Digital & Health Intelligence Committee

Thu 11 February 2021, 09:00 - 10:00

MS TEAMS

Agenda

1. Standing Items

1.1. Welcome & Introductions

Eileen Brandreth

1.2. Apologies for Absence

Eileen Brandreth

1.3. Declarations of Interest

Eileen Brandreth

1.4. Minutes of the Committee Meeting held on 8th October 2020

Eileen Brandreth

📄 1.4 Unconfirmed Minutes SR 08.10.20.pdf (7 pages)

1.5. Action Log following the Committee Meeting held on 8th October 2020

Eileen Brandreth

📄 1.5 Action Log - DHIC - 08.10.20.pdf (3 pages)

1.6. Chair's Action taken since the Committee Meeting held on 8th October 2020

Eileen Brandreth

2. Items for Approval / Ratification

2.1. Information Governance Policy EHIA

James Webb

📄 2.1 IG Policy EHIA.pdf (2 pages)
📄 2.1 Appendix A IG EHIA.pdf (16 pages)

3. Items for Review and Assurance

3.1. Digital Transformation Progress Report (Digital Dashboard)

David Thomas

📄 3.1 Digital Transformation Progress Report.pdf (6 pages)

3.2. Digital Strategy - Plan on a Page

David Thomas

📄 3.2 Digital Strategy - plan on page.pdf (2 pages)
📄 3.2 Appendix 1 Digital PlanonPage.pdf (4 pages)

3.3. Digital Strategy – Case for Investment

David Thomas

📄 3.3 Case for Investment cover.pdf (3 pages)
📄 3.3 Digital Strategy Case for Investment appendix 1.pdf (15 pages)

3.4. Wales Audit Reports:

David Thomas

1. Management of Clinical Coding Across Wales
2. Welsh Community Care Information System

📄 3.4 Welsh Audit Reports.pdf (4 pages)
📄 3.4 Management of Clinical Coding Across Wales.pdf (36 pages)
📄 3.4 Welsh Community Care Information System.pdf (54 pages)

4. Items for Noting and Information

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

James Webb

Update on NIIAS Position

📄 4.1 IG compliance.pdf (5 pages)

4.2. Clinical Coding Performance Data

James Webb

📄 4.2 Clinical Coding Performance Paper.pdf (3 pages)

4.3. Joint IMT & IG Corporate Risk Register

David Thomas / James Webb

📄 4.3 Joint IM&T & IG risk register.pdf (3 pages)
📄 4.3 Joint IMT & IG Risk Register.pdf (2 pages)

4.4. IMT Audit Assurance Tracker

David Thomas

📄 4 4 IMT Audit Assurance Tracker (2).pdf (5 pages)

4.5. IG Audit Assurance Tracker and Work Plan

James Webb

📄 4.5 IG Audit Tracker.pdf (2 pages)
📄 4.5 Appendix 1 Internal Audit Tracker.pdf (6 pages)
📄 4.5 Appendix 2 Reg tracker.pdf (52 pages)
📄 4.5 Appendix 3 ICO Action plan.pdf (2 pages)

4.6. IMTP Work Plan Exception Report

David Thomas

📄 4.6 IMT WorkPlan Exception Report.pdf (4 pages)
📄 4.6 Appendix 1 WIn 10 Proj.pdf (11 pages)

4.7. Schedule of Control Documents (Policies & Procedures)

David Thomas

📄 4.7 schedule of control docs.pdf (3 pages)
📄 4.7 control docs APP1.pdf (1 pages)

4.8. IG Training, Communications & Engagement Plan

James Webb

📄 4.8 IG Training Comms & Engagement Plan.pdf (2 pages)
📄 4.8 Appendix 1 IG training plan.pdf (1 pages)

4.9. Minutes:

David Thomas

1. IMT Capital Management Group Report
2. Capital Management Group 16/11/2020

📄 4.9 IMT Capital Management Group report Jan 21.pdf (17 pages)
📄 4.9 CMG Minutes of the meeting held November 2020.pdf (7 pages)

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

Eileen Brandreth

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6. Review of the Meeting

Eileen Brandreth

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7. Date & Time of next Meeting:

Eileen Brandreth

Tuesday 1st June 2021 - 9am

Khan,Raj
02/11/2021 09:20:36

Unconfirmed Minutes of the Public Digital Health & Intelligence Committee
Thursday 8th October 2020 9:30am – 12:30pm
Via MS Teams

Chair:		
Eileen Brandreth	EB	Committee Chair / Independent Member - ICT
Members:		
Michael Imperato	MI	Committee Vice Chair / UHB Interim Vice Chair
Charles Janczewski	CJ	UHB Chair
Gary Baxter	GB	Independent Member
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Christopher Lewis	CL	Interim Executive Director of Finance
Angela Parratt	AP	Director of Digital Transformation – IM&T
David Thomas	DT	Director of Digital & Health Intelligence
James Webb	JW	Information Governance Manager
Secretariat:		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
Allan Wardaugh	AW	Chief Clinical Information Officer
Stuart Walker	SW	Executive Medical Director
Len Richards	LR	Chief Executive Officer

		Action
DHIC 20/10/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the public meeting.	
DHIC 20/10/002	**Apologies for Absence** Apologies for absence were noted.	
DHIC 20/10/003	**Declarations of Interest** There were no declarations of interest.	
DHIC 20/10/004	**Minutes of the Committee Meeting held on 9th July 2020** The Committee reviewed the minutes of the meeting held on 9th July 2020 **Resolved that:** (a) The Committee approved the minutes of the meeting held on 9th July 2020 as a true and accurate record.	
DHIC 20/10/005	**Action Log following the Committee Meeting held on 9th July 2020** Actions were noted as complete or on the agenda save for: **20/02/009** Data Repository Governance – The Information Governance Manager (IGM) updated Committee that this work had not yet been progressed and requested that it be deferred to the next meeting. **20/02/017** Information Governance Policy EHIA – this had been deferred to the February meeting.	**JW**

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DHIC 20/10/006	**Chair's Action taken since the Committee Meeting held on 9th July 2020** There were no Chair's Actions.	
DHIC 20/10/007	**Digital Strategy – Final Version** The CC highlighted that this was approved by Board on 30th July and had come back to Committee to update on changes since, mainly in relation to governance arrangements. The Director of Digital & Health Intelligence (DDHI) advised that following Board approval there was one change made to the governance structures to manage the implementation of the strategy being the establishment of Delivery Programme Boards. The UHB Chair queried whether the structure was too bureaucratic to enable decisions to be made at speed. The DDHI responded that there was a balance between ensuring appropriate representation and the ability to make decisions at pace. He considered that this current structure was the best way going forward and the only problem would be in how quickly they could work through the massive transformation programme. He highlighted that they did not underestimate the complexity of the situation. The CC queried where the financial approvals sat and who managed any contingencies. The DDHI responded that it ultimately sat with the Management Executive. He added that there would be finance representation within the Programme Boards and a number of business cases over the next year. The Interim Executive Director of Finance (IEDF) added that a Business Case Group had been established and depending on review of that group, a recommendation went to the Management Executive to consider approval depending on funding so there was a well-rehearsed system in place to manage such things. The CC queried the part played by the Digital Service Management Board. The DDHI responded that the Digital Service Management Board would oversee how the work programs were being delivered and prioritization. He would follow up with the IEDF with regards to ToR and how they are consistent with BCAG. **Resolved that:** (a) the final version of the Digital Strategy for the UHB for 2020-2025 be agreed.	
DHIC 20/10/008	**Digital Strategy - Plan on a Page** The DDHI explained that the challenge was capturing what they wanted to achieve from the Digital Strategy on one page. It was a first draft and provided a useful outline but did not give the detail behind or timelines on the delivery of all items but including too much detail could make it illegible. The CC commented that it should show progress made, risks and budgeting information and in addition a dashboard so that the Committee	

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	could easily consume the full scope of the Programme. The Committee would like to see this evolve and get more structure introduced in each of the themes to see what the plan was, the timescales, where approval/funding was obtained, the spend, key risks etc. to provide assurance of progress and status. **Resolved that:** (a) the progress being made in developing a plan on a page to support the roadmap for delivery of the Digital Strategy be noted.	

