in line with their professional guidance are required by the UHB to document how they manage them in line with this overarching policy such that there are clear sections for:

- Creation
- Information Quality Assurance
- Scanning
- Disclosure and Transfer of Records
- Retention and Disposal of Records aligned to the UHB's Schedule of Retention and Disposal that is based on the Welsh Records Management: NHS Code of Practice and the requirements of the Data Protection Act
- Records Management Improvement Plan
- Monitoring and Audit

These documents must include both health and non-health records.

5.2 Information Governance Policy and Procedure Approval Mechanism

The Non-Health Records Management Group will scrutinise non-health procedures and refer for approval to the IGSC. The advisory role for this function is the Head of Information Governance and Assurance

The Medical Records Management Group will scrutinise any procedures that relate to health and medical records and this group will refer to the IGSC for approval. The advisory role for this function is the Head of Health Records

6. INVENTORY OF RECORD COLLECTIONS

The UHB will establish and maintain mechanisms through which departments and other units should register the records they are maintaining. The inventory will be reviewed annually. The inventory of record collections will include details of:

- The type of record;
- The location of record;

The UHB will develop a process to ensure that the Records Inventory is complete, accurate and up to date. The Records Inventory will be utilised to inform records management controls, including:

- Retention schedules
- Record reliability audits

7. CREATION OF RECORDS

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When considering records management in the first instance there needs to be a clear understanding of the difference between a record and a document and this is explained below

Definition of Document and Record

A document, as defined above, is any piece of written information in any form, produced or received by an organisation or person. It can include databases, website, email messages, word and excel files, letters, and memos. Some of these documents will be ephemeral or of very short-term value and should never end up in a records management system (such as invitations to lunch). Some documents will need to be kept as evidence of business transactions, routine activities or as a result of legal obligations, such as policy documents. These should be placed into an official filing system and at this point, they become official records. In other words, all records start off as documents, but not all documents will ultimately become records.

Basic rules to follow when creating records:

- All documents should have a clear descriptive name that is meaningful to the department responsible for the record and that would give a clear indication of the contents of the record to anybody else.

- All documents should have a unique reference that is meaningful to the department responsible for the record.

- All documents should use version control and version numbers should be changed each time the document is amended. Previous versions should be retained for an appropriate period depending on the nature of the information within the document in by referencing the retention and destruction schedules.

- All records and documents should be filed in an appropriately structured filing system

Record creation is one of the most important processes in records management and all departments should create good records in an effective system.

The sections below set out further information on this.

7.1. Corporate Filing System

Creating a record is not enough unless the record is then captured or ***filed into a filing system*** created and managed by the organisation.

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It is important that records are kept in their context and the best way to

achieve this is to file or ***classify*** them. Records cannot be tracked or used efficiently if they are not classified or if they are classified inappropriately. Records captured or filed in a corporate filing system will possess some of the necessary characteristics to be regarded as authentic and reliable. Whatever the format of the records, they should be saved into a proper records management system. A ***common format*** for the creation of records will ensure that those responsible for record retrieval are able to locate records more easily.

7.2. Naming Conventions

Naming conventions should:

- Give a unique name to each record;
- Give a meaningful name which closely reflects the records contents;
- Express elements of the name in a structured and predictable order;
- Locate the most specific information at the beginning of the name and the most general at the end;
- Give a similarly structured and worded name to records which are linked (for example, an earlier and a later version).

7.3. Filing structures

A clear and logical filing structure that aids retrieval of records should be used. Ideally, the filing structure should reflect the way in which paper records are filed to ensure consistency. However, if it is not possible to do this, the names allocated to files and folders should allow intuitive filing.

Filing of the primary record to local drives (i.e. H drive usually ‘my documents’) on PCs is not permitted and on laptops is strongly discouraged. Documents and records should be filed in folders within the department S:/ drive.

The agreed filing structure should also help with the management of the retention and disposal of records.

7.4. File and Folder Referencing

A referencing system should be used that meets the organisation’s business needs, and can be easily understood by staff members that create documents and records. Several types of referencing can be used, for example, alphanumeric; alphabetical; numeric or keyword.

The most common of these is alphanumeric, as it allows letters to be allocated for a business activity, for example, HR for Human Resources, followed by a unique number for each record or document created by the HR function.

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It may be more feasible in some circumstances to give a unique reference to the file or folder in which the record is kept and identify the record by reference to date and format.

7.5. Tracking and Tracing

There should be tracking and tracing procedures in place that enable the movement and location of manual records to be controlled and provide an auditable trail of record transactions. The process need not be a complicated one, for example, a tracking procedure could comprise of a book that staff members sign when a record is physically removed from or returned to its usual place of storage (not when a record is simply removed from a filing cabinet by a member of staff from that department as part of their everyday duties).

Tracking mechanisms to be used should include:

- The item reference number or identifier;
- A description of the item (for example the file title);
- The person, position or operational area having possession of the item
- The date of movement.

