INFORMATION, TECHNOLOGY AND GOVERNANCE SUB-COMMITTEE

13 June 2018, 1.00pm

Corporate Meeting Room, Headquarters, UHW

INFORMATION, TECHNOLOGY AND GOVERNANCE SUB-COMMITTEE MEETING

on 13 June 2018 at 1.00pm
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AGENDA

PART 1: ITEMS FOR ACTION		
1	Welcome and Introductions	*Chair Oral*
2	Apologies for Absence	*Chair Oral*
3	Declarations of Interest	*Chair Oral*
4	To receive the minutes of the previous IT&G Sub Committee meeting held on 6 March 2018	Chair
5	To receive and review the Action Log from IT&G meeting held 6 March 2018	Chair
6	Chair's action taken since last meeting	Chair
7	**IG / IT Risk Assurance Framework:** 7.1 - Risk Registers 7.2 – Cardiff and Vale Way – Digital enabled Organisation (Oral update)	Executive Director of Therapies & Health Science and Director of Public Health Executive Director of Therapies and Health Science
8	**Key Strategic Issues:** 8.1 - Report against national Strategy Policy and implementations (Oral update)	Director of Public Health and Deputy Chief Executive
9	**Work Programme Highlight Reports:** 9.1 - Delivery of Integrated Medium Term Plan (IMTP); 9.2 Specific Programmes • WLIMS	Executive Director of Therapies & Health Science and Director of Public Health and Deputy Chief Executive Executive Director of Therapies and Health Science

10	**Audits**: 10.1 - IMT Audit Assurance / Action Plan 10.2 - Information Commissioners Office Visit and ICO/DPA Action Plan Update	Executive Director of Therapies & Health Science Director of Public Health and Deputy Chief Executive
11	**Periodic items for assurance:** 11.1- Report of Caldicott Guardian including 2017/8 CPIP-Self assessment 11.2 - Integrated Governance Report 11.3 - National Health Care Standards Compliance 11.4 - Informatics Capital Programme (allocation 18/19) 11.5 - Report from the SIRO	1. Medical Director 2. Director of Public Health and Deputy Chief Executive 3. Director of Public Health and Deputy Chief Executive & Medical Director. 4. Executive Director of Therapies & Health Science 5. Director of Corporate Governance
12	**Specific items for attention:** 12.1 - GDPR Update and Action Plan Appendix 1 and Appendix 2	Director of Public Health and Deputy Chief Executive
13	13.1 - Controlled Documents Framework Update	Director of Public Health and Deputy Chief Executive
PART 2: ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION BY THE COMMITTEE		
14	**Sub Group Minutes:** 14.1 - NIMB Minutes of Meeting on 23 April 2018 14.2 - Capital Management Group Minutes of Meeting on 19 April 2018	
15	Any other Business	Chair
16	Review of Meeting and Items to Bring to the Attention of the Board/Other Committees.	Oral *Committee Chair*
17	**Date of next meeting: September - to be confirmed**	

AGENDA ITEM 4

UNCONFIRMED MINUTES OF A MEETING OF THE PUBLIC INFORMATION TECHNOLOGY AND GOVERNANCE SUB COMMITTEE HELD AT 8.30am ON 6 MARCH 2018 HQ MEETING ROOM, UHW

***Present*:**

Eileen Brandreth (Chair)	Independent Member, Information, Communication and Technology
Dr Sharon Hopkins	Director of Public Health/Deputy Chief Executive
Dr Graham Shortland	Medical Director (Caldicott Guardian)
Dr Fiona Jenkins	Executive Director of Therapies & Health Science
Peter Welsh	Director of Corporate Governance/SIRO
Nigel Lewis	Head of IM&T
Paul Rothwell	Senior Manager Performance and Compliance
Ann Morgan	Corporate Governance Senior Information and Communication Manager

***In Attendance*:**

Andrew Crook	Head of Human Resources Policy and Compliance
Andrew Nelson	Assistant Director of Information and Performance
Rob Mahoney	Finance Manager

Apologies:

Christopher Lewis	Assistant Director of Finance
Allan Wardhaugh	Assistant Medical Director, IM & T
Andrew Strong	WAO

ITGSC 18/022 DECLARATION OF INTEREST

There were no Declarations of Interests noted.

ITGSC 18/023 MINUTES OF THE MEETING HELD ON 6 MARCH 2018

The minutes of the above meeting were agreed as a correct record.

AGENDA ITEM 4

ITGSC 18/ 024 REVIEW OF THE ACTION LOG

The action log was reviewed and noted. All outstanding actions would be picked up under relevant agenda items.

ITGSC 18/025 CHAIRS ACTION SINCE THE LAST MEETING

No Chairs Action had been taken since the last meeting.

ITGSC 18/026 STRATEGIC UP-DATES

a) Directors Report of Information Technology including NIMB Update

The Director of Therapies introduced the paper and highlighted the following serious incidents since the last meeting:

National Data Centre Outage
The National data centers Blaenavon and Newport experience some major firewall issues which started early morning of 24th January 2018 and were resolved by early evening on the same day. The issue resulted in all National hosted systems by NWIS were unavailable to all Health boards and GP practices within Wales. However C&V UHB was less affected by the incident as we host our own Patient Management System (PMS), Picture Archiving (PACs) and Mental Health and Community systems. All services affected by the outage of national hosted systems such as Laboratory Information management (LIMS). Ward Clinical Work station (WCW) put their Business Continuity plans into place until such times the issue was resolved.

SoP
Communication was received in late December 2017 from WG following the submission of our Oct 2016 SoP. A meeting took place on 5 Feb 2018, with WG digital leads to discuss the SoP in light of there being no national funding to take forward the key workstreams identified. The SoP has been reviewed and prioritization undertaken for the IMTP to take forward elements prioritized by HSMB and within our resource allocation. The SoP will need further reviewing to ensure it remains a live document.

National Informatics Management Board
The Sub Committee was advised of the main items discussed at the above meeting held on 15th February. This included:

- WAO Report and Parliamentary review: Consideration of and input to the response to these.

- Once for Wales: Agreement of the paper developed by the sub group
- WCCIS: Noting that Councils are deploying faster than LHBs. Questioning why LHBs were delaying. Response related to a combination of the capital and revenue costs which LHBs are finding hard to secure also current architecture does not give a single record. The Gateway review was noted and the issues arising from it. NHS CEO would like to see faster pace of deployment.
- Digital strategy work-stream implementation: PROMS/ PREMS programme without revenue for 18-19. This was raised and NHS CEO was minded to secure resource if this was supported by LHBs.
- National Plan Prioritisation: This was received.

IT as part of the UHB Transformation
Along with the use of information, IT has been highlighted as a key enabler. The Director of Therapies and health Science is working with the Director of Public Health to ensure we shape the UHB requirements for a digitally enabled workforce.

IMTP and Planning for 2018/19
The informatics elements have been completed for the IMTP, with PoDs developed where investment was needed.

Director of Therapies and Healthcare Scientist Conference – June 2018
The IT&GSC noted the above conference in June as a key part of the agenda is to run and hour session on IT including Turning Digital & technology Curve and a IT Workshop 'speed dating' session.

Office relocation for IM&T
The IM&T Department will be moving from the current PSA building by March 31st 2018. The teams will be split between Lansdowne and Iorwerth Jones community hospital.

The Sub-Committee also noted the Welsh Audit Report on Informatics system in NHS Wales which was published in January 2018. This would be discussed further under agenda Item 11a.

b) Report of the Information Governance Executive Team

The Director of Public Health/Deputy Chief Executive presented this paper which gave an overview of the work undertaken by the Information Governance Executive Team (IGET) since it was convened in September 2017. The Sub–Committee noted the following:

Information Governance Management Arrangements

Management and resourcing arrangements for Information Governance are under review. This is necessary in view of increasing demands including the implementation of the General Data Protection Regulation (GDPR) and the workload associated with UHB's ambition to become a digitally enabled organisation.

The growing workload was particularly evident in the given the action plan agreed with the ICO following its audit of UHB compliance with the Data Protection Act 1998. Central to the delivery of this was formalisation of the roles of staff with designated IG responsibilities, in particular Information Asset Owners (Directorate Managers/Assistant Directors) and Administrators (Assistant Directorate Managers/Heads of Service). Members noted with concern that there had been limited attendance specifically by IAOs and IAAs at recent GDPR awareness sessions. It was agreed that HSMB should be asked how this would be addressed.

Action: Director of Public Health/Deputy Chief Executive

External Scrutiny
The UHB's IG management arrangements are under external scrutiny at present by the following

- Wales Audit Office (references in Accountability Statement and Structured Assessment)
- Stratia Consulting (review of IT security on behalf of WG following the Wannacry attack)
- ICO (responses to DPA Section 55 breaches notified earlier. This would be covered in more detail in the minutes of the private meeting).

Compliance Auditing

Members noted that use of the National Integrated Information Audit Solution (NIIAS) had recommended recently in relation to potentially inappropriate access by UHB staff to the Welsh Clinical Portal e.g. staff viewing their own records or those of someone sharing the same address as the staff member. It was agreed that this matter would be discussed at the next meeting.

Action: Director of Public Health/Deputy Chief Executive

Given the limited capacity within the IG team it seemed likely that some compliance auditing would need to be undertaken locally. This issue would

need to be considered in more detail in a review of IG management arrangements that would be undertaken by Management Executive.

Action: Director of Public Health/Deputy Chief Executive

Agreements with Third Parties
The IG Department is being increasingly asked to provide input into discussions with third parties to ensure that arrangements for the sharing of data are appropriately understood and formalised.

The UHB has instructed its lawyers Blake Morgan to review and update its exemplar Data Processor Agreement (DPA) in order that it is fit for purpose for use with relevant third parties in accordance with GDPR. A first draft has been received and will be finalised by end March 2018.

Stakeholder Relations
The IG Dept has supported the PCIC Clinical Board in implementing its Health and Wellbeing (HWB) agreement with United Welsh.

Messaging Services
The IG department is working closely with IT to progress the provision of messaging facilities for clinicians in a way that meets IG standards mandated by WG. The IG department has consulted the ICO to inform this discussion. A proposal has been agreed in principle by ME and HSMB although some details, in particular financial arrangements still need to be clarified before an order could be placed to enable this produced to be rolled out to all clinicians. A briefing has also been drafted for the Medical Director to advise clinicians that use of WhatsApp was considered inappropriate even where the Patient ID had been anonymized.

IG Training
Members noted the statistics of the take up of mandatory on line IG training as at January 2018.

ITGSC 18/027 STRATEGIC ASSURANCE REVIEWS

a) IMT and Strategic Outline Plan (SoP)
The Director of Therapies and Health Sciences introduced the above which had been submitted to Welsh Government. It was also noted that a more detailed operational plan outlining the UHB's intended programme of work for 2017 – 20 had been developed to accompany the SoP.
The SOP requirements for resources were National £480m and Local £55m over 5 years made up of Capital and Revenue.

The allocation to date of £448K has been prioritised against the following agreed initiatives:

- Medicines Transcribing & E-Discharge (MTED) £196,548
- Radiology Electronic Requesting £34,325
- Welsh Care Record Service (WCRS) £66,082
- Welsh Patient Referral Service (WPRS) £49,054
- Welsh Community Care Information Solution (WCCIS) £102,000

Feedback had been received from Welsh Government and the following Key Themes were highlighted by The Director of Therapies and Health Sciences.

- WG acknowledged that the SOP was aligned to all requirements of the National Informed Health and Care Strategy and our Shaping our Future Wellbeing Strategy.

- They advised that the responsibility for approving the SOP sits with our organisation's Board.

- They emphasised that it is important to highlight that the revenue costs outlined in each organisation's SOPs must be contained within the organisation's current revenue resource allocation.

- They stated that we may wish to review priorities to give clarity on resources and funding both within your organisation and NWIS.

- They suggested that the level of ambition described in the SOP, along with other developments in our organisation, may challenge the Health Board's ability to take on all the change described.

- They suggested that they would expect the IM&T developments contained in our SOP to inform our organisation's IMTP.

The Sub – Committee noted the feedback from Welsh Government.

b) Once for Wales Report

The Sub – Committee received the above presented by The Director of Public Health /Deputy CEO. It was noted that the significant progress on the "Once for Wales" which was a fundamental design principle for taking forward Informed Health and Care, the Welsh Government Digital Health Strategy.
The development of this plan would require significant requirements on the UHB and the following were noted.

- significant development of the UHB's informatics architecture and data repositories

- the integration / interoperability of our clinical;
- Attaining kite mark status for our systems the functionality of systems in respect to their compliance with data standards, which is likely to require development and administrative resource;
- The requirement placed on the UHB to give prior consideration to Kite marked applications when replacing or developing existing applications.

Committee noted the significant progress made on Once for Wales and its ramifications for the UHB

ITGSC 18/028 WORK PROGRAMME UPDATES

a) **Delivery of Integrated Medium Term Plan**.

Director of Therapies introduced the paper which provided an exception report on the high priority programme within the Informatics Plan for 2017/18 and the working plan for 2018/19.
The UHB SoP/ IMTP status up-date was presented and the significant progress in delivering the information priorities were highlighted.
The Sub – Committee also noted high priority programme where there were delays and or risks to successful delivery.
The Sub – Committee **Noted** the up-date.

b) Integrated Information Governance.
The Director of Public Health/Deputy Chief Executive presented this paper which provided information on the following areas of information governance within the UHB:

- Data Protection Act - Serious Incident Summary and Report

It was noted that the high number of incidents reported to CD & T was likely to be because the activities undertaken by this Clinical Board meant more incidents were likely to be reported.

- Incident Report for Paris/BreakGlass/IHR
- Freedom of Information Act - Activity and Compliance

Members noted the improvement in compliance in relation to the 20 day target. However, concern was expressed that this might not be sustainable because of the capacity concerns expressed earlier. It was agreed that the Director of Public Health/Deputy Chief Executive should be asked to provide a

risk assessment once the Management Executive review had been undertaken.

Action: Director of Public Health/Deputy Chief Executive

- **Data Protection Act (DPA) - Subject access requests (SAR)**

Members noted that there had been a deterioration against the 40 day target. It was noted that HSMB agreed a revised procedure for the processing of SARs that should assist the UHB in meeting the new 1 month target under GDPR.

- **NIIAS**

Members expressed concern about the appropriateness of controls. The matter would be covered in the private meeting.

- **Piloting of extended GP access to the UHB Clinical Portal**

Members noted that staff at the cluster hosting the pilot of extended GP access to the UHB clinical portal had generally been positive. Members noted that the UHB needed to be very clear about the resource implications, given earlier comments about compliance auditing, associated with extended such access to other GP practices. It was agreed that this would considered further at the next meeting.

Action: Director of Public Health/Deputy Chief Executive

- **Landauer – ICO response**

Members noted the response of the ICO in relation to Landauer data breach and an update on remedial steps being taken in response to this.

- **Health and Wellbeing Activities – ICO decision on "marketing"**

Members noted the ICO view that, if UHB staff contacted patients registered with GP practices to promote the update of healthcare related activities such as immunisation and vaccination, this could be regarded as "marketing" and thus require prior consent.

The Sub – Committee received and noted these up-dates.

c) Specific Project Items

i) WCCIS Business Case.

The Director of Therapies presented a report on the WCCIS roll-out.

The options appraisal in the WCCIS business case identified a number of approaches to tackling implementation of WCCIS in CaV UHB. The chosen option would enable the UHB to implement the system at pace, minimising the risks of split record keeping and dual-running of systems.

The sub-committee was advised that the lack of a funded business case for the 2018/19 financial year does not preclude the UHB from progressing the WCCIS agenda,

ii) Blood Bank and Cellular Pathology Laboratory Information Management System Business Continuity Option Appraisal. Fiona Jenkins presented the above paper which reviewed the current positive in relation to the national LIMS implementation and the risks associated with the current system and associated infrastructure.

The Sub – Committee noted the progress against “go live” in cellular pathology and the remaining risks of the go live for Board Transformation. The Sub – Committee also agreed to a review of the position should national assurances not be provided by the end of April 2018.

ACTION: Director of Therapies

ITGSC 18/029 PERIODIC ITEMS FOR ASSURANCE

a) Caldicott Guardian Report

The Medical Director/Caldicott Guardian presented the paper and received up-dates on the

- Digitalization
- Records Destruction
- Closure of Medical Records Libraries

Members expressed concern at the relative lack of progress in closing access to the Medical Records library. Plans were now being reconsidered. Funding for changes to the layhout were under discussion. A Medical Records destruction/retention schedule had been agreed.

- Delays in Subject Access Sign Off

- Decommissioning of Whitchurch Hospital

- Incident reporting procedure

  Members noted that an enhanced procedural workflow was being produced for incident reporting was being produced for incident reporting lost/misplaced records. It was agreed that this should be presented to the next meeting for approval.

  Action: Director of Public Health/Deputy Chief Executive

- Caldicott Principles in Practice (CPiP) Update

  An assessment of performance as at February 2018 showed at the UHB's score was 70%. This was an increase compared with the 60% score recorded for 2016/7. A report on performance covering the whole of 2017/8 would be given at the next meeting.

  Action: Medical Director/Caldicott Guardian

b) SIRO

The Director of Governance gave a verbal up-date on the work of the SIRO highlighting the following:

- All Wales SIRO network development
- Corporate Training for GDPR
- WG clarification on how GDPR related to research. This had been shared with the UHB Director of Research.

c) National Health Care Standards Compliance

The Director of Therapies and the Director of Public Health/Deputy Chief Executive provided a verbal update to the Sub – Committee about HCS Standard 3.4 (IT/IG/Information). An update would be given at the next meeting.

Action: Director of Therapies/Director of Public Health/Deputy Chief Executive

d) Informatics Capital Programme

Director of Thearpies informed the committee that there was insufficient discretionary capital allocation from Welsh Government, to meet the UHB

requirements, including that of IT this would be raised at a Management Executive meeting.

ACTION: Director of Therapies

e) Data Quality Report

Members noted that work to improve data quality was ongoing.

ITGSC 18/030

a) W.A.O Report on Information Systems in NHS Wales

The above report was received and noted that the Welsh Government would respond to W.A.O recommendations and NIMB would also consider the key areas of work required to address the recommendations

b) IMT Audit Assurance / Action Plan

Fiona Jenkins presented the paper and reported that the following audit reports have been received this quarter.

- Strategic MTED deployment
- Welsh Patient Referral Services (WPRS)
- Review the security and resilience of the updated virtulised environment

The Sub- Committee was also advised that the Assurance Report provided further information/ detailed action in respect of the recommendations in the above and noted the report.

c) Information Commissioner follow – up visit

The Director of Public Health/Deputy Chief/Executive presented a paper which gave summary details of action taken in response to the Information Commissioner's Office follow up audit of progress by Cardiff and Vale University Health Board in relation to the action plan agreed after the original ICO audit of compliance with the Data Protection Act.

The Sub Committee:

- **NOTED** the update in relation to action taken following the follow up visit by the ICO
- **NOTED** that the completion status of some items has been downgraded to, "red" in line with the ICO's downgrading of the completion status from "partially complete" to "incomplete".

- **NOTED** that a further update will be submitted to the June 2018 Committee meeting. This updated should be considered alongside the CPIP 2017/8 assessment.

Risk Register
Director of Therapies presented the paper which provided the Sub Committee on steps being taken to identify, manage and mitigate risks related to information management, governance and technology in a system and transparent manner.
The Sub-Committee noted the 11 risks which are primarily focused around

- System integrity, in particular the potential for cyber attack
- Business continuity
- Disaster recovery
- Data management
- Statutory compliance
- Reputational management

The Medical Director/Caldicott Guardian requested that the CRAF be updated with a specific risk about records that were lost/missing.

Action: Director of Corporate Governance/SIRO

The Sub Committee **NOTED** the report

ITGSC 18/031 GDPR ACTION PLAN

The Director of Public Health/Deputy Chief Executive presented the action plan. This gave insights into the scope of work that the UHB will need to undertake to achieve GDPR compliance.

The Sub Committee noted that the plan showed that some progress has been made in terms of meeting GDPR requirements. However, it highlighted other areas where work was at a very early stage and in some instances had not commenced. This emerging picture was consistent with relevant findings from the WAO's assessment of UHB management arrangements in 2016/7 and documents presented earlier to the committee, such as the legacy statement of the former Information Governance Sub-Committee.

Members expressed concern at the above assessment. It was agreed that the Chair would draw this to the attention of the Strategy and Delivery Committee.

Action: Chair

AGENDA ITEM 4

4

ITGSC 18/032 CONTROLLED DOCUMENT FRAMEWORK (CDF) POLICIES AND PROCEDURES

The Director of Public Health/Deputy Chief Executive presented the paper updating the current status of the CDF. The Sub- Committee's attention was drawn to the appendix which detailed the current position in respect of the control documents in place within the UHB. These documents were required to evidence to the ICO that the UHB had an adequate compliance framework that staff were required to follow to show that they understood what was required to deliver good standards of information governance. It was agreed that as a minimum the UHB's Information Governance policy needed to be updated. This should be presented to the next meeting.

Action: Director of Public Health/Deputy Chief Executive

The Sub-Committee **NOTED** the current position.

ITGSC 18/033

The following minute of meetings held since the last meeting:

Medical Records Management Group Minutes of Meetings held:
- 22 August 2017
- 10 January 2018

Non Health Records Management Group Minutes of meetings held:
- 14 August 2017
- 7 November 2017
- 6 February 2018

Minutes of Data Quality Group Meeting:
- 29 November 2017

NIMB Minutes:
- 13 September 2017
- 9 November 2017

Capital Management Group Meeting:
- 15 January 2018

ITGSC 18/032 DATE OF NEXT MEETING

AGENDA ITEM 4

The next meeting was due to be held on Wednesday 13th June 2018 in the HQ meeting room to commence at 1 pm.

Signed ……...

Date ……..

AGENDA ITEM 5

5

ACTION LOG FOLLOWING INFORMATION TECHNOLOGY AND GOVERNANCE SUB COMMITTEE 6 MARCH 2018 MEETING

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
Items outstanding					
ITGSC 18/029 and IGSC 17/028	6/3/18 and 8/8/17	CPiP report	Submit final 2017/8 compliance report to ITGSC	Paul Rothwell/Ann Morgan	Update to be given at meeting
ITGSC 18/028 and IGSC 17/031 IGSC 17/031& 17/010	6/3/18 and 8/8/17 8/8/17	GP Pilot (v) Closure Of Medical Records Libraries	Three month pilot report to be submitted to the next meeting. Review whether the unavailability of medical records/lost records were given the correct risk rating	Paul Rothwell Peter Welsh	Evaluation on hold Update to be given at meeting
18/025/18/028	6/3/18	Review of Information Governance function	Management Executive to carry out review. Include risk assessment in relation to delivery of FOI 20 day response target.	Management Executive	Arrangements for review under consideration
Actions complete from last meeting					
ITGSC 18/031	6/3/18	GDPR Action plan	Escalate compliance concerns to Strategy and Delivery Committee meeting on 13 March 2018	Eileen Brandreth	Update to be given at meeting

			Progress plan. UHB privacy notices for staff and patients updated to reflect GDPR. Awareness posted via posters. Podcast produced to promote awareness of “12 IG Commandments” and made available widely to staff via multiple commandments.	Paul Rothwell/Ann Morgan	Update to be given at meeting

Cardiff and Vale University Health Board - Informatics Risk Register

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Type	Consequence	Likelihood	Risk Score (Initial)	Risk Level (Initial)	Mitigation Action/Status	Risk Score (Target)	Risk Level (Target)	Risk Owner
Info1	NWIS Governance	**Risk:** 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"	2/2/2018	6/8/2018	Governance	3	5	15	SIGNIFICANT	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. Parliamentary review response expected on 11th June outlining WG response. Specific SLA breaches re NIS / service resilience being discussed at NIMB	1	Low	DOPH / DOTH
Info2	Data availability	**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. Specific risks - lack of access to GP data and the UHB's data residing in NWIS supplied applications (eg WCRS, WRRS) **Consequence** - Inability to identify potentially harmful or wasteful practice, inability to inform improvement and transformation, and inability to complete assurance process.	9/28/2015	6/1/2018	Clinical / Service / Business Interruption	3	5	15	SIGNIFICANT	Approach identified to work with C&V GPs o 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 Architectural design group and interoperability group being set up in line with Once for Wales agreement and WG Inormatics statement of intent should provide medium term solution. HB taking forward data acquisition programme in line with the development of the electronic care record. Agreement in principle for reverse stapling	1	Low	DOPH
Info3	Compliance with data protection legislation	Risk:- the UHB's progress in taking forward the action plan to reduce the risk of non compliance following the ICO's assessment of our limited compliance with the DPA is not sufficient to sufficiently mitigate the risk of non compliance with Data Protection Legislation. **Consequence:** Financial and reputational loss, leading to difficulties in providing an accessible shared health and care record available to all stakeholders as a key enabler to SOFW	9/28/2015	6/8/2018	Governance / Clinical	4	4	16	SIGNIFICANT	DPA & GDPR action plan accelaerated in past 2 months. Additional resources and training made available. Revised documentation and fact sheets made available to enable change. New software system for supporting compliance with 28 day SAR delivery deployed. Cyber actions being progressed, with cyber business cases for national and local consideration being developed	9,(3x3)	MODERATE	SIRO
Info5	Data quality and security	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 resulting in under/over recovery of income. , Absence of ISO 27001 certification & assessment that UHB is only partially compliant with the IG toolkit	2/19/2018	Jun-18	Governance	4	4	16	SIGNIFICANT	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. Work on developing clinical information model and using clinical information in all care sectors should improve DQ by exposing further areas.	8 (2x4)	MODERATE	DOPH
Info6	Insufficient Resource and Capability	**Risk:** Many areas do not have sufficient numbers of staff with appropriate skills (as benchmarked with the establishment of equivalent organisations) to provide resilient services, data and information, to clinical staff, decision makers and other parties to whom we have legal / statutory obligations. **Consequence** is the inability to support clinical staff to manage care effectively, resulting in potential harm and significant inefficiency & decision makers to optimise their decisions. It increases the risk of the UHB not being able to optimally dischagre its actions for requiste improvement across the paatch including in areas for which the organisation has legal obligations (data protection). Further it leads to a vicious cycle, of demoralised workforce who are in a suppliers market & can leave. "Mandated" tasks which offer less job satisfaction are shared amongst fewer staff, resulting in lower job satisfaction and further challenges service sustainability. There is also a loss of reputation and reduced success in gaining additional funding or benefit.	9/28/2015	6/1/2018	Human Resources	3	5	15	SIGNIFICANT	Update: Service and financial plan worked up to deliver 12.6% reduction in department's expenditure, which incorporates staff working flexibly across numerous departments requirement reduction in wage bill along with expectation of cost pressures being met. UHB scoping out requirements of informatics going forward as a fundamental review of informatics, and how we optimise the size and structure the department(s) to provide greatest value and maintain the reputation and legislative compliance of the UHB. Riusk exacerbated by additional demands on IG dept associated with GDPR and requirement to provide shift further resource from Information management to IG	10 (2 x 5)	MODERATE	CEO
Info8	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.	9/28/2015	6/1/2018	Business and Organisational Strategy	3	4	12	SIGNIFICANT	New strategic outcome measures being determined with will encompass health and well bein. National PROMs programme funded. RAMI agreed as high level measure of mortality	4 C=2, L=2,	MODERATE	DOPH
Info9	Cyber Security	**Risk:** The increasing rise in internet facing NHS websites/portals and increased prevalence of malware on the internet is increasing the likelihood of cyber security attacks against NHS Wales. This includes denial of service attacks (system downtime), ransomware attacks (ransom payments required to decrypt data encrypted by blackmailers – or to prevent the 'publishing' of stolen data) and data theft/leakage (reputational damage). Such increasingly sophisticated hacking techniques are putting security management under pressure. Also, recent threats by terror groups (e.g. ISIS) to maliciously alter medical record to cause patient harm and reputational damage. Likelihood of attacks are increased through the use of outdated IT infrastructure and software (e.g. Windows XP) **Consequence** is system unavailability affecting essential availability of critical clinical information needed for safe patient care. Also reputational and financial damage to NHS Wales bodies. Potential for harm to patients. User confidence could be severely impacted and could promote a move backwards to paper systems.	12/22/2015	6/1/2018	Service / Business Interruption	5	4	20	SIGNIFICANT	Top 5 issues for orgs to consider (as identified by the WCAP process) are: 1.Incident Response, 2. Management and maintenance of IT assets including an appreciation of the wider third party Medical Devices, Internet of Things. 3. Security Awareness to changes in behaviour 4. Monitoring of events across the networks 5. Backup management. An interim national cyber incident plan is in place but further work in now underway to enhance this further. Funding received from WG and deployed to replace end of life servers, further business cases to address other high risk areas under development to support consideration	8 C=4 L=2	MODERATE	DOTH
Info10	Clinical Records Incomplete	**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	9/28/2015	6/1/2018	Clinical	3	4	12	SIGNIFICANT	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. National prioritisation for NWIS to open up the national data repositories. CLinical information model being developed	6 C=3, L=2	MODERATE	MD
Info11	Governance framework (IG policies and procedures)	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.	2/16/2018	6/1/2018	Governance	4	4	16	SIGNIFICANT	Update: Controlled document framework requirements progressing in line with national plan	6 (x3)	MODERATE	SIRO
Info12	DPA related agreeme ts	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	2/16/2018	6/1/2018	Governance	4	4	16	SIGNIFICANT	Library of outline documents for sharing data available with completion supported by corporate informaiton governance department. Requirements to use emphasised in training.	7 (x3)	MODERATE	SIRO
Info13	Compliance auditing	Risk: Access to sensitive data on relevant IT systems is not routinely audited **Consequence:** Data may be being accessed in contravention of IG legislation. Potential for significant fines. Reputational damage	2/16/2018	6/1/2018	Governance	3	3	9	MODERATE	NIIAS, mailmarshall and local solutions in place. Options for fine grain auditting of the warehouse over and above logging SQL code being considered.	8 (x3)	MODERATE	DOPH