DHIC 20/10/009	**Digital Mobile Strategy – Final Version**
	
	The DDHI stated that the Mobile Strategy had been developed late last year ahead of big changes made due to the pandemic, he added that it was focused on the community services component of the UHB.
	
	They had since been able to mainstream this as part of other programs to further enable true mobile working:
	    • National mobilization program
	    • Office 365
	    • MS Teams
	
	From this, a high level roadmap had been produced to ensure the right resources in investment and correct implementation of the Strategy. A number of personas were also developed to understand what we were trying to deliver as part of the mobile strategy.
	
	The Director of Digital Transformation (DDT) advised that it was about more than homeworking. She updated on the current position with regards to the personas and how staff had to be equipped with the right tools for the job and ensure that it was accessible and secure for the individuals using it. It was hoped to improve the quality of data to inform clinical decision making, speed up decision making and free up time to care. She confirmed that the personas had been developed by staff, informed by direct clinical input and highlighted that it was not complete yet due to the size and complexity of the organization but that the building blocks of the strategy could be seen.
	
	It was acknowledged that progress had been immense but the timescales for Office 365 were queried. The DDHI responded that implementation of Office 365 was due within the next 6 weeks. He highlighted resourcing considerations set out within the paper and commented that securing adequate resourcing would affect the timescales.
	
	Resolved that:
	    (a) progress with the Digital Mobile Strategy for the UHB be noted.	

DHIC 20/10/010	**Self-assessment of Committee Effectiveness & Forward Action Plan** The Director of Corporate Governance (DCG) advised that the self-assessment was completed on an annual basis at the end of the financial year; this was the first time it had come to this Committee. Appendix 1 showed the results of questions raised and appendix 2 provided an action plan for where there was an "adequate" or "no" response.	

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	The CC was reassured by the positive outcomes and considered the action plan a very pragmatic and sensible approach going forward. She wanted to encourage the availability of information in a timely fashion.
	
	Resolved that:
	    (a) the results of the Committee's self-assessment Effectiveness Review for 2019-20 be noted
	    (b) the action plan for improvement to be completed by March 2021 in preparation for the next annual self-assessment which will feed into the 2020-21 Annual Governance Statement be approved.	

DHIC 20/10/011	**GP Pilot Action Plan** The CC advised that this was to close an historic action. The DDHI informed Committee that this was a pilot of GP access of CAV patient records, it had started in 2018 and not progressed as planned. It had been picked up, expanded, lessons learned and now the action was complete. **Resolved that:** (a) the actions taken to achieve closure on this plan be noted and ratified.	
DHIC 20/10/012	**Digital Transformation Progress Report (Digital Dashboard)** The DDHI informed Committee that he was unable to bring the dashboard format to this meeting but would bring to a future one. The DDHI informed Committee that there had been a lot of progress over the last 5 or 6 months despite the Covid pressures on the Digital teams i.e. commissioning/decommissioning of Dragon's Heart, mass immunisation program, progress on the data repository on personal health records PARIS, lighfoot support. The DDHI assured the Committee that projects were moving forward and aimed to provide a simplistic view via a dashboard to highlight the risks and issues. **Resolved that:** (a) the progress across the IT Delivery Programme be noted.	**DT**
DHIC 20/10/013	**IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)** The IGM informed the Committee that the paper provided an update on key IG compliance performance measures, in summary the IG structure remained largely unchanged overall, however following a retirement and departure the IG workforce had been reduced. The IGM is hopeful to reappoint vacancies which would depend upon ongoing CRP and restructuring of the digital health department. The IGM reported that the number of incidents reviewed continued to be large but those reported to ICO low. A national reporting tool was awaited to ensure a consistent approach for IG breaches across Wales. With regards to Medical compliance, subject access request compliance had been sustained throughout the year which he emphasized was a	

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	fantastic achievement for the department considering the circumstances faced.	
	In regards to FOI Compliance, this area had suffered due to the fact they had decided not to chase senior members of the Health Board due to Covid however they were processing them.	
	The CC praised the efforts in improving the level of compliance and queried the NIOS position. The IGM responded that earlier this year they had received training and picked up responsibility, he mentioned that NIOS was an audit tool on number of national systems to look at members of your own house, celebrities, and members of your department. They had run the system once but unfortunately as a response to covid had to prioritise work and dropped audit function but intended to resume this work. He added that there was also a consequence on services as they would be running it however they would not be running the investigations as it did not differentiate between lawful and unlawful. The CC noted why it was paused and requested at the next Committee meeting an update on this item.	JW
	IM-University queried progress in regards to IG mandatory training and if there was any particular pattern to note. The IGM responded that the figures presented were a point in time from August with a 3% drop since last Committee in February, he mentioned there was a huge variance across patch. He highlighted that he had not broken down the staffing groups i.e. medics – only 25% of doctors had completed the mandatory IG training. The CC commented that as so many more people were now working from home this became more vital.	
	IM-University was interested to know if there was a trend and if 70% was normal or whether we had seen a real drop during the last 6 months and if it had ever approached 100%. The IGM responded that it had never been close to 100% and that they had aspirations for 85 %. At the last Committee figures across Wales showed C&V as lowest for IG, he would bring back a communications plan for the next Committee meeting.	JW
	Resolved that: 　　(a) a series of updates relating to significant Information Governance issues be received and noted.	
DHIC 20/10/014	**Clinical Coding Performance Data** The IGM reported that this took a dip in February and March due to Covid however they now had recovered and were above the Welsh Government targets of 95%. Audits were rearranged for the end of the year. Also a 42% reduction on FCE compared to last year was seen, last year we were above average as we were this year. **Resolved that:** 　　(a) the performance of the UHB's Clinical Coding Department be noted.	
DHIC 20/10/015	**Joint IMT & IG Corporate Risk Register** The CC was pleased to note that the interim Cyber staff had been deployed to mitigate risk and extra resource had arrived to manage the Windows 10	

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	work with the Dell managed service team. The CC referred to an audit action around cyber staff marked as closed and wanted the DDHI to confirm that it had been fully closed. The DDT commented that resourcing was an issue and should now be included on the risk register. The DDHI responded that this was there against top 3 risks in infrastructure referencing insufficient capital this year to deliver against the necessary plans in terms of the server infrastructure, but given it impacted against other things we may need to resource more wisely rather than aligning it to another risk where it has an impact. **Resolved that:** (a) progress and updates to the Risk Register report be noted.	**DT**
DHIC 20/10/016	**IMT Audit Assurance Tracker** The CC noted that the action was closed in the audit tracker but queried this when only interim resources were provided with no assurance of ongoing funding. The DDHI responded that interim resources would remain until they had recruited to permanent resources. The DCG further commented that these now linked in to the Audit Committee Tracking Reports. **Resolved that:** (a) progress and updates to the IMT Audit Assurance report be noted.	
DHIC 20/10/017	**IG Audit Assurance Tracker** The CC noted all but one action had been closed but queried had they been closed as they had been moved onto the ICO tracker. The IGM confirmed that not all had been closed but as some had been duplicated in the ICO report, for ease they had been consolidated into one action plan. The IGM also highlighted that the one action that had not been closed related to FOI structure which was being progressed as part of the overall wider restructure of Digital Health. **Resolved that:** (a) progress and updates to the Information Governance Audit Tracker be noted.	
DHIC 20/10/018	**ICO Recommendations and Action Plan** The IGM highlighted that appendix 1 was a full list of recommendations, without the Cyber elements for security reasons, and appendix 2 a work plan. He reminded Committee that the 60+ recommendations had been broken down into 5 actions. The CC noted the progress made on the 5 prioritized actions. The IGM confirmed that at the next Committee the recommendations would be replaced by another 5 as they were able to work through them and progress. **Resolved that:** (a) the Information Governance Department's action plan which would ensure that the ICO's recommendations were addressed be noted.	**JW**