Examples of systems for monitoring the physical movement of records include:

- Location cards
- Index cards;
- Docket books;
- Diary cards;
- Transfer or transit slips;
- Bar-coding;
- Computer databases (e.g. electronic document management systems);

All patient case notes/health records should be tracked on the patient administration systems (PAS) and PARIS in line with the UHB's case note tracking procedure.

The movement of any other manual records, including other clinical information that does not form part of the health records should be tracked by local systems approved by the professional advisory managers for Health Records and Information Governance as appropriate.

The system adopted should maintain control of the issue of records, the transfer of records between persons or operational areas, and return of records to their home location for storage.

The simple marking of file jackets to indicate to whom the file is being sent is not in itself a sufficient safeguard against files going astray.

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All records tracking systems should include regular records audits and monitoring procedures.

8. INFORMATION QUALITY ASSURANCE

The UHB recognises that it is important to train staff appropriately and provide regular update training. In the context of records management and information quality, organisations need to ensure that their staff are fully trained in record creation, use and maintenance, including having an understanding of:

- What they are recording and how it should be recorded;
- Why they are recording it;
- How to validate information with the patient or carers or against other records to ensure that staff are recording the correct data;
- How to identify and correct errors – so that staff know how to correct errors
- And how to report errors if they find them;
- The use of information – so staff understand what the records are used for(and therefore why timeliness, accuracy and completeness of recording is so important); and
- How to update information and add in information from other sources.

8.1. Record Keeping

Implementing and maintaining an effective records management service depends on knowledge of what records are held, where they are stored, who manages them, in what format(s) they are made accessible, and their relationship to organisational functions (for example finance, estates, IT, healthcare). An information survey or **record audit** is essential to meeting this requirement. Such a survey will also help to enhance control over the records and provide valuable data for developing records appraisal and disposal policies and procedures.

Paper and electronic record keeping systems should contain descriptive and technical documentation to enable the system to be operated efficiently and the records held in the system to be understood. The documentation should provide an administrative context for effective management of the records.

The record keeping system, whether paper or electronic, should include documented set of rules for referencing, titling, indexing and, if appropriate, the protective marking of records. These should be easily understood to enable the efficient retrieval of information when it is needed and to maintain security and confidentiality.

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8.2. Record Maintenance

The movement and location of records should be controlled to ensure that a record can be easily retrieved at any time, that any outstanding issues can be dealt with, and that there is an auditable trail of record transactions.

Storage accommodation for current records should be clean and tidy, should prevent damage to the records and should provide a safe working environment for staff.

For records in digital format, maintenance in terms of back-up and planned migration to new platforms should be designed and scheduled to ensure continuing access to readable information.

9. SCANNING

For reasons of business efficiency or in order to address problems with storage space, NHS organisations may consider the option of scanning into electronic format records which exist in paper format. Where this is proposed, the factors to be taken into account include;

- The costs of the initial and then any later media conversion to the required standard, bearing in mind the length of the retention period for which the records are required to be kept;
- The need to consult in advance with the local Place of Deposit or The National Archives with regard to records which may have archival value, as the value may include the format in which it was created and ;
- The need to protect the evidential value of the record by copying and storing the record in accordance with British Standards, in particular the 'Code of Practice for Legal Admissibility and Evidential Weight of Information Stored Electronically' (BIP 0008).
- In order to fully realise the benefits of reduced storage requirements and business efficiency, the UHB will dispose of paper records that have been copied into electronic format and stored in accordance with appropriate standards.

10. DISCLOSURE AND TRANSFER OF RECORDS

There are a range of statutory provisions that limit, prohibit or set conditions in respect of the disclosure of records to third parties, and similarly, a range of provisions that require or permit disclosure. A key area of this is the Subject Access regime of the Data Protection Act 2018 and Freedom of Information Act 2000 requests. Further detailed guidance is set out in the "Use and Disclosure of Personal Identifiable Information Procedure " which can be accessed on the IG intranet site.]

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The Caldicott Guardian (Medical Director) or the Caldicott Lead in the UHB should be involved in any proposed disclosure of confidential patient information. In the primary care setting, the responsibility for making decisions about disclosure of personal information ultimately rests with the GP.

Guidance and advice for disclosure and transfer of records is provided by the Information Governance Team and Data Protection Officer.

The mechanisms for transferring records from one organisation to another should also be tailored to the sensitivity of the material contained within the records and the media on which they are held. Information Security staff should be able to advise on appropriate technical safeguards. Information Governance staff advise on confidentiality and aspects of the Data Protection Act.

11. RETENTION AND DISPOSAL ARRANGEMENTS

The UHB has adopted the. Records Management Code of Practice for Health and Care 2022 and this document can be accessed on the following web link:

Records Management Code of Practice for Health and Care 2022 - Digital Health and Care Wales (nhs.wales)

Included within the arrangements there is also a comprehensive retention schedule which is also available on the link provided. The UHB also recognises the requirements of the Data Protection Act in respect of retaining information for as long as is necessary and if situations arise where records need to retained longer than the time stated in the Retention and Disposal schedule justification for such retention must be made and detailed in respect of clinical and/or business reasons.