7.1

IMT Risk register

AGENDA ITEM 2.6

Objective	Principal IM&T Risks	Exec lead for the corporate objective	Corp assessment of Impact	Corp assessment of Likelihood	Total	Controls - What are IM&T doing about it?	Further action agreed	Source of control	Lead Committee
Objective 6	Resources - All the UHB's resources: money, staff, estates and equipment are maximised to deliver the best possible care								
	e) Information management and Information Technology								
	6.8 Plan, fund and maintain effective & resilient IM&T systems to support service delivery								
6.8.1 A2/0004	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.	DoTh	5	3	15	The UHB continues to address priority areas in relation to its infrastructure management and strategic programme but increased investment is necessary	The UHB recognises that it is necessary to ensure appropriate capital and revenue funding is made available to address this risk on an ongoing basis as outlined on the UHB corporate Risk Register. Significant progress has been made with capital investment in 14/15, 15/16, 16/17 and £2.652 in 17/18. This progress will need to be maintained on an ongoing basis in capital and revenue investment. To maintain this risk at these improved levels of investment £2.1m is required in 2018/19, but to-date only £250k has been allocated	IM&T implementation programme IT&G Sub Committee established to oversee progress Standards for Health Services: Information management and communications technology	S&E
6.8.2 A3/0104	Each year a number of departmental servers fall in to the category of being end of life and without hardware maintenance contract.	DoTh	4	4	16	There is an impact to Business and Clinical Systems because of the age of the hardware and clinical/business application software - replacement relates to the availability of resources and departmental agreement/priorities.	The UHB recognises that it is necessary to ensure appropriate capital and revenue funding is made available to address this risk on an ongoing basis as outlined on the UHB corporate Risk Register. Significant progress has been made with capital investment in 14/15, 15/16, 16/17 and £2.652 in 17/18. This progress will need to be maintained on an ongoing basis in capital and revenue investment. To maintain this risk at these improved levels of investment £2.1m is required in 2018/19, but to-date only £250k has been allocated	IM&T implementation programme IT&G Sub Committee established to oversee progress Standards for Health Services: Information management and communications technology	S&E
6.8.3 A3/0105	The Health Board's clinical and business needs requires continued and expanding use of server (and PC) based infrastructure. This infrastructure has a maximum lifespan of typically 5 years and then requires replacement.	DoTh	5	3	15	The IM&T department identifies and informs the Health Board on a regular basis regarding end of life infrastructure. However whilst there is an infrastructure requirements investment strategy there is no recurring agreed investment programme to meet increased back up needs in the future. IT Infrastructure investment competes for Discretionary, Welsh Government and Year end capital on an ongoing basis.	The UHB recognises that it is necessary to ensure appropriate capital and revenue funding is made available to address this risk on an ongoing basis as outlined on the UHB corporate Risk Register. Significant progress has been made with capital investment in 14/15, 15/16, 16/17 and £2.652 in 17/18. This progress will need to be maintained on an ongoing basis in capital and revenue investment. To maintain this risk at these improved levels of investment £2.1m is required in 2018/19, but to-date only £250k has been allocated	IM&T implementation programme IT&G Sub Committee established to oversee progress Standards for Health Services: Information management and communications technology	S&E
6.8.4 A3/0108	Backup demand: The demand by clinical and administrative services for data to aid clinical and admin requirements increased exponentially over time. There is an increasing demand therefore for backup infrastructure to enable effective backup's to be completed within available windows.	DoTh	5	2	10	The backup infrastructure in place is sufficient to effectively backup all appropriate data at the moment. However whilst there is an infrastructure requirements investment strategy there is no recurring agreed investment programme to address the increasing demands for the future. IT Infrastructure investment competes for Discretionary, Welsh Government and Year end capital on an ongoing basis.	The UHB recognises that it is necessary to ensure appropriate capital and revenue funding is made available to address this risk on an ongoing basis as outlined on the UHB corporate Risk Register. Significant progress has been made with capital investment in 14/15, 15/16, 16/17 and £2.652 in 17/18. This progress will need to be maintained on an ongoing basis in capital and revenue investment. To maintain this risk at these improved levels of investment £2.1m is required in 2018/19, but to-date only £250k has been allocated	IM&T implementation programme IT&G Sub Committee established to oversee progress Standards for Health Services: Information management and communications technology	S&E
6.8.5 A3/0109	Clinical Systems require increasing quantities of backup media to maintain effective backups. Revenue stream required from these departments.	DoTh	5	2	10	Whilst the core backup infrastructure in place is sufficient to effectively backup all appropriate data at the moment, these backups require copying to tape. There is no revenue stream identified to address this need, a requirement which is continually expanding and will continue to do so. The UHB must institute a policy of departments paying for their backup media or create a central revenue stream to cover these costs. Failure to do so will result in loss of backup capability.	The UHB recognises that it is necessary to ensure appropriate capital and revenue funding is made available to address this risk on an ongoing basis as outlined on the UHB corporate Risk Register. Significant progress has been made with capital investment in 14/15, 15/16, 16/17 and £2.652 in 17/18. This progress will need to be maintained on an ongoing basis in capital and revenue investment. To maintain this risk at these improved levels of investment £2.1m is required in 2018/19, but to-date only £250k has been allocated	IM&T implementation programme IT&G Sub Committee established to oversee progress Standards for Health Services: Information management and communications technology	S&E
6.8.6 A3/0110	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 infrastructure to maintain.	DoTh	5	4	20	Whilst the processes in place provide adequate protection of server infrastructure in line with the availability of existing resources, the UHB must identify funding for the vFarm infrastructure if these improvements are to be maintained. Failure to do so will dramatically increase costs to the UHB as a whole and reduce availability and resilience of implemented systems.	The UHB recognises that it is necessary to ensure appropriate capital and revenue funding is made available to address this risk on an ongoing basis as outlined on the UHB corporate Risk Register. Significant progress has been made with capital investment in 14/15, 15/16, 16/17 and £2.652 in 17/18. This progress will need to be maintained on an ongoing basis in capital and revenue investment. To maintain this risk at these improved levels of investment £2.1m is required in 2018/19, but to-date only £250k has been allocated	IM&T implementation programme IT&G Sub Committee established to oversee progress Standards for Health Services: Information management and communications technology	S&E
6.8.8 A4/0004	The outer tier of the UHB Cisco Network Infrastructure is now end of life and has no warranty. It requires a £3m replacement programme	DoTh	5	2	10	The UHB has replaced all main core switches in the UHW to help mitigate this risk. The UHB still has 180 x CISCO 3750's that are end of life when they fail, will require replacement. However we must be "mindful" that these switches cannot be "software patched" if/when a "virus" is developed, could/will create a possible/probable major risk to the UHB.	The UHB recognises that it is necessary to ensure appropriate capital and revenue funding is made available to address this risk on an ongoing basis as outlined on the UHB corporate Risk Register. Significant progress has been made with capital investment in 14/15, 15/16, 16/17 and £2.652 in 17/18. This progress will need to be maintained on an ongoing basis in capital and revenue investment. To maintain this risk at these improved levels of investment £2.1m is required in 2018/19, but to-date only £250k has been allocated	IM&T implementation programme IT&G Sub Committee established to oversee progress Standards for Health Services: Information management and communications technology	**S&E**
6.8.9 A5/0013	The UHB is at risk because its PCs require upgrading to Windows 10 due to support ending for Windows 7 in January 2020. Current estimates would indicate a need to replace 45 PC's in order to meet this deadline. There are potentially significant issues with compatibility with applications systems in use both Nationally and within the HB specifically.	DoTh	3	4	12	The UHB has less than 200 x XP PC's remaining on the Domain a number of which are due to aplication software not being able to "run" on Windows 7 and Windows 10 Operating Systems.	The Firepower Firewalls have been configuered to stop ALL Internet access, if/when a possible serious virus attack is identiied and will implmeneted immedialtly.	IM&T implementation programme IT&G Sub Committee established to oversee progress Standards for Health Services: Information management and communications technology	**S&E**
6.8.10 A4/0022	The UHB has 6 data cabinets located in the Attic at the University Hospital of Llandough which are now locked due to Asbestos, and now no longer accessible to IT	DoTh	4	3	12	Three of the Data cabinet areas have had Asbestos removed and the Data Switches have not been contaminated, however the flooring and ladders have not yet been reinstated. Five staff have been counselled for possible access to Asbestos having worked in these areas and Employment Records endorsed a further six staff are yet to be counselled	The UHB Estates Department have commissioned the cleaning of the other attic areas. The Network Team Staff if required to access the area will have "full face masks" and protective clothing and will also be escorted by a colleague	IM&T implementation programme IT&G Sub Committee established to oversee progress Standards for Health Services: Information management and communications technology	**S&E**
6.8.11 A4/0023	The Cyber Security threats to service continuity	DoTh	5	4	20	The UHB has in place a number of Cyber security precautions. These have recently been enhanced by the implementation of additional VLAN's and/or firewalls/ACL's segmenting Clinical Areas to minimise the impact and increased the level of device patching. However the level of work required, is not sustainable with the current level of staffing within the department.	The re-submission of the POD to he UHB for three addational staff. A report has recently been receive by Chief Execs outlining a brief, high-level overview of the current Cyber Security arrangements in place across NHS Wales. It describes the main threats, the security controls to help mitigate those threats and explains how NHS Wales works collectively to implement those controls. Finally, the current top risks and challenges for NHS Wales	IM&T implementation programme IT&G Sub Committee established to oversee progress Standards for Health Services: Information management and communications technology	S&E
6.8.12 A4/0024	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.	DoTh	5	4	20	The UHB is engaged with NWIS and other Health Boards to evaulate options avialable to migigate this risk.	Active options being pursued include: Extend Hard Ware support, Extend Software support, accelarate migration.	IM&T implementation programme IM&T Sub Committee established to oversee progress Standards for Health Services: Information management and communications technology	S&E

7.1

Objective	Principal IM&T Risks	Exec lead for the corporate objective	Corp assessment of Impact	Corp assessment of Likelihood	Total	Controls - What are IM&T doing about it?	Further action agreed	Source of control	Lead Committee
6.8.13 A4/0025	**WCCIS** WCCIS Risk: The delivery and implementation of a single instance National Mental Health, Community and Therapies System (WCCIS) requires significant resources to co-ordinate workstreams and implement key deliverables across all 7 Health Boards and 22 Local Authorities. 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. Local implementation will require clinical informaticists, business change managers, implementation teams etc.	DoTh	4	4	16	Update 6/6/2018: 2 BA posts funded locally for 2018 only; timing of implementation will be based on objective assessment, to be synchronised Cardiff Council. WCCIS is 'live' in 12 Local Authorities and partially in 1 Health Board.	UHB working with NWIS, WG and Regional IHSCP on review of WCCIS deliverables including Health functionality, information standards, data migration and reviewed commercial arrangements	IM&T implementation programme IT&G Sub Committee established to oversee progress Standards for Health Services: Information management and communications technology	S&E

AGENDA ITEM 9a

WORK PROGRAMME UPDATES – JUNE 2018	
Name of Meeting : IT&G Sub Committee	**Date of Meeting** 13th June 2018

Executive Lead : Executive Director Therapies and Health Science & Director of Public Health
Author : ADI for Information and Performance and ADI of IT and Strategy
Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.
Financial impact :
Quality, Safety, Patient Experience impact :
Health and Care Standard Number 3 & 4.2
CRAF Reference Number 6.8
Equality and Health Impact Assessment Completed: Not Applicable

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Review and update to the IMTP

The Committee is asked to:

- **NOTE** the update

9.1

SITUATION

The UHB is moving towards being digitally enabled, however the pace and the ambition is being constantly refined in response to resource availability. This paper provides an exception report on the high priority programmes within the Informatics plan for 2017/18 and the working plan for 2018/19.

BACKGROUND

The UHB agreed the Informatics Strategic Outline Programme in September 2016, aligned to delivery of Shaping our Future Wellbeing and Welsh Government's Informed Health and Care strategy.

In light of the change in financial circumstances a delivery approach around ensuring that the UHB's key needs and delivery objectives set out in the organisation's annual plan are enabled, coupled with influencing and maximizing access to national resource has been adopted.

ASSESSMENT AND ASSURANCE

AGENDA ITEM 9a

The UHB has made good progress in delivering the following informatics priorities:

- Digitising the Clinical record and the second stage of the clinical information model development programme
- Supporting GP out of hours services
- Delivery of the Ophthalmology informatics programme

High priority programmes where there are delays and or risks to successful delivery are:

- WCCIS and WLIMs
- Development of PARIS for integrated data and record availability
- Elements of the data acquisition and data management programme
- Delivery of national strategy programme

9.1

Approach not				Benefits			Current status					
Workstream	Local Ref	HB Deliverable	Description / Activity	Benefits	Inter-dependencies (Internal)	Inter-dependencies (External)	Dependent on NWIS for delivery? (Y / N)	National or local	HR / Trust High Priority (Top 10 scheme for 18/19)	capital already secured	revenue secured	Progress to date
pick	Local text	Local text	Local text	Not mandated	Not mandated	Not mandated	Y or N	N / L	Y / N	(in full, partial, nil)	(in full, partial, nil)	Not reqd at this point
STP	19	Welsh Community Care Information Solution (WCCIS)	Delivery of an integrated Health and social care system	· A "single" view of the patient supporting their ability to be treated in a community clinic · Ability to view pathology results			Y	N	High	nil	partial	CareWorks are not currently willing to be engaged in discussion with the LHB regarding adoption of the WCCIS product. Delivery of some 146 items from the 1420 requirements assembled for the procurement remains outstanding, and the LHB is being actively blocked from the supplier engagement session (Show and Tell) scheduled for 30th May 2018. Cardiff Council functional analysis has identified <50 functional gaps and flaws, CAV functionality gap analysis against Paris is complete; impact assessment is now underway to demonstrate where the WCCIS product is statutorily non-compliant, and the potential cost (in lost efficiency) to the LHB if functional gaps are not addresses Significant challenges around the national programme and timescales for delivery of requirements (integration, data standards) and system management (data migration/archiving, duplicate demographics, form development, local authority working practices) remain; escalated to National Implementation Board, and to ADs; balance of financial risk rests with Health Boards, with local implementations reliant on national deliverables; benefits realisation has been dis-owned by the national programme, with the expectation that Local Authorities and Health Boards will take sole responsibility for deriving benefits from adoption of WCCIS.
STP	28	Electronic prescribing and Medicines Administration (EPMA)	EPMA replaces the current paper prescription and administration record chart normally completed for every in-patient, as well as discharge and outpatient prescription forms	· A "single" view of the patient supporting their ability to be treated in a community clinic · Ability to view pathology results	0	0	Y	N	HIGH	nil	partial	National BC prepared with WG for consideration.
STP	33	Migration to Welsh Clinical Portal from Cardiff Clinical Portal	The LHB will move across to the Welsh Clinical Portal, from the Cardiff Clinical Portal, over time. - The WCP has functionality not in CCP and these modules are being implemented across the health board (see below). CCP has functionality not currently available - The WCP has functionality not in CCP and these modules are being implemented across the health board (see below). CCP has functionality not currently available	As up to 80% of clinical information is recorded in an unstructured way, this development is essential to enabling that data to be readily accessed, in turn enabling the benefits of personalised and targeted medicine to be realised and variation in pathways and patient management to be identified, assessed and reduced.	National approach to the EPR - stds, inter-operability (eformz) & opening-up national architecture	National approach to the EPR - stds, inter-operability (eformz) & opening-up national architecture	Y	N	High	nil	partial	Modules of WCP are being rolled out across the LHB – Medicines Transcribing and e-Discharge (MTSD), Welsh GP Record (WGPR), Welsh Patient Referral Service (WPRS), Test Requesting and Results Reporting (TRRR), Welsh Care Record Service (WCRS) and Welsh Results & Reports Service (WRRS).CCP has functionality not currently available in WCP for which a convergence plan will be agreed with NWIS.Next Steps:- User Acceptance Testing and Go live of WCP 3.10 in August 2018 which will include Hospital to Hospital (H2H) referrals, Radiology Requesting and a number of WCP RFCs - Promote the transition of users from CCP to WCP as and when CCP functionality not in WCP becomes available alongside the promotion of new features as aboveWCP to PARIS integration
STP	17	National Patient Flow & patient observations project	The procurement and implementation of a patient flow management system and associated process change into CAV/LHB including the necessary infrastructure and integration with existing clinical, operational and management information	· The implementation of MTSD will reduce medication transcription errors · - Compliance with the formulary is increased - Compliance with the formulary is increased	NWIS to provide continuing development & support including infrastructure and capacity - NWIS to fulfill o/s request for change and respond to future request for change in timely manner - NWIS to fulfill o/s request for change and respond to future request for change in timely manner	NWIS to provide continuing development & support including infrastructure and capacity - NWIS to fulfill o/s request for change and respond to future request for change in timely manner - NWIS to fulfill o/s request for change and respond to future request for change in timely manner	Y	N	High	nil	partial	Being piloted on YHT, anticipation is that subject to a successful pilot, an application to the WG transformation fund for the national business case will be made
STP	68	· Full Welsh Laboratory Information Management System (WLIMS)	All Wales solution Trakcare Lab – providing standardisation and ability to share information across all Health Boards. Replaces Telepath.	Supports the vision of an All Wales patient record	NWIS & interoptems to deliver o/s modules - histology, mortuary, blood transfusion - histology, mortuary, blood transfusion	NWIS & interoptems to deliver o/s modules - histology, mortuary, blood transfusion - histology, mortuary, blood transfusion	Y	N	High	nil	partial	Due to no agreement by the clinicians there will be a delay of at least 3 months in the blood transfusion module coming available. Likely financial cost to the LHB is a minimum of £40k
STP	69	· Digital Dictation	The LHB is currently using Analogue tape dictations units to supports audio typing. - The new technology is digital providing audio dictation, direct to the secretarial support and also speech to text. - The new technology is digital providing audio dictation, direct to the secretarial support and also speech to text.	Key enabler for the single electronic patient record in Wales which will lead to more efficient and effective patient care · - Integrated with the WCIS/eCP · - Integrated with the WCIS/eCP			N	N	High	nil	partial	Procurement of 50 speech to text digital dictation licenses from the supplier Bighand is complete. DOSH, Endoscopy and Urology will go-live in late june with speech to text digital dictation.
STP	114	Vision 360 – or equivalent functionality – to support primary care working at scales	·Vision 360 – or equivalent functionality – to support primary care working at scales				N	N	High	nil	nil	GP system re-procurement exercise now completed incorporates required functionality - roll out (availability) will be in 18 mth period from Jan-19 to June 2020. Further approach to share data with GP practices and support cluster based programme being taken forward with locally & nationally.
STP	115	Effective use of PARIS to enable health & social care integration	·Effective use of PARIS to enable health & social care integration				N	Local	High			Good progress being made on recent integration resources secured from WG to support WCP intergration. Supplier lined up to deliver the integration. Work now prioritised on the IT development workplan
I&I	110	Whole system demand/ capacity model	·Whole system demand/ capacity model				N	Local	HIGH			GPOOH dem cap model completed. Bespoke analysis of cause and effect across levels of care taking place. Data acquisition approach for primary care data which is core to whole system work progressing locally and aligned to national endeavours
I&I	123	Clinical information - Retrospective & Prospective coding of ELI/ALI/MH/OP etc activity	Clinical information - Retrospective & Prospective coding of ELI/ALI/MH/OP activity using HLTK				N	Local	High	nil	partial	Retrospective analysis of referrals in place, work on presenting in warehouse dependent on analytical resourcwe availability. 2nd stage of clinical information model - coding outpatient activity at source progressing to July timescale. Approach to coding ED activity using NLP requires considerable advancement in pre-processing to ascertain negatives and sematic meaning.
PF	66	Microsoft Desktop Subscription & Upgrade to Windows 7 Project	Project to deliver a revenue based solution to provide the latest Microsoft Desktop Products - Roll out of Skype for clinical MDMs, virtualisation of clinics and GP support for care homes	Patients are able to access the internet for entertainment whilst in hospital and/or in outpatient clinics. - Staff can access both Clinical and Business applications from their personal devices via (BYOD) using GOOD. - Staff can access both Clinical and Business application from their personal devices via (BYOD) using GOOD.	0	0	N	Local	High	nil	partial	The LHB has less than 300 x XP PC's remaining on the Domain a number of which are due to application software not being able to "run" on Windows 7 and Windows 10 Operating systems. The Fingower Firewalls have been configured to stop ALL Internet access, if/when a possible serious virus attack is identified and will implemented immediately.
PF	69	Update intranet	The migration of the UHB Oracle intranet site to a modern platform	·	0	0	N	Local	HIGH	nil	partial	Primary focus now on development of healthpathways to support pathway transformation programmes. Business case required for update of intranet.
PF	70	Single Sign On & Context Sharing	The implementation of a "fast and secure" mechanism for users to connect to the NHS Wales Domain	· Improved communication channel within the UHB	0	0	Y	National	HIGH	nil	partial	Pilot underway in Hywel Dda - Collaborative agreement across NHS Wales that this should be one of the top national priorities
PF	87	Contribute to National and Local IM&T Governance framework to deliver National and Local Plans	·Data sharing & IG arrangements to maximise effectiveness of TICCS, cluster and multi-agency working	Evidences UHB commitment to effective stewardship of public resources	0	0	Y	N	HIGH	nil	partial	Ongoing and active contribution via IMAG. National WG taking forward national engagement programme with citizens around using their data. National WG 1 taking forward piece of work to consider process for sharing data stored in Data repositories across HBs. NIAS being used.
PF	113	·Provision of functional IM&T support to GP out of hours, out of hours (supports e-prescribing)	·Provision of functional IM&T support to GP out of hours, out of hours (supports e-prescribing)				N	N	High			Most GP OOH service issues resolved, 1 o/s problem being managed in interim by OOH IT support. Longer term solution to be explored with rest of Wales initially via 111 project and national hosting
PF	64	Continuing programme to sustain and refresh the IT infrastructure to protect the UHB from system interruption risks	A programme aimed at sustaining and refreshing the IT infrastructure to protect the UHB from system interruption risks and to provide a platform for modernisation and transformation	· Will result in improved timeliness and availability of relevant clinical and business information · - The production and administration of paper results will be reduced or eliminated · - The production and administration of paper results will be reduced or eliminated · - Telephone transcription of urgent results will be reduced or eliminated · - Will contribute significantly to the evolving electronic patient record supporting accessibility, accuracy and security of patient data	0	0	N	Local	High / Enabler	nil	partial	The first four years of this plan have been implemented. However current projected capital investment levels leave the LHB at going forward.
HIU	5	Project to open up national and local architecture	Roadmap to open up the local ICT Architecture to SMART technology and Patient access	· Provides access to information to support the population in taking greater ownership of their health and wellbeing · - Ensures that we are delivering care and access to care using methods expected by our population (e.g. digitally, easily & at times on demand) · - Ensures that we are delivering care and access to care using methods expected by our population (e.g. digitally, easily & at times on demand) · - Saves patient time · - Would support "Once for Wales" by extending market choice and promoting innovative solutions to bring swiftly into service · - Requires NHS Wales to have clear standards for interoperability	NWIS to Publish Standards and interoperability for access to sub modules and systems and allow access to all	NWIS to Publish Standards and interoperability for access to sub modules and systems and allow access to all	Y	N	Enabler	nil	partial	Now one of top priorities on national informatics plan. National eco-system project being monitored via IPMD - C&V collaborating via interoperability group.

HIU	10	- WiFi – Staff Patients and Guests & mobile working	The continued development and rollout of the integration of Wi-Fi enabling staff patients and visitors to access both free and secured Wi-Fi connectivity	- Patients are able to access the internet for entertainment whilst in hospital and/or in outpatient clinics. - Staff can access both Clinical and Business application from their personal devices via (BYOD) using GOOD. - - Staff can access both Clinical and Business application from their personal devices via (BYOD) using GOOD.	0	0	Y	N	Enabler	nil	partial	The free Wi-Fi service has been funded by the Health Charity from 1 April 2018, until 31st March 2020. The current usage is 17k per day We have implemented in 18 Optometric Practices e-Optometry using Good on both their iPads and loan iPads electronic referrals directly into the UHB. This project is supported by the both the Welsh Government and NWIS in the development of the Business Case for a Eye EPR for NHS Wales. We have procured an additional 600 licences to support the increase number of staff connecting to Clinical and Business applications. We procured from end of year funding the are awaiting the installation of the Good for Works upgrade to enable "safe and secure" access from Windows 10 and Apple Mac devices.
HIU	13	Provide Secure communications:	The continued rollout and leverage of the licences owned by the UHB using Microsoft Lync in the following five areas – Virtual Clinics, Virtual Multidisciplinary Team Meetings, Virtual Groups, Physiotherapy, Rehabilitation Clinics and Nursing Home Communication	#N/A	#N/A	#N/A	Y	N	Enabler	nil	partial	Ongoing deployment of Skype to UHB plan, priority has been consultants and directorate teams. There are now more than 350+ Lync licences in operation a r
STP	22	Welsh Care Record Service	WCRS is an extensive programme of work to provide clinical documents in electronic format and make them available wherever a patient is treated in Wales	- Improved access to patient records - - Improving quality of care delivered - - Improving quality of care delivered - - Reduced costs for future support from Health Records for additional clinic activity	0	0	Y	N	Enabler	nil	partial	8.4 million historical documents have been loaded into the WCRS repository and are now available to view in WCP. All new documents must be signed off before being uploaded. The % of documents authorised and therefore uploaded has continued to increase. NWIS have had discussion with Welsh Government re information governance issues associated with sharing of documents across health boards. Welsh Medical Directors have now signed a "Control Standard for Electronic Health and Care Records" which permitted the sharing of these letters through WCP across all Wales health board boundaries from January 2018 . Next Steps: Continue to assess work required to update the WCP repository and the WCP Document interface to allow additional document types to be added to the WCRS.
STP	67	Welsh Results & Reports Service (WRRS)	The WRRS will join together the local TRRR projects to create a service which will allow health boards to view results and reports in other health boards.	Fast electronic transfer of clinical letters to the receiving site - - Sharing of information between primary and secondary care clinicians - Sharing of information between primary and secondary care clinicians - - Full audit capability	NWIS to resource project and take forward	NWIS to resource project and take forward	Y	N	Enabler	nil	partial	The Welsh Results Reporting Service (WRRS) provides WCP users with the facility to view pathology results, for Blood Sciences, Blood Transfusion, Cellular Pathology and Microbiology for patients regardless of where in Wales they were produced. This initiative has been very well received by our clinicians and those in other health boards who can view C&V results. Next steps: • Review and monitor TRRR usage across all five wards. • Complete deployment to all in scope inpatient wards – Maternity and Paeds. • Continue to identify and deploy TRRR to outpatient clinics that wish to use this facility. • Trial the use of Jabra printing to see if this is beneficial for outpatient clinics.
STP	53	- National Intelligent Integrated Audit Solution (NIIAS)	NWIS initiated project to procure and implement a National Intelligent Integrated Audit Solution which will be linked to national clinical systems and patient administration systems.	- Clinicians are able to electronically request tests across pathology disciplines - - Clinicians have immediate access to reports and investigations in the WCP - - Clinicians have immediate access to reports and investigations in the WCP - - TRRR is integrated with the pathology IT system – TrakCare	NWIS to provide timely resolution of request for change - All Wales procurement of specimen bags and labels - All Wales procurement of specimen bags and labels	NWIS to provide timely resolution of request for change - All Wales procurement of specimen bags and labels - All Wales procurement of specimen bags and labels	Y	N	Enabler	nil	partial	Actions taken at individual level to address potential breaches of data protection legislation. HB has requested enhanced functionality in the application to ensure
STP	57	- Access and maintain up-to-date demographic information about citizens	Part of data quality work programme but extends desired fields to email address, mobile phone numbers as well as GMPr required data for ensuring up to date demographic information	- Improved patient movement within the ELI improving patient care - - Accurate management of patient data allowing greater breach avoidance - - Accurate management of patient data allowing greater breach avoidance - Reduction in Clinician admin time - - Closer to goal of fully electronic patient record - - Enhanced audit on patient care -	0	0	Y	N	Enabler	nil	partial	Medical records department working with PMS development team to create a portal for patients to verify personal contact details - will include email
STP	59	- PMS development	The PMS system maintains the core patient data set for a number of other systems and planned systems. These include (for example) the Clinical Portal, Diagnostic and Therapies system, ELI and Ward Workstations and the planned referral management processes via the Welsh Clinical Communications Gateway (WCCG). PMS also provides the main data feed for the Intelligent Warehouse including RTT pathway data. - Notwithstanding this, the UHB recognises the long term strategic benefits of a single PAS system across all UHB's in Wales, and is fully engaged with NWIS to participate in the design and specification of the next implementation of PAS. It is expected that this will be not be available for at least 5 years. The UHB will migrate to this National PAS implementation at the appropriate time - Notwithstanding this, the UHB recognises the long term strategic benefits of a single PAS system across all UHB's in Wales, and is fully engaged with NWIS to participate in the design and specification of the next implementation of PAS. It is expected that this will be not be available for at least 5 years. The UHB will migrate to this National PAS implementation at the appropriate time	- The Clinicians Office Management (COM) module's primary role is to record clinical decisions that have an effect on the Referral to Treatment (RTT) clock at the time the decision is made. It was originally designed to be used outside of the normal data capture areas e.g. Consultant's office, although it became obvious that it could be easily integrated in clinic and many other areas, such as recording of ELI appointments and associated target dates. Currently clinical decisions are recorded, in outpatient settings, on paper using the Clinical Outcome Form (COF) which is passed to administration staff and input to the Trust's Patient Management System (PMS). The COM can be used as an electronic replacement for the COF in this setting - Currently clinical decisions are recorded, in outpatient settings, on paper using the Clinical Outcome Form (COF) which is passed to administration staff and input to the Trust's Patient Management System (PMS). The COM can be used as an electronic replacement for the COF in this setting - By improving knowledge of the patients condition and status we would address an issue of immediate patient safety arising from DQ issues. We would also provide functionality essential for delivery of BIG 2 & 3	0	0	N	N	Enabler	nil	partial	Sepsis product launched with national coverage. 2nd stage of clinical information model to record QI/P information making good progress
I&I	96	Community Services – Mobile Working	832 netbook devices are now in use - This makes Cardiff and Vale the largest deployment of Community Mobile working in Wales (by some distance), and one of the largest deployments in the UK. -	• Dynamically optimises use of resources so as to maximise the time both unscheduled and elective demand (at a granular level and including activity) and capacity are in balance at minimal cost - GE forecast a cost saving of c.£15m for UHB alone over 5 years - • Improves access times, improving patient satisfaction and outcomes • Improves access times, improving patient satisfaction and outcomes - Supports delivery of Minimum nurse staffing legislation - Enables change in QOL for specific pathways to be analysed and supports service planning / delivery	ADIs / PHW & NWIS Joint planning for how Wales develops infrastructure, capability and capacity to work with real time info	ADIs / PHW & NWIS Joint planning for how Wales develops infrastructure, capability and capacity to work with real time info	N	Local	Enabler	nil	partial	This initiative now also includes the rollout of c80 netbook mobile devices to the uHB maternity dept. (100%) The uHB wish to provide greater usability and value from the deployed netbooks by enabling WiFi across from secure providers,... this requires a physical change to the devices, which will be done when the uHBs 'Life After Citrix' solution has been identified (as this will also need a physical change to each netbook. This new solution is delayed and awaited from I.T Technical Services.
I&I	118	•C&V and National Data lake, performant ETL & storage of structured, semi-structured and unstructured data	•C&V and National Data lake, performant ETL & storage of structured, semi-structured and unstructured data				Y	N	Enabler			All Wales NDR programme being rescoped - C&V leading on spec. Local warehouse and data acquisition programme continuing at pace with unstructured referral data now added
PF	63	Mobile working – BYOD – Increase BYOD and deployment of a Digital Access Platform	The UHB continues to leverage the benefits of staff using their personal devices using GOOD as a BYOD tool enabling being able to access both Clinical and Business Applications anywhere any time. The UHB is also looking to deploy a suite of products as part of a digital access platform.	- Improved patient safety - - Improved continuity of service - - Improved continuity of service - - Improved RIsk Management - - Improved Data Safety - - Improved System Performance	0	0	N	N	Enabler	nil	partial	We currently have more than 1200 devices connecting to clinical and business applications
PF	67	Cloud Computing	Explore the opportunities of 'cloud' computing to support more efficient and cost-effective digital services	- Provides a platform for continuing modernisation, transformation, office automation and security.	0	0	N	N	Enabler	nil	partial	All Wales task force reported - use of cloud agreed subject to stipulated requirements.
PF	71	Suite of interoperability initiatives to inform the Acute to Community transition	A suite of developments to deliver both clinical practice improvements and efficiency improvements: -i) View of key Acute information for Community teams (and vice versa) -i) View of key Acute information for Community teams (and vice versa)	- Ease of access - - Security - - Security	All Wales procurement - with NWIS facilitating	All Wales procurement - with NWIS facilitating	Y	N	Enabler	nil	partial	PARIS data incorporated into WCRS and WRRS data repositories. View to provide data into UHW's warehouse delayed by 3 months - expected delivery is July
PF	72	- Conform to technical standards and develop a software development toolkit to open up the national platform.	Roadmap to open up the local ICT architecture to SMART technology and patient access	- Sharing of patient's history, allergies, involvements and appointments - - Provides accurate, timely and secured e-referrals between the Acute and CRT services of the UHB - - Provides accurate, timely and secured e-referrals between the Acute and CRT services of the UHB	NWIS to enable PARIS, WCP integration & data transfer from all national systems into IW in real time	NWIS to enable PARIS, WCP integration & data transfer from all national systems into IW in real time	Y	N	Enabler	nil	partial	Eco-system development progressing well - WTSB launched and work programme in process of being defined
PF	76	Telecommunications Strategic Programme	Telecommunications Strategic Programme ensuring that the voice communications infrastructure and services fully support and underpin the clinical, research and business objectives of the UHB;				N	Local	Enabler	nil	partial	Plans ongoing to upgrade current telecomms software platform to latest version in 18/19.

