

**Minutes of the Public Digital & Health Intelligence Committee Meeting
Held On 13 August 2024
Via MS Teams**

Chair:		
David Edwards	DE	Independent Member – Information Communication & Technology (IM-ICT)
Present:		
Akmal Hanuk	AH	Independent Member – Local Community (IM-LC)
Susan Lloyd-Selby	SLS	Independent Member – Local Authority (IM-LA)
In Attendance:		
David Thomas	DT	Director of Digital & Health Intelligence (DDHI)
James Webb	JW	Head of Information Governance & Cyber Security (HIGCS)
Angela Parrat	AP	Director of Digital Transformation (DDT)
Gary Marklew	GM	IT Service Desk Manager
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies		
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive

Item No	Agenda Item	Action
DHIC 13/08/001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the Public meeting and confirmed the meeting was quorate.	
DHIC 13/08/002	Apologies for Absence Apologies for absences were noted. The Committee resolved that: a) The apologies were noted.	
DHIC 13/08/003	Declarations of Interest The Committee resolved that: a) No Declaration of Interest were noted.	
DHIC 13/08/004	Minutes of the Meeting Held 28th May 2024 The committee accepted the minutes as a true and accurate record of 28 th May 2024. The Committee Resolved that: a) The Minutes of the Meeting held on the 28 May 2024 were confirmed as a true and accurate record.	
DHIC 13/08/005	Action Log – Following the Meeting held on 28th May 2024 2 actions on the action log were both completed. The Committee Resolved that: a) The Action Log was discussed and noted.	

<p>DHIC 13/08/006</p>	<p>Chair's Action taken since the last Committee Meeting</p> <p>No chairs actions taken since 28th May 2024.</p> <p>The Committee Resolved that:</p> <p>a) There were no Chair's Actions taken since the last meeting.</p>	
<p>Items for Review and Assurance</p>		
<p>DHIC 13/08/007</p>	<p>Digital Roadmap and work programme update</p> <p>The DDT gave an update on the Digital Roadmap and Work Programme and highlighted the following –</p> <ul style="list-style-type: none"> • A 12-month electronic triage pilot was live in A&E and it showed that 50% of A&E attendances were via e-triage • Welsh nurse care record was being implemented at pace <p>The DDT presented on the funding digital foundations and highlighted the following:</p> <ul style="list-style-type: none"> • £446k revenue was requested for the production of a programme business case to seek all Wales major capital funding alongside a business justification case • The work would deliver over the next 5 years and would lay the ground for any national solutions and would help CAV move towards being paper free. <p>The DDHI explained that the investment case would be presented to SLB this week for approval. Once approved, the UHB would seek the money and 2 additional posts to help deliver the programme, which was cleared by WG in May 2024.</p> <p>The IMLC thanked the team for the high-level plan and asked if there was a definitive date for the start of the programme? He highlighted the key portion was regarding the start of the plan and how long it will take to obtain the funding and recruit the additional staff required.</p> <p>The DDHI noted that money would be made available once it was approved at SLB and explained there was a plan for recruitment.</p> <p>The DDT noted that it was clear on the skill sets needed and in terms of time, this could be done within an 8-week window for recruitment. For procurement, conversations took place to ensure confidence and benefits were in place. The documentation was partially completed in order to recruit and mobilise. Whilst the plan showed 12 months, we have 5 months to get it approved. Month 1's worst case was 12 weeks with 8 weeks being the best-case scenario.</p> <p>The IMLC asked if we could bring this item back for an overview in November? (action)</p> <p>The DDHI explained that the investment group were clear this funding would be on a non-recurrent basis and CAV would need to find the money beyond the 12 months.</p> <p>The CC noted the pace was a significant challenge and one we need to monitor. He was supportive of the investment and the money was not a significant amount considering the size of CAV UHB and it</p>	

	<p>would benefit staff and patients. He wondered if there should be a work up for the headline to be around the benefits. From a public point of view, trying to articulate the monies may lead to something different. Given how tight funding is, we need to communicate why we are investing to make it clear.</p> <p>The DDHI noted there were a number of benefits which were given to CAV UHB Finance colleagues.</p> <p>The CC explained that the work needed to be lifted so that the headline reads clearly for the public to be able to see what the ask is.</p> <p>The DDT explained the aims and objectives were demonstrated in the paper and it was about the outcome improvements that will be made.</p> <p>The Committee Resolved that:</p> <p>a) The Digital Roadmap and Work Programme Update was noted.</p>	
<p>DHIC 13/08/008</p>	<p>Joint IMT & IG Corporate Risk Register</p> <p>The DDHI gave an update on the Joint IMT & IG Corporate Risk Register and highlighted the following points –</p> <ul style="list-style-type: none"> • Local team not being resourced • Cyber security remained at red • CAV video appointments will cease in March 2025 but alternatives were being reviewed • PARIS contract extension was extended to 2029/30 • LIMS service was closed and to be removed from risk register <p>The Committee resolved that:</p> <p>a) The Joint IMT & IG Corporate Risk Register was noted.</p>	
<p>DHIC 13/08/009</p>	<p>Corporate Digital Risk Register</p> <p>The Corporate Digital Risk Register was noted.</p> <p>The Committee resolved that:</p> <p>a) The progress report and the planned investment case was reviewed and noted.</p>	
<p>DHIC 13/08/010</p>	<p>IG Data Compliance</p> <p>The HIGCS updated on the IG Data Compliance and highlighted the following -</p> <ul style="list-style-type: none"> • FOI compliance displayed an increase • 51 incidents per month • Request for medical records continued to rise with 328 request per month • Compliance continued to fall from 37% to 32% • NHS Wales experienced an Operational issue with NIAS monitoring and DHCW we investigating with the supplier • Mandatory training figures remained at 76% for the HB <p>The IMLA questioned around the mandatory training and the increase in serious incident reporting and asked what steps were being taken to try and increase the training figures?</p>	