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DHIC 20/10/019	**IMTP Work Plan Exception Report**	
	The Committee noted the report.	
	Resolved that: (a) the areas of exception which required further attention and consideration be noted.	
DHIC 20/10/020	**Schedule of Control Documents (Policies & Procedures)**	
	The CC observed that even though the report listed all policies and procedures that would be presented to the Committee, it did not show when they should have been reviewed or provide a plan for when they would come to future meetings.	
	Committee was advised that the list would be shared out within the team to review and the DDHI committed to complete this by the end of the financial year.	
	It was proposed that the DCG work with the DDHI's team to bring those to the Committee for review that have changed significantly and advise: • What can be deleted as superseded • Those that need minor change • Those that need Committee review and include in next year's timetable.	**NF/DT**
	Resolved that: (a) progress to date and plans to address the review of remaining documents be noted.	
DHIC 20/10/021	**Minutes:** i. **Capital Management Group 17/08/20** **Resolved that:** (a) The minutes were noted.	
DHIC 20/10/022	**Items to bring to the attention of the Board / Committee** None	
DHIC 20/10/023	**Review of the Meeting** The CC conducted a review of the meeting. All present confirmed the meeting had run very smoothly and good, positive discussions were held.	
DHIC 20/10/024	**Date & Time of Next Meeting** Thursday 11th February 2021 9:30am – 12:30pm Via MS Teams	

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Action Log
Following the Digital Health & Intelligence Committee
Held on 8th October 2020

Minute Ref	Subject	Agreed Action	Lead	Date	Status
Complete Progress					
ITGSC 18/028 IGSC 17/031	GP Pilot	Three month pilot report to be submitted to the next meeting	David Thomas	08/10/2020	**Complete**
DHIC 20/02/008	Digital Strategy	Final version of Digital Strategy to be brought to committee	David Thomas	08/10/2020	**Complete**
DHIC 20/02/008	Digital Strategy – Informatics for Plan on a Page	DT to discuss with Exec Dir of Planning re Informatics to create a 'plan on a page' for the Digital Strategy	David Thomas	08/10/2020	**Complete**
DHIC 20/02/016	Digital Mobile Strategy	Final Strategy be brought to the June meeting	David Thomas	08/10/020	**Complete**
Actions in Progress					
DHIC 20/02/010 DHIC 20/10/012	Digital Transformation Progress Report	Dashboard style report to be provided at the next meeting	David Thomas	**11/02/2021**	On agenda for February item 3.1
DHIC 20/02/17	Information Governance Policy	Information Governance Manager to undertake a local EHIA on the policy for those areas that deviate from the All Wales policies.	James Webb	**11/02/2021**	On agenda for February 2.1
DHIC 20/02/009 DHIC 20/10/005	Data Repository Governance	A verbal update regarding the IG Promise be brought to the June meeting – Now February meeting	James Webb	**11/02/2021**	On agenda for February 3.10

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Minute Ref	Subject	Agreed Action	Lead	Date	Status
DHIC 20/10/013	IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)	NIOS position - had run the system once but unfortunately as a response to covid had to prioritise work and dropped audit function – CC requested an update at the Feb meeting	James Webb	**11/02/2021**	On agenda for February item 3.4
DHIC 20/10/013	IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)	IG mandatory training - IGM will bring back a communications plan for the next committee.	James Webb	**11/02/2021**	On agenda for February item 4.3
DHIC 20/10/015	Joint IMT & IG Corporate Risk Register	The CC referred to an audit action around cyber staff which is marked as closed and wanted the DDHI to comment on whether the interim nature of that had addressed this to ensure it has been fully closed.	David Thomas	**11/02/2021**	On agenda for February item 3.6
DHIC 20/10/018	ICO Recommendations and Action Plan	The IGM mentioned that at the next committee meeting these recommendations will be replaced by another 5 as they are able to work through them and progress.	James Webb	**11/02/2021**	On agenda for February item 3.8
DHIC 20/10/020	Schedule of Control Documents (Policies & Procedures)	The DCG proposed to work with the DDHI's team to look at where they need minor changes and bring to the committee for review are the ones that have changed significantly:– • What needs to be deleted • Policies that need minor change • Ones that need Committee review	Nicola Foreman / David Thomas	TBC	The Head of Corporate Governance and the IG manager will work together on updating the current policies

Actions referred to the Board / Committees of the Board					

Report Title:	Information Governance Policy EHIA					
Meeting:	Digital and Health Intelligence Committee			Meeting Date:	11th February 2021	
Status:	For Discussion	For Assurance	For Approval	x	For Information	
Lead Executive:	Director of Digital and Health Intelligence					
Report Author (Title):	Information Governance Manager					

Background and current situation:

Cardiff and Vale UHB considers information to be a vital asset, and a key enabler, on which the UHB is dependent as we move forward in delivering our Shaping Our Future Wellbeing strategy and becoming a data driven organisation.

It is therefore of paramount importance to ensure that information is efficiently managed, and that appropriate policies, procedures, management accountability and structures provide a robust governance framework for information management.

The information governance policy is the cornerstone of this framework.

Whilst an all Wales information governance policy was available, the Information Governance Department took the opportunity to consolidate a number of key policies, such as the Internet and Email policies into a single overarching Information Governance Policy. A small number of amendments were made to this policy to ensure it was as enabling as possible. As such, the UHB is required to perform an Equality and Health Impact Assessment (EHIA).

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

The Information Governance Policy EHIA hasn't identifed an impact to the relevant staffing groups or inequalities in health

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

The completed Information Governance Policy EHIA is attached as Appendix A and hasn't identified an impact to the relevant staffing groups or inequalities in health.

Recommendation:

The Board is asked to:

- APPROVE the Information Governance Policy EHIA.

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Shaping our Future Wellbeing Strategic Objectives

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click here for more information

Prevention	x	Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Appendix A

Equality & Health Impact Assessment for

Cardiff and Vale UHB's Information Governance Policy

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
    - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
    - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required[1]
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Information Governance Policy
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Information Governance Department Digital and Health Intelligence James Webb James.Webb@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	Cardiff and Vale UHB considers information to be a vital asset, and a key enabler, on which the UHB is dependent as we move forward in delivering our Shaping Our Future Wellbeing strategy and becoming a data driven organisation.

[1]http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

| | | It is therefore of paramount importance to ensure that information is efficiently managed, and that appropriate policies, procedures, management accountability and structures provide a robust governance framework for information management.

Therefore the policy objectives are:

- We protect the legal rights of individuals, patients and staff in respect of confidentiality and privacy.
- We safeguard our information and systems.
- We make appropriate use of ICT services, such as email and the internet.
- Our staff have access to the relevant and appropriate information they require at the point that it is required.
- The value of the information that the UHB manages is increasingly realised
- All services transition towards the appropriate adoption of the UHB's technical and data standards and achieve these by 2023.
- Opportunities to achieve improvements in clinical and cost-effective care provided by digital technologies are realised.
- We improve the ability of our population, patients, and staff to make timely, evidence-based decisions.
- Our staff are valued, trusted and enabled.
- Our staff are supported to better manage and balance work and out-of-work commitments.
- We comply and act in the intended spirit of the Welsh Government's policy and notably the 'Once for Wales' design principles. |
|---|---|---|
| **4.** | Evidence and background information considered. For example
• population data | A sub group has developed this policy with a membership consisting of information governance leads and an OSSMB representative. IM&T leads and the Wales Partnership Forum have been consulted. |

	- staff and service users data, as applicable - needs assessment - engagement and involvement findings - research - good practice guidelines - participant knowledge - list of stakeholders and how stakeholders have engaged in the development stages - comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory[2] and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need[3].	The NHS Wales Information Governance Management and Advisory Group have approved the text of this Policy. The policy will be approved by the Wales Information Governance Board. The policy is based on good practice and legal obligations as set out by the Information Commissioners Office and in the legislation. The policy has also been constructed from existing agreed principles and the corporate knowledge of its stakeholders. The Information Commissioner has been a key stakeholder in its development and the document has been through several iterations in its development, with comments and feedback being discussed and where appropriate, incorporated at each stage. Documented evidence provided by reviews of other NHS IG policies have demonstrated that there are no statements, conditions, rules or requirements which could potentially exclude or where applied cause an adverse impact against any group of individuals in respect of the protected characteristics. These other organisations include: NHS England and NHS Improvement and NHS Wales.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	This policy will have no direct impact upon service users, however the effect of it will be to improve the confidentiality, integrity and availability of personal data, which in turn will lead to increased public confidence. All staff are required to comply with this policy.