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PF	80	· Develop the workforce capacity and capability within the NHS to deliver the programme	The move to incorporating digital and technology and making the most of our investments requires that we have a workforce who is capable and willing to embrace and use the tools. This requires a significant Organisational development and training programme.	· AI will automate many processes and is a science on which many of the benefits described above are founded · · Through automation C&V will have the ability to increase the proportion of services offered 24/7 , , providing a service that our population expects in addition to improving productivity so as to achieve sustainable care services · · Through automation C&V will have the ability to increase the proportion of services offered 24/7 , providing a service that our population expects in addition to improving productivity so as to achieve sustainable care services	0	0	N	NAtional	Enabler	nil	partial	Ongoing efforts being made to improve analytical competencies of staff in management roles. NHS analysis collaboration initiated, albeit without dedicated resource. Reduction in resources has prevented significant challenged
PF	81	· Robust clinical and information governance and audit processes to support innovation	As more care is supported or directly delivered digitally, the requirement source code, analytical techniques and infrastructure to be assured from a clinical perspective will be required. An early framework and approach to do this will be developed iteratively	The granularity and accurate attribution of costs to activities supports the ability to measure the cost of services, and consequently the relative cost effectiveness of services	RADIS pathway link	RADIS pathway link	N	Local	Enabler	nil	partial	All Wales digital patient safety group established. Ecosystem looking at medical devices legislation
PF	82	Delivery of the core audit and Data quality improvement programme	Improvement of quality of data in all UHB settings in terms of timeliness, completeness, validity, consistency, precision and accuracy. Work to be prioritisation after risk stratification in consultation with directorates	Improves return on both capital employed and investment, and ensures that when we adopt tools which we rely on to provide care and plan services that we continue to do so with sufficient knowledge and capability that keeps our services safe.	0	0	N	Local	Enabler	nil	partial	2nd stage clinical information model will move to capturing and coding clinical data at source. OPU algorithm operational. Extensive work for the costing module is supporting DQ
PF	83	Delivery of the core audit and Data quality improvement programme	Work with PMS trainers to develop training material for use in scenarios where "human decisions" are essential because values cannot be validated automatically eg consultant attribution	· Provides assurance to our residents that we continue to provide resilient, safe and effective services as we develop our service models to embrace the opportunities of digital and technology developments,	0	0	N	Local	Enabler	nil	partial	Updated Welsh Government rules for measuring waiting times in elective settings (RTT, cancer and cardiac) subject to clarification of some points with WG with expectation that this will be fully implemented in 2018/9. Updating of supporting documentation (Patient Access Policy and associated handbook) on hold pending outcome of these discussions. Possible consequential changes to PMS under consideration.
PF	84	Complete and review IM&T information asset register	Compilation of information asset names, business activities supported, location, information class, information asset components, format and owner.	More accurate management information to underpin investment decisions. Improved clinical engagement via greater ownership of reported data; improved benchmarking	0	0	N	Local	Enabler	nil	partial	Corporate information asset register developed based on what is held on corporate servers. Greater accuracy and completeness of registers submitted noted but more to be done. Further work required to manage legacy data and meet retention periods.
PF	88	Minimise risk of non compliance with the data protection act and the General Data Protection Regulation	Collaboration on matters that support UHB information governance framework e.g. relevant policies, procedures and operating protocols	Evidences UHB commitment to effective stewardship of public resources	0	0	N	Local	Enabler	nil	partial	Significant progress made, although risk of non compliance exists (Separate paper provided)
PF	116	•Application of data and interoperability standards & open APIs to FHIR & Snomed-CT - local	•Application of data and interoperability standards & apeo APIs to FHIR & Snomed-CT - local				N	N	Enabler	nil	nil	Snomed-ct being incorporated within new OJP modelby July and in PARIS in September
PF	117	•Application of data and interoperability standards – FHIR & Snomed-CT & open APIs to National applications	•Application of data and interoperability standards – FHIR & Snomed-CT & open APIs to National applications				Y	N	Enabler	nil	nil	Snomed-Ct maturity matrix for systems now approved by WISB, clinical information model remains o/s. Ecosystem making good progress on FHIR. National inter-operability board to be re-established to support WTSB
PF	119	•Cyber security assuredness programme	Suite of initiatives to minimise risk of of UHB services being interrupted by malicious actions and organisational compliance with GDPR / DPA				Y	N	Enabler	nil	nil	Funding required in order to make significant progress in this programme – POD submitted. HB continues as always to undertake standard patching and virus protection activities in as far as existing staff resources allow but risk will remain until funding received and staff employed. You need to ask Governance about GDPR
PF	120	•Agreement on governance structures / priorities and transparent decision making	UHB accountable officers to be equal partner in decision making around national developments in particular modular WCP				Y	N	Enabler	nil	nil	WAO review identified this as a key weakness of existing structure - WG leading improvement plan – response to Parliamentary review expected with launch of national plan on 13th June
PF	121	•Agree compatible architectural design for informatics providing performant UHB delivery in context of NHS Wales	•Agree compatible architectural design for informatics providing performant UHB delivery in context of NHS Wales				Y	N	Enabler	nil	nil	Awaiting formation of National NHS-Wales group. Structures currently being discussed at ADI Level
PF	122	•Resource to deliver strategic programme (National and Local)	•Resource to deliver strategic programme (National and Local)				Y	N	Enabler	nil	nil	No progress - identified as a significant level risk to non delivery of national digital strategy on NIMB risk register
HIU	1	Welsh Citizen Portal	Project to facilitate patient access to appropriate UHB information enabling secure communication and digitalisation of correspondence and information sharing including	· · Provides information to support the population in taking greater ownership of their health and wellbeing · · Ensures that we are delivering care and access to care using methods expected by our population (e.g. digitally, easily andat times on demand) · · Facilitates the LHB, local authorities, primary care etc working better together. · · Saves patient time	NWIS to provide 1 portal for Health & social care, which is open for us to securely communicate with patients and develop tools, apps, forms etc within: - NWIS to enable LHB to make available secondard care record to patients in CP - NWIS to enable LHB to make available secondard care record to patients in CP - Ability to auto-translate to Welsh (extending work of Gwynedd LA with Bangor Uni for WCCIS)	NWIS to provide 1 portal for Health & social care, which is open for us to securely communicate with patients and develop tools, apps, forms etc within: - NWIS to enable LHB to make available secondard care record to patients in CP - NWIS to enable LHB to make available secondard care record to patients in CP - Ability to auto-translate to Welsh (extending work of Gwynedd LA with Bangor Uni for WCCIS)	Y	N	Medium	nil	partial	In order to start a programme of works and kickstart information for You funding will need to be sourced. Welsh Government TICS strategy delayed from April 2017 until late 2018. Recommendation from Welsh Government is for a national TICS board chaired by Public Health Wales to be created which is responsible for the strategy. A national programme office for TICS is now in existence based in Aneurin Bevan.Task Group created by Welsh Government involving Hywel Dda, Powys, Betsi and CAV (Simon Barry) to scale up nationally the remote monitoring of COPD patients.Phase two of My Health Online development to begin rollout in February. Cym Taff are leading on the pilot. Access to the GP record, a mobile app, ability to update demographic details and non-urgent messaging.
HIU	2	Virtual support prescription library	Development of videos and online rehab programmes	· Support patients in their self management at a convenient time and location – supports home first approach · · Reduces the demand for face to face consultations, enabling clinicians to focus their time on doing what only they can do.	NWIS to consider architecture of the library videos are prescribed	TNWIS to consider architecture of the library videos are prescribed	N	N	Medium	nil	partial	Some progress made both locally and nationally
HIU	3	Directory of Services Project	DOS content provider local editor incl what hospital services do and do not provide	Ensures that residents and visitors to Cardiff and Vale have easy access to knowledge regarding the availability, location and opening times of care and support services, supporting them to choose well	NWIS involved	NWIS involved	N	N	Medium	nil	partial	DEWIS used in community - HB services being asked to provide details of services provided and access criteria as part of TTC
HIU	4	Telehealth Project (TECS)	Delivery of Tele Health, Tele Care and Telemedicine programme to support services provided by Cardiff and Vale UHB - (Flo, collaboration with LA & silvercloud)	· To support timely discharge from hospital and avoid unnecessary admission to hospital · · To enable healthcare professionals to plan their interventions based on the symptomatic needs of the service user · · To enable healthcare professionals to plan their interventions based on the symptomatic needs of the service user · · Increase care in community	NWIS to Publish Standards and interoperability for tools and TIC within citizen portal Design must enable TICS to open NHS & Las - Design must enable TICS to open NHS & Las	NWIS to Publish Standards and interoperability for tools and TIC within citizen portal Design must enable TICS to open NHS & Las - Design must enable TICS to open NHS & Las	N	N	Medium	nil	partial	C&V & Aneurin Bevan co-leading for NHS Wales development of standards for data and interoperability - Ongoing contribution to Once for Wales task force considering policy direction and associated standards and specifications - Ongoing contribution to Once for Wales task force considering policy direction and associated standards and specifications
HIU	7	· Choose Pharmacy	The Choose Pharmacy Service is intended to free up GPs' time by making pharmacies the first port of call for common minor conditions. Patients choosing to seek advice from a participating pharmacy will be asked to register with the Choose Pharmacy service	· Community pharmacies in Wales are now able to offer their patients the electronic Discharge Medicines Review (DMR) service using the NHS Wales Informatics Service's Choose Pharmacy application. Pharmacists use the DMR to compare any changes that were made	NWIS to provide ongoing delivery and support	NWIS to provide ongoing delivery and support	Y	N	Medium	nil	partial	Choose Pharmacy pilots in Community Pharmacy are continuing. There are several work streams including the delivery of the MTAS DAL to community pharmacists. Community pharmacists carry out discharge medicines reviews, looking for variation between GP and secondary care medication lists. GPs are alerted to any variances. Cardiff and Vale UHB has been part of this pilot work. Next Steps: Emergency Medicine Supply – repeat prescriptions. Community pharmacists are able to record dispensing of meds in an emergency situation – for example if the patient is on holiday. Pharmacists will be able to record when they have given flu vaccines. Confidential service for emergency contraception.
HIU	8	· Auto booking Development (FAB)	FAB books all patients before issuing an attendance letter with a request that patients ring in to confirm. FAB replaces the previous process writing to patient first and expecting them to ring in before booking. Net effect is that it can juggle and fill to capacity the clinics	· · Increased standardisation of the booking process within specialties · · Improved patient experience (supporting reasonable offer and giving chance to reschedule) · · Improved patient experience (supporting reasonable offer and giving chance to reschedule) · · Reduce DNAs	0	0	Y	N	Medium	nil	partial	D&T version of FAB launched 1st May 2018, Follow up algorithm live and operational. Work now progressing on risk stratification of patients in not attending appointments
HIU	14	· Implement x PROMs and cost effectiveness programme	Systematise a PROMs programme and lead on the establishment of an All Wales effectiveness and cost effectiveness evaluation unit to provide greater evidence of the quality of life of our residents and the change in patient outcomes that our care provides.	Nursing Homes: · · Reduces unnecessary admissions and reliance on ambulance transfers to hospital Virtual MDTs · · Reduces unnecessary admissions and reliance on ambulance transfers to hospital Virtual MDTs · · Supports timely discharge with quicker release of 'blocked' beds · · To enable healthcare professionals to efficiently plan their interventions based on the symptomatic needs of the service user - Virtual Clinics:	0	0	Y	N	Medium	nil	partial	~17000 PROMs collected – 12k national, 5k Amplitude-CIDAR producing good analysis Positive QOL impact for orthopaedic service evidenced
HIU	18	Enable patients to share relevant health and well-being information they have collected with their health and social care professionals via the citizens' portal	•Improved patient outcomes through self monitoring and alerting clinical services	· Informs patients in selecting their care programme from a risk and outcome basis. · · Provides information on the quality of care and present standards enabling assessment of how we are performing in delivering the services that our residents are entitled to expect · · Provides information on the quality of care and present standards enabling assessment of how we are performing in delivering the services that our residents are entitled to expect	Requires Wales NHS	Requires Wales NHS	Y	N	Medium	nil	partial	NWIS development for patients to access the patient record and communicate electronically using MHDS continuing, whilst other HBs are piloting commercial portals to agreed plans. WG have appointed a lead to take forward the citizen portal business case. Clarity on areas of scope for each of these projects required.
STP	23	Welsh Patient Referral Service	WPRS supports online e-referral prioritisation by clinicians and clinical teams using the Welsh Clinical Portal and clinical dialogue between and within tertiary and secondary care clinicians and GPs and introduces the Welsh Admin Portal (WAP) for use by health records staff (ROLL OUT TO MAY)	· · Documents are made available in the WCP regardless of where the information was originally created · · Supports the single electronic patient record vision · · Supports the single electronic patient record vision	NWIS to provide continuing development & support including infrastructure and capacity - National approach to big data storage requi - National approach to big data storage requi	NWIS to provide continuing development & support including infrastructure and capacity - National approach to big data storage requi - National approach to big data storage requi	Y	N	Medium	nil	partial	Phase 1: 91% complete 2 specialties outstanding. Phase 2: 69% complete, 4 specialities remaining. The WPRS team have managed a successful 'Go Paperless' project which counted down to the UHB only accepting electronic GP referrals for those specialties listed on the WCCG from 1st January 2017. This project was a dependency for the full rollout of WPRS. 0.87% of referrals are received on paper. Next Steps: • Complete engagement and mapping work with outstanding specialities • WCP/Paris integration

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STP	25	National Diabetic System	Project to specify, design, procure or develop and implement a National Diabetes System in the UHB	- Efficiencies in the storage, transit and security of records	0	0	Y	N	Medium	nil	partial	WISDM will be piloted in Cwm Taf Health Board. The pilot is expected to commence in the summer (potentially July) and to last 3+ months. The outcome of the pilot will inform the plan for national roll out. Cardiff and Vale UHB has a clear line that the data must be available to the UHB for both the clinical record and for analysis in line with Once for Wales standards and the WG policy. This functionality is not yet available and has not been worked through, although there are plans to do so.
STP	26	Ophthalmology System	Project to specify, design, procure or develop and implement a National Eye Care System in the UHB	- Patient safety - - Efficiencies	NWIS to plan and project manage delivery in line with requirements of national and local spec - NWIS to advise on preferred approach for delivering specialty specifi reqs (e.g. opht v diab)	NWIS to plan and project manage delivery in line with requirements of national and local spec - NWIS to advise on preferred approach for delivering specialty specifi reqs (e.g. opht v diab)	Y	N	Medium	nil	partial	An ODTC is to become operational in Cardiff University and go-live September 2018. Using Meraki technology we developed a "safe and secure" mechanism for the connectivity of 6N Roberts Optometric Practices to be connect to the UHB and able to provide an ODTC We will be using Open Eyes as the Eye pathology Platform to support the use of Virtual Clinics by the Glaucoma Consultants in the UHW.
STP	30	Welsh Clinical Portal—GP Record Module	A summary of patients' GP record has been made available to secondary care doctors and pharmacists as part of the WCP. Having access to the GP Record supports the use of the Medicines Transcribing and e-Discharge (MTED) module of the Welsh Clinical Port	Enterprise Imaging - - Digital Radiography - - Digital Radiography - - Clinical Analytics - - Integrated Radiology	Awaiting advice from WG	Awaiting advice from WG	Y	N	Medium	nil	partial	The WGPR is now available to clinicians treating both emergency and elective patients - NWIS has stated that WGPR can be made available to clinician teams involved in the direct care of the patient. Each health board can agree who can have access to the WGPR. In Cardiff and Vale WGPR is available to clinical teams in secondary care settings. Next Steps Meeting to be held with the Medical Director on 27th February to discuss the way forward for both the WGPR in the community and NHAS auditing in CAV UHB.
STP	32	Digitised SnoMed-CT based Clinical record	Commence development and implementation of paperless/paper-light record moving to structuring hitherto unstructured clinical notes and letters from a data management perspective	- Improved patient safety - - More timely multidisciplinary communication and reduction of waiting times - - More timely multidisciplinary communication and reduction of waiting times - - Reduced inappropriate variation in the use of chemotherapy - - Improved DACT audit data capture and benchmarking - - Improved tracking and reporting of high cost drug usage	0	0	N	N	Medium	nil	partial	Outline proposal and way forward now moving to more formal and detailed consideration. Project of work will be directly impacted by resource reductions in 2018/19 and the UHBs inability to recruit developers
STP	34	GP Test Requesting and Result Reporting (GPTR)	GPTR is a system which will allow staff at a General Practice to electronically request tests and view test results from their local hospital laboratory.	- Clinicians have access to a single patient record in one portal without the need to access a variety of different systems - - Clinicians have access to patient information wherever and wherever they require it - - Clinicians have access to patient information wherever and wherever they require it	NWIS to enable GPs to see WCInP on their desktop - NWIS to enable WCInP - PARIS integration - NWIS to enable WCInP - PARIS integration - Review of WCP role based access - Functionality for information programme to be provided	NWIS to enable GPs to see WCInP on their desktop - NWIS to enable WCInP - PARIS integration - NWIS to enable WCInP - PARIS integration - Review of WCP role based access - Functionality for information programme to be provided	Y	N	Medium	nil	partial	The GPTR Implementation group has been set up to progress the roll out of GPTR to a Pilot Practice in Cardiff. The group consist of a GP, Pathology, Phlebotomy, and the NWIS Project Team. Due to the design and performance of logging into GPTR via WCCG EMIS and INPS Vision have agreed to make changes to their systems. The group have agreed to wait for the new releases which will rectify this problem. The estimated date for the availability of EMIS Release 8.2 for testing at the HB's was May 2018 but this has been delayed until June/July. The delay has been caused by issues with UAT. There is no date confirmed for the INPS Vision release. Nextsteps: User Acceptance testing in the Health Board Agree the procurement of the GP-TR bags and labels. Agree the number of EMIS practices to be included in the pilot.Configure Cardiff and Vale Pathology Handbook so it is ready for GPTR.Ensure NWIS resources are in place to support the pilot.
STP	36	Welsh Clinical Portal (WCP) -Medicines Transcribing and e-Discharge (MTED)	The MTED module facilitates the electronic production of an e-discharge advice letter which includes patients' current medication list - Pty- Electronic discharge summaries to be sent to patients.' GP and other key members of Community care team within 24 hours .	- Supports patient experience - - Enables patients to have access to online advice and tools relating to their care - - Enables patients to have access to online advice and tools relating to their care - - Increased efficiency when running outpatient clinics - - Improved communication between the consultant and the patient - - Link to CDM will improve RTT compliance and recording of FU appointments	0	0	Y	N	Medium	nil	partial	MTeD is currently live on 76 in patient wards across the health board. Phase 1 is complete. Phase 2 has commenced—implementation in Day Case Units, Assessment Units and where this is appropriate. Functionality available will be limited in Mental Health Wards until integration between WCP and Paris is complete. Phase 3 will follow this integration. The MTeD Operational User Group has been set up. Next Steps: Now that WCP version 3.9.2 has been deployed to live continue with Phase 2 assessment and deployment to Day Case and Assessment Units.Monitor the use of MTeDs and DALs on Demand in these areas including MTeD use on the Marie Curie Hospice once deployed.Continue to pursue the use of MTeD in MAU. User Acceptance Testing and Go live with WCP V3.10 in August 2018 which will include Further DAL and medication screen enhancements and a number of MTeD RFCs.User Acceptance Testing and Go Live with WCP V3.11 in November 2018 which will include the Medication Order Sets feature and additional MTeD RFCs.User Acceptance Testing and Go Live with WCP V3.12 in March 2019 which will include medications import across HB boundaries and additional MTeD RFCs
STP	38	E-advice	Development of a mobile-friendly web application to facilitate secure, audited, clinical communications between GPs and secondary-care services. - The project aims to reduce the number of unnecessary referrals into the hospital by offering an alternative service by which GPs can receive timely expert advice for their non-urgent patients. - The project aims to reduce the number of unnecessary referrals into the hospital by offering an alternative service by which GPs can receive timely expert advice for their non-urgent patients.	Electronic Patient Flow Management (ePFM) systems provide core benefits to the service. At a clinical level it will offer the ability to capture and maintain real time data about the patient's clinical status including patient observations (e.g. National Early Warning Scores for sepsis), pressure area risk scores and other alerts and notifications associated with maintaining patient safety on the ward. Operationally it will utilise electronic white boards to support daily multidisciplinary meetings on wards to plan and deliver timely care by the whole team including referrals to other services. It will provide real time whole hospital and health system bed management information to support the daily management of patient flow in response to changing needs including staff management. Finally, it will provide the opportunity to deliver information for planning and financial purposes.	NWIS to lead on majority of interfacing	NWIS to lead on majority of interfacing	Y	N	Medium	nil	partial	All GP practices are enabled to use e-Advice, with access to the 11 services within the UHB. In July 2017 a change was made in e-Ad&Comm to allow internal clinicians to clinician referrals within CAV UHB. This functionality has been adopted by a number of wards / teams. The new functionality allows them to electronically refer for outpatient appointments, into the CAV instance of WRRS, where the referrals are processed alongside all other electronic referrals received by the health board. The pilot was successful, leading to "outpatient referral" functionality being made available in e-Ad&Comm to any hospital service that requests it.e-Ad&Comm is being used to support electronic referrals from Optometrists into CAV UHB. This functionality has been rolled out to all optom practices in Cardiff & Vale. e-Ad&Comm is being used by MDD St Athan to allow them to send referrals electronically into CAV UHB. This functionality is in-line with the Armed Forces Covenant that states "the Armed Forces Community should enjoy the same standard of, and access to, healthcare as that received by any other UK citizen in the area they live". Due, in part, to the success of the CAV implementation of Stop-A-Stroke, we have received expressions of interest from other health boards with regards to sharing access to e-Ad&Comm. Next Steps: Reviewing expressions of interest for a number of additional use cases, including; Administrative communications to Primary Care Notification of death Notification of critical, urgent and unexpected significant radiological findings Pre-emptive development work to get e-Ad&Comm ready for use outside of CAV; Refresh internal data structures to provide additional flexibility for handling new use cases;
STP	52	Test Requesting & Results Reporting (TRRR) Module	The TRRR module of the WCP introduces electronic pathology test requesting functionality within WCP. The WCP is integrated with the national laboratory system – TrakCare Lab – which receives and processes the electronic requests and provides results	Ability to manage radiology waiting lists more effectively - - Desktop integration with PACS and digital dictation system - - Desktop integration with PACS and digital dictation system - - Fewer systems for staff to log on to due to system integration	NWIS to provide ongoing development and support - NWIS to incorporate pathway mgt functionality	NWIS to provide ongoing development and support - NWIS to incorporate pathway mgt functionality	Y	N	Medium	nil	partial	TRRR is now available for use on 58 in patient wards and 8 Clinics. Electronic requesting is successful on those wards where the Consultants/Ward Manager have made it mandatory. Electronically requesting pathology tests is far safer for patients because patient location and consultant name are mandatory. In one month approx 24k tests were received into the pathology lab from unknown locations or consultants due to incomplete or illegible paper forms. Electronic requesting significantly reduces the number of patients having to be re-bled because the pre-printed pathology forms specify how many samples to take and which colour sample tube to use. Electronic requesting considerably reduces the number of blood samples received in the pathology lab which have incorrect patient demographics. An implementation board has been set up to closely manage the rollout, including any financial decisions associated with the bulk ordering of tests and the procurement of the specimen bags and labels required to support the implementation. The Welsh Results Reporting Service (WRRS) provides WCP users with the facility to view pathology results, for Blood Sciences, Blood Transfusion, Cellular Pathology and Microbiology for patients regardless of where in W ales they were produced. This initiative has been very well received by our clinicians and those in other health boards who can view CAV results. Next steps:The project team are currently working on the deployment of ETR to the Childrens Hospital, Neonatal and Maternity. This will be dependent on the inclusion of Plasma tests in the Cardiff and Vale Pathology Handbook – IT pathology are undertaking this work.Continue to identify and deploy ETR to outpatient clinics that wish to use this facility. Trial the use of zebra printing to see if this is beneficial for outpatient clinics
STP	58	CDMS / Outpatient and Follow up Development incorporating SnoMed CT	- The Clinicians Office Management (COM) module's primary role is to record clinical decisions that have an effect on the Referral to Treatment (RTT) clock at the time the decision is made. - - The COM can be used to add patients directly onto the IPWL, request follow-up appointments and notes can be recorded against the review. - - The COM can be used to add patients directly onto the IPWL, request follow-up appointments and notes can be recorded against the review. - The COM can be used to record clinical terminology for diagnoses and treatments provided in non IPDC environment	Improves knowledge of the patient, supports pathway management, transformation and endeavours to reduce waste and variation. Key enabler to reduce risk of non-compliance with GDPR - Reduces costs and waste, by eliminating paper and mail and the number of failures to contact	0	0	N	N	High	nil	partial	Development of 2nd stage of clinical information model underway incorporating digitisation of clinical record in Outpatients using snomed - objective is M ark 1 release in July
STP	60	Use of BPM software for ERAS	Rapidly evaluate the use of BPM software in supporting adherence to the evidence based clinically agreed ERAS pathways, which already exist and are in theory adopted within the UHB. In doing so we intend to secure a short term license to the software, swiftly set up the system to automate the ERAS pathways, identifying the work ordering and scheduling, the requisite timescales and the individuals / services responsible and the arrangements for notifications and reminders and following training and interfacing with the PMS and pathology results system use BPM as the system for supporting care delivery for peri-operative patients on ERAS pathways.	New hardware infrastructure has recently been implemented allowing - - Demand for continued additional functionality PMS to be addressed - - Demand for continued additional functionality PMS to be addressed - - Required enhancements to the many sub-modules of PMS will progress providing greater clinical and administrative functionality without further impact on current services and functions - - Continued deployment and enhancement of clinical communications (correspondence and direct data interlinks) will also be a significant part of this move forward	0	0	N	N	Medium	nil	partial	Project postponed due to recruitment and resource challenges
I&I	90	Intelligent source data	Implementation of smart products and applications within National and local patient support, clinical information and management and resource management systems - - Development of (no)NLP within COMs - Development of SnoMED within COMs	Supports UHB Information Governance Framework. Strengthening of data quality	0	0	N	Local	Medium	nil	partial	Event triggered reports (such as path tests and blood sugars) developed to support stroke and diabetes management - Post hoc snomed-ct coding programme starting with referrals technically completed. Intention of structured data feed for referrals incorporating snomed codes being in warehouse in March delayed until July due to resource constraints

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I&I	91	Real time data acquisition programme	Enabler programme encompassing: - Making available copy/mirror servers for systems (in virtual farm)to take views from without affecting performance of 'live' system. - Making available copy/mirror servers for systems (in virtual farm)to take views from without affecting performance of 'live' system. - - Improved processes for Extracting Transforming and Loading, staging production on an All Wales enterprise basis - Meta data management analysts with domain based experience - Database architect, design & analysis	Informs initiatives / developments aimed at improving access and tackling inequalities and low and enables impact to be quantified	0	0	Y	Local	Medium	nil	partial	Work underway with POC and GPs to acquire and link primary, community and hospital data. Move from Oracle 11G to 12C offers opportunities which are being reviewed around more frequent transfer of data - UHB architects and developers attending advanced oracle course in July
I&I	92	Data storage and linkage improvement programme	Enabler programme encompassing: - Data linkage, modelling and cleansing processes and the provision of High performance warehousing enabling analytics programmes - Data linkage, modelling and cleansing processes and the provision of High performance warehousing enabling analytics programmes - Development of a cancer pathway management tool within the warehouse, bringing in data from the CANISC system - Development of a radiology pathway management tool within the warehouse, bringing in data from the RADIS system.	Essential to realising the benefits of research and "validation" process being realised across Wales, reducing cost and time	NWIS interfacing on real time basis, Commercial suppliers	NWIS interfacing on real time basis, Commercial suppliers	Y	Local	Medium	nil	partial	New data feeds integrated into the Data Warehouse include - WRFS, e_Advice, Pharmacy, GSWAY (Strobe). Upcoming developments include Paris CRT, Bed Management, Adastra (GP Out of Hours) and Sepsis.
I&I	93	Information Delivery & Discovery	Programme to improve use of quantitative information and evidence in decision making, which will encompass: business intelligence capacity and capability across NHS clinicians and systems leaders - implementation of latest generation IBM Analytics Business Intelligence tools. Replacing old technology (Cognos 10) to provide fully interactive dashboarding for desk top and mobile, while retaining enterprise reporting platform and scheduling. - implementation of latest generation IBM Analytics Business Intelligence tools. Replacing old technology (Cognos 10) to provide fully interactive dashboarding for desk top and mobile, while retaining enterprise reporting platform and scheduling.	Essential to realising the benefits of research and "validation" process being realised across Wales, reducing cost and time - Essential to providing sustainable services where demand and system response times are in minutes (e.g. WAST, unscheduled care etc) - Essential to providing sustainable services where demand and system response times are in minutes (e.g. WAST, unscheduled care etc)	National approach for data transfer req	National approach for data transfer req	N	Local	Medium	nil	partial	Adoption and release of V11 widely communicated to positive reviews. Audit and security model for the warehouse to increase functionality for users being explored. Significant demand for dashboards on existing and new data feeds resulting, leading to backlog as resources are reduced. Analysis to inform conversations with WG around population change completed. Resources to complete benchmarking requirements now critical
I&I	94	Intelligent systems Programme	• Algorithms and software to support the dynamic scheduling of patients requiring physical and virtual outpatient attendance or hospital treatment around individual needs / choice, whilst optimising use of human and physical resources (e.g. clinicians, beds, theatres). - • Development would include consideration of patient (behavioural) and system response. - • Development would include consideration of patient (behavioural) and system response. - • Early deliverables resource optimisation (nursing, beds, wards and CCG) - To allow the use of condition specific utility scores for PROMs, use text mining to determine an indicative pathway based on the electronic referral.	Essential to realising the benefits of research and "validation" process being realised across Wales, reducing cost and time - Essential to providing sustainable services where demand and system response times are in minutes (e.g. WAST, unscheduled care etc) - Essential to providing sustainable services where demand and system response times are in minutes (e.g. WAST, unscheduled care etc) - Reporting of cancer information from the UHB's corporate information tools. Availibility of cancer data within the data warehouse for data linkage. Essential for resilience of key database in organisation - Improves ability to manage radiology services	NWIS for CANISC data - NWIS - Develop means of pathway linking (RADIS etc) - NWIS - Develop means of pathway linking (RADIS etc)	NWIS for CANISC data - NWIS - Develop means of pathway linking (RADIS etc) - NWIS - Develop means of pathway linking (RADIS etc)	N	Local	Medium	nil	partial	Intel AI programme running and has provoked lots of interest. National review of AI within NHS proposed to WG by national workstream. NDR being rescoped to incorporate requirement for enabling AI
I&I	98	• Big data & Personalised Medicine programme	• Analytical programme using the linkage of PROMs, clinical audit and outcomes, and patient experience with clinical, system and patient information to both enable and deliver personalised medicine and increase health knowledge through data, pathway and text mining approaches, machine based learning and other AI techniques. - ply		0	0	N	N	Medium	nil	partial	Development and analysis being progressed towards enabling big data analytics (& its variants) as a key design principle.
I&I	99	• Population / Public Health Intelligence programme	Interconnected with more operational big data programme identified above Similarities to the 4s above, with the forecast being on improved profiling of the population in order to identify those most likely of either having or developing health needs and taking preventative / earlier interventions which are personalised around the individual's characteristics. - The programme would also ensure that research emanating from the genome and connectome projects is rapidly translated into cost effective treatments within the NHS and into supporting patients who sign up to "research" programmes. - The programme would also ensure that research emanating from the genome and connectome projects is rapidly translated into cost effective treatments within the NHS and into supporting patients who sign up to "research" programmes.		0	0	Y	N	Medium	nil	partial	Taken forward via National strategic workstream on Improvement and Innovation - with sub group now established
I&I	100	• Clinical informatics programme	Creation and application within clinical and resource information and management systems of a library of 'authenticated' support tools and decision algorithms for use by the patient and clinicians in the management of symptoms and conditions which draw on evidence and M&L/big data to improve effectiveness of care and reducing untoward variation. - Programme seen as a combination of validation of existing tools and development of apps, algorithms and tools based on NHS Wales data (i.e over time will include the PROMs data - Programme seen as a combination of validation of existing tools and development of apps, algorithms and tools based on NHS Wales data) (i.e over time will include the PROMs data - Intended to be delivered via a federated all Wales programme (HSGs) -	• Supports precision medicine enabling greater efficiencies and impacts from treatments to be realised thus improving clinical and cost effectiveness & reducing variation • • Will speed up research being translated into treatment, reducing drug costs - • Will speed up research being translated into treatment, reducing drug costs	All Wales consideration of Warehousing and real time analytics	All Wales consideration of Warehousing and real time analytics	Y	N	Medium	nil	partial	•Sepsis management tool launched to support clinicians providing direct care and with dashboards to monitor progress. Data being linked in IW for outcomes and cost analysis•Stage 1: Clinical information model programme – Snomed-CT coding referring operational – dashboarding & reporting to clinicians and system leads element under development•Stage 2: Clinical information model programme to digitise outpatients specified and in development. Will lead to Snomed-CT coding of diagnosis, medications & treatments, plus outcomes, supporting transformation programme, ophthalmology measures and GDPR compliance. Ophthalmology measures compliments work. Work to support winter planning and transformation pathway development programme being scoped.
I&I	107+80.5	•Manage utilisation and productivity of CRT ECAS and Day Hospital services	•Manage utilisation and productivity of CRT ECAS and Day Hospital services				N	Local	Medium			Manual reporting process in place. Views to automate data acquisition of CRT information into IW Warehouse and enable data modelling and dashboarding underway
I&I	108	•Extending Clinical Activity Portal (CAP)	•Extending Clinical Activity Portal (CAP)				N	Local	Medium			Data linkage completed - dashboard to be developed when resources permit
I&I	109	•Clinical productivity in community services	•Clinical productivity in community services				N	Local	Medium			Little progress - local manual process
I&I	124	•Data mining & Multivariable pathway (sequence) analysis (incl Outcome & F/Up improvement)	•Data mining & Multivariable pathway (sequence) analysis (incl Outcome & F/Up improvement)				N	Local	Medium			Resource and capability deficit postponing progress
I&I	125	•Precision approach to increasing attendance rates (e.g. Reminds, booking times)	•Precision approach to increasing attendance rates (e.g. Reminds, booking times)				Y	Local	Medium			Deep learning model developed - now being incorporated within PMS. Will be operationally deployed alongside financial model
PF	71	Replacement IT clinical and document management system for clinical genetics.	Upgrading the current system will ensure patient records & results held are safe and the system will integrate with the new UHS system being deployed by the Genetic Laboratories. It will enable an electronic notes system which will increase efficiency and reduce costs.	Enables Secure, personalised communication	NWIS to update WRDS	NWIS to update WRDS	N	Local	Medium	nil	partial	Ongoing - project underway
PF	89	Assess variation in primary care presentation rates, referral rates and treatment rates in C&V	By gaining access to primary care data, assess whether expected prevalence (need) is materialising as demand on the primary, community and hospital sectors, providing an understanding of need, referral rates, and treatment rates and the level of equity across Cardiff and the Vale. Would also support ability to understand variation in management of conditions and outcomes in primary care	Co-Ordinate approach to delivering of National and Local IM&T Plans	0	0	Y	Local	Medium	nil	partial	Data is available - requires analytical capacity to complete
HIU	6	- My Health On Line (MHOL) Phase 1	MHOL is a web based application that allows patients to book appointments and order prescriptions securely online without telephoning their GP practice. They can also update their general details. MHOL will have further functionality over time.	- Patients have convenient access to GP services from home or work - - Saving time - - Saving time - - Avoiding waste	0	0	Y	N	N	nil	partial	MHOL Phase 2 is part of the 'Information for You' workstream. Phase 2 functionality will include online registration, mobile access and rebranding. In line with a Welsh Government policy commitment to provide online patient access to the medical record, this functionality is now available but rollout is subject to discussions between GPC Wales and Welsh Government.
HIU	9	- Patient Self Checking in System	Develop and roll out patient self booking-in and waiting room management system.	- Increased efficiency for outpatient clinics - - Improved communication between consultant and patient - Improved communication between consultant and patient - - Burden on reception staff relieved to improve communication between reception staff and patients	0	0	Y	N	N	nil	partial	Ongoing rollout of kiosk within available resources
HIU	11	Patient reported clinical information in the Emergency and Assessment Units	This is a rapid evaluation to determine whether the NHS in Wales can use electronic forms to gain an extended amount of clinical information directly from the patient in the Emergency and Assessment Unit setting which would support: - Clinical triage and management - An ability to collect information required for policy making, population health and research purposes - Patient reported outcomes	The development of a cost effective and realistic means of developing a knowledge for public health, policy and research around issues such as injuries, alcohol, etc - Extends the PROMs programme into the ED department - supporting WG1 & 3 - Extends the PROMs programme into the ED department - supporting WG1 & 3	NWIS to open up citizen portal and open architecture for e-forms	NWIS to open up citizen portal and open architecture for e-forms	N	N	N	nil	partial	No progress - new ECDS proposal being established by WG. 1st stage agreed by WISB in June. Aim is March launch
HIU	15	Deliver a participant portal for screening and genomics programmes	Provide secure areas in to which consenting individuals may be granted access to a group of individuals with similar conditions, genomes, needs etc and receive group support both from their peers and from a professional.	- Develops a commercial asset - - Provides a strong evidence base as to the effectiveness of care and treatments - - Provides a strong evidence base as to the effectiveness of care and treatments - - Improves internal clinical performance - - Enables clinicians to use PROMs data to guide referral and follow up practice -	NWIS to open up PROMs questionnaire development and library - NWIS to publish standards and interoperability - NWIS to publish standards and interoperability	NWIS to open up PROMs questionnaire development and library - NWIS to publish standards and interoperability - NWIS to publish standards and interoperability	N	N	N	nil	partial	