The UHB has developed a Records Retention and Destruction Protocol which includes reference to UHB specific retentions as well Records Management Code of Practice for Health and Social Care 2016 recommended retention schedules. Staff must take advice from the professional leads for medical records and non-health records when considering retention and particularly disposal before any decision is made and approval must be sought from the IGSC for any non standard requests.

It is particularly important under freedom of information legislation that the disposal of records – which is defined as the point in their lifecycle when they are either transferred to an archive or destroyed – is undertaken in accordance with clearly established policies which have been formally

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adopted by the organisation and which are enforced by properly trained and authorised staff.

11.1. Appraisal of Records

Appraisal refers to the process of determining whether records are worthy of permanent archival preservation. This should be undertaken in consultation with the Corporate Governance Department.

The purpose of such an appraisal process is to ensure that the records are examined at the appropriate time to determine whether or not they are worthy of archival preservation, whether they need to be retained for a longer period as they are still in use, or whether they should be destroyed.

Where there are records which have been omitted from the retention schedules, or when new types of records emerge, the National Archives should be consulted. The National Archives will provide advice about records requiring permanent preservation.

All NHS organisations must have procedures in place for recording the disposal decisions made following appraisal. An assessment of the volume and nature of records due for appraisal, the time taken to appraise records, and the risks associated with destruction or delay in appraisal will provide information to support an organisation's resource planning and workflow.

The Head of Health Records in their Professional advisory role will determine the most appropriate person(s) to carry out the appraisal in accordance with the retention schedule. This should be a senior manager with appropriate training and experience who has an understanding of the operational area to which the record relates.

Most NHS records, even administrative ones, contain sensitive or confidential information. It is therefore vital that confidentiality is safeguarded at every stage of the lifecycle of the record, including destruction, and that the method used to destroy such records is fully effective and ensures their complete illegibility.

11.2. Record Closure

Records should be closed (ie made inactive and transferred to secondary storage) as soon as they have ceased to be in active use other than for reference purposes. An indication that a file of paper records or folder of electronic records has been closed, together with the date of closure, should be shown on the record itself as well as noted in the index or database of the files/folders. Where possible, information on the intended disposal of electronic records should be included in the metadata when the record is created.

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The storage of closed records should follow accepted standards relating to environment, security and physical organisation of the files.

11.3. Record Disposal

The UHB Records Management Policy and procedure is supported by a detailed Retention and Destruction Protocol that is based on the retention schedules contained in the Records Management Code of Practice for Health and Social Care 2022.Department of Health Records Management NHS Code. It includes all records held by the organisation, including electronic records. Schedules should be arranged based on series or collections of records and should indicate the appropriate disposal action for all records (for example consult with The National Archives after ‘x’ years; destroy after ‘y’ years).

Records selected for archival preservation and no longer in regular use by the organisation should be transferred as soon as possible to an archival institution (for example a Place of Deposit) that has adequate storage and public access facilities such as the Glamorgan Archive.

Non-active records should be transferred in accordance with the Public Records Act. From 1 January 2013 the 30 year rule was amended to 20 years however there is a ten year transition in place covering records from the years 1984-2001 and a “saving” provision means that records from 1983 remain subject to the 30 year transfer rule.

Records (including copies) not selected for archival preservation and which have reached the end of their administrative life should be destroyed in as secure a manner as is appropriate to the level of confidentiality or protective markings they bear. This can be undertaken on site or via an approved contractor.
It is the responsibility of the UHB to ensure that the methods used throughout the destruction process provide adequate safeguards against the accidental loss or disclosure of the contents of the records. Most NHS records are confidential records. Contractors, if used, should be required to sign confidentiality undertakings and to produce written certification as proof of destruction.

A record of the destruction of records, showing their reference, description and date of destruction should be maintained and preserved by the manager authorising the destruction so that the organisation is aware of those records that have been destroyed and are therefore no longer available. There is a destruction certificate included within the records retentions and destruction protocol that can be used for this purpose. Disposal schedules would constitute the basis of such a record.

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If a record due for destruction is known to be the subject of a request for information, or potential legal action, destruction should be delayed until disclosure has taken place or, if the authority has decided not to disclose the information, until the complaint and appeal provisions of the Freedom of Information Act 2000 have been exhausted or the legal process complete

12. THE RECORDS MANAGEMENT IMPROVEMENT PLAN

The UHB will develop, maintain and update an improvement plan for Records Management; the UHB's performance in regards to records management will be assessed and action plans based on the outcomes.

12.1 Assessment Tools

The UHB will use the Caldicott Principles in Practice (CPiP) Assessment Tool, the Welsh Health and Care Standards Framework Welsh Information Governance Toolkit - Digital Health and Care Wales (nhs.wales) to identify a range of standards across all elements of Information Governance within the UHB one element of which is Records Management. In addition, the recommendations of internal and external audit reports will also form important workstreams. The action plan will reflect the performance against these standards.