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[2] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf
[3] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected by their age.	N/A	
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected by a disability. If requested, an audio version would be provided.	N/A	
6.3 People of different genders: Consider men, women, people undergoing gender reassignment	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected by their	N/A	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	gender.		
6.4 People who are married or who have a civil partner.	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected whether they are married or have a civil partner.	N/A	
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected by women who are expecting a baby, who are on a break from work after having a baby or who are breastfeeding.	N/A	
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-	This policy applies equally to all UHB staff members. Therefore	N/A	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
English speakers, gypsies/travellers, migrant workers	the impact of the policy on our staff is not affected by people of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected by their religion.	N/A	
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected by their sexuality.	N/A	
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected if they speak Welsh.	N/A	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language	If requested, a copy in Welsh would be provided.		
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected by their income.	N/A	
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected by where they live.	N/A	
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected by any other groups or risk factors.	N/A	

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7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	No impact on people based on deprivation and/or health inequalities.	N/A	
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination,	No impact on people trying to improve/maintain healthy lifestyles.	N/A	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales			
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	No impact on people based on their employment status.	N/A	
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment	No impact on people based on physical environment.	N/A	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	No impact on people based on social and community influences on their health.	N/A	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	No impact on people based on macro-economic, environmental and sustainable factors.	N/A	

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Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	This is a high level framework approach which aims to achieve the values under the policy, it is the protection of everybody's information and gives clear guidelines. The policy details how the organisation protects someone's data and security without prohibiting access to services and providing adequate access to data to meet individual needs and the appropriate sharing of data.

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	To ensure, if requested, that a Welsh version and an audio version of the policy be provided.	James Webb	When requested	

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	This document forms part of Cardiff and Vale University Health Board's commitment to create a positive culture of respect for all staff/patients etc. service users. The intention is to identify, remove o minimise discriminatory practice in relation to the protected characteristics (race, disability, gender identity, sexual orientation, age, religious or other belief, marriage and civil partnership, trans status a pregnancy and maternity), as well as to promote positive practice and value the diversity of all individuals and communities.			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate

8.4 What are the next steps?
 	
Some suggestions:-
• Decide whether the strategy, policy, plan, procedure and/c service proposal:
 	
    o continues unchanged as there are no significant negative impacts
    o adjusts to account for the negative impacts
    o continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)
    o stops.
• Have your strategy, policy, plan, procedure and/or service proposal approved
• Publish your report of this impact assessment
• Monitor and review
	For the Information Governance Policy to be updated with this EHIA assessment.
	
	The EHIA will be reviewed by the Information Governance Manager.
	
	The policy will continue to be enhanced by the actions identified within the EHIA.
	
	The EHIA will inform actions and further policy changes of the Policy and inform EHIA's of the component parts of any related policies.
	
	The EHIA will be published, alongside the Policy, on the intranet and internet once approved.
	
	This EHIA will be reviewed three years after approval unless changes to legislation or best practice determine that an earlier review is required. The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement).
		JW	Q1 2021/22	

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Report Title:	**Digital & Health Intelligence – Digital Transformation Progress Report**		
Meeting:	**Digital and Health Intelligence Committee**	**Meeting Date:**	11th February 2021
Status:	**For Discussion**	**For Assurance**	x **For Approval**	**For Information**
Lead Executive:	**Director of Digital and Health Intelligence**		
Report Author (Title):	**Assistant Director of IT**		

Background and current situation:

The UHB has a constantly evolving 3 year strategic outline plan for informatics development designed to underpin delivery of our strategy, IMTP, transformation programme and the Welsh Government's Healthier Wales and Informed Health and Care policies and strategies.

The D&HI directorate staff are committed to delivery of the digital strategy and the supporting road map as it is developed. A key issue is the continued focus and efforts to support the UHB during the on-going Covid19 pandemic as well as addressing the more strategic issues associated with the organisation's ambitions for digital maturity.

Work to present Digital developments via a dashboard-type report has not progressed as planned, mainly due to pressures arising from the on-going pandemic and the UHB's response to it.

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

The Work Plan to support the emerging Digital Strategy (2020-2025) consists of multiple projects and programmes, both local and national.

A summary of progress across Digital transformation work over the past 4 months from October to January 2021 is set out below, starting with Covid-specifc developments.

Covid support programme

- De-commissioning of all the IT infrastructure at DHH is now complete
- Commissioning of the 400 bed Lakeside wing at UHW to open in November 2020 – Phase one complete, phase two will be completed on the 13th and 14th February 2021 as planned
- Mass Covid Immunisation programme – Digital support is being given to the four Mass Vaccination centres (Splott MVC, Pentwyn MVC, Holm View MVC and UHL). This includes the availability of Win10 devices and full WiFi availability at all sites to enable access to the Wales Immunisation System (WIS), set up of user accounts and a helpdesk bespoke to the Mass Vaccinations/WIS service. Systems support includes the calculation and

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arrangement of auto-scheduled appointments into WIS across these sites, system testing and change requests to the functionality of WIS.

- Continued support for thousands of staff to work from home
- Enabling virtual meetings through the extensive deployment of Teams and Office 365, consultations via Attend Anywhere and Consultant connect
- Delivering all the Digital infrastructure redesign initiatives to support implementation of Green Zones and ward / departmental moves which is on-going
- Upgrading of the PAS (PMS) system and Business Intelligence system in support of COVID activities and reporting
- The Covid19 dashboard developed in the Business Intelligence System to support the C19 Operational Group and wider organisation.
- Additional intelligence around test conversion rates and rapid testing has been provided and data from the mass vaccination programme, visualized in the dashboard providing intelligence around vaccines given and future bookings by population cohorts and locations such as nursing homes and GP surgeries.
- The BIS team led modelling work being undertaken to support the vaccination programme and developing the visualizing of staff lateral flow testing.
- Covid-19 Pathway functionality in PAS (PMS), released at the end of December 2020 to allow clinical staff to manage pathways, providing a more accurate and up-to-date picture of Covid within the UHB.
- Covid Biomarker Study with Cardiff University This is an ongoing collaboration with Cardiff University that makes use of data supplied from our Oracle repository
- Covid Self-Test App (iOS/Android) a small app distributed to staff administering the Vaccine to record daily test results from self-test kits. The data is also available to the Data Warehouse for reporting. The app runs on users own devices and is distributed through a secure server where app updates are also managed.
- COVID Testing using the all-Wales WCP instance in place in both UHW and UHL Emergency Units, allowing SMS results to be sent to patients not required to stay in hospital.

Other progress

C&V Data Repository

This focusses on accessible data, through sharing and wider clinical use of data stored in GP, community, mental health, EU, outpatient, theatre and maternity information systems. Work is continuing to deliver phase 1 of the Clinical Data Repository (CDR) with preparation including hardware and training on FHIR (Fast Healthcare Interoperability Resources), which is the standard describing data resources and APIs for exchanging electronic health data. This will feed into the National Data Resource programme led by NWIS.

There are currently three proof of concept initiatives running:

- WAST feed. This is a real-time feed from the Welsh Ambulance Trust of impending ambulance arrivals at UHW (a collaboration between CAV, BCUHB and WAST).

- 2-Way cancer data link between CAV and Velindre. A real-time data feed between the organisations for patients that are co-managed, work is in the final stages of the link from CAV to Velindre.

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- Prehab2Rehab - supporting at a data and system level. We are currently in discussions with NWIS and the Primary Care system suppliers to interface with the GP systems.

Other ongoing and future work:
- Single Cancer Pathway (SCP) reporting. A real-time feed to the NDR for the reporting of SCP information. This will be used for reporting initially but could be used for operational use in the future in line with the principals of NDR.

Integrated Digital Health and Care Record

Work has progressed with enabling multi-disciplinary teams to share common records, e.g. use of Vision 360 GP clinical record system to allow clinicians to see primary care data at a cluster level. GPs can now access and see community data via the PARIS system.

Data to Knowledge

Data shared with Lightfoot to support the "Signals from Noise" insights work includes data feeds completed for Radiology, Out of Hours (Adastra), CRT Services and Mental Health. Data feeds have been developed and released by the BI Team. Agreement has been reached in developing an information sharing framework between health and social care providers creating a unified view of patient demand for core services, understanding patient flow between different organisations across the "system" and patient outcomes and interventions.