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WU	17	- A suite of granular information on our provider outcomes and performance to inform population and patients	Publish suite of performance and information reports from BI onto the C&V internet and intranet in a form which enables stakeholders to "self manage" their access.	- Increases confidence and knowledge about their condition - - Reduces exacerbations and consequently their demand for primary and acute services	Potentially	Potentially	N	N	N	nil	partial	Business intelligence licence does permit publication. No plans as yet to publish - although developments in North Wales around publicising EU waiting times being closely watched
STP	20	Emergency Department System	Paperless system in order to manage the flow of patients through the ED, in real time in order to identify bottlenecks in the ED pathway	- Availability of a single Community & Mental Health, and Social Care record for the patients, clients and citizens of a region - - Will support community based services to deliver more effective and efficient services to citizens in their own homes - - Will support community based services to deliver more effective and efficient services to citizens in their own homes - - Efficiency improvements will be gained in the reduction in duplicated workload carried out (due to non informed and conjoined services) across Health and Social Care - - Care/Safety improvements include a reduction in inappropriate or unsafe home visits due to uninformed and non conjoined services - - Efficiencies will be gained in the spend on e-record systems as PARIS, Carefirst and Swift are retired across the region	NWIS to plan and project manage delivery in line with requirements of C&V regional spec - Early availability of RDS cals to support comm working avoiding £60k cost - Early availability of RDS cals to support comm working avoiding £60k cost	NWIS to plan and project manage delivery in line with requirements of C&V regional spec - Early availability of RDS cals to support comm working avoiding £60k cost - Early availability of RDS cals to support comm working avoiding £60k cost	N	N	N	nil	partial	Local focus of the digital clinical record development being focussed on outpatients Although design anticipated to support local ED option which is likely to be required by March 2019. National WEDS roll out greatly delayed
STP	21	Digitising Health Records Project	Delivery a single view of patient records across the organisation resulting introduction in missing notes/cancelled patient appts / increased utilisation of clinic slots	- - All Wales initiative - - NWIS will host the central infrastructure - - NWIS will host the central infrastructure - - Functionality to support improved clinical care	NWIS interfacing with WCCG. Clinical Portal - Development of SnoMed - Development of SnoMed	NWIS interfacing with WCCG. Clinical Portal - Development of SnoMed - Development of SnoMed	N	N	N	nil	partial	DHR scanning continuing - 2nd stage clinical information model should reduce requirements and deliver objectives
STP	24	Location Based Records Filing	System to manage paper based Medical Records with a "Passive RFID" for tracking	- Safe, secure and fast electronic transmission of patient data between clinicians, health records and administrative staff - - Reduction in the time taken to add patients to a waiting list and, ultimately, a reduction in the time taken to initiate appointment booking - - Reduction in the time taken to add patients to a waiting list and, ultimately, a reduction in the time taken to initiate appointment booking - - Significant reduction in turnaround time between admin and clinical functions - - Improved security of referral – i.e. referrals will not be lost or mislaid - - Contributes significantly to the evolving electronic patient	NWIS to provide continuing development & support including infrastructure and capacity - NWIS to proceed with HORUS B & K development (tertiary & internal) - NWIS to proceed with HORUS B & K development (tertiary & internal)	NWIS to provide continuing development & support including infrastructure and capacity - NWIS to proceed with HORUS B & K development (tertiary & internal) - NWIS to proceed with HORUS B & K development (tertiary & internal)	N	N	N	nil	partial	Under review
STP	27	Paperless sexual health system	The rollout of the solution into the Community Clinics of Cardiff and Vale of Glamorgan	- Improved patient safety due to ability to identify and manage risk, increased timeliness and availability of relevant clinical information - Better business information to enable better management and planning - - Better business information to enable better management and planning - - More efficient pathways - - More people managed in primary care	NWIS to advise on preferred approach for delivering specialty specifi reqs (e.g. opht v dials)	NWIS to advise on preferred approach for delivering specialty specifi reqs (e.g. opht v dials)	N	N	N	nil	partial	The service is currently rolling out he EPR in Community clinics
STP	29	PACS & PACS Image Sharing project (Costs TBA)	Implement a next generation PACs and Image Sharing solution	- Improving the quality of prescribing and medicines administration processes and records - - Reducing some of the risks associated with prescribing and medicines administration process - - Reducing some of the risks associated with prescribing and medicines administration process	NWIS to plan and project manage delivery in line with requirements of C&V regional spec	NWIS to plan and project manage delivery in line with requirements of C&V regional spec	Y	N	N	nil	partial	UHB is currently working with NWIS on a project to implemention the nations PACs.
STP	31	Chemotherapy e-Prescribing	Implementation of an Chemotherapy e-prescribing System for Haematology	- Clinicians report that having access to the GP Record supports diagnosis in urgent situations - - Also supports fast and accurate medicines reconciliation e.g. Pharmacists do not have to phone GP practices for patients' current medication information.	0	0	Y	N	N	nil	partial	Complete
STP	35	Outpatients Modernisation	Will include the installation of pervasive Wi-Fi, PC's in all consultation Rooms "booking in" Kiosks and "on-line" Proms	The user at the practice will be able to select the required test/s from an electronic list of tests made available via the Wales Pathology Handbook - - The request will be electronically sent to the hospital laboratory - - The request will be electronically sent to the hospital laboratory - - Eliminates manual transcription errors - - Reduces duplicate tests	NWIS to provide continuing development & support including infrastructure and capacity - NWIS to resolve GP printing issues with GP systems provider - NWIS to resolve GP printing issues with GP systems provider	NWIS to provide continuing development & support including infrastructure and capacity - NWIS to resolve GP printing issues with GP systems provider - NWIS to resolve GP printing issues with GP systems provider	N	N	N	nil	partial	Programme being refocussed to support transformation e - Initial focus on citizen portal, follow up validation, performance reporting and management and preparation for virtual care delivery - Initial focus on citizen portal, follow up validation, performance reporting and management and preparation for virtual care delivery
STP	39	- Child Health – CYPRIS	CYPrIS (Children and Young Persons Integrated System) is the redevelopment project of the CCH2000 national child health system. In a change of original scope, Welsh birth notification now needs to come from the Welsh demographic service not the English service	- Improved dialogue between primary and secondary care - - Reduction in OP referrals by specialty - - Reduction in OP referrals by specialty - - Improved patient experience - - Improved education for Primary Care	roll out of E-advice dependent on NWIS providing similar functionality	roll out of E-advice dependent on NWIS providing similar functionality	Y	N	n	nil	partial	ongoing
STP	42	- E-Referrals	Integration into B1 Systems	- A "single" view of the patient supporting their ability to be treated in a community clinic - - Ability to view pathology results	0	0	N	N	n	nil	partial	Technical delivery completed - project delayed as a result of insufficient analytics resource
STP	46	Welsh Clinical Communications Gateway (WCCG) Phase 2 e-Clinical Letters	The Welsh Clinical Communications Gateway Project Phase 2 will provide the capability to transfer all types of clinical information securely from secondary to primary care via WCCG.	- Ensures that (expensive) medications are optimally and cost effectively prescribed - - By reducing drug errors, improves patient experience and outcome - - By reducing drug errors, improves patient experience and outcome	0	0	Y	N	N	nil	partial	CAV UHB prioritised the requirement to provide other types of e-Communication (in addition to e-referrals and e-discharges) in the first instance the transmission of e-clinical letters from secondary to primary care. A working group has been set up to undertake a pilot in CAV. ABHB and ABMU evaluation reports have been received and visits to 2 ABMU practices carried out. NWIS are looking for an 'accepting health board' to rollout this functionality from April 2017 and have asked that CAV be that health board since we have already put in place an electronic approval process for clinical letters as part of the WCRS project.
STP	54	- e-ICU	The NHS Wales ICU Network led by Aneurin Bevan UHB has received funding support from the Welsh Government to have a "single solution" e-ICU system for NHS Wales, with funding commencing 2015/16.	- NIAS audits inappropriate access to patient data - - Will be integrated with all national systems over time - - Will be integrated with all national systems over time	NWIS to facilitate integration with ESR	NWIS to facilitate integration with ESR	Y	N	N	nil	partial	Buiness case has been agreed by NHG Executive board funded by the Critical Care network
STP	61	National Catering System (Costs TBA)	Procurement and implementation of a National Catering System for Wales	There is ample evidence which demonstrates that BPM helps organisations decrease costs and increase efficiency, reducing the time it takes for a process to be completed and any unnecessary variation	0	0	Y	N	N	nil	partial	IPAD supported in principle, assuming WG will find £2m
PF	77	- Develop a programme for maximising the effective deployment of Robotics	The role of robotics within care is increasing and forecasting to expand on an exponential basis going forward. Insight in to how C&V and NHS Wales realises the benefits of these developments in the most cost effective manner is required. Given the huge AI component of robotics, for which big data is the fuel, the requirement on informatics in taking this forward and realising these benefits is essential - Intended to be delivered via a federated all Wales programme (HSLI)	- Sustainability - - Security - - Security - - Patient safety	0	0	N	N	N	nil	partial	All Wales group being convened as part of Planned Future workstream
PF	78	- Develop a programme for maximising the effective deployment of Artificial intelligence	A programme for realising the benefits of Artificial intelligence (AI) AI is what enables a digital device to see and recognise objects (e.g., read a MRI), understand and reply to normal speech (digital dictation), make decisions and even learn to change its thinking and behaviour as it analyses big data (viz. IBM's Watson). AI infuses the modern health care system and offers significant scope for reducing health care as a labour intensive industry. - - Intended to be delivered via a federated all Wales programme (HSLI)	- Resilience - - Efficiency - - Efficiency - - Platform for modernisation	0	0	N	N	N	nil	partial	National review of AI in health in Wales supported by WSI aligned to all Wales AI review - WG members taking it through WG machinations. Operational deployment and preparation for AI being worked through
PF	79	- Further develop the accuracy of our resources and costing information within the BI system	Improving the granularity and accuracy in the attribution of costs to care activities and events	Robotics may soon become a service that our population expects and a means of improving productivity so as to achieve sustainable care services - - Early involvement in robotics will ensure that C&V is in a position to excel in teaching, realising innovation and improvement in this area	0	0	N	Local	N	nil	partial	Rationalisation of existing warehouse costing processes i.e. annual costing, patient level costing and Albatross andimproved linkage for Radiology and Pathology almost completed to support national costing approach
PF	85	Support WAO & other national reviews	Input into management responses on IM & T matters relating to national and local studies under the UHB external audit plan	0	0	0	N	Local	N	nil	partial	Assistance being provided to support response to Parliamentary review and WAO review of NWIS
PF	86	Suppot Internal Audit Reviews	Input into management responses on IM & T matters relating to national and local studies under the UHB external audit plan	Supports UHB Information Governance framework.	0	0	N	Local	N	nil	partial	Yes

9.1

AGENDA ITEM 9.a

SUMMARY RAG STATUS ON MAJOR IM&T PROJECTS – FEBRUARY

W/P Ref:	Project and current RAG status
1.9	National Intelligent Integrated Audit Solution (NIIAS)
1.14	Welsh Community Care Information System (WCCIS)
	Acute-Community Interfacing: Acute Discharge notifications to Community (PMS to
	Acute-Community Interfacing: PARIS record shown in WCP (for acute and G.P view)
	Acute-Community Interfacing: e-DAL (discharge notification) issue from
	Acute-Community Interfacing: Birth notifications to Health visiting and specialist cor
1.7	WCCG Phase 2 e-Comms e-Clinical Letters proof of concept
11	Wales Laboratory Information Management System (
	Cellular Pathology module
	Blood Transfusion module

9.1

W/P Ref: Project and current RAG status

1.1 Migration to Welsh Clinical Portal from Cardiff Clinica

1.2 Welsh Clinical Portal
Medicines Transcribing and e-Discharge (MTED)

1.3 Welsh GP Patient Record (WGPR)
Secondary Care

1.3a Welsh GP Patient Record (WGPR)

Community Care

1.4 Welsh Clinical Portal (WCP)
Welsh Patient e-Referral Service – WPRS

1.5 Welsh Clinical Portal
Test Requesting & Results Reporting Project (TRRR)
Welsh Results Reports Service (WRRS)

? GP Test Requesting (GPTR)_

Welsh Clinical Portal (WCP)
Welsh Care Record Service (WCRS)

1.1 Wales Laboratory Information Management System (
Microbiology and Blood Sciences

1.12 My Health on Line (MHOL)
Phase 1

1.13 Choose Pharmacy Improving Communications with P

1.15 Welsh Emergency Department System(WEDS)

ePatient Flow Project

E-Advice

3.13 Development of Mental Health & Community System

3.62 Medical Records Digitisation (DHR)

2.3 Auto booking Development (FAB)

3.5 COMS / Follow up Development

2.6 Ward Clinical Workstation Development (WCWS)

3.8 Emergency Unit Work Station Development (EUWS)

3.65, 3.66 Mobile Working

Community Services – Mobile Working

3.11 Information for You

3.7 Sustainable Infrastructure Project

3.93 Welsh Audit Office Back up & Recovery project

3.85 Upgrade to Windows 7 Project

3.86 Medic-Bleep

/ 2018

Local, National or Federated
(L, N, F)

N

L
PARIS)

L & N

L & N

L
nmunity services

F

(WLIMS) – outstanding modules.

9.1

Status / Next Steps

Modules of WCP are being rolled out across the UHB – Medicines Transcribing and e-Discharge (MTED), Welsh GP
CCP has functionality not currently available in WCP for which a convergence plan will be agreed with NWIS.
Next Steps:

- User Acceptance Testing and Go live of WCP 3.10 in August 2018 which will include Hospital to Hospital (H2H
- Promote the transition of users from CCP to WCP as and when CCP functionality not in WCP becomes availal
- WCP to PARIS Integration

MTED is currently live on 76 in patient wards across the health board. Phase 1 is complete. Phase 2 has commenc
Next Steps:

- Continue the NWIS requirement for CAV UHB development of code to address the functionality for a dischar
- User Acceptance Testing and Go live with WCP V3.9.2 (patched) in March 2018 which will include DAL to be
- User Acceptance Testing and Go live with WCP V3.10 in August 2018 which will include Further DAL and mec
- Assess Phase 2 areas for MTED suitability and prepare for implementation.
- Assist in the integration preparation for Phase 3 WCP to PARIS Interface.
- Continue to hold MTeD awareness sessions.

The WGPR is now available to clinicians treating both emergency and elective patients. NWIS has stated that WGI

Next Steps:
Meeting to be held with the Medical Director on 27th February to discuss the way forward for both the WGPR in t

9.1

Phase 1: 91% complete 2 specialties outstanding. Phase 2: 69% complete, 4 specialities remaining.
The WPRS team have managed a successful 'Go Paperless' project which counted down to the UHB only acceptin
Next Steps:

·

- Complete engagement and mapping work with outstanding specialities
- WCP/Paris Integration

TRRR is now available for use on 58 in patient wards and 8 Clinics.

1. The usage of TRRR varies across the wards with users concerned at how much longer electronic requesting wi
2. Where a consultant has made it mandatory for their staff to use TRRR the percentage of tests made electronic
3. The ability to bulk order and utilise the test set capability is well received on wards and approx. 80% of their te
4. Patients benefit because it reduces the number of blood samples received in the pathology lab which have inc
5. Phlebotomists prefer electronic requesting because it reduces the number of instances where the incorrect sa
6. Paper request forms are manually entered into the pathology system – electronic requests are automatically t

An implementation board has been set up to closely manage the rollout, including any financial decisions associat
The Welsh Results Reporting Service (WRRS) provides WCP users with the facility to view pathology results, for Blo
Next steps:

- Review and monitor TRRR usage across all live wards.
- Complete deployment to all in scope inpatient wards – Maternity and Paeds.
- Continue to identify and deploy TRRR to outpatient clinics that wish to use this facility.
- Trial the use of zebra printing to see if this is beneficial for outpatient clinics.

Continue to support turning the Curve initiative - pilot of TRRR in rheumatology clinic.

·

The GPTR Implementation group has been set up and are meeting fortnightly to progress the roll out of GPTR to a

Next steps:
Visit GP Practice to see how GPTR is currently working.
Produced resource and project plan in readiness for the pilot.
Configure Cardiff and Vale Pathology Handbook so it is ready for GPTR.
Ensure NWIS resources are in place to support the pilot.
Develop roll out plan to EMIS practices once the pilot is complete.

8.4 million historical documents have been loaded into the WCRS repository and are now available to view in WCF
NWIS have had discussion with Welsh Government re information governance issues associated with sharing of dc
Next Steps:
· Continue to assess work required to update the WCP repository and the WCP Document Interface to allow a

TrakCare Lab is live in Microbiology and Blood Science disciplines (since 2014).
Some ongoing challenges are being experienced: Standardisation groups need to approve changes but do not mee
Next Steps
· Continue with rollout of TRRR – which is integrated with WLIMS saving time for lab staff when booking in pa
· Request assurance from NWIS that recent series of outages will not be repeated.

MHOL Phase 2 is part of the 'Information for You' workstream.
Phase 2 functionality will include online registration, mobile access and rebranding. In line with a Welsh Governm

9.1

Choose Pharmacy pilots in Community Pharmacy are continuing. There are several work streams including the de

Next Steps:

· Emergency Medicine Supply – repeat prescriptions. Community pharmacists are able to record dispensing o
· Pharmacists will be able to record when they have given flu vaccines.
· Confidential service for emergency contraception.

The EU Workstation/Symphony Gap Analysis work has identified that :
Both EUWS and WEDS can both meet the majority of requirements associated with EU Management within the HI
Neither system specifically meets all anticipated needs, not least because of the continued evolving requirements
Replacement of the existing EUWS with WEDS would break significant and substantial areas of functionality within
Symphony response to the NRS makes clear that most of the functions identified as supported by EDCIMS are only
The small percentage of functions required to enable EUWS to fully meet the evolving needs of the ED can easily b
Significantly - developments within EUWS will be usable within the acute care functions of PMS and hence benefit
Significant issues have been experienced in ABMU in implementing the product such that the project is currently u

Procurement and implementation of a patient flow management system and electronic ward boards. System is to
Next Steps:

Project has been put on hold due to funding requirements, however AB are currently undertaking a pilot on beha

All GP practices are enabled to use e-Advice, with access to the following services;
Cardiology
Diabetes
Rheumatology
Thoracic Medicine
Gastroenterology
Sexual Health (GUM)
Medical Biochemistry
Urology
Stop-A-Stroke
Open Access Low Intensity Psychological Interventions

In July 2017 a change was made in e-Ad&Comm to allow internal clinician to clinician referrals within CAV UHB. Tl
e-Ad&Comm is being used to support electronic referrals from Optometrists into CAV UHB. This functionality has
The pilot was successful, leading to "outpatient referral" functionality being made available in e-Advice to any hos
A pilot is underway in 19 Optometrist practices to trial sending eReferrals via e-Advice. Two referral forms have b

Due, in part, to the success of the CAV implementation of Stop-A-Stroke, we have received expressions of interest
Next Steps:
Reviewing expressions of interest for a number of additional use cases, including;
Administrative communications to Primary Care
Notification of death
Notification of critical, urgent and unexpected significant radiological findings
Pre-emptive development work to get e-Advice ready for use outside of CAV;
Refresh internal data structures to provide additional flexibility for handling new use cases;
Ongoing expansion, delivering to expanded scope (Flying Start Council services, Integrated MH services).
Work needs to be commissioned and delivered to implement the clinically important interfacing to/from Welsh Cl
Resource is being decanted, from the end of 2016, into the preparation activities for WCCIS

- CIT pilot phases commenced;

1. June 2017 - Prof Yousef, Cardiology, feedback to date has been very positive.
2. July 2017 - Specialist nurse led clinic, review meeting scheduled September 2017.

- Digitising non electronic glaucoma referrals to support independent ophthalmic software continues and will b
- Paediatrics - CIT process mapping exercise to be undertaken for nephrology, gastro service are on hold due t
- CIT review to be undertaken to include the voice of the clinician.
- Adult gastro clinics – process mapped, required clinical information identified, clinic to be tested.
- DHR Rheumatology review in progress, trialling CIT approach for non DHR clinics to support full implementat
- EU cards – on average 600 episodes of care are digitised Monday to Friday, these are accessible through the

.

The FAB DNA rates fluctuations around 5%, uptake rates per specialty ranging between 10%-79% and DNA Avoida
FAB Performance Indicators

Apr-17
May-17
Jun-17

9.1

Jul-17
Aug-17

· ENT Text Pilot Review has taken place, measuring a 13 weeks period. Whilst there has been an increase in s
· Automated options being considered for managing inaccurate responses that require manual intervention, f
DNA Rates ENT

May
Jun
Jul

· Urology Text Reminder pilot commenced on 25/7/17 as a Turning the Curve initiative, FAB uptake rates have
· The PMS/FAB developments to convert manual booked appointments into the FAB identify FAB patients wit

All recent developments will be rolled out as part of the D&T version of FAB. Further changes may be required to t
As a result of the Paeds Call System implementation, further development work has been requested for the follow
Electronic Growth Chart Not started/not progressed
Nursing List Not Started/not progressed
3 new self check in kiosks have been installed in main outpatient corridor at UHW – required configuration inforr
Physio CMAT Service to start using COM when service goes live in June 17 - Completed in Barry. A kiosks will be in
Development work to imbed Portal Lite link into COM is underway. Completed.
Use and compliance button of the WCW is still in use – supporting the live bed system.
A WCW and EU governance and development group was re launched in May and will meet on a quarterly basis.
Critical Care view development is complete and now released. Final enhancements ready for release.

NEW Developments (Released)
System given functionality to record observations and NEWS score for patient.
Clinical Management Plans functionality extended to also cater for Child Sexual Exploitation, Sickle Cell Anaemia &
Several new clinical flags added including Monitoring, Specialing, Priority Patients, Sepsis, Cognitive Impairment, E
Administrative flags added to highlight patients inappropriate for area and for mislabelled lab samples. (Released)
Diabetic flag added to system. (Released)
Modification to LOS required to fire RED bed request flag (down to 6hrs from 12hrs). (Released)
Changes made to system to accommodate new Medical Ambulatory Emergency Care Unit and its Triage. (Release
NEW Developments (Ready for release)
Modifying system to be able to electronically record ED Clinical Standards, reporting to be handled from BIS.
The current free Wi-Fi service funded by the HealthCharity ceases 31st march 2018, and currently being tendered
We have implemented in 18 Optometric Practices e-Optometry using Good on both their iPads and loan IPads ele

This initiative now also includes the rollout of c80 netbook mobile devices to the uHB maternity dept. (100%)
The uHB wish to provide greater usability and value from the deployed netbooks by enabling WiFi access from sec

In order to start a programme of works and kickstart Information for You funding will need to be sourced.

Welsh Government TECS strategy delayed from April 2017 until late 2017. Recommendation from Welsh Governm
Task Group created by Welsh Government involving Hywel Dda, Powys, Betsi and CaV (Simon Barry) to scale up n
Phase two of My Health Online development to begin rollout in February. Cym Taff are leading on the pilot. Acces
The MSK Knee Rehab Project Website is now operational from the £75k funding from the Health Foundation to m
We continue to work with GOOD in leveraging their product to support the delivery of both Clinical and Business A

A comprehensive infrastructure assessment was undertaken and a risk based prioritised investment assessment p
All agreed procurement and implementation processes have been completed for the first two years of the Prograı
Subsequently £3.6m was secured in 16/17 with infrastructure currently being rolled out.
Significant progress on all actions within IT control has been made. Significant capital investment is facilitating fur

9.1

The UHB has less than 300 x XP PC's remaining on the Domain a number of which are due to application software
The Firepower Firewalls have been configured to stop ALL Internet access, if/when a possible serious virus attack i

The UHB are in discussion with the ICO in respect of the use of WhatsApp for non-Clinical messaging.
The UHB can than decide if it tenders for a “safe and secure” messaging app for Clinical Data.

Status / Next Steps

The NIIAS tool has been procured and implemented by NWIS to audit confidentiality breaches. NWIS ha
The Information Department is looking at ways to secure the resource required to support the use of th
.
Engagement with NWIS/national team and the supplier (CareWorks) is stalled; VoG Council project is cc
CaV functionality gap analysis against Paris is complete; impact assessment is now underway to demon
UHB Business Case is not progressing in 2018/19 due to the UHB's financial position; to be re-worked f
Bid against WG capital for in-year funding has recruited 2 Business Analysts,
Significant challenges around the national programme and timescales for delivery of requirements (inte

This item has been supported by IGSC in July 2017. MHCS/PARIS resource has been limited since this tin
Prioritisation against the PARIS and PMS development plans is needed for Autumn'17 deliver ahead of \

NWIS have been engaged to allow the key events in document format from PARIS to be sent to Welsh C
Prioritisation is necessary against PARIS and PMS development plans for Q3 and Q4 2017/18.

9.1

An initial technical design group has met to consider. Phil Clee (Technical Design/Architect) has suggeste
However resource loss on MHCS and re-prioritisation of resource to WCCIS priorities have currently wit
Prioritisation is necessary against PARIS and PMS development plans for Q3 and Q4 2017/18.

A technical specification document has been produced and is awaiting review/signoff from the PMS tea
Resource loss on MHCS and re-prioritisation of resource to WCCIS priorities have currently withdrawn k

CAV UHB prioritised the requirement to provide other types of e-Communication (in addition to e-refer
A working group has been set up to undertake a pilot in CAV. ABHB and ABMU evaluation reports have
Next Steps:

- Proof of Concept to be carried out with DNA letters
- Proof of concept set to start end of February / beginning of March
- Plan for full rollout

.
Histology/Mortuary Module - Currently agreed with supplier and the project that Histology will go live c
Blood Transfusion module - the NWIS timeline indicates C&V go-live to be July 2018 however some slip
.

Record (WGPR), Welsh Patient Referral Service (WPRS), Test Requesting and Results Reporting (TRRR).

H) referrals, Radiology Requesting and a number of WCP RFCs
ble alongside the promotion of new features as above

:ed – implementation in Day Case Units, Assessment Units and Mental Health Wards where this is appro

'ge advice letter to be created on demand (required for areas such as MAU)
created on Demand and enhanced WGPR consent module and a number of MTeD RFCs.
dication screen enhancements, the Medication Order Sets feature and a number of MTeD RFCs.

PR can be made available to clinician teams involved in the direct care of the patient. Each health board

:he community and NIIAS auditing in CAV UHB.

9.1

g electronic GP referrals for those specialties listed on the WCCG from 1st January 2017. This project wa

ll take. Regular users have advised that after long term use they do not see a noticeable difference.
cally is 75%.
ests are electronic.
correct patient demographics.
ample tube has been used because it is specified on the test request.
transferred to the pathology system. It takes 2 minutes to process an electronic request and nearly 4 mi

ed with the bulk ordering of tests and the procurement of the specimen bags and labels required to sup
ood Sciences, Blood Transfusion, Cellular Pathology and Microbiology for patients regardless of where in

Pilot Practice in Cardiff. The group consist of a GP, Pathology, Phlebotomy, and the NWIS Project Team.

P. All new documents must be signed off before being uploaded. The % of documents authorised and th
ocuments across health boards. Welsh Medical Directors have now signed a 'Control Standard for Electr

ıdditional document types to be added to the WCRS.

et often, lack of technical resource from InterSystems means clinical fixes/changes/quality improvement

thology test requests.

ent policy commitment to provide online patient access to the medical record, this functionality is now

livery of the MTED DAL to community pharmacists. Community pharmacists carry out discharge medici

f meds in an emergency situation – for example if the patient is on holiday.

B.
of the Department.
the overall Patient Care Pathways and Management system that is PMS and it's associated modules (E
y possible through system tailoring at the implementation site. This means that many of the functions ar
be developed with the EUWS for less than half the financial cost required to implement WEDS. New func
all clinicians rather than being limited to the ED arm of CAV..
under review.

be fed by clinical assessment and physiological observations being recorded electronically at the bedsic

lf of all Health Boards with funding via WG.

his functionality has been adopted by 12 wards / teams. The new functionality allows them to electroni
been rolled out to all optom practices in Cardiff & Vale.
pital service that requests it.
een developed – WET AMD, and General Optom – which submit into WPRS to be viewed and processed

: from other health boards with regards to sharing access to e-Advice.

9.1

linical Portal, HERS2, E3/Euroking interface and to gain use of MTeD.

)e reviewed alongside CIT.
o staffing.

ion across the specialty and reduce waste in replicating a full digitised historical record.
C&V portal, COM and to GP practises.

nce from FAB cancellations due to no response, released 10% of additional new case capacity.

FAB Uptak	Total DNA	FAB DNA R	DNA Avoidance
56.40%	10.70%	5.70%	10.10%
54.70%	11%	4.70%	9.10%
54.70%	11.10%	5.60%	11.10%

52.70%	11%	5%	11.20%
48.40%	11.10%	5.50%	9.70%

uccessful contact rates the DNA rates has reduced by 3% on average compared to the same period in 2C
ull roll out is dependent on this element of the process.

2016	2017
10.00%	8.20%
10.50%	8.80%
11.60%	8.40%

e been increased for key clinics, further increases planned.
h a pending RTT breach date is dependent on the D&T FAB release.

the Manual Booking functionality to support booking by Pathway. Further discussions required.
ving:

9.1

nation from Med Records Completed
stalled in Star Leisure Centre to support the process.

Domestic Violence (Released)
mergency Laparotomy (Released)

d)

to comply with OJEU Procurement rules.
ctronic referrals directly into the UHB. This project is supported by the both the Welsh Government anc

ure providers,… this requires a physical change to the devices, which will be done when the uHBs 'Life A

nent is for a national TECS board chaired by Public Health Wales to be created which is responsible for th
ationally the remote monitoring of COPD patients.
s to the GP record, a mobile app, ability to update demographic details and non-urgent messaging.
ove the experimental The implementation of PROMs into T&O to support Knee and Hip, is now operatic
Application.

lan agreed.
mme (14/15 and 15/16) with no slippage on any projects.

ther progress. Further work required on Clinical Service Boards business continuity and risk managemer

not being able to "run" on Windows 7 and Windows 10 Operating Systems.
is identified and will implemented immediately. A communication is in-hand to be sent to all Clinical Bo

9.1

as reached agreement with GPC Wales on how to implement NIIAS monitoring in Primary Care to enable
ıe NIIAS tool in the UHB. This is a dependency for the rollout of the Welsh Clinical Portal to primary care

›mplete with services live from 27th November 2017; Cardiff Council; functional analysis has identified c
ıstrate where the WCCIS product is statutorily non-compliant, and the potential cost (in lost efficiency) t
or 2019/20

:gration, data standards) and system management (data migration/archiving, duplicate demographics, fc

ne due to the loss of 5 out of 12 staff members. Initial investigation into the facility has been positive.
Winter pressures.

Care Records Service (WCRS) via Welsh Clinical Portal (WCP). Progress was due in Spring/Summer 2017.

9.1

ed a mens by which PARIS DAL info would be accepted by PMS and issued off to GP's and WCRS via the e
hdrawn key management and development resource.

ım. A test stub of the planned web service has been developed, to give the PARIS development team so
:ey management and development resource.

rals and e-discharges) In the first instance the transmission of e-clinical letters from secondary to primar
been received and visits to 2 ABMU practices carried out. NWIS are looking for an 'accepting health boa

›n the 3rd April. Waiting for NWIS Support to confirm this date.
page is expected

Welsh Care Record Service (WCRS) and Welsh Results & Reports Service (WRRS).

ıpriate. Functionality available will be limited in Mental Health Wards until integration between WCP an

l can agree who can have access to the WGPR. In Cardiff and Vale WGPR is available to clinical teams in

9.1

as a dependency for the full rollout of WPRS. 0.87% of referrals are received on paper.

nutes for a paper request. The lab can reallocate staff to higher value work in the pathology lab which w

port the implementation.
ı Wales they were produced. This initiative has been very well received by our clinicians and those in otl

. Due to the design and performance of logging into GPTR via WCCG the group have agreed to wait for R

herefore uploaded has continued to increase.
onic Health and Care Records' which permitted the sharing of these letters through WCP across all Wale

:s take longer to close off/complete.

available but rollout is subject to discussion between GPC Wales and Welsh Government.

nes reviews, looking for variation between GP and secondary care medication lists. GPs are alerted to a

UWS, CWS, Bed Management, Workflow, etc…).
·e only available through developmental effort within EU.
:tionality would additionally take less staff resources and be completed sooner than required changes tc

ıle. Ideally the system will include alerts and notifications to clinicians, interoperability with other system

ically refer for outpatient appointments, into the CAV instance of WPRS, where the referrals are process

in secondary care alongside GP referrals for the same service.

)16.

9.1

d NWIS in the development of the Business Case for a Eye EPR for NHS Wales

ıfter Citrix' solution has been identified (as this will also need a physical change to each netbook. This ne

ıe strategy. A national programme office for TECS is also expected to be created based on an ETTF bid su

ɔnal. We have recently submitted a further application to the Health Foundation to support MSK in Gene

9.1

ıt plans.

ard Directors advising them that any XP on the Domain will be removed or a firewall is installed in-front

e deployment of WCP on to GPs' desktops.
e.

:90 functional gaps and flaws.
o the UHB if functional gaps are not addresses

orm development, local authority working practices) remain; escalated to National Implementation Boa

However resource loss on MHCS and re-prioritisation of resource to WCCIS priorities have currently with

existent PMS DAL mechanism/link.

mething to be working against.

y care.
ard' to rollout this functionality from April 2017 and have asked that CAV be that health board since we l

9.1

ıd Paris is complete. Phase 3 will follow this integration. The MTED Operational User Group has been se

secondary care settings. .

9.1

/ill be beneficial for patients and clinicians.

ıer health boards who can view CAV results.

:elease 8 where this issue will be resolved. The estimated date for the availability of Release 8 is sometir

ɛs health board boundaries from January 2018 .

9.1

ıny variances. Cardiff and Vale UHB has been part of this pilot work.

› WEDS.

ıs, support for PROMS & PREMS, provide data flows for analysis and support patient flow and real time l

sed alongside all other electronic referrals received by the health board.

9.1

:w solution is delayed and awaited from I.T Technical Services.

ubmitted by Aneurin Bevan.

eral Practice.

9.1

of the PC and NO internet access will be allowed.

rd, and to ADIs; balance of financial risk rests with Health Boards, with local implementations reliant on

ndrawn key management and development resource.

9.1

have already put in place an electronic approval process for clinical letters as part of the WCRS project.

t up.

9.1

ne in May. The IM&T department have started to do some user acceptance testing.

bed management.

national deliverables.

AGENDA ITEM 9.B

REPORT TITLE: BLOOD BANK AND CELLULAR PATHOLOGY LABORTOARY INFORMATION MANAGEMENT SYSTEMS
Name of Meeting : IT&G Sub Committee **Date of Meeting** 13 June 18

Executive Lead : Director of Therapies and Health Science
Author : Clinical Board Director of Operations – Clinical Diagnostics and Therapeutics
Caring for People, Keeping People Well: Periods of unplanned unavailability of the LIMS system have a direct impact on the ability to provide timely care for patients. This is an issue both locally and nationally and the more services that are on the LIMS system the greater the risk to patient care.
Financial impact :n/a
Quality, Safety, Patient Experience impact: Laboratory systems are critical to the timely management of patient care. The inability to deliver results in a timely fashion has a detrimental impact to our planned and unplanned care systems both in hospital and the community
Health and Care Standard Number Standard 2.8 Blood Management, Standard 2.9 Medical Devices, Equipment and Diagnostic Systems, Standard 3.1 Safe and Clinically Effective Care
CRAF Reference Number 1.2, 5.1, 5.1.2, 5.1.4, 6.8, 6.9.1
Equality Impact Assessment Completed: Not Applicable

9.2

ASSURANCE AND RECOMMENDATION

LIMITED ASSURANCE is provided by:

- NWIS remedial activity

IT &G subcommittee is asked to:

- **NOTE** the course of action

SITUATION

Cardiff and Vale University Health recognises the importance of moving to WLIMS in order to manage the risk of services remaining on Telepath, however this needs to be balanced against the risk of migrating to a system with known stability issues.

BACKGROUND

The process of going live on WLIMS began in 2011. Cardiff and Vale University Health Board began the go live process in November of 2014. Since the start of 2015 there have been 30 instances of unplanned downtime of WLIMS across Wales of greater than 1 hour, with a range of 1 – 23 hours. This data has been provided by NWIS through the service management board (appendix 1).