12.2 The Role of the Information Governance Framework and the Information Governance Assurance assessment tools

Information Governance is defined as:

"A framework for handling information in a confidential and secure manner to appropriate ethical and quality standards in a modern health service."

It is the information component of Clinical Governance and it aims to support the provision of high-quality care to patients, clients and service users by promoting the effective and appropriate use of information.

The Information Governance Framework details the standards expected of all NHS staff with respect to protecting clinical records from damage, destruction and inappropriate disclosure.

The CPiP assessment, and the Welsh Health and Care Standard 3.5. provide the means by which NHS organisations in Wales can assess their compliance with current legislation, Government policy and national guidance. It has been approved by the Welsh Health ministers.

The UHB also utilises the Information Governance Toolkit that has been developed in England to provide a more comprehensive and robust IG (including records management) assessment tool when integrated with the Welsh assessment standards. The UHB has recognised the breadth and

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depth of the IG Toolkit Standards and is using these standards alongside the CPiP and Health and Care Standards Framework.

Standards are constantly being reviewed and updated and the UHB is committed to adapting with the requirements set by the Welsh Government.

13. IMPLEMENTATION

13.1. Responsibilities

The responsibility for the operational implementation of this document, including training and other needs that arise shall remain with the Deputy SIROs for the clinical boards and corporate services. Line managers have the responsibility to cascade information on new and revised policies/procedures and other relevant documents to the staff for which they manage.
Line managers must ensure that departmental systems are in place to enable staff (including agency staff) to access relevant policies, procedures, guidelines and protocols and to remain up to date with the content of new and revised policies, procedures, guidelines and protocols.

13.2. Policy development

This document has been developed by the Information Governance Team through wide ranging consultation throughout the UHB by means of the IGSC.

13.3. Approval Mechanism

This procedure will be approved by the IGSC. The approved document will be posted within the policy section on the UHB's intranet and on the UHB's website.

13.4. Review

This Policy will be reviewed every three years or more frequently if appropriate to take into account changes to legislation that may occur, and/or guidance from the Welsh Government, and/or the Information Commissioners Office (ICO).

14. MONITORING AND AUDIT

The UHB will regularly monitor and audit its records management practices for compliance with this policy.

The audit will:

- Identify areas of operation that are covered by the UHB's policies and identify which procedures and/or guidance should comply to the policy;
- Follow a mechanism for adapting the policy to cover missing areas if these are critical to processes, and use a subsidiary development plan if there are major changes to be made;

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- Set and maintain standards by implementing new procedures, including obtaining feedback where the procedures do not match the desired levels of performance; and
- Highlight where non-conformance to both the policy and clinical record keeping guidance is occurring and suggest a tightening of controls and adjustment to related procedures.

The results of audits will be reported to the Clinical Boards and corporate departments, and IGSC, as appropriate.

The Welsh Government and the Information Commissioner's Office may also mandate an audit upon the UHB at any time.

15 LEGISLATION AND REFERENCE INFORMATION

The legislation and guidance relevant to records management processes are detailed below for further reference purposes:

- WHC (2000) 71: For the Record
- WHC (99) 7: Preservation, Retention and destruction of GP General Medical Services related to Patients
- Records Management: NHS Codes of Practice (Part 1 and 2)
- The Public Records Act 1958;
- The Data Protection Act 2018;
- The Freedom of Information Act 2000;
- Access to Health Records Act 1990
- The Common Law Duty of Confidentiality;
- The NHS Confidentiality Code of Practice
- Lord Chancellor's Code of Practice on the management of records issues under section 46 of the Freedom of Information Act 2000:
- ISO 15489-1:2001 Information and documentation – Records Management (Part 1 General):
- PD ISO/TR 15489-2-2001 Information and documentation – Records Management (Part 2: Guidelines):

Guidance from the National Archives

- Managing records without an electronic records management system:
- Complying with the Records Management Code:
- How to produce a corporate policy on electronic records:

The UHB will also review in light of any new legislation affecting records management as it arises.

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Monitoring/ Audit	Responsible individual/ group/	Frequency of monitoring	Responsible committee for review of results	Responsible individual/ group/ for development of action plan	Responsible committee for monitoring of action plan
Compliance with Records Management Policy Self Assessment Two streams • Medical Records Management • Non Health Records Management Rolling audit across UHB programme to include: • Responsibilities • Inventories • Creation • Information Quality Assurance • Scanning • Disclosure and Transfer • Retention and Disposal • Improvement Plan • Monitoring and Audit • Training • Annual report	Deputy SIRO CB MRMG Deputy SIRO Corporate NHRMG	Annual rolling programme	IGSC	Deputy SIRO CB MRMG Deputy SIRO Corporate NHRMG	IGSC
Assessment Tools Caldicott Standards Health and Care Standards 3.5. IG Toolkit : Clinical Information Assurance 13-400 to 13-406	Caldicot Guardian Deputy SIRO CB MRMG Deputy SIRO Corporate NHRMG	Annual Annual Annual	IGSC	Caldicott Guardian Deputy SIRO CB MRMG Deputy SIRO Corporate NHRMG	IGSC
Internal Audit Programme Rolling programme	Caldicott Guardian CB MRMG Deputy SIRO Corporate NHRMG	Annual	IGSC Audit Committee	Caldicott Guardian MRMG Deputy SIRO Corporate NHRMG	IGSC
External Audit	Deputy SIRO CB	As agreed	IGSC	Caldicott	IGSC