A more detailed update on progress against specific projects forms the remainder of this report.

Local / National Projects

- Pharmacy System Replacement Programme - Training on the new system began Jan 2021. Go live still scheduled for May 2021. Windows 10 upgrade required to implement the new pharmacy system 90% complete in pharmacy.
- Philips Cardiology system upgrade –IT preparation work with the service ongoing. Agreeing costs of new servers with service, once agreed will plan go live date. SBAR submitted to cardiology clinical board Dec 2020.
- Chemocare Version 6 Upgrade – IG agreements signed off Sept 2020, planning to start upgrade early 2021. Awaiting server configuration before supplier will schedule upgrade.
- Consultant Connect - Over 1000 calls have been made through the service for telephone advice and guidance since launch.
- Cardiology GE system upgrade – system is end of life and agreement to upgrade system and servers was reached by Cardiology and GE in Dec 2020. Plan for implementation early 2021

Welsh Clinical Portal and GP Test Requesting

- Pathology Electronic Test Requesting continues to be rolled out across the UHB. Recent

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go live areas include Lakeside Wing wards, Neonatal and Paeds Outpatients.
- A Laboratory Medicine and Clinical Diagnostics & Therapeutics (CD&T) service driven eTR Mandate Project commenced in December 2020 aiming to increase eTR up-take to 90%+ across CVA UHB and Primary Care by January 2023.
- WCP Results and Notifications functionality is being implemented in additional specialties following the successful pilot in Gastroenterology.
- Result Notification pilots extended to Gastroenterology Consultants, Haematology Consultants, Metabolic Medicine, Haemophilia Centre and Neurosciences consultants.
- GPTR Pilot - restarting the GPTR pilot initially with three GP sites in Feb '21.
- ETR Rolled out to Major Trauma Unit and Neo-natal with roll-out complete for Paediatrics
- WCP Mobile Application increased roll out to Nurse Practitioners and Pharmacists November 2020.

PARIS community system

- Expansion of GPs direct access to PARIS in support of cluster working agreed to be expanded across the region. Rollout will be through Q4 2020/Q1 2021.
- Overhaul of PARIS solution (major efficiency version change from vendors) in testing and preparation for Feb 2021 rollout. In-system dashboards, navigation shortcuts, customisation and Subject access request (SAR) are all major component parts.

Infrastructure

The Cancer Tracking Module
This was released on the 20th January 2021 with the first SCP report from the system due at the end of January. This is a replacement of the Tentacle system which resides on our Oracle repository and links in directly with the PAS (PMS) system.

COM2/D&T
Additional functionality has been included and released within COM2 and D&T as part of Outpatient transformation including:
- See on Symptoms and Patient Initiated Follow-up functionality
- Video capable functionality to support the use of Attend Anywhere
- Clinic management functionality allowing clinicians to work without admin support
- Integration with e-comms to make communication with patient by SMS possible
- Prototype WCP stapling (to a test WCP instance) successful

PSA Tracker
System to log and track patients with prostate cancer. The system records all PSA results for patients who are monitored and generates alerts where problems are identified. This allows the users to contact the patient accordingly.
Two versions have been developed – one for CAV and one available to all-Wales.

Major Trauma System
Following a successful trial in CAV, the locally developed system for the South Wales Trauma

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Network is being rolled out across all health boards in the network.

Electronic Radiology Referrals
This ongoing development makes use of our in-house developed eAdvice platform and will be piloted with GPs initially.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Assurance is provided by regular internal updates and planning reviews with items for exception highlighted to the Digital Health and Intelligence Committee.

Recommendation:

The Committee is asked to:

- NOTE the progress across the broader Digital Work Programme

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

Five Ways of Working (Sustainable Development Principles) considered							
Please tick as relevant, click here for more information							
Prevention		Long term		Integration		Collaboration	x	Involvement

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Report Title:	Digital Strategy – Plan on Page					
Meeting:	Digital Health Intelligence Committee				Meeting Date:	11th February 2021
Status:	For Discussion	For Assurance	For Approval	x	For Information	
Lead Executive:	Director of Digital Health Intelligence					
Report Author (Title):	Director of Transformation					

Background and current situation:

Cardiff & Value UHB's Digital Strategy, approved in 2020, sets out ambitions and plans for the next 5 years. The attached appendix seeks to describe the Digital strategy on as few pages as possible to provide an overview of our plans to transform digital services via the roadmap describing our plans.

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

The Digital Strategy roadmap will develop into a detailed work programme requiring investment and support from across the UHB. It will deliver digital transformation as a key enabler to support the UHB's strategy "Shaping our Future Wellbeing" and deliver the UHB's digital maturity standards and capabilities.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Delivery is to be overseen and managed by the governance structure agreed within the Digital Strategy, clinically led with the four strategic delivery programme boards (Patient, Analyst, Clinician and Capabilities channels) each chaired by a clinician.

Recommendation:

The Digital Health and Intelligence Committee is asked to:

- **RECEIVE** and **NOTE** the progress being made in developing the underpinning roadmap plans in support of the Digital Strategy

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Shaping our Future Wellbeing Strategic Objectives
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click here for more information

Prevention		Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Digital Strategy
Roadmap
Enabling programmes

DHIC Roadmap update
January 2021

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Digital & Health Intelligence

2020

2025

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Patient Channel Programme

Covid response

Virtual Consultations
-    Telemedicine

Telecare, assistive technologies

E-Consent

Personal Health Record with PREMS/PROMS - Telehealth

Choose and Book / e-bookings
Self directed enquiry management

Shared health and care record across multiple agencies

Broadcast (film) public meetings e.g. Board meetings

Digital communications
Letters, Correspondence
& Leaflets

Clinician Channel Programme

Telephone advice & guidance

Digital dictation & Transcription

Digital primary care

Scheduling – community nursing
Online referrals/e-referrals

Electronic Patient record
Electronic Health record
Clinical / specialty applications

Electronic pathology ordering
Electronic observations (e-obs)
Extend POCT

ePMA – electronic prescribing & medicines administration

Single Sign On (completed)

Analyst & Platform Channel Programme

SNOMED CT – all PAS in UHB

Analyse platform - ability to visualise complex data e.g. capacity across the UHB

Electronic test requesting (e-TR)

Clinical Data repository (CDR) / Local data repository (LDR)
National data repository (NDR)

Integrated diagnostics
E-health platform

Interoperability internally & between agencies

Scan4Safety (completed)

Process automation (bots, AI)

Signals for Noise

Capabilities Programme

O365 and MSTeams
- chat message video calling
- file share (collaborate)

Upgrade desktop estate & Windows 10 upgrade

Staff mobilisation inc. UYOD 'Making things easier for staff'

Rotas/e-rostering

Staff WiFi channel with seamless connectivity throughout the estate

All Enablers inc. virtual desktop

Managed / Follow Me print

'Smart' staff cards – log-in, door access, secure print, permits

Roadmap

	Red	Amber	Green
Implement	Win10 Desktop refresh	Covid response PHR SNOMED CT	O365 eTR Signals4Noise TAG Telemedicine
Planning			WICIS Establish Boards D&HI prioritised workplan
Demonstrator	E-consult	Staff mobilisation	ENT Shop Window Choose&Book
Business case		Digital dictation Transcription	Digital comms FollowMe print Community scheduling ePMA Scan4Safety

Additional funding Q4

£
- CAV 1.5m
- LINC £203K tbc by WG
- WG £500K capex

Vaccinations

O365 Broadcast
Ask Len
Welsh subtitles Jan 2021

Public meetings

TAG
46% of elective referrals avoided
Virtual consultation
5.67K hours travel time saved for patients

HIGHLIGHTS
- eTR mandated
- 1,116 virtual consultations
- TAG - 20 specialties, live in all GP surgeries, over 1000 calls
- 85% mailboxes migrated O365

OPPORTUNITIES
ENT shop window
See separate slide
- Cardiff City Region bid
- PHR re-procurement
- Business case completions

STRATEGIC QUESTIONS
- C-19+ New Ways of Working
- Gillick competence (PHR)

RISK & ISSUES
- Equipment, Resources
- Sustainable funding
- Activity levels & Capacity
- Duration of pandemic

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How digital could enable new models of care - Planned Care