AGENDA ITEM 9.B

Currently live on the system are medical Biochemistry and Haematology, with Cellular Pathology and Blood Transfusion currently on Telepath. The planned go live date for Cellular Pathology was Monday the 21st May. During the week starting the 14th of May 2018 on two consecutive days the system was unavailable for prolonged periods of time. This raises a significant concern of system stability, particularly in advance of a planned further go live. The second outage on the 15th of May was reported as a server capacity issue. Ongoing server capacity issues were recognised by the clinical teams as whilst the system may not be down there are repeated instances where the speed of the system is reported as significantly slow.

ASSESSMENT AND ASSURANCE

Due to the repeated failures experienced the service undertook a clinical risk assessment of Cellular Pathology going live. This was critical to undertake as the impact of a large service moving onto the system may have implications both locally and nationally. Due to the recent unplanned downtime, the validation and verification of the system was incomplete and would introduce unnecessary risks. Therefore system safety and regulatory compliance could not be assured.

Also there has been insufficient time as a result of the downtime to ensure that users are appropriately familiar with the system, directly impacting on the productivity of the service and performance standards, including the ability to support critical pathways such as cancer. Any decision made by Cardiff and Vale is likely to have consequences for wider NHS Wales. On the basis of the risk assessment Cardiff and Vale choosing to proceed with the go live of the system with the information currently available on system performance will place unnecessary clinical risk on patients across Wales. On this basis the recommendation of the Clinical Board to Management Executive was that Cellular Pathology services were not to proceed to a go live.

The DoTHS spoke to CE of NWIS and they agreed that the planned Cellular Pathology go live on Monday 21st May would be delayed until the capacity issue had been fixed, WLIMS was stable and there was a reasonable period of error free running. Also the outages had adversely impacted on our planned readiness activities and there was no opportunity for us to recover our positon.

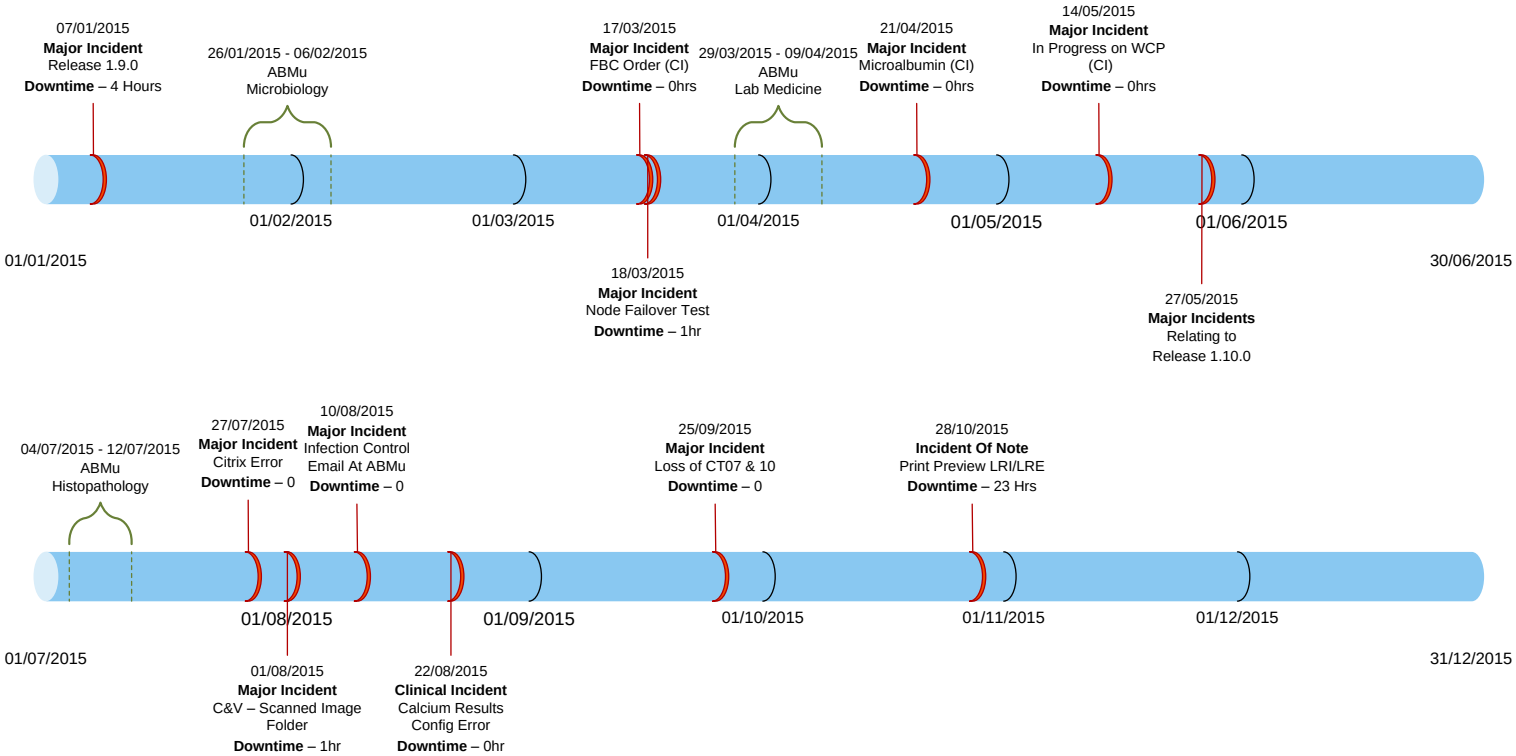
Assurance was provided by NWIS that an interim fix was being implemented which would hopefully improve the position during the week commencing 21st May. He also let us know that the existing server farm infrastructure was to be replaced in the near future which was the long term sustainable solution.

Cardiff and Vale UHB remain committed to the implementation of all modules of WLIMS and we are using this delayed period of time to continue our readiness activity. We will continue to work closely with NWIS and the national Blood Transfusion WLIMS Board to address the existing stability and performance issues which will need to be resolved prior go live of the Blood Transfusion module. This update was communicated by the CEO to the WLIMS SRO.

AGENDA ITEM 9.B

Appendix 1. Major and Critical Incidents

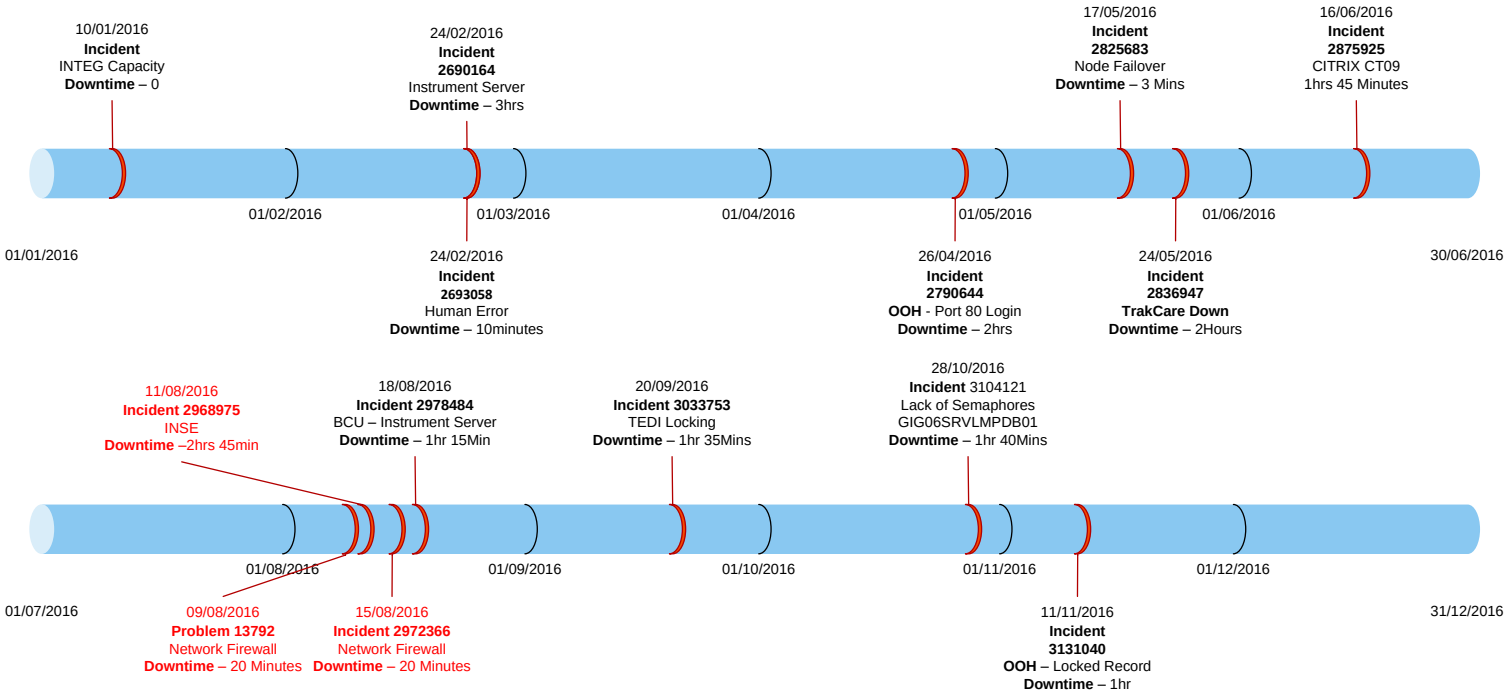
1.1 P1/P2 - Overview



9.2

AGENDA ITEM 9.B

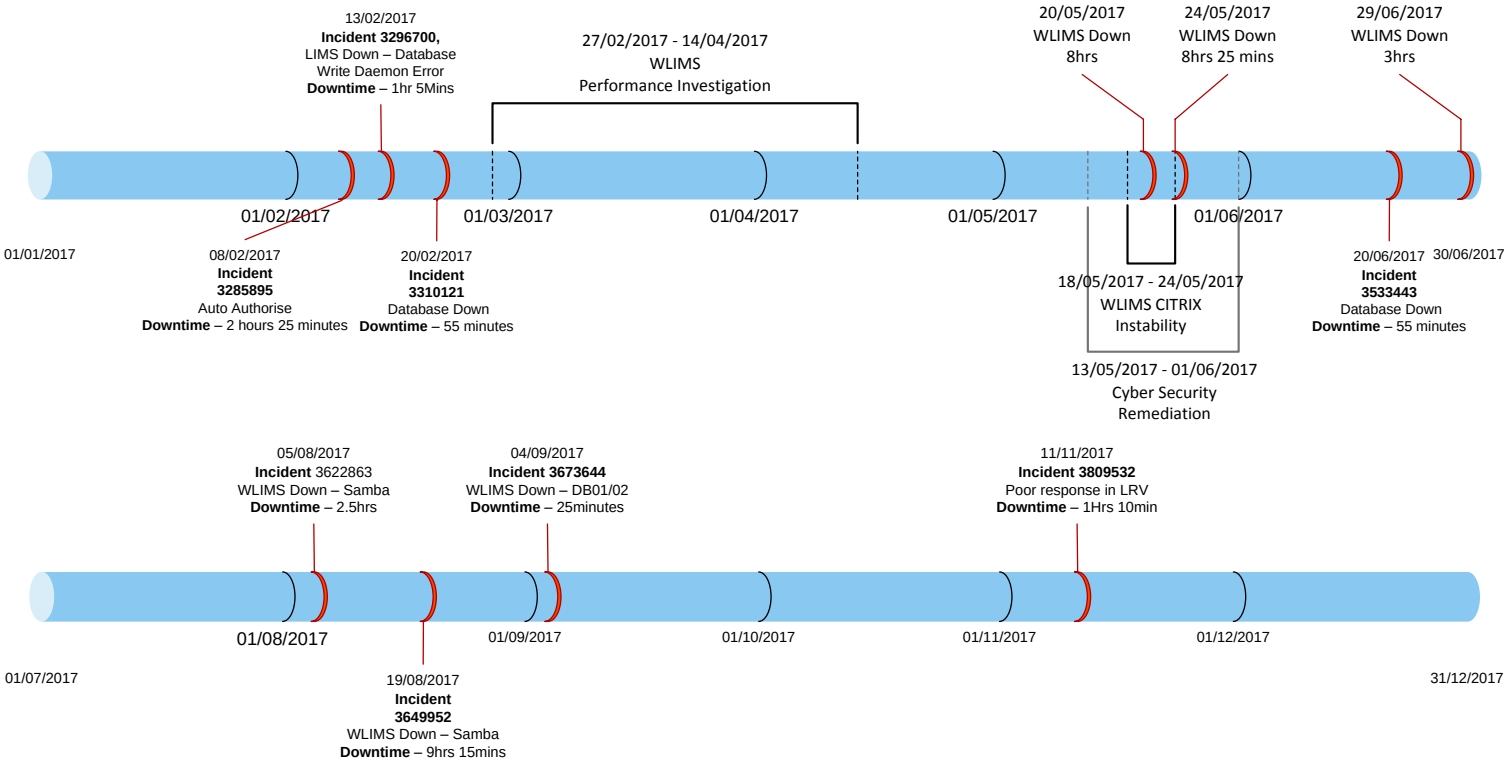
1.2 **P1/P2 - Overview**



9.2

AGENDA ITEM 9.B

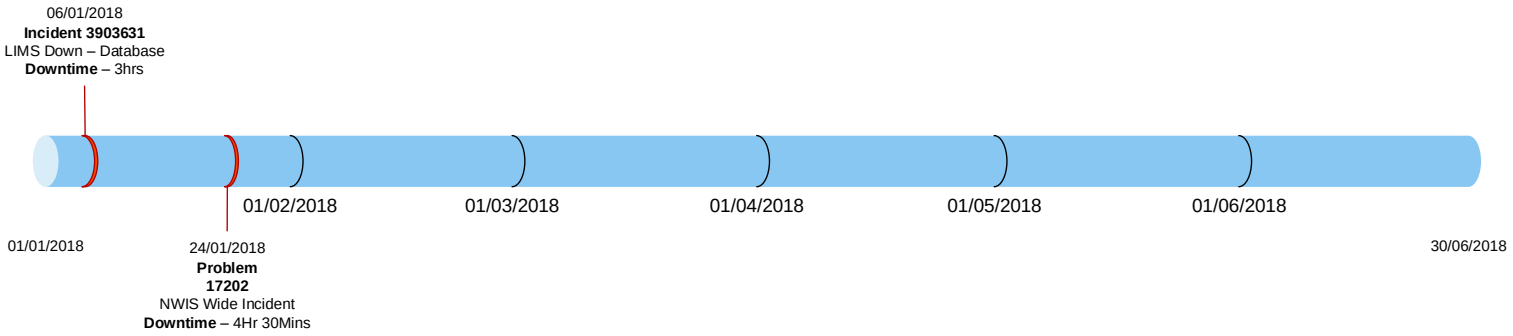
a. P1/P2 - Overview



9.2

AGENDA ITEM 9.B

1.3 **P1/P2 - Overview**



The above graph only extends to 28/02/2018. Beyond that:

21/03/2018 – New users unable to login for 1 hour from 16:40
29/03/2018 – Urgent database expansion – downtime 1 hour at 14:00
29/03/2018 – Citrix server issues – downtime 2 hours at 16:00
14/05/2018 – LIMS down for almost all users – 6 hours 30 mins from 12:00
15/05/2018 – LIMS down for most users – 2 hours 45 mins from 14:45

The above dates are from looking through my e-mails so I can't guarantee this is all of the downtime. Also beyond all of this is the scheduled 2 hour Maintenance window every month.

9.2

AGENDA ITEM 10a

Cardiff and Vale University Health Board Audit Assurance Review Plan

Internal Audit Plan 2018/19

Planned output	Audit Ref	Corporate Risk Register	Outline Scope	Indicative Audit days	Executive Lead	Outline timing
IM&T						
Cyber Security – To be confirmed or removed pending National audit findings					Director of Therapies	
Renal System					Director of Therapies	
E- Advice					Director of Therapies	
E – IT Training					Director of Therapies	

10.1

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Cardiff and Vale University Health Board
Audit Assurance Review Plan
June 2018

Internal Audit Plan 2017/18
April 2017 NHS Wales Shared Services Partnership Audit and Assurance Services

Planned output	Audit Ref	Corporate Risk Register	Outline Scope	Indicative Audit days	Executive Lead	Outline timing
IM&T						
IT Strategy		6.8	Strategic MTED deployment	15 days	Director of Therapies	Q2
Virtulisation			Review the security and resilience of the updated virtualised environment.	15 days	Director of Therapies	Q3
IT Strategy			Welsh Patient Referral Services (WPRS)	TBC	Director of Therapies	TBC

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Cardiff and Vale University Health Board
Audit Assurance Review Plan
June 2018

Contents

Audit	Progress	Notes
Virtulisation Audit	2 Actions complete	Further actions to be complete by September 2018
MTeD	All Actions complete	Close
WPRS	All Actions complete	Close
Maternity	1 action still open due to ongoing negotiations with supplier to received required modifications to system for free due to resource restraints within the service.	Continue to monitor progress
Theaterman	1 action still open due to delay in development with supplier due to be complete within the next 6 months	Continue to monitor progress
WAO combined audit	IT actions complete BC actions to be monitored via the audit committee actions with Director of ops	Close all actions
Specialist Service Patient Care IT System	1 action complete 2 actions partially complete	Continue to monitor progress

Cardiff and Vale University Health Board **June 2018**
Audit Assurance Review Plan

Virtulisation Audit Report December 2017

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
R1 – Resilience **Finding** There are weaknesses regarding the resilience of the server team and the virtual environment. The team responsible for managing the virtual environment is very small, with knowledge concentrated in a limited number of staff. Although the wider IT team can provide support on an on-going basis the UHB is at risk should any significant event occur when the key staff members are absent. **Recommendation** *The UHB should consider widening the pool of staff with the skills to manage the virtual environment by:* *- recruitment; and* *- up skilling existing staff and providing protected time to develop the skills.*	**High**	The IT Department will review potential opportunities for recruitment and training and provide an update on potential for progress.	Phil Clee / N Lewis 6 months		Due to be complete Sept 2018

Cardiff and Vale University Health Board June 2018
Audit Assurance Review Plan

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
R2 –Patching **Finding** Although the ESXi hosts are currently patched and up to date, there is no formal SOP for patching these, and patching is done on an ad-hoc / infrequent basis. This is partly due to the small size of the team and the lack of a test environment which would allow for verification that the updates are safe / stable. This introduces the risk of a significant weakness being unpatched in the future **Recommendation** *A formal SOP should be developed setting out the basis for patching / updating ESXi hosts and the mechanism for doing this.* *Consideration should be given to providing a test environment.*	Medium	Agreed	Phil Clee / N Lewis 6months		Due to be complete Sept 2018
R3 – VM Creation **Finding** VMs are created from pre created template, however there is no SOP for this process. Given that there	Medium	Agreed	Phil Clee / N Lewis 6 months		Due to be complete Sept 2018

Cardiff and Vale University Health Board **June 2018**
Audit Assurance Review Plan

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
are only 2 people who create VMs this leaves the UHB at risk in the event of loss of staff, as any replacements couldn't easily pick up the role. **Recommendation** *A SOP for VM creation should be developed, setting out the process and the location of the templates*.					
R4 – Networking **Finding** The UHB is not presently complying with recommended minimum configuration for VSphere as there is no separate management network on a separate adapter. **Recommendation** *A separate network adapter should be installed for the management network.*	LOW	The documented recommendation for a separate Management Network dates back to the origins of Virtual Infrastructure (more than a decade ago) when network capabilities were more limited. These limitations no longer apply and hence provide no performance advantage. Implementing a separate management network into existing infrastructure (to improve security for example) will require reconfiguration of the whole underlying infrastructure. This activity will create a level of risk, and resource demand, that will outweigh any likely advantage gained	Phil Clee / N Lewis		Complete
R5 – Functionality **Finding** The UHB is not fully utilising the full functionality provided by the virtual	LOW	The UHB has investigated the licence requirements and costs associated with VMotion and High Availability (HA).	Phil Clee / N Lewis		Complete

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Cardiff and Vale University Health Board June 2018
Audit Assurance Review Plan

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
environment, with VMotion and High Availability not being used, this means that the moving of virtual machines is done manually. The reasons for not using these are: - feeling that moving vms may fail, however this mostly happens when vms are not configured properly (in particular being set to unlimited resource use). - licensing costs. **Recommendation** *The UHB should fully investigate the possibility of datacentre licencing.* *Should licensing costs be acceptable the use of VMotion and High Availability should be considered, with VMs configured accordingly.*		Licence costs associated with HA for database based systems within the Health Board will incur additional costs in orders of many hundreds of thousands of pounds (potentially in to the millions) over and above the currently incurred costs. The Health Board prioritises it's spend based on highest priorities first and this does not include HA on database based systems. Other servers within the HB utilise a mix of Data Centre and Single Licence on a considered basis – ergo where HA may be useful Data Centre is used.			

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Cardiff and Vale University Health Board **June 2018**
Audit Assurance Review Plan

MTeD Audit Report December 2017

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
R1 Although MTeD is known to provide benefits, in particular patient safety and efficiency improvements, there has been no full formal assessment of the benefits associated with MTeD within the UHB. As part of the pilot project evaluation of MTeD in 2014 the project employed Metrics Based Process Mapping (MBPM) to identify tangible measurement of process performance indicators for current state and future state processes. It was recognised that this MBPM could be repeated following rollout to the UHB's In Patient Wards. Repeat the benefits measurements (MBPM described above) which was carried out as part of the MTED Pilot Project Evaluation.	Medium	The benefits measurements carried out as part of the MTED Pilot Project and set out in the Evaluation Report will be repeated following the recent completion of the rollout of MTED to all 72 In Patient wards (excluding Mental Health). The UHB has expended resource on the implementation of the system having recognised and endorsed the benefits, some of which are listed below: • Fast electronic transmission and receipt of patient's Discharge Advice Letter (DAL) by the patient's GP as the patient leaves the ward • Reduction in postage costs of sending paper DALs. • Reduction in paper letters received, opened and filed or scanned to the electronic record by GP staff. • Reduction in phone calls by GP staff regarding the patients stay in hospital as DALs are provided in real time.	NWIS Programme Lead April 2018	Repeat Benefits Measurements carried out during MTED pilot Ongoing – due to be complete April 2018	**Complete – copy of report is available on request**

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Cardiff and Vale University Health Board
Audit Assurance Review Plan
June 2018

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
		• Timely transfer of the patients' discharge prescriptions back into primary care. • Access to the Welsh GP Record by secondary care clinicians. Telephone calls to GP Practices are minimised.			

Cardiff and Vale University Health Board **June 2018**
Audit Assurance Review Plan

Welsh Patient Referral System (WPRS) Audit Report December 2017

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
R2 Due to historical reasons, data sent from WCCG to WAP are not encrypted. Transfer of data is incomplete or contains errors. Encryption should be applied to all data transfers.	Medium	The feasibility of applying encryption to this data transfer will be raised / discussed with NWIS as lead providers.	NWIS Programme Lead	April 2018 Liaison with NWIS to discuss requirements and way forward to apply encryption to WCCG/WAP data transfer. Ongoing due to be complete April 2018	**Complete**

Maternity Audit Report June 2015

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
R2. Password reset A standard set of rules and questions should be put in place and completed before a password reset is granted to ensure appropriateness	MEDIUM	This function needs to go through Euroking for a system modification. We have no control over any upgrade dates. This will need to go through a major development with them so will take time and require approval from Euroking.	System Administrator Head of Operational Delivery	Still awaiting development from EuroKing Discussion underway with other HBs to support the development and split the costs for E3 development due to financial position. Previous Update: Meeting with Euroking in February 2018 to discuss progress but restricted due to Euroking system modification	June update: Mtg with supplier in Feb – negotiations ongoing to get required development to the system complete for free due to lack of resource within the service.

Cardiff and Vale University Health Board **June 2018**
Audit Assurance Review Plan

Theatreman Audit March 2015

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
R2. Inaccurate data held in system Data entry controls should be established to ensure data has the correct format and is contextually accurate. Constraints should be added at the database level.	MEDIUM	The Directorate accepts that testing is required to locate fields with data controls issues within the whole system. Some initial testing is in the process of being undertaken and this will identify the volume of changes to the system that may be required. Trisoft will be contacted to seek their advice and support to this task. In terms of patient specific test results the directorate will investigate what is in theatreman and what is actually used with a view to disabling these functionalities. Testing completed and sent to Trisoft – currently sat with development. Feb 2017 Data controls addressed by Trisoft, upgrade on hold until CEPOD Whiteboard Project is complete.	Applications Support Manager Theatre IT team Clinical Director/Lead Nurse	Jan 2018 The server change has recently been completed and the Trauma Whiteboard release is being carried out 18/1/18 (test into live), Next step is to arrange delivery of the MSI into the test environment on the new server. It will then be a further 3 months of testing by both ourselves and the software vendor before delivery into live environment. Testing will be undertaken within three month period.	**May 2018** The development was due to be complete April 2018 however the vendor has experienced a few issues fixing the bugs and completing our requests which has placed the development six month behind schedule. The issue has been escalated with the vendor – work due to be complete within the next 6 months.

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Cardiff and Vale University Health Board **June 2018**
Audit Assurance Review Plan

WAO combined follow up of Data Quality, Caldicott, Business Continuity Planning and ICT "Backup and Recovery" Audits

Note: IOAs – Information Asset owners
IAAs – Information Asset Administrators
PPP – People, Planning and Performance Committee
IGSC – Information Governance Sub-Committee
C-PiP – Caldicott in Practice Assessment Tool

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
WAO Section: Disaster Recover/Business Continuity					
R4 Develop business continuity plans for key clinical depts and ensure these exist for all other clinical/non-clinical depts **Supplementary R4** Formally document business continuity plans relating to Health Edge, Theatreman and Maternity Systems		Agreed - see R1	Director of Planning (coordination)/Relevant DMs (implementation) **Supplementary R4** Directorate Manager – Surgical Support (Health Edge/ Theatreman) Interim Directorate Head of Operations and Delivery (Maternity)	Appoint EPO and commence work on action plan by March 2016 **Supplementary R4** Appoint EPO and commence work on action plan by March 2016	**June 2018** A follow-up review of BCP was completed in line with the Internal Audit plan and agreed the relevant lead is the Exec Director of Planning. Continued monitoring of the recent approved audit will be

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Cardiff and Vale University Health Board June 2018
Audit Assurance Review Plan

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
					undertaken via the audit committee. The director of Ops will continue to prioritise and improve compliance.
R6 Test BC plans regularly to ensure they operate as intended and adequately support continued clinical service provision within and across depts		Agreed - see R1	Clinical systems - Director of Planning (coordination) /Relevant DMs (implementation)	Appoint EPO and commence work on action plan by March 2016	As Above
R7 Identify from testing of the BC plans and manual procedures the effect on quality, cost and timeliness of clinical service provision of utilising manual processes to inform future continuity planning		Agreed - see R1. Impact of failure in the event of downtime lasting a range of periods is documented in individual IM & T hosting and backup HBAs. The feasibility of using manual systems is usually considered in this process. However, more comprehensive narrative needed in BC plans.	Clinical systems - Director of Planning (coordination)/Relevant DMs (implementation)	Appoint EPO and commence work on action plan by March 2016	As Above

Cardiff and Vale University Health Board **June 2018**
Audit Assurance Review Plan

Specialist Services Patientcare IT System Audit 2016/17

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
R2 Inappropriate access to system / data. **The system provider should ensure that the database is kept up to date and maintained appropriately.**	**High**	The system provider has worked with IT services and the clinical service to move the software onto a virtual environment and necessary upgrades undertaken to increase resilience of the application. The Directorate have worked closely with procurement to develop a more comprehensive SLA.	Sarah Lloyd	Discuss with procurement and Eldrix (supplier) System now running on latest software and hardware. SLA currently in place for 2017/18.	**Complete** Procurement have renegotiation the terms of the SLA with Eldrix.
R4 Loss of processing / data. **A formal business continuity and disaster recovery procedure should be developed.** **Detailed system documentation should be provided or held in escrow as part of this process.**	**Medium**	The directorate has developed a business continuity and disaster recovery plan in conjunction with the emergency preparedness manager for the Patient care database. This work form part of the wider plans for Directorates to develop business continuity plans for all IT systems in use across services. IT services have a business continuity plan which describes the server disaster recovery plans, which includes Patientcare.	Sarah Lloyd	July 2017 **Complete** A formal Business continuity Plan has been developed in conjunction with the UHB emergency preparedness manager. The system has recently been	**Partial Complete** Escrow has not been progressed

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10.1

Cardiff and Vale University Health Board June 2018
Audit Assurance Review Plan

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
		It should be noted that if there was a loss of the data held within the database there would be no effect to patient care as all clinical information is held on Clinical Portal and in patient notes. The potential for escrow will be explored as part of the new contractual arrangements. The user group and IT services to explore the merits of escrow.		moved onto a virtual environment and necessary upgrades undertaken to increase resilience of the application.	
R5 Although backups are taken, there has been no test of these to ensure their integrity. **The backups should be tested on a periodic basis.**	Medium	Since the last review the Cardiff & Vale UHB IT Department have confirmed that regular backups are taken. These backups are in line with its veeam based automated integrity checked recovery system. The supplier has confirmed they review the content of these back-ups for omissions and errors. Having migrated the system to a virtual server and upgraded the software, the next steps are for the service, IT department and supplier to agree a timeframe for a backup test.	Sarah Lloyd	June 2017	**Partial Complete** Having renegotiated the SLA the service, IT department and supplier to agree a timeframe for a backup test. Aiming for completion in Q2.

ICO AUDIT – FOLLOW UP VISIT
Name of Meeting : Information Technology and Governance Sub Committee **Date of Meeting**: 13 June 2018

Executive Lead : Director of Public Health / Deputy Chief Executive
Author : Senior Manager Performance and Compliance
Caring for People, Keeping People Well: This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.
Financial impact : Well documented systems of work improve and maintain efficiency, reduce risk and the potential for legal action.
Quality, Safety, Patient Experience impact : Well trained staff following well documented systems of work provide services that reduces risk and improves the patient experience.
Health and Care Standard Number 3.4 & 3.5 **CRAF Reference Number** 8
Equality Impact Assessment Completed: Not Applicable

RECOMMENDATION

The Information, Technology and Governance Sub Committee (ITGSC) is asked to:

- **NOTE** this update on action taken by the UHB following the ICO's audits of compliance by the UHB with the Data Protection Act 1998.

10.2

SITUATION

This paper updates the report submitted to the last meeting of the Committee in relation to action taken following the ICO's audits of UHB compliance with the Data Protection Act (DPA) 1998.

BACKGROUND

The ICO has carried out 2 audits of compliance by the UHB in relation to the DPA 1998.

An update with summary details of remedial action taken was presented to the last meeting of the Committee. It highlighted that, in the light of comments made by the ICO in its second audit, the completion status of some items had been downgraded.

ASSESSMENT

The period subsequent to the last meeting has been dominated by preparation for the introduction of the General Data Protection Regulation (GDPR) on 25 May 2018. GDPR is covered in detail in a separate report to the current meeting. It is important to stress that GDPR essentially paved the way for the Data Protection Act 2018. This built on and superseded DPA 1998 and has now received Royal Assent with the majority of its provisions also coming into effect on 25 May 2018. It follows that, by laying the groundwork for GDPR/DPA 2018, the UHB has by definition made further progress in terms of implementing the action plan agreed with ICO.

Key areas of progress (corresponding sections of the ICO action plan are shown in brackets), as described in more detail in the GDPR update paper, are:

- Improved staff awareness of relevant legal requirements via GDPR awareness sessions and production of Podcast (A4, A5, A7).
- Greater engagement with Clinical Boards and Corporate Depts (A4, A9, A10, A12)
- Updated privacy notices for the public and staff. These set out the legal basis for the UHB to process personal data relating to its patients and staff.
- Updating of agreements with third parties to formalise responsibilities relating to the handling of Patient Identifiable Data (PID)

In summary, therefore, the UHB continues to strengthen its Information Governance infrastructure in line with legislative requirements. Progress is therefore being made in terms of implementing the agreed action plan. However, further work is required to implement all agreed actions. Progress will be continue to be monitored by the Information Governance Executive Team.

RECOMMENDATION

The Information Technology and Governance Sub Committee is asked to:

- **NOTE** this update in relation to progress made following the last report to the Committee in relation to the action plan agreed with ICO following its audit of UHB compliance with the DPA
- **NOTE** that a further update in this matter will be submitted to the next Committee meeting as part of the formal report of the Information Governance Executive Team.

CALDICOTT GUARDIAN REPORT
Name of Meeting : Information Technology and Governance Sub Committee **Date of Meeting**: 13 June 2018

Executive Lead : Medical Director/Caldicott Guardian
Author : Senior Manager, Performance and Compliance
Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.
Financial impact : There are significant potential financial implications in relation to this work. The Information Commissioner has powers to fine organisations that are in breach of the law and through their acts or omissions materially harm or damage individual. The levels of fine can reach 20 million Euros and the ICO now has the right to undertake mandatory audits on NHS organisations. This does not exclude the ability for individuals to take legal action against the organisation in respect or harm or damage both as a result of physical or psychological harm or reputational harm.
Quality, Safety, Patient Experience impact : The content of this report directly impacts significantly on the quality, safety and experience of our patients and their families.
Health and Care Standard Number 3.4 & 3.5 **CRAF Reference Number** 8
Equality and Health Impact Assessment Completed: There are no equality and diversity implications; equality and diversity is a standard being self- assessed as part of this process.

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Reports detailing updated actions.

The Information, Technology and Governance Sub Committee is asked to:

- **NOTE** updates relating to
  - Digitalization
  - Records Destruction
  - Restricted Access to Central Medical Records Libraries
  - Medical Records Library
  - Delays in Subject Access Sign Off
  - Decommissioning of Whitchurch Hospital/Lansdowne Hospital
  - 2017/8 Caldicott Principles in Practice (CPiP) Assessment

11.1

SITUATION

As with previous reports the bulk of the matters presented below have been drawn from meetings at the Medical Records Management Group supplemented by related discussions as appropriate.

BACKGROUND

The Information Governance Sub Committee previously received information on matters that come under the remit of the Caldicott Guardian. This report continues this process.

