

**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:	

	a) The Minutes of the Meeting held on the 14 February 2023 were confirmed as a true and accurate record.	
DHIC 30/05/005	<p>Action Log – Following the Meeting held on 14 February 2023</p> <p>The Action Log was received.</p> <p>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.</p> <p>The Committee Resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	IDCG
DHIC 30/05/006	<p>Chair’s Action taken since the Committee Meeting held on 14 February 2023</p> <p>The Committee Resolved that:</p> <p>a) There were no Chair’s Action.</p>	
Items for Review and Assurance		
DHIC 30/05/007	<p>Digital Transformation Progress Report</p> <p>The Director of Digital Transformation (DDT) presented the Report and highlighted the following:</p> <p><u>2022/23 IMTP</u></p> <ul style="list-style-type: none"> • Good progress had been made with what the team had set out to achieve in the year 2022/23. <p><u>2023/24 IMTP</u></p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - 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 	

recruiting the right skills and expertise which was part of a wider challenge.

Governance

- 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.

Shaping our future digital services

- 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.

Enterprise Architecture

- 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

- 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

HIMMS Assessment

- 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.

SMART health and care system

- 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).

Journey to digital maturity

- There were over 100 programmes and projects in train at any one time as the Health Board responded to operational needs and WG priorities.

- 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.

	<p>The DDT responded that they were making significant progress. However, it all came back to the funding element.</p> <p>The DDHI advised that they would need to work more closely with the Estates team.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) The Digital Transformation Progress Report was reviewed. b) The proposed governance model was commented on. 	
<p>DHIC 30/05/008</p>	<p>Joint IMT & IG Corporate Risk Register</p> <p>The DDHI presented the Joint IMT and IG Corporate Risk Register Paper and highlighted the following:</p> <ul style="list-style-type: none"> • 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. <p>The CC queried whether the risks relating to achieving the ambitions around the SMART hospitals needed to be captured.</p> <p>The DDHI responded that the risks focused on the here and now and the operational risks.</p> <p>The IDCG advised that the Corporate Risk Register needed to be looked at alongside the risks on the Board Assurance Framework (BAF).</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) Progress and updates to the Risk Register report were reviewed and noted. 	
<p>DHIC 30/05/009</p>	<p>IG Data & Compliance (Sis, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)</p> <p>The Head of Information Governance and Cyber Security (HIGCS) presented the Report and highlighted the following:</p> <ul style="list-style-type: none"> • Information Governance staffing levels remained stable but the Information Governance Department had continued to find the increased workload challenging. 	

	<ul style="list-style-type: none"> • 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. <p>The CC advised that they should not go down the route of FOI requests to other Health Boards.</p> <p>The Committee Resolved that:</p> <p>a) A series of updates relating to significant Information Governance issues was received and noted.</p>	
<p>DHIC 30/05/010</p>	<p>Digital Services Key Performance Indicators</p> <p>The DDHI presented the Digital Services Key Performance Indicators Report.</p> <p>The IT Project Manager (IPM) showed the Committee the latest live data taken from the Ivanti system and highlighted the following:</p> <ul style="list-style-type: none"> • The executive score cards showed the number of incidents and requests. 	

	<ul style="list-style-type: none"> • 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. <p>The DDHI queried whether there would be a “comms piece” to staff to accompany the go live date.</p> <p>The IPM responded that the new self-service portal had been on the Health Board staff’s screen savers for a week.</p> <p>The DDHI responded that a weekly comms update would be useful.</p> <p>The CC advised that it would be useful to get feedback once it had launched.</p> <p>The Committee Resolved that:</p> <p>a) The progress made since the last update on the Ivanti service desk tool in relation to KPIs was reviewed and noted.</p>	
<p>DHIC 30/05/011</p>	<p>Framework Policies, Procedures & Controls</p> <p>The DDHI presented the Framework Policies, Procedures & Controls Paper and highlighted the following:</p> <ul style="list-style-type: none"> • 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. <p>The Committee Resolved that:</p>	<p>DDHI</p>

	<p>a) The progress made in updating the priority policy and procedure documents was noted.</p>	
<p>DHIC 30/05/012</p>	<p>Committee Self Effectiveness Survey</p> <p>The IDCG presented the Committee Self Effectiveness Survey and highlighted the following:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>The DDHI asked what support would Committee members like to receive.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The CC advised that they only need key information and the option to look at detailed information if required.</p> <p>It was agreed that given the importance of digital, there needed to more time allocated for Board development.</p> <p>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.</p>	

	<p>The Committee Resolved that:</p> <p>a) The results of the Annual Board Effectiveness Survey 2022-2023 relating to the Digital and Health Intelligence Committee were noted.</p>	
<p>DHIC 30/05/013</p>	<p>Welsh Government Digital Strategy for Health & Social Care Refresh</p> <p>The DDHI presented the Welsh Government Digital Strategy for Health & Social Care Refresh and highlighted the following:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>The Committee Resolved that:</p> <p>a) The response submitted on the Welsh Government Digital Strategy for Health and Social Care refresh document was reviewed.</p>	
	Items for Approval / Ratification	
<p>DHIC 30/05/014</p>	<p>Policies – Verbal Update</p> <p>The DDHI stated that no policies were presented to the Committee for approval.</p> <p>The Committee Resolved that:</p> <p>a) No Policies were noted.</p>	
<p>DHIC 30/05/015</p>	<p>Minutes: Digital Directors Peer Group</p> <p>The following Minutes were received by the Committee:</p> <ul style="list-style-type: none"> • Minutes of Meeting – 15 February 2023 • Minutes of Meeting – 7 March 2023 • Minutes of Meeting – 4 April 2023 	

	<ul style="list-style-type: none"> Minutes of Meeting – 2 May 2023 (unconfirmed) <p>The Committee Resolved that:</p> <p>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.</p>	
DHIC 30/05/016	<p>Any Other Business</p> <p>No Other Business was discussed.</p>	
DHIC 30/05/017	<p>Items to bring to the attention of the Board / Committee</p> <p>No Items were brought to the attention of the Board / Committee.</p>	
	<p>Date & Time of next Meeting:</p> <p>Tuesday 15th August 2023 via MS Teams</p>	