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Requirements As agreed with: • The WAO • The ICO • Any other agreed requests	MRMG Deputy SIRO Corporate NHRMG		Audit Committee	Guardian MRMG Deputy SIRO Corporate NHRMG	

Abbreviation	
IGSC	Information Governance Sub Committee
SIRO	Senior Information Risk Officer
CB	Clinical Board
MRMG	Medical Records Management Group
NHRMG	Non Health Records Management Group
IG	Information Governance
WAO	Wales Audit Office
ICO	Information Commissioner's Office

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Report Title:	**Digital Directors' Peer Group**			Agenda Item no.	4.1
Meeting:	Digital & Health Intelligence Committee	Public	X	Meeting Date:	15/08/2023
		Private			
Status *(please tick one only):*	Assurance		Approval		Information X
Lead Executive:	Director of Digital & Health Intelligence				
Report Author (Title):	Director of Digital & Health Intelligence				

Main Report
Background and current situation:

The creation of the Digital Directors' peer group in 2021 replaced the previous Digital Delivery Leadership Group meeting which came into existence in 2020 following the dissolution of the National Information Management Board which had been focused on providing an overview of information and IM&T issues nationally.

The establishment of the peer group brings Digital in line with other professions in the NHS in Wales (e.g. Directors of Finance peer group, Directors of Planning peer group) and is a welcome development.

Assurance is provided by the discussion and exchange of views and updates on a wide range of digital related issues via the regular monthly meetings compromising board-level leads for digital from across all NHS Wales organisations, including Welsh Government's Chief Digital Officer and members of DHCW's executive team.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The attached minutes of the last two meetings held in June and July 2023 provide an update on the scope and range of discussions on digital matters impacting on all NHS Wales organisations.

CAV UHB is represented by the Director of Digital and Health Intelligence (the Director of Digital Transformation acts as deputy when necessary).

Recommendation:

The Committee is requested to:

NOTE the minutes of the last meetings as follows:

- Minutes of Meeting – 6th June 2023 (Appendix 1)
- Minutes of Meeting – 4th July 2023 (Appendix 2)

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X

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4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term	X	Integration	X	Collaboration	X	Involvement	X

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: Yes
Financial: No
Workforce: Yes
Legal: No
Reputational: Yes
Socio Economic: Yes
Equality and Health: Yes
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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Directors of Digital Peer Group Meeting
Draft Notes

Date of Meeting	Tuesday 6 June 2023
Time of Meeting	2.00pm – 4.45pm
Meeting Venue	MS Teams
Chair	Iain Bell

PRESENT:		**APOLOGIES:**	**GUESTS:**
Lloyd Bishop ABUHB (part)	LLB	Mike Ogonovsky ABUHB	Jamie Graham DHCW
Sion Jones BCUHB	SJ	Dylan Roberts BCUHB	Carwyn Lloyd-Jones DHCW
Stuart Morris CTMUHB	SM	Ifan Evans DHCW	
David Thomas CVUHB	DT	Helen Thomas DHCW	
Sam Lloyd DHCW	SL	Sian Richards HEIW	
Claire Osmundsen-Little DHCW	COL	Alison Ramsey NWSSP	
Anthony Tracey HDUHB	AT	Pete Hopgood PTHB	
Neil Jenkins NWSSP	NJ	Mike Emery WG	
Iain Bell PHW	IB		
Vicki Cooper PTHB (part)	VC		
Matt John SBUHB	MJ		
Carl Taylor VNHST	CT		
Leanne Smith WAST (part)	LS		
Philip Bowen WG	PB		
Larissa Brock WNHSC	LB		