ASSESSMENT

i) Digitalization of the health record

In respect of the paper care record, the strategy remains to invest in digitization, whilst emphasizing the need for good practice in the use and management of paper records. To this extent the PMS development team is part way through updating the Clinic Outcome Module (COM), of PMS to incorporate the 'core clinical information model', which should minimise the need for paper in the outpatient setting. (This will also support other requirements). It is anticipated that a large proportion of the inpatient record will be digitized on completion and impletion of the national nursing documentation project. Mental health and community services are largely paperless, being heavy users of the PARIS system

ii) Records Destruction

The destruction of medical records after they have been digitised needs to be undertaken in a consistent manner as there is still variation between Clinical Boards. A formal response has now been received from the NWIS Medical Director with clarification of his recent statement that electronic records should be kept in perpetuity as reported to the last Committee meeting. The operational implications of this will be considered at the meeting of the Information Governance Executive Team on 27 June 2018 and reported to the Committee at the next meeting.

iii) Restricted Access to Central Medical Records Libraries

The Medical Records Dept is working with Urology to undertake a 60 day pilot project to understand the benefits of restricting access to its filing libraries. This will commence following the completion of a new reception area at Medical Records, UHW (anticipated June / July). This will enable a "click and collect" service (see item iv) and identify what resources are required to expand and sustain it.

iv) Medical Records Library

Planning documentation associated with restricted access to medical records libraries managed by the Patient Administration Dept is awaiting sign off as part of the IMTP planning cycle.

The area will be secured and will be on “lock down”, with access to frontline medical records filing library staff only. It will be monitored with regard to all medical records received and removed from the department, plus benefits associated with streamlining the collection and drop off process. This will result in a more effective service enabling the retrieval of records to be managed more efficiently and timely. The intention is to manage requests similar to a “click and collect” service. There remains however, some urgent resource issues to be resolved within Clinical Boards. The possibility of seeking funding via the Transformation Group is under consideration.

v) Delays in Subject Access Sign Off

Updated procedures to facilitate the sign off of subject access requests in line with the reduced 1 month deadline under GDPR have been agreed by HSMB.

vi) **Decommissioning of Whitchurch Hospital/Lansdowne Hospital**

An extended sweep of Whitchurch has been undertaken, but there are personal safety issues with regard to accessing the hospital. Approximately 20 areas have already been cleared but it is disappointing that a number of departments have left some medical records behind. This problem is compounded by the fact that some of this material will be difficult to catalogue due to degradation and thus will need to be disposed of.

It is anticipated that there should not be any medical records in the Treasury Building at Lansdowne Hospital. The building is currently being checked for asbestos and this could result in a 10 week delay.

Whilst the offsite records storage facility at Treforest is vital for the storage of records from decommissioned locations such as the above, it will need to be carefully managed to ensure that sufficient capacity is available there to stores records that no longer need to be stored at the UHB’s main sites. CD&T are in discussion with other Clinical Boards as to a centrally managed solution for Treforest on an allocative basis.

vii) 2017/8 Caldicott Prinicples in Practice (CPiP) Assessment

Cardiff and Vale University Health Board (the UHB) is required to complete a Caldicott Principles in Practice (CpiP) self assessment exercise each year to provide assurance that continuous improvement is made.

Final position 2016/17 indicated a compliance rate of 60%. Which equated to a 3 star.

The updated position February 2018 indicates an improved position from 60% to 70% which remains within the same rating even though an improved score.

***	51-75%	Your responses to the assessment demonstrate a satisfactory level of assurance of information governance risks although there are some significant weaknesses which you should address.

The responses given to inform the February 2018 assessment have been reviewed based on current practice in the areas where less than 100% score was achieved as set out in Addendum 1.

On review it is felt there has been no material improvement in arrangements in any of these areas that would have warranted upgrading any of the ratings. The 70% score for 2017/8 therefore still stands.

A mid year 2018/9 CPIP assessment will be undertaken and presented to the relevant meeting of the Committee to review progress.

CALDICOTT PRINCIPLES IN PRACTICE – FEBRUARY 2018 – SCORES OF LESS THAN 100%

- Do mechanisms and guidelines exist to ensure that any decision taken by a patient or service user to restrict the disclosure of their personal information are appropriately respected?
- Is information risk management included in the organisation's wider risk assessment and management framework?
- Does the organization have formal contractual arrangements with all contractors and support organisations that include their responsibilities in respect of information security and confidentiality?
- Does the organisation ensure that all new services, projects, processes, software and hardware comply with information, security, confidentiality and data protection requirements?
- Does the organization have a Business Continuity and Disaster Recovery Plan?
- Do you tell patients and service uses about the ways in which their information will, or may, be used?
- Does your organization have a mechanism for addressing Information Governance for new staff as induction?
- Have you conducted an analysis of information governance training needs?
- Do you provide information governance training to staff, other than at induction?
- What percentage of your staff have undertaken an Information Governance training session?
- Have information flows been comprehensively mapped and has ownership for information assets been established?
- Is there awareness of the organisation's responsibilities when transferring personal data outside of the EEA?
- Does the organization have a strategy to ensure the correct NHS number is recorded for each active patient and service user, and that is used routinely in clinical communication?
- Does the organization have documented procedures on the identification and resolution of duplicate or confused paper and electronic records for patients and service users
- Does the organization have processes and procedures in place to enable it to regularly, monitor, measure and trace paper health records?
- Has the information made progress with encryption of devices containing personal identifiable information (PII) in line with the Encryption Code of Practice for NHS Wales Organisations (2009)?
- What controls are in place to restrict staff access to patient/service user identifiable information?
- Are there physical access controls in place for relevant buildings?
- What password management controls are in place for information systems that hold patient/service user information?
- Has the organization established appropriate confidentiality audit procedures to monitor access to person identifiable information?

- Does the organization have appropriate policies in place to cover risks associated with off-site working using electronic and manual records containing person identifiable information PII?

Agenda item xxx Caldicott Guardian report addendum

INFORMATION GOVERNANCE INTEGRATED REPORT
Name of Meeting : Information Technology and Governance Sub Committee **Date of Meeting:** 13 June 2018

Executive Lead : Director of Public Health/Deputy CEO
Author : Corporate Governance Senior Information and Communication Manager
Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.
Financial impact : The Information Commissioner has powers to fine organisations that are in breach of the law and through their acts or omissions materially harm or damage individual. The levels of fine can now reach a maximum of 20 million Euros. The ICO now has the right to undertake mandatory audits on NHS organisations. This does not exclude the ability for individuals to take legal action against the organisation in respect or harm or damage both as a result of physical or psychological harm or reputational harm.
Quality, Safety, Patient Experience impact : The content of this report impacts on the quality, safety and experience of our patients and their families. It also has the potential to impact adversely on the reputational standing of Cardiff and Vale University Health Board and the confidence our community has in us if we are not honest with patients and families when things go wrong or fail in our opportunity to learn and put things right. The management of data and personal information is fundamental to providing a quality service and exemplary patient experience.
Health and Care Standard Number 3.4 & 3.5
CRAF Reference Number 8
Equality and Health Impact Assessment Completed: There are no equality and diversity implications; equality and diversity is a standard being self- assessed as part of this process.

11.2

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Reports detailing compliance against legislative requirements.

The Information Technology and Governance Sub Committee is asked to:

- **RECEIVE** and **NOTE** a series of updates relating to significant Information Governance issues .
- **NOTE** that the Information Governance Executive Team will shortly be considering the use of Key Performance Indicators to rationalize the production of IG performance information going forward

SITUATION

This report 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 Information Technology and Governance Sub Committee (ITGSC) on how the UHB has complied with the obligations of each piece of legislation that satisfy the information governance requirements.

BACKGROUND

Cardiff and Vale University Health Board (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), General Data Protection Regulation (GDPR) and the Freedom of Information Act 2000 (FOI).

Quarterly reports are produced for the ITGSC to receive assurance that the UHB continues to monitor and action breaches of the Data Protection Act (DPA) and that FOI requests and DPA 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**

The current reporting period has coincided with unforeseen staffing decreases in the IG staffing department alongside the time required for the implementation of GDPR on 25 May 2018 (separate report refers). Both have inevitably impacted on performance in relation to some metrics and the delivery of IG work generally. Temporary measures have been put in place to support the IG function alongside some medium term plans.

2. **Data Protection Act – Serious Incident Report**

Date reported: 01/03/2018:28/05/2018

During this period 254 incidents were reviewed of which
109 did not have any IG issues and were closed by IG.
59 did have an IG issue and were assessed using a risk rating scale.

Of the 59 confirmed IG incidents, 24 were due to inaccurate information (DPA 1998 Principle 4) and 46 due to Security of information (DPA 1998 Principle 7) nb some incidents related to both.

A further 86 incidents still need to be categorized.

3. Freedom of Information Act

The 20 day compliance rate for quarter 4 was 65%. This can be broken down as follows:

Table 1:

Total received	143	
Response <=20 days	93	65%
Response >20 days	28	19.6%
Withdrawn / awaiting clarification	5	3.5%
Response outstanding	17	11.9%

.

This is disappointing given that 99% compliance was achieved in quarter 3. The compliance will deteriorate further in quarter one of 18/19 and begin to improve in quarter 2. The lack of resilience in the IG team has been exacerbated by an unforeseen sickness absence which required the Department to put in further interim measures. These arrangements needed time to "bed in." The trajectory is once again improving. Schedules of contacts for the processing of FOI requests are also being updated which should speed up processing by reducing the need to re-direct requests sent to the wrong person. Alongside this work to update the FOI disclosure log on the UHB website and the associated database is required (not yet scheduled).

11.2

4. Subject Access Requests Processed

4.1 Health Records requests March to May 2018

	March	April	May	
Total Requests	248	214	260	Open and Closed requests received in that month
Requests Closed over 40 Days	50	81	105	All records closed in the month greater than 40 days
Average Close Time	36	44	43	Average closed in month. Not all requests opened in month will be closed by end of month.

% age of Requests Closed within 40 Days	73%	62%	60%	All records closed in that month 40 days or less

The SAR request times have begun to stabilise and with plans in place we expect trajectories to begin to improve in quarter 2 . However this is dependent on the introduction on GDPR not resulting in an additional workload.

4 .2 Non Health Records

There were a total of **5** subject access request submitted for non-health records January – May 2018. 4 responses were issued within the statutory 40 day time limit and 1 with a due date of 30th June

It should be noted that under GDPR for all SARs received on or after 25 May 2018 the processing time limit reduces to one month.

5. Compliance Monitoring/NIIAS

The UHB continues to audit the appropriate use of systems, adopting both routine monitoring reporting and targeted review.

Work is progressing to monitor all incidents at all levels using e-Datix incident reporting system.

This subject is also covered in the paper on “Sensitive Incidents” in the private part of the meeting.

ANNUAL SELF ASSESSMENT
HEALTH AND CARE STANDARDS

S **Situation**	As part of its governance arrangements, the UHB is required to assess compliance in relation to the new Health and Care Standards (HCS). This paper reviews ratings in relation to HCS 3.4 Information Governance and Communications Technology (IG and ICT)
B **Background**	**Please Confirm the rating from the following definitions** **IT – Getting There**
A **Assessment**	Last year individual CB submissions were reviewed against the specific criteria to ascertain the extent to which relevant evidence is available to substantiate the above ratings. The emerging picture was one of a general improvement with all CBs evidencing that delivery of core business activities is being enhanced by the use of electronic solutions. Assurance can be drawn from evidence such as the following: **IT** • Significant progress being made in the use of national product WCP which includes MTeD, e-Referrals and Electronic test requesting. • 80% of the UHB Referrals are now being processed electronically. The remaining 20% includes Mental Health and Community Services which is currently being reviewed. • Significant progress being made in the completion of IT audits providing particular assurance in relation to Business Continuity • A review of all Clinical Boards Service Level Agreements (SLA) in relation to core system used within their service in underway and will support the development of the BC plans • The IT Work plan reflects the Clinical Boards IMTP IT requirements. • e-Training for core system is currently being developed such as PMS and modules of PMS (WCW, EU Workstation etc.) • Continued development of PMS/ WCW/ EU is progressing • PCIC & Mental Health CBs continues to expand PARIS based mobile platforms thus minimising paper records thus reducing problems such as misplaced records etc.

SBAR to present Standards for organisational level sign off by Execs/IMs

	In recognition of the above the **"Getting There"** rating previously suggested by the majority of Clinical Boards is agreed. It is also recognised that upgrading of this rating to "Meeting the Standard" appears to be well within the scope of all CBs completion of all BC plans will support the delivery of 'Meeting the Standards' as it requires the CB to recognise the electronic system they uses within their clinical and business areas.
R Recommendation	**IM & T** • Clinical Boards should continue to work closely with the UHB Emergency Planning Officer whose remit includes coordination of Business Continuity Plans. This is an area where further attention is still required to ensure that CBs can ensure continuity of core business delivery in the event of temporary IT system failure. It should be noted that further progress has been made at corporate IT level to "keep the lights on" i.e strengthening of infrastructure. However continued investment in line with agreed plans will be required to ensure resilience of IT systems and counter Cyber secutiry threats. • Implementation of the IMTP workplan including national and local IM&T Projects continues in line with plan and resources assured via ITGSC. • Co-ordination of IT assurance process in under continued review via the ITGSC.

ANNUAL SELF ASSESSMENT
HEALTH AND CARE STANDARDS

S **Situation**	**Standard: 3.4** **Corporate Assessment**
B **Background**	**Please Confirm the rating from the following definitions*:*** **Information Governance (IG) – Getting There** **Information – Getting There**
A **Assessment**	**Provide 250 words (<u>maximum</u>) to give necessary contextual narrative** **IG** Progress in response to the ICO's assessment of compliance with the Data Protection Act (DPA) 1998 and in preparation for the implementation of the General Data Protection Regulation (GDPR) on 25 May 2018 has focussed on having the infrastructure in place to minimise non compliance in greatest areas. The following documents are attached in substantiation of the above statements: DPA – key action plan developments (submitted to the Information Technology and Governance - (ITGSC Sub-Committee meeting on 6 March 2018). GDPR –report of Information Governance Executive Team i.e. operational arm of the ITGSC re IG matters to ITGSC on 6 March 2018). The following give insights into the above • Current level of mandatory IG training = 70% • Corporate Information Asset Register including all systems and servers held by UHB in place, and departmental IARs available in approx. third of settings • Information Asset Owner and Administrator model (central pillar of ICO DPA audit action plan) exists

11.3

SBAR to present Standards for organisational level sign off by Execs/IMs

	in Clinical Boards/Corporate Depts to varying degrees. The absence of a focal point for the dissemination of IG related information places these areas at a significant disadvantage in terms of keeping up to date in an area where change is occurring rapidly. • Whilst there have been some examples of poor practice and lack of knowledge of IG requirements across the organisation (use of What's App and entry into data processing agreements with third party organisations that do not provide adequate safeguards to the UHB), more requests for support and sign off are going through corporate IG and actions are taken when lessons can be learnt, including publication of "12 Commandments" (see "Recommendation" below and release of a new DPA. • There have been several instances of non-compliance with Section 55 of the DPA (i.e. inappropriate access to personal data) by staff despite the requirement to attend mandatory IG training that required notification to the ICO. **Information** • The level of use of the UHB's Business Intelligent (BI) system and associated dashboards continue to be both improving and encouraging, with increasing functionality for, and consequently uptake by clinicians. We now have 31 information sources feeding into the warehouse and much enhance functionality by upgrading our business intelligence solution. • IT department have built a natural language toolkit for coding unstructured clinical text into Snomed-CT codes, this has been validated by coding department and is being rolled out, with referrals already completed. • Coding has maintained levels above 95% completion and came top in the NWIS audit of accuracy. • The depth, coverage and use of information and analysis has greatly improved and is becoming ingrained across directorates.

11.3

SBAR to present Standards for organisational level sign off by Execs/IMs

R **Recommendation**	The following improvement actions have been identified as key deliverables for 18/19 **IG** Awareness of key IG issues needs to be strengthened and continued to be mainstreamed at all levels. This includes to the development of a podcast to promote awareness of the "12 Commandments" designed to promote awareness of key issues relating to IG (re GDPR) and IT Security (re the implementation of the EU Directive on security of Networks and Information Systems (NIS) which also comes into effect in May 2018). The aim is to present this information in a visually compelling way in operational settings that users can relate to. **Information** • Continue to grow the availability of accessible live dashboards containing clinical information • Strengthen the support for primary and community care services and the transformation programme including data acquisition, BI reporting and analysis • Development and roll out of digitised clinical information model • Coding of mental health and outpatient activity

11.3

SBAR to present Standards for organisational level sign off by Execs/IMs

AGENDA ITEM 11.5d

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

IM&T CAPITAL REPORT

Executive Lead : Executive Director of Therapies and Health Science
Author : Assistant Director of IT
Caring for People, Keeping People Well : This report underpins the Health Board's Sustainability, Services for our Population and Service Priority elements of the Health Board's Strategy, as well as supporting our core values
Financial impact : Effective system level IT Infrastructure life cycle management processes are costly. The UHB does not have sufficient predictable capital or revenue funds to consistently deliver IT Infrastructure management processes to the required standard. It is heavily reliant on adhoc funding for IT Infrastructure replacement. There is a need to review how capital is allocated to IT, if we are to become a digitally enabled organisation.
Quality, Safety, Patient Experience impact IT failure is a significant risk, and one that requires business continuity planning. All Clinical Boards and service departments are required to have BC plans in place.
Health and Care Standard Number 3.4 and 4.2 CRAF Reference Number 6.8
Equality Impact Assessment Completed: Not Applicable

11.4

REQUIREMENT: The Information, Technology and Governance Sub-Committee (IT&GSC) is asked to:

- **NOTE** The planned allocation of £250K in relation to IT 2018/19 "Keeping the lights" on programme
- **NOTE** The proposed requirements going forwards in the light of increasing risks (including Cyber security and the rapidly increasing size and reliance on IT Infrastructure).
- **NOTE** The proposed plans for future appropriate local and national allocations on a risk based prioritised basis.
- **NOTE** the requirement to bring an impact analysis in relation to the level of funding available to a future Capital Management Group.

SITUATION

It was reported at the last CMG the IT Department has updated and refreshed its IT Infrastructure Sustainability Programme outlined at appendix 2.

AGENDA ITEM 11.5d

BACKGROUND

An allocation of £250K for Infrastructure replacement has been confirmed in relation to the outlined prioritised requirements of £2,130,000 for 2018/19 in appendix 1

ASSESSMENT

In some previous years there has been a much higher discretionary allocation than the current £500K. Additionally previous years have seen additional slippage allocations from Welsh Government, largely linked to end of year ad hoc capital slippage.

This is set against a rapidly evolving and increasing requirement. The more devices an organisation has, the higher the demand for licencing and replacement. An indication of this requirement can be seen in the figures below which show the position across Wales in terms of the number of access devices in Health Boards. These include PCs, Laptops, Netbooks for Community staff, mobile connectivity etc. and give an indication of an organisations reliance on IT:

- CAV 11,000
- ABMU 10,000
- AB 8,500
- CT 6,000
- HDD 6,800
- WAST 1,500

11.4

The IT Department, “keeping the lights on spend” requirement for 2018/19 is broken this down using a risk prioritisation against the following spend requirements.

- Priority one £730K
- Priority two £800K
- Priority three £600K

The Appendix 1 details the spend by the three priority areas

On the basis of this analysis and the currently available £250K Discretionary Capital it has been agreed that we will move ahead with our top priority items in line with available funding as follows:

- Virtual Servers £140K
- GBICS £20K
- Network £90K
- **Total** **£250K**

AGENDA ITEM 11.5d

Work has commenced on procurement and implementation plans to take forward these projects in order that they can deliver early in the Financial Year.

Given this low allocation it has been agreed that a reserve of £500k will be held to offset potential failures later in the year.

APPENDIX 1

Priority One				
Detail	**Cost**	**Comments**	**Risk**	**Priority**
PC;s/Laptops	£140k	Allocation, for when a PC breaks, please note that using "old equipment" puts a greater pressure on the UHB Help Desk	Failure of a PC 1. Will be provided with a new PC from stock 2. PCs are in their 7th year of operational and will be "slow" to respond to both Business and Clinical Applications 3. The stock supply will "run-out" 4. The PCs will not be able to be upgraded to Windows 10 in three years 5. Places the HB at increasing risk of a successful cyber-attack. Successful cyber-attacks on PC's create potential launch points for damage to centralised data systems which if also breached will impact GDPR and the NIS Directive which carry statutory/mandatory fines of up to €20M.	Seven
Data Network	£220k	To replace the CISCO 3750's that are end of life and cannot be "software patched" if/when a "virus" is developed, creating a possible/probable major risk to the UHB.	Failure of a Switch(s) 1. Will be provided with a new switch(s) from stock, when a failure, however this will have a major impact of the Clinical and/or Business users in that area, resulting in downtime for a number of hours 2. Places the HB at an increasing risk of a successful cyber attack 3. Places the HB at increasing risk of a successful cyber-attack. Successful cyber-attacks on PC's create potential launch points for damage to centralised data systems which if also breached will impact GDPR and the NIS Directive which carry statutory/mandatory fines of up to €20M.	Three
GBICS	£20k	The GBICS are the device that connects the Fire-optic cable to the data switch and when they fail require replacement	Failure of a GBIC 1. Will be provided with a new GBIC(s) 2. The stock supply will "run-out"	Two

Capital Management Group 19th March 2018

AGENDA ITEM 11.5d

			3. The switch(s) will simply not work or at best have no resilience having an impact on Clinical and/or Business users	
Virtual Server Farm	£150k	The replacement of 3 EoL Vhost Servers, software operating systems and backup licences. The HB maintains all Server Infrastructure within Virtual Server Farms. Each host supports large numbers of departmental servers and application services.	Failure of Virtual Server Hosts will : 1. Result in down time and system failure on a significant number of departmental server instances per failed vHost. 2. Impact clinical and/or business delivery of those services 3. Places the HB at increasing risk of a successful cyber-attack. Successful cyber-attacks on PC's create potential launch points for damage to centralised data systems which if also breached will impact GDPR and the NIS Directive which carry statutory/mandatory fines of up to €20M.	One
Tape Drive/ and Licences	£50k	Replace the EoL Tape Drive	Failure of existing EOL Backup infrastructure will : 1. Result in an inability to backup all clinical and business data. 2. Failure to backup all systems in appropriate timescale will result in loss of data where recovery is required and seriously impact the HB's ability to upgrade systems 3. Breach of various national guidelines including directives from the WAO.	Six
Storage	£125k	200Tb of additional Storage. This storage supports the continually expanding use demands on the Health Boards many Services Departmental Applications – both clinical and business applications	Failure to keep step with storage demand will : 1. Result in clinical and/or business service failure due to an inability to store new data 2. Potentially impact finances where impact is business related (including reputational). 3. Impact delivery of patient care where impact is clinical 4. Places the HB at increasing risk of a successful cyber-attack. Successful cyber-attacks on PC's create potential launch points for damage to centralised data systems which if also breached will impact GDPR and the NIS Directive which carry statutory/mandatory fines of up to €20M.	Four

11.4

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AGENDA ITEM 11.5d

SQL Licences	£25k	To be allocated to the highest priority applications that require upgrading.	Failure to replace out of support business software: 1. Is in breach of National (UK and Wales) software usage rules and regulations 2. Places the HB at increasing risk of a successful cyber attack – through hacking 3. Should a successful hack occur then the HB will be in breach of the GDPR/DPA and NIS Directive and as such subject to statutory/mandatory and significant fines of up to €20M 4. Successful hack will place the whole ICT infrastructure within CAV at risk	Five
Total	**£730K**			

11.4

AGENDA ITEM 11.5d

Priority Two			
Detail	**Cost**	**Comments**	
Virtual Server Farm	250k	The replacement of 5 EoL Vhost Servers, software operating systems and backup licences.	Failure of Virtual Server Hosts will : 1. Result in down time and system failure on a significant number of departmental server instances per failed vHost. 2. Impact clinical and/or business delivery of those services 3. Places the HB at increasing risk of a successful cyber-attack. Successful cyber-attacks on PC's create potential launch points for damage to centralised data systems which if also breached will impact GDPR and the NIS Directive which carry statutory/mandatory fines of up to €20M.
Backup Infrastructure	150k	The Health Boards backup infrastructure manages an increasing load year on year as Clinical and Business Applications System Data Grows. Keeping the lights on therefore requires both replacement for EOL hardware and growth in backup capacity. This cost covers replacement of one EOL tape robot and increased backup capacity on Veeam arrays.	Failure to adequately provide backup infrastructure will : 1. Result in an inability to backup all clinical and business data. 2. Prevent recovery of systems in the event of Departmental application failure 3. Places the HB at increasing risk of a successful cyber-attack. Successful cyber-attacks on PC's create potential launch points for damage to centralised data systems which if also breached will impact GDPR and the NIS Directive which carry statutory/mandatory fines of up to €20M.
Data Centre Infrastructure	35K	Replace UPS Batteries and 4 Air Condition Units. This infrastructure supplies assured power and cooling to the datacentres. It is important to note that failure in either of these two environmental needs will impact all ICT infrastructure within the impacted Datacentre. This includes all vHosts, all Backup and all storage infrastructure, and network switches. At a minimum this will shorten lifespan of infrastructure within that data centre and in many cases result in total loss of equipment.	Failure to adequately maintain the environment within the Data Centres will : 1. Create long term damage to vHost and storage infrastructure with concomitant increase in costs over time. 2. Impact all clinical and business systems running within that Data-centre. 3. Impact ability to deliver business and clinical care within the HB.

11.4

AGENDA ITEM 11.5d

			4. (As of May 2018) Place the HB in breach of the NIS Directive and as such subject to statutory/mandatory and significant fines of up to €20M.
Data Network	£100k	To replace the CISCO 3750's that are end of life and cannot be "software patched" if/when a "virus" is developed, creating a possible/probable major risk to the UHB.	Failure of a Switch(s) 1. Will be provided with a new switch(s) from stock, when a failure, however this will have a major impact of the Clinical and/or Business users in that area, resulting in downtime for a number of hours 2. Places the HB at increasing risk of a successful cyber-attack. Successful cyber-attacks on PC's create potential launch points for damage to centralised data systems which if also breached will impact GDPR and the NIS Directive which carry statutory/mandatory fines of up to €20M.
SQL Licences	£45k	To be allocated to the highest priority applications that require upgrading	Failure to replace out of support business software: 1. Is in breach of National (UK and Wales) software usage rules and regulations 2. Places the HB at increasing risk of a successful cyber attack – through hacking 3. Places the HB at increasing risk of a successful cyber-attack. Successful cyber-attacks on PC's create potential launch points for damage to centralised data systems which if also breached will impact GDPR and the NIS Directive which carry statutory/mandatory fines of up to €20M.
PC;s/Laptops	£120k	Allocation, for when a PC breaks, please note that using "old equipment" puts a greater pressure on the UHB Help Desk	Failure of a PC 1. Will be provided with a new PC from stock 2. PCs are in their 7th year of operational and will be "slow" to respond to both Business and Clinical Applications 3. The stock supply will "run-out" 4. The PCs will not be able to be upgraded to Windows 10 in three years 5. Places the HB at increasing risk of a successful cyber-attack. Successful cyber-attacks on PC's create potential launch points for damage to centralised data

11.4

AGENDA ITEM 11.5d

			systems which if also breached will impact GDPR and the NIS Directive which carry statutory/mandatory fines of up to €20M.
Total	**£8000k**		
Priority Three			
Detail	**Cost**	**Comments**	
Data Network	£200k	To replace the CISCO 3750's that are end of life and cannot be "software patched" if/when a "virus" is developed, creating a possible/probable major risk to the UHB.	Failure of a Switch(s) 1. Will be provided with a new switch(s) from stock, when a failure, however this will have a major impact of the Clinical and/or Business users in that area, resulting in downtime for a number of hours 2. Places the HB at an increasing risk of a successful cyber attack
PC;s/Laptops	£400k	Allocation, for when a PC breaks, please note that using "old equipment" puts a greater pressure on the UHB Help Desk	Failure of a PC 1. Will be provided with a new PC from stock 2. PCs are in their 7th year of operational and will be "slow" to respond to both Business and Clinical Applications 3. The stock supply will "run-out" 4. The PCs will not be able to be upgraded to Windows 10 in three years 5. Places the HB at increasing risk of a successful cyber-attack Successful cyber-attacks on PC's create potential launch points for damage to centralised data systems which if also breached will impact GDPR and the NIS Directive which carry statutory/mandatory fines of up to €20M.
TOTAL	**£600k**		

11.4

APPENDIX 2

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

IM&T
Data Network Voice Infrastructure
Desktops, Laptops and Netbooks

5 Year Plan

Keeping the Lights On

11.4

Start Period 2018/19 Financial Year

Capital Management Group 19th March 2018

AGENDA ITEM 11.5d

11.4

Capital Management Group 21st May 2018

1. Introduction and Background

This 5 Year plan identifies the costs of replacement of internal physical hardware associated with delivery of the Data Network, Voice Infrastructure, Desktops, Laptops and Netbooks Hardware for the period beginning 2018/19.

This plan only considers the End of Life of equipment as at February 2018 and doesn't include any uplift for new services (which would further increase the replacement demand).

All IT equipment is based on the US $ and the infrastructure is calculated on a $1.32 to the £1.00 exchange rate. Therefore, it is essential that as a minimum this document is updated on an annual basis with the prevailing exchange rate.

A reduction of 5% in the exchange rate US Dollar rate making it $1.254 would result in an increased cost to the 5 year plan of £1,014,161.

Please note, ALL costs include VAT at the current rate of 20%

This document includes a 2% annual increase in the Data Network, Voice Infrastructure, Desktops, Laptops and Netbooks Hardware for the period beginning 2018/19.

Subject Areas

The infrastructure areas under consideration are as follows :

1. Data Network Infrastructure
2. Wi-Fi Infrastructure
3. Voice Infrastructure
4. Desktops, Laptops and Netbooks
5. The following are excluded, from any costs included in this document
    a. Printers replacement
    b. Microsoft Software as the UHB has an Enterprise Agreement with Microsoft
    c. Clinical Board Business and Clinical Application Hardware and/or Software Replacement or upgrading

11.4

Desktops, Laptops and Netbooks Replacement Cost Plan

YEAR	PCs	Netbooks	Laptops	Screens		2% annual increase	Total Required
2018/19	1300	180	150	0	£896,321	£17,926	£914,247
2019/20	1400	180	150	1000	£1,050,038	£21,001	£1,071,039
2020/21	1300	180	150	0	£896,321	£17,926	£914,247
2021/22	1400	180	150	1000	£1,050,038	£21,001	£1,071,039
2022/23	1300	180	150	0	£896,321	£17,926	£914,247
2023/24	1400	180	150	1000	£1,050,038	£21,001	£1,071,039
TOTAL	**8100**	**1080**	**900**	**3000**	**10,080**		
Unit Cost inc VAT	£537	£600	£600	£100			
Total	**£4,351,077**	**£648,000**	**£540,000**	**£300,000**	**£5,839,077**	**£116,782**	**£5,955,859**

AGENDA ITEM 11.5d

Recognising that with the limited Capital available, and a concomitant inability to meet the demand there is a need to "rethink" the strategy in order to prioritise against highest risk. This will require an interim move to 'replacement of failed/failing equipment'. It is critically important to note that this method of replacement is not sustainable in the mid to long term without creating a crisis point in the future (sudden failure of large volumes of equipment over a short period).

It is there proposed that

1. An allocation of 15% of the £914,427 2018/19 allocation, for when a PC breaks, (**note** that using "old equipment" puts a greater resource demand/pressure on the UHB Helpdesk).
2. An investment of £150,000 to evaluate "desktop Virtualisation", with the "move" to more "virtual space and Mobile working", and migration at a point in time to Microsoft 365.
3. Costs include a 2% annual growth factor

Data Network Infrastructure Replacement Cost Plans

YEAR	Data Network	Devices	Unit Cost	Total; cost	2% annual increase	Total Required
2018/19	*Data Switches*					
2018/19	29 series switches	32	£5,000	£192,000	£3,840	£195,840
2018/19	35 series switches	42	£5,000	£252,000	£5,040	£257,040
2018/19	37 series switches	313	£5,000	£1,878,000	£37,560	£1,915,560
2019/20	*Firewalls*	200	£1,000	£240,000	£4,800	£244,800
2020/21	*Data Switches*					
2020/21	3750V2 & X series switches	190	£5,000	£1,140,000	£22,800	£1,162,800
2021/22		0	£0	£0	£0	£0
2022/23	Core Network	0.5	£3,000,000	£1,800,000	£36,000	£1,836,000
2023/24	Core Network	0.5	£3,000,000	£1,800,000	£36,000	£1,836,000
2024/25	Data Switches	450	£5,000	£2,700,000	£54,000	£2,754,000
	GBICS	3000	£350	£1,260,000	£50,400	£1,310,400
Total					**£146,040**	**£11,512,440**

Recognising that with the limited Capital available, and a concomitant inability to meet the demand there is a need to "rethink" the strategy in order to prioritise against highest risk. This will require an interim move to 'replacement of failed/failing equipment'. It is critically important to note that this method of replacement is not sustainable in the mid to long term without creating a crisis point in the future (sudden failure of large volumes of equipment over a short period).

11.4

AGENDA ITEM 11.5d

It is therefore proposed that

1. An allocation of 10% of the £2,356,200 to replace the CISCO 3750's that are end of life and cannot be "software patched". It should be noted that this will create a possible/probable major risk to the UHB as malware capabilities evolve.
2. The GBICS are the device that connects the Fire-optic cable to the data switch and when they fail require replacement, therefore recommend an allocation of £50,000. An average cost is used for the GBICS the "long range" units are for example £1,500 each

Switchboard Infrastructure Replacement Cost Plan

YEAR	Switchboard	Device	Unit Cost	Total Cost	Total Required
2018/19	UHW/UHL/CRI	1	£225,000	£270,000	£270,000
2019/20	Small Sites	9	£8,000	£86,400	£86,400
2020/21	No EOL	0	0	0	0
2021/22	St David's	1	£60,000	£72,000	£72,000
2022/23	No E0L	0	£0	£0	£0
2023/24	UHW/UHL/CRI	1	£3,000,000	£3,600,000	£3,600,000
Total				**£4,028,000**	**£4,028,000**

1. The Mitel Switchboard that supports UHW, UHL, CRI, Rookwood, Lansdowne and Barry, the system requires urgent upgrade as the current level of software and hardware are to become unsupportable in 2018.