Patients&Carers

Primary&Community

Deliver consult virtually from home or F2F in care setting

SecondaryCare

HOSPITAL

Deliver consult virtually from home or F2F in the hospital

Enablers
My personal device
Pre referral – Patient pathways information
Post referral – PHR

Enablers
Up to date Win10 device with O365 & MSTeams
Gpe-TR
Single sign on in some settings
Digital dictation & transcription
Healthcare Pathways
CAV247

Enablers
Up to date Win10 device with O365 & MSTeams
Electronic test requesting
Single sign on in some areas
Digital dictation & transcription
AI to reduce DNAs
Scan4Safety supporting flow
ePMA, EPR

Patient Communications

PHR
PREMS
PROMS

Pathways

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Report Title:	Digital Strategy – Case for Investment				
Meeting:	Digital Health Intelligence Committee			Meeting Date:	11th February 2021
Status:	For Discussion	For Assurance	x For Approval	For Information	
Lead Executive:	Director of Digital & Health Intelligence				
Report Author (Title):	Director of Digital Transformation				

Background and current situation:

Cardiff & Vale UHB Board approved the Digital Strategy (2020-2025) in July 2020 on the recommendation of the D&HIC committee. The strategy sets out the future direction and plans for a digitally advanced organization through the development of a detailed roadmap including plans to address legacy underlying infrastructure issues to build new and innovative digital solutions. Creating and maintaining a solid platform and fit for purpose infrastructure are essential to the delivery of all future digital transformation plans.

The UHB has committed additional short-term investment funding for Digital services during 2020/21 to assist with fast-tracking and resourcing the Win10 rollout programme, O365 mail migration and mobilization.

There is however no recurrent funding to address an annual PC/device replacement programme nor adequate capital investment to ensure that all critical IT infrastructure upgrades and replacements are fully funded.

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

The case for investment seeks to secure regular annual investment in the UHB's digital infrastructure, partly to address the legacy challenges, but also to improve our current level of digital maturity from the current basic level of 1&2 to becoming a digitally mature organization where we have complete health records, accessed anywhere by any device and where real time data available across all systems to anyone who needs it.

The Covid pandemic has been the cause of much digital transformation over the last 10 months with more and more staff relying on digital solutions to work from home, provide virtual consultations and to participate in virtual meetings; a large proportion of staff are now reliant on mobile devices, expecting to be able to connect and work seamlessly irrespective of where they are.

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Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

ASSESSMENT

Whilst CAV UHB will have benefitted from WG digital funding (both revenue and capital), the amounts are generally small and targeted for delivery of specific outcomes. There is also recognition that the capital funds allocated to the UHB are part of a finite pot and that any increase in the Digital allocation can only be achieved by reducing the allocation to fund CAV UHB's Estates requirements.

RISK

The lack of a central funding pot for any new or replacement devices prevents an annual refresh programme, meaning that PCs and other devices are left in use far beyond their normal lifecycle leading to poorer performance, more IT support calls/interventions and frustrated users. The impact for service delivery is potentially compromised by using and relying on aged devices running on legacy infrastructure.

ASSURANCE is provided by:

The case for investment document (appended to this paper) sets out the reasons for additional investment, covering benefits, options and recommendations for improving the Digital infrastructure.

Recommendation:

The Digital Health and Intelligence Committee is asked to:

- **RECEIVE** and **APPROVE** the approach and content within the investment case for consideration by the UHB's management executive group.

Shaping our Future Wellbeing Strategic Objectives			
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	

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

Five Ways of Working (Sustainable Development Principles) considered									
Please tick as relevant, click here for more information									
Prevention		Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	No *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Digital & Health Intelligence

Delivering the Digital Strategy

Case for Investment and Change

Contents

Khan Rai
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1   Our Strategic Imperative

Cardiff and Vale UHB aspires to become world class, challenging traditional models of service in order to consistently deliver the best possible health and care outcomes for its population and patients by adopting cutting edge and vanguard innovations that lead to improvements. This includes:
- Being an exemplar for research, development and innovation nationally and internationally
- Remote monitoring using artificial intelligence (AI)-enabled processes and medical devices
- New health and care models enabled by robotics, virtual reality - all technological advancement
- Precision medicine as part of a world renowned Genomics service
- Creating and delivering The Dragons Heart Institute, a new paradigm in accelerated delivery
- Strategic partnerships and collaborations with other agencies, industry and academia on a local, national and international scale
- Building a cutting edge 21st century tertiary centre capable of dynamic flex to meet any demands whilst also enabling and facilitating a shift to patient centred care, in the community and in the patients home
- Big Data for risk stratification at the point of care, predictive analytics, and soon, on-demand healthcare
- Ensuring the new reality described in the Shaping our Health and Wellbeing strategy.

Achieving these aims is dependent upon CAV becoming a digitally advanced organisation

1.1   Purpose
The purpose of this document is to commend a 5 year roadmap to deliver the approved CAV Digital Strategy that will rapidly enhance our digital maturity, enable our staff, empower our patients and leverage our rich data sets so that we move to preventative health and care by becoming a learning health and care system. It will enable us to take huge strides towards meeting the aims at 1 above.

The roadmap indicates a priority order for initiatives and a governance model to ensure that what we do is clinically led, patient centred and managed. It also:
- advocates co-production as a way of working, building on learnings including the Robert Wachter report 'Making IT work..', the Topol review, international digital maturity standards, the CAV Convention, working with NWIS and the wider Wales digital eco-system
- aligns with national governance and programmes such as Digital Services for Patients and the Public and standards including the National Architecture review

1.2   Benefits of becoming a digitally advanced organisation
There is a wealth of empirical evidence to support the benefits that sustained investment in digital will realise including:
- Return on investment – multi-million cash releasing programmes
- Release time to care – thousands of hours equivalent to millions of pounds in productivity gain
- Transformed patient experiences where self-empowerment and self-management is the norm
- Reduce isolation and loneliness by reducing digital and social exclusion
- Better health, better outcomes for all
- Efficiency through better throughput and flow
- Reduction in inventory
- Improved safety, quality, quicker, informed clinical decision making
- Forward planning, using data to manage capacity across the system, predictive analytics and risk stratification at point of care
- Carbon reduction and a mobilised workforce
- Happier, healthier staff
- 'IT' just works

1.3   Benefits realisation
Organisations that invest in becoming digitally capable are already realising these benefits. Some shorter term practical internal opportunities we have in CAV are discussed at 10.3, these are just a few examples. The May 2020 National Audit Office report[1] describes that some digitally facilitated benefits take longer to

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[1] https://www.nao.org.uk/wp-content/uploads/2019/05/Digital-transformation-in-the-NHS.pdf

manifest and also that reliance on national funding alone is insufficient to become digitally mature. We must also invest themselves.

1.4 Recommendations

The approved Digital Strategy explained that we need to resolve legacy underlying infrastructure in order to develop digital capability, over time, in a careful, managed way that prioritises benefit realisation – for staff and for patient care. Recommendations on what we can do and how we can fund our digital aspirations that underpin Cardiff and Vale becoming world class are summarised below. Text that has been shaded in grey within this document refers to those recommendations that have already previously been agreed for funding by Management Executive on 23rd November 2020 and are included for completeness.