ITEM	DISCUSSION	ACTION
1. Welcome & Apologies, Meeting Notes and Matters Arising (Chair)	IB welcomed the group, apologies were noted as above. Action log awaiting progress updates. Previous meeting notes were approved.	
2. Welsh Government Update (Philip Bowen, WG)	Presentation shared. Discussion around revenue expenditure and what has been confirmed to date. PB explained that letters have been written to organisations for their confirmed amounts and there are provisional placeholders for proposed amounts that may need amending in future. It was agreed that the next meeting agenda should include a DPIF discussion and LB added the item to the forward planner. In addition, SM flagged the proposed implementation of the Brainomix AI tool that Chief Executives had agreed upon in 2021.	
3. SIEM Security Information and Event Monitoring Service (Jamie Graham DHCW)	JG thanked all for their comments submitted to date and advised that some amendments are to be made, with an updated version of the paper to be circulated shortly. The aim is to engage with vendors as quickly as possible. There is concern over both the lack of funding and the March 2024 end of service deadline that is fast approaching. The hope is to have a replacement lined up by the end of November to generate confidence by the time the existing service has to be switched off.	
4. Cyber Resilience (Carwyn Lloyd-Jones DHCW)	Presentation shared giving an update on weak password progress, the new Task and Finish Group who have had their first meeting, defender for endpoint and the use of Multi Factor Authentication.	

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	<u>Inactive Mailbox Deletion</u> It was noted that inactive mailboxes were not previously protected by data protection policies and were deleted 30 days after their licences were removed. The policy has since been updated but this is potentially an issue if email records are requested as part of a future inquiry. There was group discussion around having an all Wales policy to avoid a laborious process every time an individual mailbox search is requested. It was agreed that IGMAG would need to be involved in the blanket approval process, as well as SIROs/Directors of Corporate Governance for each NHS organisation. DT advised that a SOP would be created once SIRO names from each organisation were confirmed. It was noted that Matt John, Stuart Morris, David Thomas and Sam Lloyd were SIROs for their organisations as well as Rani Dash for ABUHB. **ACTION ALL OTHERS to send in their SIRO name to DT as soon as possible.**	**01 - All**
5. Product-Centric Target Operating Model (Sam Lloyd DHCW)	Presentation shared on delivering improvements to internal operations to shift to a product-centric model and the subsequent benefits such as greater accountability and consistency. SL covered the significant prerequisites that are needed to facilitate this and the next steps for DHCW, including securing investment and possibly bringing in a third party to assist in designing the target model. Discussions are underway with Microsoft regarding architecture. In the first instance, WPAS will be evaluated to move it onto a Cloud based system. This experience will then be used to inform a Business Case by the end of Q3. Members of the peer group responded as follows: -Data architecture needs to sit alongside the technical architecture. -Consideration is needed for when a product needed replacing. -There are multiple service owners across organisations, making the process more complex (ie services vs product). -A joined-up approach will be beneficial. The group agreed that in-depth further discussion was needed and LB added the item to the forward planner.	
6. Proposals for Cyber Resilience Activities - FY23/24: Capital (Philip Bowen WG, Sam Lloyd, Jamie Graham DHCW) Mohamed.Sarah 07/08/2023 16:39:11	PB informed the group that the Health Minister is concerned about cyber resilience across the NHS in Wales and has advised that £6 million will be made available as non-recurrent capital funding for this FY. JG shared slides on potential areas for spending the funding such as: -SIEM investment -Hardware replacement -Increased AD security tooling -IOT tooling/medical devices -Additional cyber training -Consultancy services There was an urgent request for the group to capture estimated costs of hardware replacement requirements within each organisation and the following link was shared:	

	https://forms.office.com/e/hkpjrdKUCT **ACTION All to complete the form within 2 weeks.** The peer group discussed possible areas of weakness, the need to spend the funding in a way that will have the biggest impact and the importance of working collaboratively during the process. PB suggested that a brief paper listing agreed suggestions be submitted by the peer group. It was decided that the best approach would be to convene a meeting to discuss the issues and reach a consensus. **ACTION LB to arrange meeting.**	**02 - All** **03 - LB**
7. Finance Update (Claire Osmundsen-Little DHCW)	Slides shared detailing the following: RISP – LHBs will be asked to provide details of their local resource costs to create a schedule as an addendum for completeness/transparency. FBC approval from WG is expected mid-June. It was pointed out by Digital Directors that this would need delicate handling as the figures had already been previously approved by their Boards. LINC – A contingency plan is being worked on. It was thought that the latest developments were still confidential. Office 365 – The VAT reclaim is still underway, a decision is expected in September. SLAs – We will review lessons learned to improve the process in future. CGI Data Collection – DHCW is aiming to establish an NHS digital value statement which will be important for securing additional funding. Primary Care Digital Spend Assessment – DHCW is working to pull this information together. Microsoft Unified Support Agreement – Thanks were expressed to SL and CLJ for their hard work in negotiating lower costs.	
8. Strategy Session Planning for Tues 4 July	The following agenda suggestions were made: Cyber resilience Target operating model DPIF (morning or afternoon session)	
9. AOB	<u>Governance and Chairing Arrangements (Chair)</u> The peer group confirmed their agreement that Iain Bell should continue as Chair until the end of December 2023 with an annual rotation going forwards. COL and SM asked the group to consider how all organisations could contribute more to the agenda and reduce the emphasis on DHCW for discussion items each month. The suggestion was made for monthly spotlight sessions on issues that directors are dealing with within their organisations to provide learning for others. Speakers were also reminded to provide supporting papers ahead of time where possible.	