Wi-Fi Infrastructure Replacement Cost Plan

YEAR	Wi-FI Network	Device	Unit Cost	Total Cost	2% annual increase	Total Required
2018/19	No E0L	0	£450	£600	£37,536	£37,536
2019/20	No E0L	0	£450	£540	£37,536	£37,536
2020/21	Access Point 3600	166	£450	£89,640	£37,536	£127,176
2021/22	No E0L	0	£450	£540	£37,536	£37,536
2022/23	No E0L	0	£450	£540	£37,536	£37,536
2023/24	Access Point 1240	510	£450	£275,400	£37,536	£312,936
2023/24	Access Point 1830	97	£450	£52,380	£0	£52,380
2023/24	Access Point 2700	28	£450	£15,120	£0	£15,120
2023/24	Access Point 2800	1166	£450	£629,640	£0	£629,640
2023/24	Access Point 2801	700	£450	£378,000	£0	£378,000
2023/24	Access Point 3700	614	£450	£331,560	£0	£331,560
2023/24	Access Point 3800	13	£450	£7,020	£0	£7,020
2023/24	Access Point Controllers	5	£20,000	£120,000	£0	£120,000
2023/24	Access Point Licences	3500	£80	£336,000	£0	£336,000
Total		**3,128**			**£225,216**	**£2,459,976**

11.4

AGENDA ITEM 11.5d

Recognising that with the limited Capital available, and a concomitant inability to meet the demand there is a need to "rethink" the strategy in order to prioritise against highest risk. This will require an interim move to 'replacement of failed/failing equipment'. It is critically important to note that this method of replacement is not sustainable in the mid to long term without creating a crisis point in the future (sudden failure of large volumes of equipment over a short period).

1. With the recent investment form the Welsh Government the IT Department is replacing ALL of the UHB's EoL Wi-Fi access points and Controllers
2. Costs include a 2% growth factor that would normally be funded from the Estates Major Capital Programme.

IM&T
Server and Storage Team 5 Year Plan

Keeping the Lights On

Start Period 2018/19 Financial Year

AGENDA ITEM 11.5d

2. Introduction and Background

This 5 Year plan identifies the estimated costs of replacement of internal physical hardware associated with delivery of server infrastructure for the period beginning 2018/19.

Estimated costs include only the estimated requirements associated with replacement of EOL infrastructure. It does not include uplift for new services.

The costs estimated do not include any associated networking costs and infrastructure. It is assumed that these costs will be covered within the sibling reports produced by the Networks and also Helpdesk Teams.

Whilst the costs do not include uplift it is recognised that replacement of EOL hardware is with hardware at least 5 years newer than the original and that as such the hardware will be more performant than the replaced hardware. Whilst this might be taken to imply an automatic uplift it is also recognised that software suppliers place increasing demands on their software functionality to enable monitoring etc improvements. Typically a new server is therefore only capable of running equivalent new software to the same performance levels as the old server ran old software. In short there is therefore a functionality uplift but no capacity uplifts to be taken in to account.

Subject Areas

The infrastructure areas under consideration by the Server Team are as follows :

6. Server Infrastructure (including O/S)
7. Storage Infrastructure
8. Backup Infrastructure
9. Environmentals. This includes replacement of cooling and power protection UPS (etc..) but does not include Data Centre or Server Room uplift. Additional areas and cooling units (etc..) are not included.
10. MS-SQL replacement costs are not considered since the replacement of this software will be highly Service Department oriented. However, it is suggested that Health Board undertakes to review the current unsupported software status.

11.4

Server Replacement Cost Plans

	EOL Vhosts	Server Hardware	Server Software (O/S, Backup licences etc..)	total
2018/19	12	£420,000	£180,000	£600,000
2019/20	12	£420,000	£180,000	£600,000
2020/21	16	£560,000	£240,000	£800,000
2021/22	18	£630,000	£270,000	£900,000
2022/23	18	£630,000	£270,000	£900,000

Backup Infrastructure Replacement Cost Plans

AGENDA ITEM 11.5d

	Tape Drives (EOL Replacement)	Backup Disk Arrays	Management Servers	Licences	**Total**
2018/19	£40K (LT06)	£50K	£50K	£10K	**£150K**
2019/20	£90K (LT07)	£90K	£60K	£20K	**£250K**
2020/21	£90K (LT07)	£90K	£70K	£25K	**£275K**
2021/22	£100K (LT08)	£100K	£70K	£30K	**£300K**
2022/23	£100K (LT08)	£100K	£70K	£30K	**£300K**

Backup infrastructure requirements are more complex in terms of uplift. Whilst the displayed figures do not include a Service Department uplift (ie for new services) it does take in to account (within the constraint that it is an estimate only) that existing services will accumulate more data during the period. As such this cost estimates to include replacement of EOL infrastructure with infrastructure capable of backing up the same system list with higher anticipated data volumes.

Storage Infrastructure Replacement Cost Plans

	Disk Space	Cost including supporting Hardware
2018/19	400TB	£250K
2019/20	500TB	£300K
2020/21	750TB	£350K
2021/22	1000TB	£500K
2022/23	1000TB	£500K

11.4

Storage infrastructure requirements are also more complex in terms of uplift. Whilst the displayed figures do not include a Service Department uplift (ie for new services) it does take in to account (within the constraint that it is an estimate only) that existing services will accumulate more data during the period. As such this cost estimates to include replacement of EOL infrastructure with infrastructure capable of storing the same system list with higher anticipated data volumes.

Environmentals Replacement Cost Plans

Year	£
2018/19	£50K
2019/20	£50K
2020/21	£60K
2021/22	£60K
2022/23	£70K

AGENDA ITEM 11.5d

This costs allows for the replacement of on aircon unit in each of the four server rooms in each year. This will match the EOL requirements on a rolling program. Increased costs in years 3 and 5 reflect an anticipation that the prices will increase over time

It is to be noted that the aircon units are critical to the wellbeing of the HB's Server and Network infrastructure and must not be allowed to move beyond EOL

MS-SQL Replacement Cost Plans

The Health Board Departments utilise significant numbers of MS-SQL servers with licence requirements ranging from 4 licences for the smaller applications to 12 and more for the larger systems. Currently the Health Board maintains a number of systems that utilise past EOS (End of Support [equivalent to EOL]) versions of the database that are no longer secure but enforced due to the costs associated with upgrade of the relevant Departmental Applications. However, a program of work is underway to upgrade these systems as Departments are able and funding agreed.

These figures are therefore given as an indicative for the HB awareness. Costs identified are based on current licence costs. **It is to be noted** however that indicative costs for the future cannot be given because the costs of licences are extremely fluid. Additionally licences are subject to significant change over years with rules associated with their purchase sometimes becoming punitive and (for example only) potentially requiring older licences to be upgraded in order to use newer versions through consolidation imposed rules. As such the HB might want to consider purchasing licence early and in bulk whilst limitations are potentially less punitive.

Year	MS-SQL Licences at or Past EOL	Current Cost per Licence	Total Cost
2018/19	56 Licences (MS-SQL2005)	£1200	Circa £68K
2019/20	180 Licences (MS-SQL2008)	£1200	Circa £215K

11.4

Report from the Senior Information Risk Officer (SIRO) to IG / IT Sub-Committee meeting held on the 13 June 2018

1. Lead Responsibility for SIRO

At the current time the Director of Corporate Governance has responsibility for the SIRO for the UHB. Following discussions at the Information Governance Executive Team meeting, it has been agreed to transfer this responsibility to the Executive Director of Public Health. The Director of Corporate Governance will then take lead responsibility for General Data Protection Regulations (GDPR).

It is proposed that this change will take affect from 1st September 2018 to allow the new Director of Corporate Governance time to settle into this new role. (The person will start in the Health Board on 23rd July 2018)

Amendments will need to be made to the relevant sections within Standing Orders. This will also be reported to the Board meeting in July through the Chief Executives Report.

2. Non Clinical Information Group

The above group continues to meet with representatives from Corporate departments. Matters discussed include:

- Non – Clinical Records
- Management and Secure Storage
- Use of Faxes and assurances that they are not being in-appropriately used.
- ICO Action Plan
- Corporate Training for GDPR
- Implementation of the Records Management Policy
- Risk Register
- Security of Brecknock House
- Privacy Notice / Data Processing Agreements being prepared by Blake Morgan and their use.

3. Freedom of Information Appeals

The role of SIRO includes responsibility for considering appeals from individuals who were dis-satisfied with the response they have received from the UHB Freedom of Information Officer.

Since the last meeting of the Sub-Group there has been an appeal which was not being upheld.

4. Information Policy Reviews

In collaboration with the Information Governance Team work has commenced on reviewing the above and the need to prioritise these reviews. A further up-date will be provided to the next meeting.

5. NHS Wales SIRO Network

The above group has now met on several occasions and continues to develop close working relations with SIRO as a peer group and to exchange experiences and best practice.

6. Medical Records Storage / Work-plan Inspections

At a recent meeting of the Operational Health and Safety Group, the Chair of Staff-side (Health and Safety) reported on workplace inspections of medical records storage areas at UHW and UHL. In particular, he raised the amount of appropriate space available for records storage and requested that this be referred to the Health and Safety Committee lead for Clinical Boards to attend the next meeting of the Health and Safety Committee to update the Committee on the strategy and plan for medical records storage.

General Data Protection Regulation (GDPR) – STATE OF READINESS REPORT
Name of Meeting: Information Technology and Governance Sub-Committee **Date of Meeting:** 13 June 2018
Executive Lead : Exec Director of Public Health/Dep CEO
Author : Assistant Director Performance and Information 029 20141877/Senior Manager, Performance and Compliance, 029 20743677
Caring for People, Keeping People Well : This report underpins the "sustainability" element of the Health Board's strategy
Financial impact: Implementation is currently being undertaken via existing resources. The UHB may wish to consider investing additional resource to accelerate this.
Quality, Safety, Patient Experience impact : GDPR will indirectly enhance patient experience by strengthening their legal rights in terms of how their personal data is used
Health and Care Standard Number 3.4 Information Governance and Communications Technology
CRAF Reference Number 6.8 Information Management and Information Technology
Equality and Health Impact Assessment Completed: n/a

ASSURANCE AND RECOMMENDATION

Management Executive is asked to:

- Note the current STATE OF READINESS of the UHB and comment accordingly

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SITUATION

This paper gives an overview of steps being taken to implement the General Data Protection Regulation (GDPR) which came into force on 25 May 2018. The UHB is a health and care organisation but its generation and use of data, which is often personal and sensitive, makes it equivalent to a medium sized data management company, and widely impacted upon by data protection legislation. Whilst preparations have been in train for sometime we are not yet compliant. However we are making good progress in the areas identified as early priorities by the Information Commissioner's Office and are at a similar level of readiness to other Health organisations in Wales

BACKGROUND

GDPR is new, wide reaching, EU legislation that came into force in the UK on May 25th 2018. It sits alongside a new UK data protection act (2018) that fills gaps in the GDPR, addressing areas in which flexibilities and derogations are permitted. GDPR broadly mirrors familiar concepts from the the DPA 1998 and build on them to strengthen the legal framework for the processing of data and the rights of individuals in that regard. GDPR covers all data relating to individuals, including digital paper and digital staff and care records and CCTV.

The key impacts on the UHB brought about by the GDPR are:

- New accountability requirement, means that the UHB is required not only to comply with the new law, but to demonstrate that we comply with the new law. In particular there is a requirement to keep records of all data processing activities we undertake (e.g. storing and use of personal and sensitive information, messaging)
- There are significantly increased financial penalties possible for any breach, not just data breaches (up to Euro 20m)
- There is a legal requirement for personal data breach notifications to be sent to the ICO within 72 hours
- The UHB may no longer charge patients or staff for providing them with copies of records, reducing income.
- Introduction of tighter rules on consent where this is used as a basis for lawful processing– although the UHB will be seeking to rely on alternatives to consent as our legal basis, we are at odds with the ICO on 'public health preventative actions' which the ICO considers to be marketing and thus require consents.
- Appointment of a Data Protection officer is mandatory for the UHB
- Data protection impact assessments are required for all new processing of large volumes of patient data and adoption of technologies incorporating patient data (e.g. Messaging services, Internet of Things devices). Any identified and unmitigated high risk processing must be discussed with the ICO
- Data protection issues must be addressed in all information processes at an early stage (privacy by design becomes a legal requirement)
- There are specific requirements on us to ensure that our patients and population are aware of how their information is being used.

The GDPR has major implications for the UHB , as our business activities necessitate the processing of huge amounts of data, in multiple settings, in conjunction with multiple stakeholders from the NHS "family" , and the public sector generally to support the delivery of integrated health and social care, research and education together with ancillary functions such as public health and commissioning.

Not all aspects of the GDPR are known, with no definitive guidance having been issued by the ICO (including on areas around the use of consent in the NHS)..

ASSESSMENT AND ASSURANCE

The UHB started the GDPR implementation process from a relatively low baseline, as evidenced by "limited assurance" ratings by the ICO in relation to two audits of DPA compliance carried out in May 2016 and in April 2017. Implementation of the agreed remedial action plan is monitored by the Information Technology and Governance Sub-Committee. .

As with the DPA audits and monitoring of the action plan, the ICO considers itself to be a "proportionate regulator". Their expectation is that the UHB is able to evidence that we have been making good progress in terms of implementing the key structures that underpin the implementation of GDPR by the 25th May. In particular we have been advised that early priorities should be:

- A good training and awareness programme
- A DPO being in post and the role being actively discharged
- Accurate Information Asset Register(s)
- Publication of our Privacy notice
- GDPR compliant Subject Access Procedure being operational
- GDPR compliant Incident Management Procedure being operational

As evidenced by the Status Report contained in Addendum A, we consider that progress is being made in all of these areas, assisted in part by the huge profile GDPR is receiving nationally in the news, and by communication campaigns run by other businesses. However there is variation in the progress made at departmental level, with much to do if the UHB is to have consistently good information asset registers and levels of staff awareness across the UHB. In addition to these specific requirements there are many further actions required (as identified in the status report) in order for the UHB to move towards full compliance and to continue to be able to mitigate the risks of being non compliant beyond May.

In respect of governance of the programme, preparation for GDPR has been led by the small and expert Information Governance (IG) team. Their role has been both to develop the requisite legal literature, training packages, and policies and procedures and to support departments to deliver the readiness programme. The IG team has had some serious staffing challenges over the past year and is not yet in a stable position and back to the agreed establishment levels. Whilst interim measures are in place there has undoubtedly been a degree of slippage in delivering the readiness programme.

The programme is overseen by the IG executive group and scrutinised by the Information, Technology and Governance subgroup of the Board. The key potential risks posed by GDPR, which the IG executive group are managing are:

i) *Poorer Care & reduced ability to discharge our statutory duties and deliver our strategy if our patients and population take steps to prevent the sharing and use of data, a situation most likely to occur if we do not retain their confidence that we are exemplary custodians of their sensitive personal data or if the WG national conversation results in adverse reaction*

ii) *Financial - penalties of up to E20m can be levied by the ICO for all types of breaches of GDPR,*

iii) *Financial and "Ability to Act" - The ICO is empowered to place the organisation in special measures, to undertake a full audit of compliance with the regulation and to order improvements if we were to lose their confidence that we are not making adequate progress to comply with the legislation.*

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General Data Protection Regulation (GDPR) – Implementation update

ADDENDUM 1

May 2018

AWARENESS AND TRAINING

Status

- UHB wide awareness sessions commenced in February and 13 presentations have recently been given to individual directorates across the UHB to promote awareness of GDPR. A further 2 are planned
- The focus was to present a document with the working title "12 IG Commandments". Essentially these are key actions that all staff need to take to evidence compliance with legislation/best practice in relation to IG and IT security, and a web link to the ICO's own advice and checklist to increasing our readiness.
- Content on the IG page on the UHB intranet site has been updated, with the site being reformatted and expanded to signpost staff to key documentation, explaining its purpose and how it is to be used.
- Simplified factsheets have been shared by ABHB and have been adapted within C&V.
- There will be a full course on the role of SIRO on 6 June 2018 delivered by a specialist IG training consultancy.

Next steps

- To make this subject matter more accessible to staff (clinical and non-clinical) at all levels, the "12 IG Commandments" have been converted into a podcast. with support from the UHB's communication team. The podcast can now be viewed across multiple UHB platforms.
- Presentations and other awareness and information sharing activities continue to be undertaken, with advice being provided both proactively and in response to queries.
- Clinical Board Directors are being asked to ensure that all staff are aware of the requirements of GDPR, the "12 Commandments" and to encourage attendance at presentations, promote awareness of podcast etc - immediate
- Produce and communicate fact sheets - immediate

Risks

- Lack of awareness is the most likely reason for a breach of the GDPR
- The GDPR is complex legislation with far reaching implications and requirements on the business of the UHB. As such it is essential that all members of staff can gain access to the core information they need and that this is supported by access to a small amount of technical experts. The

staffing issues within the IG department currently increase the likelihood of expert knowledge not being available.

DATA PROTECTION OFFICER (DPO)

Status

- The UHB is required to nominate a DPO whose details will need to be included in relevant documentation e.g. privacy notices.
- IG review has proposed that the Director of Governance take on the DPO role, supported operationally by the IG department. Managerial reporting lines for the IG department will be through the new SIRO.
- The Senior Manager (Performance and Compliance) has been appointed as DPO on an interim basis, reporting in this capacity to the Director of Public Health as the Executive Director responsible for Information Governance (the DPO needs to report direct to the highest tier of management)
- Arrangements for the DPO role in relation to independent contractors (GMPs, GDPs, pharmacists, optometrists etc) need to be clarified.

Next steps

- Board formally to confirm new Director of Governance as the DPO.
- Deputy Chief Executive to be confirmed as Senior Information Risk Owner (SIRO (n.b. required as the DPO can not be the SIRO)

Risks

- The demands on the Data Protection Officer are not yet known. Presently it is assumed that these requirements can be met from the existent resource envelope, however should this not be the case, there is a risk that requirements relating to timely actions by the DPO will be missed resulting in breaches of GDPR and further work.

INFORMATION YOU HOLD

Status

- GDPR requires the UHB as a data controller and processor to maintain records of all of our processing activities, via Information Asset Registers (IARs). This legislative requirement is intended to ensure the UHB is able to respond to comprehensively and in timely fashion to all of the GDPRs requirements and additional rights provided to individuals.
- At present, based on information submitted, approximately one third of departments appear to have IARs in place at various level of completion. Further work is therefore needed to complete existing IARs (to include info such as the legal basis for processing data, retention periods, details of any “special category” or any “criminal offence” data held, risk management arrangements etc.

- A corporate IAR is being produced that summarises relevant information relating to all “registered” IT systems and servers (corporate and local) used across the UHB. This work is approx. 80% complete. However some IARs will need to be developed from scratch in some areas.
- There is further work to do in embedding the roles of Information Asset Owners (IAOs) and Administrators (IAAs) for all information assets held by the Clinical Boards and Corporate Depts. presently not all assets have a clear “owner”. A focal point for the dissemination of IG related information is therefore not always available.
- Practice on the retention, use and storage of data at an individual staff level is not standardized & pragmatic guidance will need to be developed on how to reduce risks in this area.
- A new IAR template is now available that picks up key issues. Existing IARs can be expanded to reflect this.
- In respect of data from CCTV, the requirements are existing good practice and are already being met by the UHB
- In respect of the paper care record, the strategy has and remains to invest in digitization, whilst emphasizing the need for good practice in the use and management of paper records. To this extent the PMS development team is part way through updating the clinic outcome module of PMS to incorporate the ‘core clinical information model’ which should minimise the need for paper in the outpatient setting. (This will also support other requirements).
- It is anticipated that a large proportion of the inpatient record will be digitized on completion and impletion of the national nursing documentation project.
- Mental health and community services are largely paperless, being heavy users of the PARIS system
- Staff records are progressively paperless with updates to ESR, however consideration of how emails and other documentation is stored and accessed requires further consideration.
- New UHB Data Processing Agreement documentation has been produced by Blake Morgan and is beiing issued by the procurement and the IG departments to all relevant suppliers.

Risks

- The UHB committed to having in place Information Asset Registers as part of our existent DPA action plan as a mechanism for demonstrating that we are good custodians of our patients and populations data. Breaches of the GDPR which would have been avoided by the presence of accurate information asset registers are likely to be perceived to be more serious by the ICO in light of this.

Next steps

- Progress completion of all IARs as above –completion end June 2018
- Progress fact sheets – completion end June 2018
- Clinical Board Directors/Executive Directors to promote IAO/IAA roles - immediate
- Progress digitisation

PRIVACY INFORMATION & TRANSPARENCY

Status

- A generic (outline) privacy notice has been received from Blake Morgan. This has been converted into a UHB document that can viewed via the UHB website. Directorates and corporate departments have been asked to display copies of a poster with summary details of the privacy notice in public/patient facing areas. The poster also gives details of how the full privacy notice can be accessed. It is expected that further work will need to be undertaken to document in more detail the legal basis for processing data other than in relation to "front line" patient care. This includes areas such as CCTV, research, patient care, population health and any arrangements that require prior user consent.
- The UHB has also participated in national work to produce a privacy notice in relation to its staff. This notice has now been finalized and staff have been given details of where to access it. As a continuation of this work it may be necessary to consider arrangements for compliance monitoring via the National Intelligent Integrated Auditing Solution (NIIAS) which is linked to ESR i.e. staff PID.

Risks

- The UHB's privacy notice(s) need to be accurate and cover all operations of the UHB. There is a risk that failure to provide this may ultimately lead to business operations being suspended.

Next steps

- Advice on the impact of GDPR on Artificial Intelligence in Health Care presently being worked through at UK level
- Ensure staff privacy notice is consistent with any operational arrangements such as NIIAS

INDIVIDUAL RIGHTS

Status

- Data subjects need to be given details of their rights under GDPR. These include: The Right to Object", "The right to data portability" – where legal basis is consent, "the Right to Rectification", and the "Right to restrict processing". These rights differ depending on which legal basis for processing is being applied (e.g. the right of individuals where their data is processed for research purposes differs to those from direct care)
- The Privacy notice, , provides a first line of information for patients.

- The Welsh Government are presently leading the work considering restricting processing, as the preference appears to be not to offer an “opt out” as is the case in NHS England.

Risks

- Failure to meet the requirements inferred will result in the UHB breaching GDPR regulations, and potentially liable to financial penalties

Next steps

- More detailed publicity and information material is intended to be available by early July 2018.

SUBJECT ACCESS REQUESTS (SARs)

- GDPR will require SARs to be responded to within one month , as opposed to 40 days.
- Usually it will not be possible to make a charge for processing SARs unless a request is deemed to be manifestly excessive, particularly if it is repetitive.
- Directorates and departments are being made aware of requirements and implications via the training sessions.

Risks

- Production of responses is frequently labour intensive with paper documents needing to be redacted manually & faces of individuals on CCTV who are not the data subject will need to be blurred. This will make it more difficult to meet the above timeline & require resource and cost.
- Experience from FOI, has shown that the number of requests has grown by c.75% over 3 years. Increased demand will make delivery of the new timeliness requirements more challenging for the UHB, resulting in increasing likelihood of breaching or resources being diverted from health and care delivery
- There will be a significant loss of revenue for the Medical Records Dept.

Next steps

- Update SAR procedure – timeline end June 2018

DATA BREACHES (INCIDENT MANAGEMENT PROCEDURE)

- Under GDPR the UHB will have less latitude in terms of whether an IG incident needs to be reported to the ICO. The notification timeline will be reduced to 72 hours.

- Existing arrangements to notify the ICO are under review, so as to ensure that they are accurate, consistent and timely.

Risks

- Both the above have resource implications e.g. more work and weekends etc will not be covered.

Next steps

- New incident reporting procedure needs to be developed and implemented across the organisation.

DATA PROTECTION IMPACT ASSESSMENTS (DPIAs)

- DPIAs (successor to Privacy Impact Assessments) will have to be undertaken to evidence that users have considered the implications on subjects of arrangements linked to the processing of their Personal Identifiable Data (PID).
- A procedure for this has been produced by Shared Services and will be adopted by the UHB as an interim measure until a more user friendly version is produced..

Risks

- The DPIA procedure is long and complex. This is likely to mean that it may not be used and so the UHB will be in default of this legal obligation.

Next steps

- The new DPIA procedure will be shared with clinical boards and asset owners and posted on the Information Governance intranet page

LAWFUL BASIS

- See “privacy information”

CONSENT

- See “privacy information”

CHILDREN

- Relevant information e.g. privacy notices etc will need to be produced in language that is intelligible to children (assumed to be 13 or above).

INTERNATIONAL ISSUES

- Awareness of this subject is covered in the “12 IG Commandments”.

GDPR implementation update addendum/h (information governance)

CONTROLLED DOCUMENTS FRAMEWORK
Name of Meeting : Information Technology and Governance Sub Committee **Date of Meeting:** 13 June 2018

Executive Lead : Director of Public Health
Author : Senior Manager Performance and Compliance
Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.
Financial impact : Well documented systems of work improve and maintain efficiency, reduce risk and the potential for legal action.
Quality, Safety, Patient Experience impact : Well trained staff following well documented systems of work provide services that reduces risk and improves the patient experience.
Health and Care Standard Number 3.4 & 3.5 **CRAF Reference Number** 8
Equality and Health Impact Assessment Completed: There are no equality and diversity implications; equality and diversity is a standard being self- assessed as part of this process.

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- The maintenance of a Controlled Documents Framework which outlines the position of policy and control documentation development in accordance with Information Governance requirements.

The Information Technology and Governance Sub Committee is asked to:

- **NOTE** that it has not been possible to update the UHB Controlled Document Framework since the last meeting because of staffing pressures and the need to prioritise work to lay the foundations for GDPR compliance – agreed with the Director .
- **AGREE** that work should now be undertaken to update the UHB Information Governance policy using the equivalent policy being developed by the Information Governance Managers Advisory Group (IGMAG) Wales as an exemplar.
- **AGREE** that, in the interests of efficiency, this approach will be followed for future UHB IG policies and procedures where such documentation is considered appropriate to the UHB operating environment.

Situation

The Controlled Document Framework (CDF) lists key documents that the UHB needs to have in place to evidence that it complies with the information governance accountabilities placed upon it and that these are being adequately discharged.

The Information Governance Sub Committee (IGSC) previously received regular reports on the CDF and to ensure the work progresses, reports will continue to be submitted to the ITGSC.

Cardiff and Vale University Health Board (the UHB) needs to receive assurance that it can satisfy all the requirements that are placed upon it by the Caldicott Principles in Practice (CPiP), IG Toolkit and to improve future audits that may be undertaken.

Background

CDF - Previous reports were produced from the recommendations of the IG Toolkit which is mandated within NHS England. Whilst not mandated in Wales this has become the accepted measure that the UHB will continue to work towards.

Assessment

Current IG staffing constraints and the prioritization of work to evidence progress in implementing GDPR have impacted significantly on the updating of the CDF. For this reason it is proposed, in the interests of efficiency, to adapt documentation developed by IGMAG (Wales) where these are appropriate to the UHB operating environment for use as UHB policies/procedures.

To give an example of this approach, the current draft of the NHS Wales Information Governance Policy is attached. This is currently under consultation pending submission ultimately to the Welsh Information Governance Board for formal approval IGMAG is also working on an IG incident reporting procedure (as discussed at earlier Committee meetings) which we intend to adopt once complete..

Notwithstanding the above approach, it is likely that exemplar documents developed by IGMAG that are adopted by the UHB may need further review in due course to ensure that they reflect the full scope of the UHB operating environment.

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NHS Wales
Information Governance Policy

Author: IGMAG Policy Sub Group
Approver:
Version:
Date:
Review date:

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Contents

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1. Introduction

This document is issued under the All Wales Information Governance Policy Framework and maintained by the NHS Wales Informatics Service (NWIS) on behalf of all NHS Wales organisations.

2. Purpose

The aim of this Policy is to provide all NHS Wales employees with a framework to ensure all personal data is acquired, stored, processed, and transferred in accordance with the law and associated standards. These include Data Protection legislation, the common law duty of confidence, NHS standards such as the Caldicott Principles, and associated guidance issued by Welsh Government, Information Commissioner's Office (ICO), Department of Health and other professional bodies.

The aims of this Policy are to ensure that:

- Personal Data is protected from unauthorised access and disclosure;
- All legal, regulatory and professional requirements are met;
- Patients and staff are fully informed about how the personal data they provide will be recorded and used; and
- Only appropriate information is provided to the correct person, when it is needed.
- Staff understand their responsibilities for ensuring the confidentiality and security of personal data;

3. Scope

This policy applies to the workforce of all NHS Wales organisations including staff, students, trainees, secondees, volunteers, contracted third parties and any other persons undertaking duties on behalf of NHS Wales.

It applies to all forms of information processed by NHS Wales organisations; and covers all business functions and the information, information systems, networks, physical environment and relevant people who support those business functions.

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4. Roles and responsibilities

The Chief Executive is responsible for ensuring the highest level of organisational commitment to the policy and the availability of resources to support its implementation and any associated legal requirements. Specific responsibilities will be delegated to the Data Protection Officer, Senior Information Risk Officer and the Caldicott Guardian or an Executive Director as appropriate.

Managers are responsible for the implementation of this policy within their department/directorate. In addition, they must ensure that their staff are aware of this policy, understand their responsibilities in complying with the policy requirements and are up to date with mandatory information governance training.

The workforce must familiarise themselves with the policy content and ensure the policy requirements are implemented and followed within their own work area. Mandatory information governance training must be undertaken at least every two years. Breaches of the policy must be reported via local incident reporting processes and dealt with in line with the All Wales Disciplinary Policy where appropriate.

5. Policy

5.1 Data Protection and Compliance

Data protection legislation is about the rights and freedoms of living individuals and in particular their right to privacy in respect of their personal data. It stipulates that those who record and use any personal data must be open, clear and transparent about why personal data is being collected, and how the data is going to be used, stored and shared.

5.1.1 Personal Data

The use of the term “personal data” relates to the information relating to an identifiable person who can be directly or indirectly identified in particular by reference to an identifier.

Examples of key identifiable personal data include (but are not limited to) name, address, full postcode, date of birth, NHS number, National Insurance number, images, recordings, IP addresses, email addresses etc.

5.1.2 Special Categories of Personal Data

Special categories of personal data are defined by data protection legislation as including any data concerning an individual’s racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, health, sex life, sexual orientation, genetic and biometric data where processed to uniquely identify an individual.

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5.1.3 Fair and Lawful Processing

Under data protection legislation, personal data, including special category data must be processed fairly and lawfully. Processing broadly means collecting, using, disclosing, sharing, retaining or disposing of personal data or information.

In order to provide assurance, NHS Wales organisations will identify and record the lawful basis for the information it processes in all privacy notices and in an information asset register.

In order for the processing to be fair, NHS Wales organisations will be open and transparent about the way it processes personal data by informing individuals using a variety of methods. The most common way to provide this information is in a privacy notice.

Privacy notices must be clear, straightforward and appropriate to the level of understanding of the intended audience, and produced in line with ICO guidance.

5.1.4 Individual's Rights

Under data protection legislation, individuals have certain rights with regard to the processing of their personal data. NHS Wales organisations must ensure that appropriate arrangements must be in place to manage these rights. If a request is made to stop or change the processing activities in relation to any personal data, then advice must be sought from the organisation's information governance department as it will only be possible to uphold such requests when certain criteria are met.

5.1.5 Accuracy of Personal Data

Arrangements must be in place to ensure that any personal data held by NHS Wales organisations remains accurate and up to date where applicable.

5.1.6 Data Minimisation

NHS Wales organisations will use the minimum amount of identifiable information required when processing personal data. Where appropriate, personal data must be anonymised or pseudonymised. Local arrangements must be followed.

5.1.7 Data Protection Impact Assessment (DPIA)

All new projects or major new flows of information must consider information governance practices from the outset to ensure that personal data is protected at all times. This also provides assurance that NHS Wales organisations are working to the necessary standards and are complying with data protection legislation. In order to identify information risks a DPIA must be completed. The information governance department will provide the required guidance and template.

5.1.8 Incident Management and Breach Reporting

NHS Wales organisations must have arrangements in place to identify, report, manage and resolve any data breaches within specified legal timescales. Lessons learnt will be shared to continually improve procedures and services, and consideration given to updating risk registers accordingly. Incidents must be reported immediately following local reporting arrangements.

5.1.9 Data Protection Audits

Information audits must be undertaken by nominated individuals with an in depth knowledge of working practices. Any risks identified will be escalated to the relevant risk registers to manage the risks appropriately.

5.1.10 Information Asset Management

Information assets will be catalogued and managed by NHS Wales organisations by using an Information Asset Register. This will record data flows throughout their lifecycles both within organisations and also across boundaries. All flows of data that are processed by the organisation must be recorded specifically identifying how the data flows into, through and out of the organisation. Data flows and associated information must be regularly reviewed and kept up to date.

5.1.11 Third Parties and Contractual Arrangements

Where the organisation uses any third party who processes personal data on its behalf, there must be a written contract in place which ensures that they will meet all the requirements of data protection legislation (not just those related to keeping personal data secure). Where the third party is a supplier of services, appropriate and approved codes of conduct or certification schemes must be considered to help demonstrate that the organisation has chosen a suitable processor.

5.1.12 Data Protection Officer

NHS Wales organisations must designate responsibility for data protection compliance to a suitable individual. This person will be the Data Protection Officer. Arrangements must exist to ensure there are appropriate reporting mechanisms in place between the Data Protection Officer and the Board. Details of the Data Protection Officer must be registered with the ICO.

5.2 Information Security

NHS Wales organisations will maintain the appropriate confidentiality, integrity and availability of its information, and information services, and manage the risks from internal and external threats. Please refer to the National Information Security Policy for further details.

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5.2.1 Senior Information Risk Owner

Every NHS Wales organisation must have a designated Senior Information Risk Owner (SIRO). The SIRO provides an essential role in ensuring that information security and information governance risks are managed. All organisations must have arrangements in place to support staff to adequately manage risks in a robust manner.

5.3 Records Management

NHS Wales organisations must have a systematic and planned approach to the management of records in the organisation from their creation to their disposal. This will ensure that organisations can control the quality and quantity of the information that it generates, can maintain that information in an effective manner, and can dispose of information efficiently when it is no longer required and outside the retention period.

5.4 Access to Information

NHS Wales organisations are in some circumstances required by law to disclose information. Examples include information requested under the Freedom of Information Act, the Environmental Information Regulations or requests for personal data.

Specific processes exist for disclosure under these circumstances. Where required, advice should be sought from the organisation's information governance department.

5.5 Confidentiality

5.5.1 Confidentiality: Code of Practice for Health and Social Care in Wales

NHS Wales has adopted the Confidentiality: Code of Practice for Health and Social Care in Wales. All staff have an obligation of confidentiality regardless of their role and are required to respect the personal data and privacy of others. Personal data should only be accessed when fulfilling NHS duties.

Where staff have access to any NHS system, except where self service access is granted, they must not access their own record under any circumstances.

Appropriate information will be shared securely with other NHS and partner organisations in the interests of patient, donor care and service management. (See section 5.6 on Information Sharing for further details).