Document ref	Recommendation
5, 7	Agree the digital roadmap and build an EPR
8	Agree Option 3- invest in the roadmap
10	Implement the funding options recommendations
10.1, 10.2 April 2021	• Increase discretionary capital to move towards the estimated £3.41m pa • Centralise all digital spend where it is appropriate and fund any ongoing liability e.g. licences
10.3 December 2020	Invest £0.4m from 01/12/20 to • work proactively with finance and estates to build cash releasing business cases (may require using agency staff) • support the development of a financial model to reinvest savings realised in the digital roadmap • deliver some high impact, tactical improvements
10.5 April 2021	Each Clinical Board to • Invest £250K revenue pa to fund staff and software managed by D&HI to develop and deliver enterprise capabilities described in the roadmap • Commit (if capital funding is not forthcoming from the organisations discretionary capital) to a top slice that moves towards the estimated £3.41m pa to bring up the base of the IT estate and maintain it, at a replacement rate of 1/5 of the estate pa, prioritising unsupported and/or end of life servers, the oldest of our desktop/laptop devices and network improvements • Additional equipment. A common complaint from some clinical staff is they do not have enough computing equipment to meet their needs (space is not always the limitation)
10.6	Digital slippage or grant funding from any source should target our digital transformation, not be used to support our underlying IT estate

2 Our Vision and Aims for digital

wrap health and care around individuals, join things up so organisational boundaries don't get in the way and keep the person at the heart of what we do

Aims

Digital First for patients and carers
✓ Digital first, easy access to health and care services for people when they need them, face to face or inpatient only when necessary
✓ Tell your story once and everyone involved in your direct care will know your story

Digital First for staff
✓ Our staff are digitally enabled with the right tools for the job, are equipped and skilled for the internet age, have modern equipment and IT 'just works'

Seamless information sharing across professional and organisational boundaries
✓ By getting rid of information silos, it's easy to get the right information, at the right time and in the right place, speeding diagnoses, risk stratifying at point of care improving safety and quality, reducing errors and costs

2.1 What success looks like

Healthier Wales: "Plan for Health and Social Care 2018, sets out a clear ambition to promote home based care and self-management with an emphasis upon health, wellbeing and prevention.

We can do more with less, delivering benefits to both our patients and workforce, with care closer to home".

This is part of what the digital roadmap will enable.
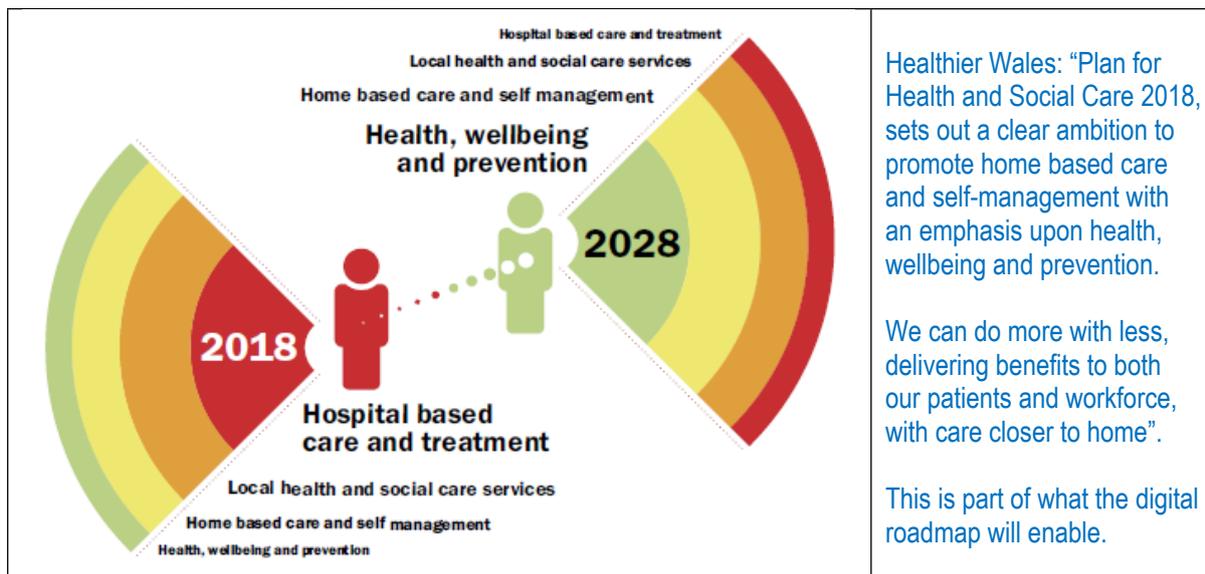
3   Context

The strategic context that informs the roadmap is taken from local and national drivers that are well understood. The key highlights we must pay regards to are:

a person's chance of leading a healthy life should be the same, no matter who they are

A Healthier Wales quadruple aims
➤ Improved population health and wellbeing
➤ Better quality and more accessible health and social care services
➤ Higher value health and social care
➤ A motivated and sustainable health and social care workforce.

National Transforming Outpatients strategy
➤ the right care, right information, from the right person, at the right time, in the right place, so they can maximise their health and well-being status and stay independent as long as possible

Prudent Healthcare
➤ Achieve health and wellbeing with the Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production public, patients and professionals as equal partners through co-production.
➤ Care for those with the grCare for those with the greatest health need first, making most effective use of all skills and resources.eatest health need first, making most effective use of all skills and resources.
➤ Do only what is needed – no more, no less – and do no harm.
➤ Reduce inappropriate variation using evidence-based practices consistently and transparently

4   Our current level of digital maturity

There is no single recognised standard to assess our digital maturity, in part, because we are an integrated health and care system.

If we simply look at the HIMSS standard for acute hospitals, we see that CAV is around Levels 1&2.

In this we are not unusual and we now have a plan to take us further across the whole of our integrated system.

5   A Digital Roadmap

Some service based examples of the transition to becoming digitally mature are captured in this table:

Least digitally mature	Digitally mature
Medical records, Dr Foster records	Electronic health record
Voice dictation to tape and manual coding	Digital dictation and transcription & voice activated coding directly into patient records e.g. using SNOMED CT standards
Information silos in primary, secondary, community, social care	Shared care records, role based access accessible by clinicians and patients including on your own device
Access to information on a fixed PC at a desk, multiple passwords for multiple applications	Access information on any device, anywhere including on your own device, Single Sign On and password for life – single sign in, access all applications
Static images on film, test results on paper, bloods, CT etc.	Diagnostic information accessible anywhere including at the bedside or at home on any device including on your own device
Individual diagnostic tests individually ordered and reported using paper, phone, electronic referral and request methods	Integrated diagnostics - from within the patients electronic record, ordering for any test or imaging, returned electronically, viewable in WCP, accessible on any device including on your own device
Genetic and genomic analyses received as paper records	Genetic and genomic analyses available anywhere clinically appropriate including at the bedside or at home on any device including your own. These records may be interpolated with Histopathology results.

5.1   Improvements for staff

As with any change, we must start with how we will improve things for our staff.

The difference we will make for staff

- Password for life
- Automated password reset
- Up to date internal directories
- Information flow between applications for job/task management
- E-forms – internal and patient facing
- Access almost everything on any device including your own (ambitious!)
- Email accounts for all staff
- Roster / rota solutions for all staff groups
- MS Teams has many capabilities that can respond to a lot of our requirements. These are not all detailed here …

A draft roadmap ready for clinical prioritisation follows, expanding upon these improvements

Khan Rai
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Off the shelf EPR

The solution to the problem in our setting is often cited as buying an off the shelf EPR platform.

These are major investment multi-year programmes and apply only to the acute setting. The EPR does not extend to primary or community care, mental health or the back office e.g. HR, Finance neither does it deliver a 'whole' solution for the acute e.g. ePMA (electronic prescribing and medicine management) and there will still be a myriad of clinical, diagnostic and other tools and applications.

An indication of recent EPR awards and their cost is shown in Table 1 below. If the fabric of a hospital has an asset life of 60 years, we would need to plan on the basis that digital capability will add an estimated minimum c£2bn net present value (NPV) to the lifetime cost of the asset for an organisation of our size

Khan.Raj
02/11/2021 09:20:36

Draft roadmap

Digital & Health Intelligence

7

Digital enablers – a solid foundation.

As set out in the digital strategy, we must improve our basic infrastructure. If we do not, none of these proposals are possible. This must be our first priority.

We have approximately 11,000 desktop devices for 14,500 staff. This grew to c13,000 in 2020 following Covid and the home working surge.

c2,000 staff do not have a Nadex account (this will be resolved as part of the O365 programme). We also do not have enough devices to meet demand in clinical areas.

30% of our desktop estate (PCs, laptops) is so aged it must be replaced. This replacement is being funded by a one off WG grant issued in 2019.

We estimate a further 60% of our desktop can be capable of running Windows 10, O365, MSTeams, video conferencing with remedial work. This leaves c10% as an unknown.