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	Nominations were invited for the position of Vice Chair (ideally LHB) with all suggestions to be sent to IB. <u>AWIP Update - Priorities (David Thomas)</u> No further feedback has been received after the previous discussion so DT will calculate associated costs and the Programme Board will discuss further with Mike Emery/Philip Bowen. It was noted that Helen Thomas has requested that output be shared with Gartner for QA purposes and the group did not express any concerns about this. DT requested that if anyone did have reservations, they should let him know.	
	End of meeting.	
Next Meeting: Tuesday 4 July In-Person at DCHW, TGA, Cardiff AM Strategy Session PM Peer Group Meeting		

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Directors of Digital Peer Group Meeting
Draft Notes

Date of Meeting	Tuesday 4 July 2023
Time of Meeting	9.30am – 4.00pm
Meeting Venue	MS Teams
Chair	Iain Bell

PRESENT: v=virtual		**APOLOGIES:**	**GUESTS:**
Paul Solloway ABUHB	PS	Pete Hopgood PTHB	Rebecca Cook DHCW
Mike Ogonovsky ABUHB (v) pm	MO	Alison Ramsey NWSSP	Jamie Graham DHCW
Dylan Roberts BCUHB (v)	SJ	Helen Thomas DHCW am	Carwyn Lloyd-Jones DHCW
Stuart Morris CTMUHB	SM	Vicki Cooper PTHB am	Louise Richards (NHS BSA)
David Thomas CVUHB	DT	Leanne Smith WAST am	Rebecca Jarvis (NWSSP)
Ifan Evans DHCW	IE	Philip Bowen WG pm	Chris Habberley (DHCW)
Sam Lloyd DHCW	SL	Ryan Perry WG pm	Lesley Jones (HDUHB)
Claire Osmundsen-Little DHCW	COL		Hamish Laing (Swansea University)
Helen Thomas DHCW (v) pm	HT		Rebecca Lynne McGrane (DHCW)
Anthony Tracey HDUHB	AT		
Sian Richards HEIW	SR		
Neil Jenkins NWSSP	NJ		
Iain Bell PHW	IB		
Vicki Cooper PTHB (v) pm	VC		
Matt John SBUHB	MJ		
Carl Taylor VNHST	CT		
Leanne Smith WAST (v) pm	LS		
Mike Emery WG	ME		
Larissa Brock WNHSC	LB		

ITEM	MORNING STRATEGY SESSION	ACTION
1. Welcome & Apologies	IB welcomed the group, apologies for the morning session were received from Helen Thomas, Vicki Cooper & Leanne Smith.	
2. Target Operating Model (Sam Lloyd)	Presentation shared. Group discussion with the following comments made: -Importance of value benefit, need to change perceptions. -Greater agility needed to consider value and user design vs the SMART target focus of the past. -Important to identify learning from past mistakes. -National business cases need more work on benefits realisation. -Early engagement from both clinical and digital leads is vital. -Need to embed product management and build new thinking across leadership. -Prioritisation of portfolio/product streams. -Consideration of wider infrastructure & funding. -Is buying off the shelf products and reconfiguring them to Wales the best model? -How do we link to the workforce strategic review? -Need for constructive engagement between Welsh Government and LHBs. -What are the blockers in current products that affect maximum value? -Importance of digital maturity work and relevant integrated solutions.	

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	There was peer group agreement that further conversations are needed to resolve the following questions: If DHCW are moving to this model how do other NHS organisations incorporate the same? What should the governance look like? How does future funding align with the procurement process and how can workforce issues be resolved?	
3. NDR Future (Rebecca Cooke DHCW)	Presentation shared. The infrastructure build is now complete, aiming for penetration testing to be completed shortly with a go-live date at end of July, alongside the NDR IG Framework. A 'Menu' will be provided to LHBs detailing what options will be available. Wider comms work is underway and the Task and Finish Group has been set up which will publish a refreshed strategy in September 2023. There was group discussion around how much we continue to invest in local architectures/CDR - confidence/trust is yet to be built and initially both local and national architectures will be running side by side which incurs extra cost. Senior colleagues must be involved in discussions at national level regarding the move from local warehouses to the new platform. There was group agreement for involvement in the up and coming roadshows.	
4. Strategy Discussion (Mike Emery WG)	Presentation shared on issues such as recovery support and building relationships across WG, DHCW and other NHS organisations. Proposal to set up a new National Portfolio/Digital Transformation Leadership Board (exact title tbc) consisting of NHS Executive leads (including DHCW Chief Executive & Digital Directors' reps), Digital Clinical Leads, National Clinical Networks reps, Executive Innovation Leads and Social Care/Local Government reps. Precise membership yet to be confirmed. There was positive response from the peer group with the following comments made: -Business/procurement angle is key to drive service recovery. -Service delivery model that digital can offer can support mental health and other ministerial priorities. -The new board would need to bring a new transformational direction and not just manage within the current constraints in the same way as in the past. -Need for balanced representation on the new board eg at least 2 Digital Directors from LHBs should be involved. -Good opportunity to review all programmes holistically via a transformational lens. -How does the role of this peer group influence wider discussions across other peer groups and Chief Executives? -How do we integrate what we are doing with the Value Based Health Care agenda? -How do we hold ourselves and each other to account and ensure correct standards are adopted as previously agreed?	