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5.5.2 Caldicott

NHS Wales will uphold the following Caldicott Principles in relation to patient information:

- Principle 1 - Justify the purpose(s) for using confidential information
- Principle 2 - Don't use personal confidential data unless it is absolutely necessary
- Principle 3 - Use the minimum necessary personal confidential data
- Principle 4 - Access to personal confidential data should be on a strict need-to-know basis
- Principle 5 - Everyone with access to personal confidential data should be aware of their responsibilities
- Principle 6 - Comply with the law

- Principle 7 - The duty to share information can be as important as the duty to protect patient confidentiality

Each organisation must appoint a Caldicott Guardian whose role is to safeguard the processing of patient information.

5.6 Sharing Personal Data

5.6.1 Wales Accord for the Sharing of Personal Information (WASPI)

The WASPI Framework provides good practice to assist organisations to share personal data effectively and lawfully. WASPI is utilised by organisations directly concerned with the health, education, safety, crime prevention and social wellbeing of people in Wales.

NHS Wales organisations will encourage the use of the WASPI Framework for any situation that requires the regular sharing of information outside of NHS Wales wherever appropriate. Advice must be sought from the information governance department in such circumstances.

5.6.2 One Off Disclosures of Personal Data

Formal Information Sharing Protocols (ISPs) or other agreements must be used when sharing information between external organisations, partner organisations, and external providers. ISPs provide a framework for the secure and confidential obtaining, holding, recording, storing and sharing of information. Advice must be sought from the information governance department in such circumstances.

Personal data may need to be shared externally on a one-off basis, where an ISP or equivalent sharing document does not exist. It is important that this sharing follows all the principles of good information governance and that local arrangements are made and followed to ensure suitable processes are followed.

5.7 Welsh Control Standard for Electronic Health and Care Records

5.7.1 The Control Standard

The Wales Control Standard for Electronic Health and Care Records describes the principles and common standards that apply to shared electronic health and care records in Wales, and provides the mechanism through which organisations commit to them. NHS Wales organisations have committed to abide by the Control Standard. The Control Standard will be underpinned by local level policies and procedures to ensure electronic records are accessed and used appropriately.

5.7.2 System Asset Register

A System Asset Register of core national systems is maintained by the NHS Wales Informatics Service and sets out how shared electronic health and care records are held. NHS Wales organisations may include 'local' systems in the register. Cooperation must be maintained between organisations and the NHS Wales Informatics Service in order to ensure that the information is accurate and up to date.

5.8 Data Quality

NHS Wales organisations process large amounts of data and information as part of their everyday business. For data and information to be of value they must be of a suitable standard.

Poor quality data and information can undermine the organisation's efforts to deliver its objectives and for this reason, the NHS in Wales is committed to ensuring that the data and information it holds and processes is of the highest quality reasonably practicable under the circumstances. All staff have a duty to ensure that any information or data that they create or process is accurate, up to date and fit for purpose. NHS Wales organisations will implement procedures where necessary to support staff in producing high quality data and information.

6. Training and Awareness

Information governance is everyone's responsibility. Training is mandatory for NHS staff and must be completed at commencement of employment and at least every two years subsequently. Non NHS employees must have appropriate information governance training in line with the requirements of their role.

Staff who need support in understanding the legal, professional and ethical obligations that apply to them should contact their local information governance department.

7. Monitoring and compliance

NHS Wales trusts its workforce, However it reserves the right to monitor work processes to ensure the effectiveness of the service. This will mean that any personal activities that the employee practices in work may come under scrutiny. NHS Wales organisations respect the privacy of its employees and does not want to interfere in their personal lives but monitoring of work processes is a legitimate business interest.

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Staff should be reassured that NHS Wales organisations take a considered approach to monitoring, however it reserves the right to adopt different monitoring patterns as required. Monitoring is normally conducted where it is suspected that there is a breach of either policy or legislation. Furthermore, on deciding whether such analysis is appropriate in any given circumstances, full consideration is given to the rights of the employee.

Managers are expected to speak to staff of their concerns should any minor issues arise. If breaches are detected an investigation may take place. Where this or another policy is found to have been breached, disciplinary procedures will be followed.

Concerns about possible fraud and or corruption should be reported to the counter fraud department.

In order for the NHS Wales organisations to achieve good information governance practice staff must be encouraged to recognise the importance of good governance and report any breaches to enable lessons learned. They must be provided with the necessary tools, support, knowledge and training to help them deliver their services in compliance with legislation. Ultimately a skilled workforce will have the confidence to challenge bad information governance practice, and understand how to use information legally in the right place and at the right time. This should minimise the risk of incidents occurring or recurring.

8. Review

This policy will be reviewed every two years or where the contents are affected by major internal or external changes such as:

- Changes in legislation;
- Practice change or change in system/technology; or
- Changing methodology.

9. Equality Impact Assessment

This policy has been subject to an equality assessment and no impact has been identified.

Following assessment, this policy is not felt to be discriminatory or detrimental in any way with regard to the following equality strands: Gender, Race, Disability, Age, Sexual Orientation, Religion or Belief, Welsh Language or Human Rights."

Annex: Policy Development - Version Control

Revision History

Date	Version	Author	Revision Summary
06/02/2018	0.1	Andrew Fletcher on behalf of the IGMAG Policy sub group	First draft draft with added sections
04/05/2018	0.2	Andrew Fletcher on behalf of the IGMAG Policy sub group	Second Draft following sub group comments

Reviewers

This document requires the following reviews:

Date	Version	Name	Position
04/05/2018	0.1	Internet and Email policy sub group	Sub group of the Information Governance Management and Advisory Group
	0.2	Information Governance Management Advisory Group	All Wales Information Governance Leads
		Welsh Partnership Forum	All Wales workforce leads and trade unions
		Wales Information Governance Board	Advisory Board to the Minister for Health and Social Care (Welsh Government)

Approvers

This document requires the following reviews:

Date	Version	Name	Position
		Information Governance Management and Advisory Group	All Wales Information Governance Leads
		Wales Information Governance Board	Advisory Board to the Minister for Health and Social Care (Welsh Government)

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NHS Wales Informatics Management Board NIMB June 2018 (Doc 19)
AGENDA ITEM 14a

NHS WALES INFORMATICS MANAGEMENT BOARD

Minutes of the meeting
Monday 23 April 2018 – 15:00-17:30

Attendees:

Andrew Goodall (AGD)	Welsh Government
Frank Atherton (FA)	Welsh Government
Frances Duffy (FD)	Welsh Government
Peter Jones (PJ)	Welsh Government
Bradley Kearney (Secretariat)	Welsh Government
Hamish Laing (HL)	Abertawe Bro Morgannwg University Health Board
Lloyd Bishop (LlB)	Aneurin Bevan University Health Board
Dylan Williams (DW)	Betsi Cadwaladr University Health Board
Fiona Jenkins (FJ)	Cardiff and Vale University Health Board
John Palmer (JP)	Cwm Taf University Health Board
Richard Cahn (RCa)	Cwm Taf University Health Board
Andrew Griffiths (AG)	NHS Wales Informatics Service
Rhidian Hurle (RhH)	NHS Wales Informatics Service
Liz Waites (LW)	NHS Wales Informatics Service
Carwyn Lloyd-Jones (CLlJ)	NHS Wales Informatics Service
Ruth Chapman (RC)	NHS Wales Informatics Service
Neil Frow (NF)	NHS Wales Shared Services Partnership
Eric Gregory (EG)	Parliamentary Review
Eifion Williams (EW)	Powys Teaching Health Board
Huw George (HG)	Public Health Wales
Steve Ham (SH)	Velindre NHS Trust
Daniel Phillips (DP)	Velindre NHS Trust
Stuart Morris (SM)	Velindre NHS Trust
Mark Osland (MO)	Velindre NHS Trust
Jim Barber (JB)	Velindre NHS Trust
Chris Turley (CT)	Welsh Ambulance Service Trust

Apologies:

Julie James AM	Leader of the House and Chief Whip
Claire Bevan	Welsh Ambulance Service Trust
Albert Heaney	Welsh Government
Caren Fullerton	Welsh Government
Karen Miles	Hywel Dda University Health Board
Nicola Prygodzicz	Aneurin Bevan University Health Board
Evan Moore	Betsi Cadwaladr University Health Board

1. Welcome, introductions and apologies

AGD welcomed members to the meeting, and members introduced themselves. Apologies were noted.

AGD informed members that Karen Miles and Nicola Prygodzicz were unable to attend the meeting as they were in attendance at Public Accounts Committee in relation to the Welsh Audit Office's (WAO) report into Informatics in NHS Wales.

AGD gave a brief update on the latest developments regarding the Parliamentary Review into Health and Social Care. He said that colleagues should be aware of the development of a Long Term Plan for Health and Social Care. He said that work was taking place to prepare a draft and to attain Cabinet approval, and that some members will have been involved in the co-production of the plan so far. AGD said the plan will provide an opportunity to give a statement of intent for the next ten years, and recognise that delivery in social care is just as important as delivery in the NHS.

2. Detailed update from Velindre NHS Trust

AGD invited colleagues from Velindre NHS Trust to give their presentation on IM&T developments in their organisation.

The following key points were made in the presentation:

- The replacement of the current Canisc system, which has now gone out of support, remains one of the organisation's highest priorities.
- There have been significant system-wide changes made over the last five years, for example the implementation of the Blood Establishment Computer System (BECS). The organisation is looking hard at innovation and technology, in particular pilot schemes in automation.
- The organisation is looking into the opportunities in the development of cell and gene therapies.
- Velindre is working to deploy national products at pace. The organisation is one of the pilots for the Welsh Image Archive Service, and they have been working closely with Abetawe Bro Morgannwg UHB to utilise their access to the Welsh Care Record Service to get letters generated through Canisc online sooner.
- A gap analysis has been carried out between what the current Canisc system offers, and what national architecture currently does not offer:
    - Recording of cancer related datasets and outcomes;
    - Recording of MDT discussions and outpatient consultation;
    - Non-structured text;
    - Requesting of oncology specific treatment, radiotherapy and chemotherapy with workflow; and
    - Extraction of data for audit, QA and peer review.
- The organisation sees WCP as the interface for their clinicians in the future, however alongside the implementation of WPAS, one of the key next steps in the implementation of a replacement for Canisc is to work with NWIS to develop cancer specific modules within WCP to cover the gaps identified.

SH said the presentation showed the depth and breadth of what the organisation is trying to achieve is vast. He said that the development of AI is important for the organisation's future, and that Canisc needed to be replaced to keep the service

running, as the current system has negatively impacted the provision of services on a weekly basis due to outages. JB agreed, stating that the Canisc team and other clinical staff have done well to cope with the current system to date. AGD said that the replacement of Canisc will give benefits and positive outcomes across the service. He also said that given the organisation's size compared to others, issues such as Canisc can get lost under other priorities, and that a different way of looking at issues such as this would have to be found going forward.

FA asked for clarification as to whether a Canisc replacement would work across the whole of Wales with other local cancer centres. JB said that the intention was for the replacement to work across all cancer centres and clinics. RhH said that there is an expectation from clinicians to be able to see the pathway their patient has taken, and that as many of Velindre's staff work outside of their base, being able to access their own network remotely is important and more should be done to make it easier for staff to roam while delivering care.

JP said that getting the digitisation of records right is important for health boards, and that there will have to be future work around machine learning, which could be applied to large volumes of clinical data to allow earlier interventions to be made with patients. He also said there was not enough discussion around service pathways, particularly ones that are enabled by technology.

PJ said he would be interested in seeing what the organisation has learned from the use of social media in relation to the engagement with, and the behavioural changes, in blood donors.

AGD said it would be appropriate to discuss the replacement of Canisc, recognising that there was a paper to note further down the agenda.

EG said that Canisc is an interesting test case in terms of prioritisation, and that there was no doubt that the organisation is in a vulnerable situation with Canisc. He said that there would have to be difficult discussions around the replacement, particularly related to funding. He also noted the gaps identified in the functionality of the national architecture, particularly around not being able to view an event log. RhH said that clinicians are able to see event logs within their own organisations, but not currently for other organisations.

AGD said it was good to see that the Cancer Implementation Group (CIG) had agreed to pursue a replacement, and that it was in line with the risk register discussions held at NIMB over the past twelve months. He asked members for any further reflections on the paper from CIG. HG said that CIG agreed the replacement as their priority, and that the solution would also look at the current audit issues. He also said that there was a need to agree a rapid process in terms of funding.

HL said that in terms of funding, the sooner health boards could know what the likely costs are and where they will fall, the better. FJ agreed, saying that it is important for business cases to capture costs for each organisation, so they are sighted on what costs are coming.

3. Informed Health and Care – Risks and issues

AG said that in addition to the risk related to Canisc that had already been discussed, WEDS remained a critical risk. He said that NWIS are currently working with EMIS to agree a way forward in terms of implementation, which is currently planned to take place in Aneurin Bevan first. He said he hoped the item would move down the risk register at the next meeting to reflect recent developments. LlB said that there was a clearer pathway forward in terms of implementing WEDS in Aneurin Bevan now.

AG also highlighted the critical risk around cyber security. He said the critical status doesn't fully reflect the spending made at the end of the last financial year to address some of the issues raised in reports. He said that the non-ICT element remained an issue, particularly keeping a record of where that equipment was across organisations.

FJ said that she felt as though there was a better feel of the risks across Wales now, however the insufficient capacity and capability risk was applicable across all health boards and trusts, and therefore needs to reflect that.

EG noted that there were 13 significant (amber) and 3 critical (red) risks in the register, and that some have been there for around 2-3 years, with severity not having changed in that time. He said that there may be an opportunity to better evidence that there are actions taking place on mitigating controls to make an impact on these risks.

FD said that a workshop session took place around a year ago to look at risks to make sure they were being scored correctly. She asked if a similar exercise has taken place since then. AG said that in addition to reviews at IPAD and NIMB, regular risk meetings take place within NWIS. AGD said it was important to see that progression highlighted on the risk register reports.

HG asked if a summary of the actions related to cyber security could be provided to each organisation for audit purposes. CLlJ said that an all-Wales report would be developed from the individual reports from each organisation, and that this collective report could be used to provide a summary for organisations.

JP said that significant support would be needed from NWIS to complete the implementation of WCCIS in Cwm Taf, and highlighted that there were more conversations that were necessary to provide the reassurances required.

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Action: Risk register item on insufficient capacity and capability to be amended to reflect that the risk is applicable across all health boards and trusts

Action: NWIS to provide NIMB members with a summary of the actions being taken across NHS Wales in relation to cyber security

Action: Review the NIMB risk register to consider the effectiveness of mitigating actions.

4. National Plan and prioritisation

DP gave a presentation to members in relation to the third draft of the National Informatics Plan.

The presentation made the following key points:

- The development of a national informatics plan supports the quadruple aim of:
  - Improving population health;
  - Improving experience and quality of care;
  - Enriching well-being, capability and engagement of staff; and
  - Increasing value achieved from funding.
- The plan sought to address certain challenges such as:
  - Clarity on collective informatics priorities;
  - Optimism bias on resources (financial and workforce);
  - Prioritisation not being consistent or transparent;
  - Not universally owned;
  - Resources being limited by wider financial pressures; and
  - Inability to delivery to expectations at pace.
- Engagement on the development of the plan has taken place with Welsh Government policy leads, NWIS directors, health board/trust executives, through workshop clinical networks and delivery groups with NWIS directors, and through the Planned Future workstream group.
- A number of key messages from stakeholders were identified:
  - Investment in cyber security and infrastructure is essential;
  - We must quickly finish what we've already started;
  - We must focus on delivering benefits;
  - We must increase investment in informatics and business change;
  - Benefits are maximised when processes are optimised and digitised end to end;
  - Collaboration and co-production reduce obstacles to progress;
  - We must accept risk and pilot some disruptive innovations; and
  - Integrating data and using analytics adds huge value.
- The National Informatics Plan 2018/19 proposes the following highest priorities:
  - Business as usual;
  - Compliance commitments (GDPR and NIS);
  - Infrastructure investment;
  - Cyber security
  - Completing 2017/18 commitments; and
  - Single sign on.

DP explained that there were a number of additional issues to consider, that were prevalent in discussions and engagements but were not included among the highest priorities. He said that he used the MoSCoW prioritisation model to sort these into four categories; Must, Should, Could and Won't. The following items were categorised as Must:

- Support to cluster working

- Mobile device policy
- Citizen verification policy development
- Tactical plan for implementing WEDS
- Implement LIMS genetics
- NHAIS replacement for contractor payments

NF said that NHAIS could be a huge issue if not addressed, especially as NHS England is developing their own system. He said that it is the top item on his organisation's risk register. AG said that NHAIS was a priority for NWIS also.

DP said that it was his view that these items should be among the top priorities despite not coming through the agreed prioritisation process. AGD said that it was important to view these types of items from an 'enabling digital' perspective.

FA said that it was right for the plan to link to the quadruple aim, but it failed to take account of the issues that speak to patient quality and outcomes. He highlighted the eye care prioritisation measures and similar examples that are Ministerial priorities and have clinical buy-in, but still might not be included in the plan.

EG said to be careful not to focus too greatly on the MoSCoW methodology. He said it was helpful to identify things that don't fit into the normal prioritisation criteria, and that it is meant to supplement the normal process instead of leading it. He also said there was a need to be clear about the funding and resources available, and to make sure that everyone is working as effectively and creatively as possible.

HL said that he would need to have further discussions with his organisational colleagues before being able to sign off the plan. He asked if members were being asked to agree priorities that sit alongside existing ones, or ones that add to that existing list. DP said that the early process looked at the strategy gap, alignment and deliverability, and that the list of priorities had not changed from the one presented in February. He said the tool had been used to show that there are more issues that need to be taken forward, and that while they didn't come through the normal process, members would still need to decide whether they need to be in the highest priorities. He said that the weaknesses in the previous process would not have flagged these new items as potential priorities.

HL said that organisations would have to have some sense of what the resourcing and funding implications of these additional items would be. DP said that if as a result of agreeing these additional priorities, there were resourcing implications further down the line, they would have to be dealt with then. However, to his knowledge, the items categorised as Must are all resourced already.

LW suggested it was important to take into account what has already been invested in. She said that there is a Ministerial directive to deliver WEDS, so it made more sense to keep things that have directives such as that, or with investment already made, off the list.

DP continued the presentation and listed the following items that were categorised as Should:

- Informatics support to establishing National Imaging Academy
- Informatics support to establishing Health Education and Improvement Wales
- Replace web content management systems across NHS Wales and standardise
- Implement first stage of haemoto-oncology project through commercial partnership
- Development of full business case for clinical information system for critical care.
- Increase use of RFID tracking for records and asset management
- Evaluation of Informatics tools in use and potential to rationalise
- Develop business case for single sign on with ESR and national clinical systems
- Agree SACT datasets and develop business case for solution

DP said that he recognised that the items listed here were important to deliver in terms of delivering elsewhere, however he did not see these as essential in terms of delivering Informed Health and Care.

FJ said that the critical care business case has been written taking into account funding that is only available annually, and doesn't include costs for individual health boards, which would therefore place cost pressures on organisations. AG said that the first three on the list were already funded, and that NWIS were looking at starting procurement processes for items that did not already have funding in place.

RC raised a query around the work ongoing for developing a diabetic view within the Welsh Clinical Portal and why this was not prioritised. She confirmed that funding had been available for the previous two years resulting in the build of a proof of concept and a further two years funding was committed to finish this phase. She said that the National Plan had prioritised digitising the outpatient record and this is an example of this so therefore should be a priority.

RhH said that single sign on was a priority for WCIC, and without it, clinicians were finding it more difficult to navigate systems between health boards. He also said that discussions around Once for Wales systems stop when health boards and trusts query the cost for them individually. He said that it may be worth looking into a national model for funding national systems. AGD said that he thought digital offered chances for different types of partnerships and different funding options.

14.1

EG said that more needs to be done to recognise the benefits that are being delivered, and that they are not isolated and defined to one organisation. He also said that clarity was needed about the resource pool, and a plan that doesn't deliver what it sets out to loses credibility. AGD said that the NHS was still in a fairly traditional funding model at the moment. He said that other funding opportunities still existed, and that he wanted organisations to have some level of discretion, but they also needed to make progress on national initiatives.

DP continued the presentation and listed the following items that were categorised as Could:

- Eye care referral system implementation
- Eye care EHR business case
- Systemic anti-cancer treatment system datasets and business case
- E-Patient flow pilot
- WLIMS2 business case and change management tranche 2
- WHEPPMA procurement and implementation
- Increased investment in PMO and change management

AGD highlighted the issue around eye care and the agenda item to follow, saying that some of the previous policy advice has not been clear about the potential knock on effects in terms of RTTs.

FJ said that the changes to eye care measures were one of ten priorities set out in the eye care plan, and that the Cabinet Secretary had made an announcement in Plenary stating that it would be delivered. She said she was aware that there was no funding for it, and that it is mentioned in IMTPs, but not budgeted for.

HL said that there had been strong agreement in previous NIMB meetings to accelerate delivery of WHEPPMA. He said he understood that the full business case is not currently resourced; however he remained concerned as it is intended to improve patient safety.

EG said that funding was less about increases in ICT or digital funding, and could be framed better as a business change portfolio for health and care in Wales. He said it was important to note that there are very few of the projects in the pipeline are exclusively digital.

AGD noted that theatre systems were not listed in DP's presentation. DP said that they were not raised in his engagement, but he was happy to include it.

SH asked how members were able to keep an eye on these issues, and ensure that they do not drift. He said he thought that members should own this list collectively.

RhH said that WCIC would disagree with the notion of eye care having its own record, as it would hinder the ability for clinicians to see everything about a patient's care. He also said that WHEPPMA was largely supported by clinicians, given the literature and evidence that backs up its effectiveness.

AGD acknowledged change management's inclusion in the list, and said that the service has often looked at the technical side of things rather than the service change needed. He asked what a national approach may look like, and said he would be happy to have that, although it may be inevitable that cheaper approaches are sought this way.

DP continued the presentation and listed the following items that were categorised as Won't:

- Any national initiative not in the agreed plan

- Expanding the scope of projects without agreement
- Evaluation of Capture Stroke system and development of business case

FJ agreed with the Capture Stroke system's inclusion on this list.

DP finished the presentation by saying that any amendments to the plan would need to be approved by NIMB, on recommendation from IPAD. Quarterly reporting would take place at NIMB. A three year plan will be drafted by October 2018 to inform the 2019/22 planning cycle.

AGD said that the changes that would need to be made would require discussions at health board level. He said that he was happy for this to come back to the next meeting for approval, and asked members to provide feedback. AGD endorsed the general principles of the plan, but stated that NIMB would give the plan more time to be finalised and formally signed off.

JP said that in terms of planning projects with timeframes of between two and five years, it was important to recognise that projects cannot be delivered in one go, and that it might be the case that in the first year of a project certain groundwork needs to be completed. EG said that sometimes it is necessary to commit resources to projects up front, in the knowledge that they will not deliver an immediate benefit.

AGD said that further understanding was needed as to what the national plan would look like in relation to the NWIS work plan. He said that the plan was a good piece of work, and almost there. He said he was happy to be involved in feedback and further work on the plan virtually over the next couple of weeks.

Action: Work to continue virtually between DP, Welsh Government, NIMB members and NWIS to progress the National Plan for Informatics

5. Use of Cloud

PJ explained that members were asked to agree the guidance and policy about the use of Cloud in NHS Wales, explaining that they were a product of the task and finish group's work over the last few months.

CLlJ gave a brief presentation explaining the background around NHS England's guidance on Cloud, and the task and finish group's work to adapt this for use in Wales. He also explained the process for how uses of Cloud in health boards would be agreed depending on an assigned risk level.

FJ asked if this guidance just related to data stored in UK-based Cloud. CLlJ explained that it related to any Cloud based in the European Economic Area.

HL said this was timely as a policy, as upcoming innovations in AI are very well suited to Cloud, as host organisations can source short bursts of Cloud capacity to process data.

AGD said that the guidance and policy were approved by the group. He said that technical assurances would need to be sought in relation to feasibility.

6. CCIO update

RhH highlighted the success of the Welsh Results Reports Service (WRRS) that allows test results to be accessed across Wales. He said it was brilliant for clinical care that a clinician can upload a document to the system, and it be viewable across Wales within minutes.

7. WISB escalation report – Eye Care Prioritisation Measures

AG explained that WISB had considered the new measure, and that they had rejected the proposal as they could not safety implement it, and recognising that some measures and workarounds will have to be put in place in the meantime. AG said that the recommendation from the report is that they acknowledge the interim solutions, but there is an expectation that work continues to find a permanent solution as soon as possible.

FJ said that there had not been a suggestion from Chief Executives that they were not supportive of the measures. She said that members could support the interim solution while work between WISB and NWIS continues.

AG said that the workarounds will cause a lot of additional work. He said he was keen to avoid using fields in PAS for different purposes than they were intended for, leading to reporting going wrong when different health boards use fields for different purposes. He said that the workaround would need to be carefully managed so that it was common across organisations.

It was agreed that an interim solution would be supported, however it is the expectation of members that WISB, NWIS and policy colleagues work quickly to resolve outstanding issues.

FJ said that she had received additional comments from Olivia Shorrocks which gave further explanation to the situation, which FJ said she would share with AGD after the meeting.

Action: Additional comments on the Eye Care Prioritisation Measure to be shared with Andrew Goodall

8. Welsh Technical Standards Board

14.1

Members noted the contents of the paper related to the Welsh Technical Standards Board, and agreed the recommendations and role of NIMB as set out.

9. Papers to note

AGD said that for the next meeting, it would be beneficial to extract more from the workstream reports for a fuller discussion. FJ said that a more detailed report on work with the Life Sciences Hub in relation to the digital ecosystem would be helpful.

AGD acknowledged the earlier discussion around Canisc.

AGD and members noted the update on progress towards Team Wales actions and the sub-group reports paper.

Action: Dedicated agenda item on the workstream progress reports to be added to the agenda for the June NIMB meeting

Action: Item on Digital Ecosystem to be included on agenda for June NIMB

10. Minutes and actions from the previous meeting

RhH highlighted some minor amendments to the minutes of the February meeting.

FD thanked members for providing her with their views on further funding for PROMS/PREMS. AGD said that the decision had been taken to allocate some funding for the next phase of the project to be done this year, stating that it would have been a loss not to have PROMS/PREMS in the system.

FD said that there was further engagement needed with medical directors in regards to patient safety and the implementation of WCP in all health boards and trusts.

Action: Amendments to be made to February minutes

Action: Further engagement with medical directors in regards to patient safety and the implementation of WCP in all health boards and trusts

11. AOB.

AGD said that a decision would be made in due course as to whether WAST will present their detailed update at the June NIMB meeting.

AGENDA ITEM 14b

Capital Management Group Meeting

19th April 2018 at 11.30 a.m.

CORPORATE MEETING ROOM, HQ, UHW

Present:

Abigail Harris, Executive Director of Strategic Planning
Geoff Walsh, Director of Capital, Estates and Facilities
Tony Ward, Head of Discretionary Capital & Compliance
Nigel Mason, Business Manager, Capital, Estates & Facilities
Nigel Lewis, Head of IM&T
Mike Bourne, CD&T
Steve Curry, Chief Operating Officer
Chris Lewis, Deputy Finance Director
Jeremy Holifield, Head of Capital Projects
Fiona Jenkins, Director of Therapies & Health Standards
Chris Dawson-Morris, Corporate Strategic Planning

In attendance: Emma Thomas

ACTION

1.0 APOLOGIES FOR ABSENCE

Apologies for absence were received Richard Hurton, Marie Davies and Clive Morgan.

2.0 MINUTES OF LAST MEETING

Minutes of the previous meeting were accepted as a true and accurate record.

3.0 MATTERS ARISING

BMT database – NL confirmed the system was being installed. Testing and implementation would then be undertaken.

Hybrid Theatre – Clarity regarding the specification was still required. GW raised concerns that a decision was needed for the future use of the Theatre as this would determine the equipment specification for the room and also impact on the size of the facility.

It was noted that the Business Case for Vascular Centralisation had identified a requirement for Vascular Surgery for three days a week. The group agreed that discussions were needed with the Surgical Clinical Board to determine whether the theatre should be designed and equipped to enable more flexible use ie. Other specialities.

14.2

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Rookwood - GW confirmed that the Business Case had been finalised and would need Chairs Action to enable submission to WG. It was anticipated, subject to scrutiny and Cabinet Secretary approval, construction works would commence in September 2018.

Iowerth Jones – GW confirmed that the transfer of staff from PSA building had been completed by the end of the financial year as planned. FJ complimented the teams involved that ensured the smooth transition of this move.

Amy Evans – C-DM advised he had recently met with the Director of Operations for the PCIC Clinical Board regarding the emerging model for Barry.

GW advised that clarity around the future of the ECAS service at Barry Hospital was required. Discussions between his team and the Medicine Clinical Board had taken place but that no final decision had been determined. The group were advised that whilst it had been necessary to take the current ECAS space to enable the CMHT relocation to Barry Hospital, the Medicine Clinical Board had been advised that if the service was to return to the site then there was space available to support this.

It was agreed that SC would raise the issue with the Medicine Clinical Board to request that they finalise their proposal for the future service model for ECAS being cognisant of requirements to engage the CHC etc.

Mortuary UHW - It was agreed that a formal project team be established for the Mortuary works at UHW to ensure that scope of works required as a result of the HCA were agreed and progressed to establish a cost and programme. GW advised that Welsh Government had acknowledged the risk associated with the recent inspection and proposed that given the pressures on the UHB Discretionary Capital Programme, funding support be sought from the All Wales Capital Programme.

MB to circulate the HTA inspection report to the group for information. MB

3.0 CAPITAL PROGRAMME REPORT

GW provided the group with an overview of the progress report of the current Major Capital, Discretionary Capital and Compliance programmes.

14.2

- **Capital Resource Limit**

  GW confirmed that the final CRL for 2017/18 was £47m of approved funding and that at year end the UHB had a slight underspend of circa £80k. AH recorded her thanks to the team for ensuring that the year-end financial position had been achieved.

  The group acknowledged the additional funding provided by WG at the end of the financial year which supported both IT and Medical equipment. Whilst the receipt of any capital funding was always welcome given the

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backlog pressures managed by the UHB, it did restrict the use and it was not always possible to target this funding to the highest risk areas.

However, it was also noted that CB and Service Boards should prepare in advance and identify equipment and schemes that would address the higher risk issues. The early preparation of specifications, tendering etc could all be undertaken and ready to progress immediately funding was made available. SC to raise with the Clinical Boards. **SC**

- **Major Capital Programme**

CHfW

JH reported that the remedial works for the hot water temperatures were complete, with the exception of the corridor works. The respective parties had agreed a protocol for determining the extent of the corridor works and this was being progressed.

AH asked whether on completion of the corridors the problems of the water temperatures would be resolved. JH advised that it was difficult to give a guarantee on this as there would need to be further testing and monitoring to compare with the original data.

Neonatal (including MRI)

JH confirmed that the delay to the programme reported was now, 2 weeks and 4 days. JH advised that the tower crane had been erected on site.

- **Discretionary Capital**

TW confirmed the end of year capital position indicated an £88k underspend.

The following schemes in the 2018/19 draft programme were highlighted:-

I. Unit 1& 6 redevelopment (WEQAS) awaiting planning permission.

II. Ward bathroom programme currently out to tender. Order of refurbishment works had been agreed as Ward A2 primarily, with a decision required between A1 & A6.

- **Service Planning**

14.2

Theatres
The group noted that due to the complexity of the Theatre 5&6 replacement programme, C-DM would for ease of reference circulate the schedule that had been produced by service planning colleagues. A strategic paper was also being produced by the Clinical Board. C-DM

SOFW in the Community
GW reported that the Design for Life Framework was awaited. AH advised that identifying the funding that had been earmarked would be beneficial. The group noted that the Penarth project was complex and

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agreed the importance of the Clinical Board taking ownership of the programme.

Renal Dialysis
BJC had been submitted to Welsh Government and undergone scrutiny. Cabinet Secretary approval was awaited.

Cystic Fibrosis
GW confirmed a Project Team had been established for this scheme with the main area of works on the first floor already signed off by the users.

5.0 DRAFT BACKLOG MAINTENANCE REPORT

TW tabled the draft backlog maintenance report which documented the backlog maintenance requirements for the over 40 properties across UHB.

The key points highlighted the dates that condition surveys had been undertaken which included:

UHW 2014
UHL 2010
Rookwood 2012
Community sites 2017

In order to comply with NHS 'Estate Code' which states that all NHS estate should be at a standard of B or above, the UHB estate has a backlog liability of £126m.

It was noted that the current Discretionary Capital Programme for the UHB was not able to fund these works sufficiently. AH to report the risk to the Chief Executive.

AH

6.0 MEDICAL EQUIPMENT UPDATE REPORT

FJ ran through the Medical Equipment Report which was noted by the group.

FJ tabled a WAO audit of Medical Equipment processes which had a large number of recommendations. FJ advised that a response was required by the end of that week. The document was noted by the group. FJ welcomed any comments and would draft a response for WAO. FJ would also brief the UHB Board and the Management Executive Team.

14.2

FJ

7.**0 IM&T CAPITAL ALLOCATION UPDATE**

The group noted the update paper and that there was currently no rolling programme for replacement IM&T equipment. NL explained that the updated plan in the document identified the allocated resources of £250k at the beginning of the financial year.

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8.0 DRAFT CAPITAL PROGRAMME 2018/19

GW tabled the draft capital programme for 2018/19 which was a reflection of current funding allocation.

GW explained that the Discretionary Capital Allocation was currently under committed. AH to raise with the Management Executive Team. AH

GW highlighted that the disposal of Amy Evans Hospital and Colcot Clinic were not over the line as yet. Valuations had been undertaken on both properties.

BMT
GW confirmed that the Clinical Output Specification had been issued and was under review by the Healthcare Planner.

Major Trauma
The group agreed that further discussions were required with regards to reporting and highlighting the timings of the BJC submission to the UHB Board. GW explained that the detail required in a Business Case and the associated timelines were often not understood by those who had not been involved in the process.

Park View
GW explained that a full report on Park View Health Centre had been undertaken to identify the current condition and that the surveyor had confirmed that the level of investment required did not make it a viable option. Meetings were regularly taking place with the Clinical Board and the Capital, Estates and Facilities Service Board to identify the services that had been temporarily relocated. A schedule was currently being worked through. The group noted that the Podiatry services relocation was a priority with a clinical area required adjacent to a workshop. Further discussions to take place outside of the meeting to identify a temporary and longer term potential solution.

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