	<p>The HIGCS noted that Cyber Security formed part of the mandatory training. At every opportunity in response to a data breach, CAV continued to push the importance of mandatory training. He agreed that it was lower than it should be and steps were being taken to try and increase where possible.</p> <p>The DDHI noted that IG security was a mandatory training requirement and was being reviewed at Exec level and asked all to push the uptake where possible. Staff need to be given protected time to complete the modules needed.</p> <p>The IMLC asked who controlled this and noted that 76% was low and he wanted to understand how the training was implemented and engaged with staff. He asked how this can all be done?</p> <p>The HIGCS explained that workforce provide the compliance rates and was unable to drill down any further. There were different requirements to undertake depending on the module and the IG and cyber governance needed to be every 2 years. As part of the yearly appraisals, our VBA's require for us to be 100% to compliant.</p> <p>The IMLA expressed concern that IG & Cyber training should only be completed every 2 years and she thought there may be a risk. She added that the information should be drilled down and for us to see where staff sit and there will inevitably be some roles where it is more critical for them to undertake the training.</p> <p>The HIGCS would bring back figures to the next meeting (action).</p> <p>The DDHI explained that phishing exercises take place in between cyber training.</p> <p>The CC noted that whilst this was a rapidly changing environment, the phishing exercises were welcomed. The key roles were important and where people have access to significant amounts of data, those individuals should have 100% compliance.</p> <p>The HIGCS noted the training provided was for all and doesn't depend on a job role. He agreed that staff who access clinical systems should have 100% compliance before accessing systems.</p> <p>The CC highlighted that if there are areas where staff have low compliance it shows that they are not taking their role seriously.</p> <p>The Committee Resolved that: a) The Committee noted the series of updates</p>	
	<p>Ivanti Management System</p> <p>The Service Desk Manager updated –</p> <ul style="list-style-type: none"> • Current year showed an average of 2.6 days for incidents & 3.9 for requests which was an improvement on 2023 • Automation reduced wait times and was used for new nadex requests • 3144 incidents opened and 2923 closed with an average duration 1.58 days • The chat function was introduced in November 2023 and questioned if it should be promoted more to use the call function via chat 	

	<p>The IMLC requested for future reports to have a breakdown of what they relate to.</p> <p>The CC suggested for the chat to be retained and promoted as AI would be integrated in the future.</p> <p>The Committee Resolved that: a) The Committee noted the Ivanti Management System.</p>	
	Items for Approval / Ratification	
DHIC 13/08/011	<p>Information Governance Policy</p> <p>No items to discuss.</p> <p>The Committee Resolved that: a) Received and approved the recommended changes to the Information Governance Policy</p>	
	Items for Noting and Information	
DHIC 13/08/014	<p>Minutes: Digital Directors Peer Group</p> <p>The Minutes from the Digital Directors Peer Group from June & July 2024 were received.</p> <p>The DDHI explained that a presentation took place in June regarding the potential for AI, with work taking place in NHS England and WG. There are a number of national programmes referenced and highlighted that are expected to take the Radiology system in Feb 2026 and the Lab systems to lims in May 2024. The digital cell pathology case was approved by board but not all HB's had approved. BCU lead on the EPR work and the business case previously referenced would support this work.</p> <p>The Committee Resolved that: a) The Committee noted the minutes of the Digital Directors Peer Group from June & July 2024.</p>	
	Agenda for Private Digital & Health Intelligence Meeting	
DHIC 13/08/016	<ul style="list-style-type: none"> • Caldicott Guardian Update • <i>Cyber Security Update (including performance metrics)</i> • <i>Digital Investment Case</i> 	
DHIC 13/08/017	<p>Any Other Business</p> <p>No Other Business was discussed.</p>	
DHIC 13/08/018	<p>Items to bring to the attention of the Board / Committee</p> <p>The DDHI highlighted that culture changes were required regarding the mandatory training and he would raise with the P&C prior to the next committee meeting.</p>	
	<p>Date & Time of next Meeting:</p> <p>Tuesday 12th November 2024 at 9am via MS Teams</p>	