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	-Suggestion to ensure Digital Directors are represented on all the major national programme boards to ensure influence on and awareness of decisions being made.	
ITEM	**AFTERNOON PEER GROUP MEETING**	**ACTION**
5. Welcome & Apologies, Meeting Notes and Matters Arising (Chair)	Previous meeting notes were approved and the Action log updated. Matters Arising: It was agreed that the All Wales Digital Professions Group action be closed with the plan to submit the business case when ready.	
6. DPIF / WG Update (Mike Emery WG)	Philip Bowen and Ryan Perry sent apologies. Mike Emery went over the WG update presentation. It was also noted that governance issues in relation to Primary Care data are currently being discussed with lawyers. In addition, IE updated the group on the routing of data streams through the NDR and advised that the longstanding difficulties with WG access to NHS dashboards have been resolved. SR added that HEIW are working with Paul Mason around workforce data and reviewing the governance for information standards which is to be discussed further with Assistant Directors of Workforce.	
7. Cyber Resilience Update (Carwyn Lloyd-Jones DHCW)	Slides were shared highlighting further progress on cyber resilience including dealing with weak passwords, obsolete systems and the deployment of Defender for EndPoint.	
8. Future NHS Workforce Solution (ESR Programme Transformation – Louise Richards NHS BSA, Rebecca Jarvis NWSSP)	Slides were shared on the transformation process and relevant timelines. It was noted that invitations for potential suppliers to submit tenders are being issued this month with responses due in October. Colleagues from NHS Wales and Welsh Government have been involved in the process to date and a Readiness Strategic Programme Board will be established with high level representation across organisations. There will also be an operational group set up to lead the programme for Wales. It was noted that the SRO for Wales has not yet been confirmed. **ACTION Mike Emery to discuss with Judith Paget and report back to the group.**	**01 - ME**
9. Advanced Analytics (Chris Habberley DHCW) Mohamed.Sarah 07/08/2023 16:39:11	Presentation shared on enabling advanced analytics under 3 themes – tools (GitHub), innovation (big data, partnerships framework) and capability (analytics learning programme). Peer group comments: -Need for greater emphasis on analytics with links into the wider strategy. -Clear messaging needed and investment into staff skillsets. -Need for consistent data. It was also noted that NDR funding letters will be issued to organisations shortly.	

10. Electronic Prescribing Update (Hamish Laing DMTP SRO, Lesley Jones ePMA Programme SRO)	Presentation shared on the Primary Care Electronic Prescription Service and the Shared Medicines Record (Hamish Laing) and the ePMA solution for Secondary Care (Lesley Jones), pointing out the significant improvements in efficiency and accuracy that these will bring about. There was discussion around the work being done to facilitate local focus on the change in business procedures. SBUHB have found challenges in lack of pharmacy resource and it is likely this issue will also affect other areas in Wales. Lesley has reached out to the relevant universities but the need to recruit with a longer-term approach is key.	
11. Cancer Informatics Programme Board Escalation Requests (Carl Taylor VUNHST, Rebecca Lynne McGrane DHCW)	Presentation shared. CT advised that LHB roll outs are falling behind so plans have had to be condensed for Phase 1. Concern has been raised over the scope for Phase 2, the need for a sustainable funding model after March 2024, as well as the pressure of the national data centre move that is due in Q4 and other programmes underway. Requirements for phase 1 have been prioritised by each organisation but there is a long list and consideration needed on how to implement the changes. Digital Directors agreed that they need to discuss further with colleagues in their organisations to work out how all the priorities could be met. Following this agenda item, it was agreed that the peer group meeting on Tuesday 1 August should be devoted to reviewing the entire system through a priority lens, identifying pressure points over the rest of the FY. IB also suggested inviting Nick Wood to a future meeting to discuss joining up plans for diagnostic programmes, estates etc and highlight the importance of digital issues. **ACTION IB to send email.**	**02 - IB**
12. AOB	<u>Funding for Digital Benefits Realisation and Business Change (Matt John)</u> For information, there had been an expectation that there would be 12 months of funding available but MJ has been informed that this has been reduced to 9 months. <u>Finance Update (Claire Osmundsen-Little)</u> COL has already circulated a paper on unfunded positions to add to the business case and requested that all review this. She may also be approaching local teams to obtain more detail for the value realisation work underway. <u>TAG June Meeting Agenda</u> Circulated by SM for information.	
	End of meeting.	
Next Meeting: Tuesday 1 August (Virtual) 2pm		

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