Table 2 shows the condition of desktops based on remote analysis. We also have issues with server, network and applications estate

OPTIONS APPRAISAL

6   Option 1 - No change

There are no benefits to delaying the implementation of this proposal but there are real consequences of inaction. Digital is a part of service change and redesign, it is an enabler to system and service change. As reported in the Wachter review, investing in technology without business change will not deliver optimum or desired results. There are some limitations on what can be achieved given our physical estate however there is much that we can do. If we don't invest in a meaningful way, we will continue to decline. Staff will continue to be disaffected, patient care will suffer despite everyone's best efforts and it will be even harder to recover our position.

We have risks that can no longer be managed including that some clinical services are under threat of losing applications they rely upon because some of our server estate is well past end of life. We do not have the human resources or equipment to do upgrades whilst also managing day to day pressures. We have a dearth of diagnostic tools which if in place, would enable us to be more proactive, quicker to diagnose equipment faults and implement fixes. This includes automation to fix remotely using AI.

The effect of these is that Digital & Health Intelligence staff are perpetually engaged in trying to resolve "today's issues". There is almost no capacity for future planning as the skilled technical resources managing our infrastructure are over-burdened managing legacy, aged equipment.

6.1   The impact of No Change - lost productivity

Some early analysis by Lakeside software using their Systrack remote diagnostic tool reported that the state of our desktop estate alone (PCs, laptops) means our staff spend between 4 & 34 minutes logging in. They go on to say that just a 10% improvement in log in times[1] would deliver a productivity gain of circa 7 minutes/day per machine.

> [1]Extrapolated they report this is **4,884 hours of time / £2,461,662 in recovered productivity pa** based on £14/hr average wage *(source Lakeside)*
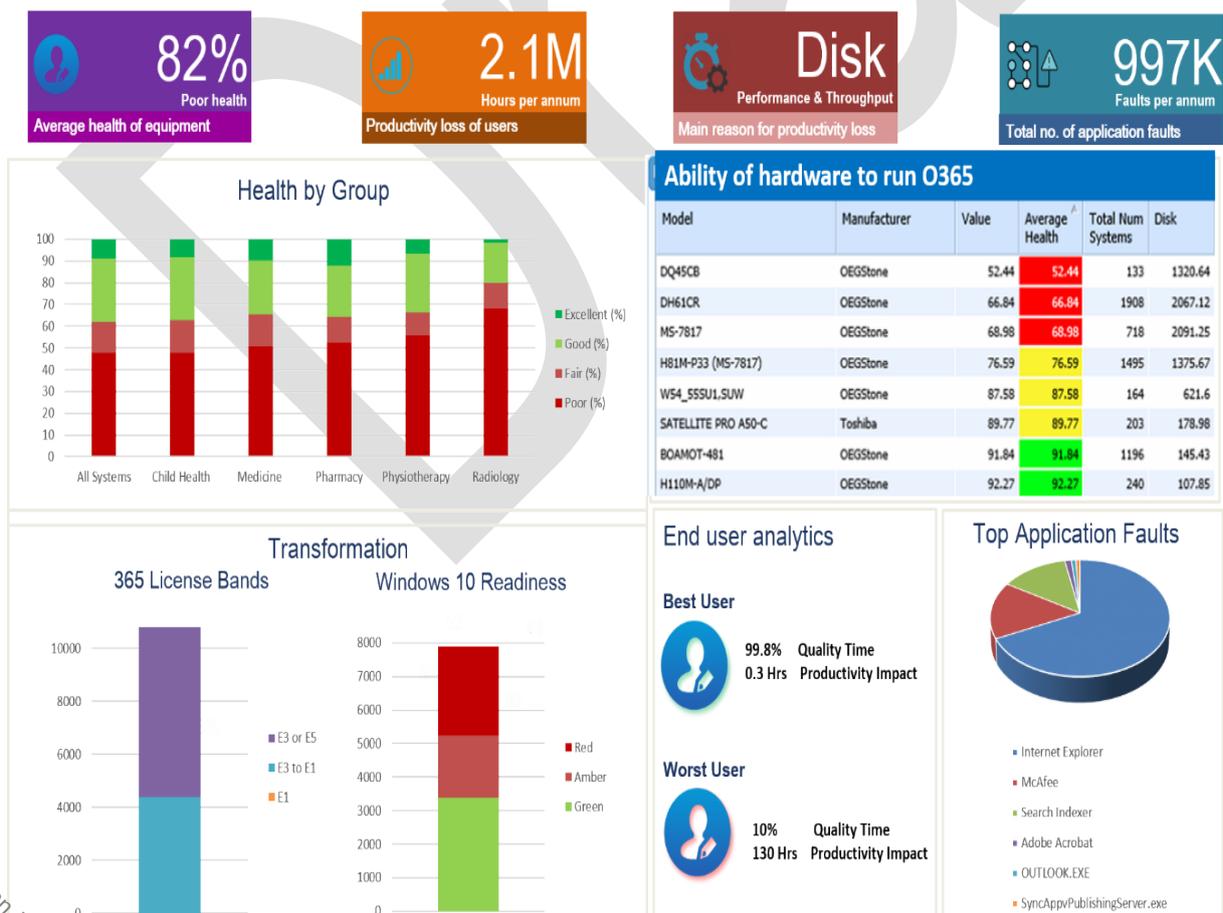
6.1.1 The age of our desktop estate

Profile of our desktop estate (excludes several thousand devices issued for Covid in 2020)[2]

Number of devices by age

Age	Number
0-6 YEARS OLD	3772
6-10 YEARS OLD	6521
11-15 YEARS OLD	557
16 OR MORE YEARS OLD	
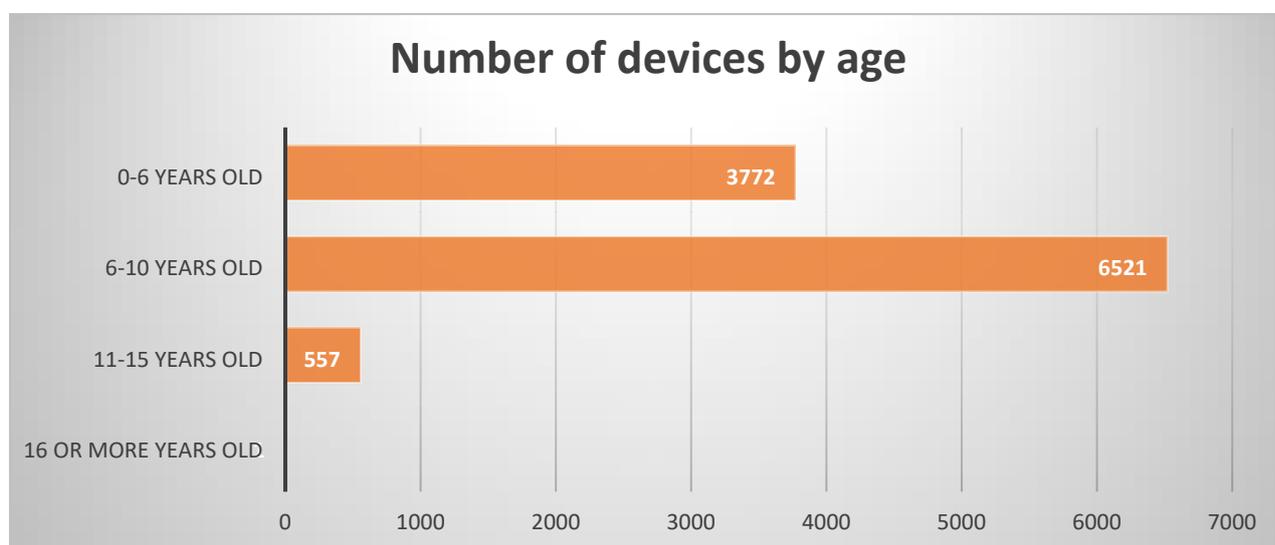
6.1.2 Age profile of desktop devices currently in use, by year

Year installed	2004				
Age in years	16				
No. devices	1				
Year installed	2005	2006	2007	2008	2009
Age in years	15	14	13	12	11
No. devices	5	32	68	104	348
Year installed	2010	2011	2012	2013	2014
Age in years	10	9	8	7	6
No. devices	45	2734	595	3142	5
Year installed	2015	2016	2017	2018	2019
Age in years	5	4	3	2	1
No. devices	2883	205	469	108	107

No change is not considered a viable option

6.2 Purchasing responsibility

Responsibility for purchasing and refreshing computing equipment rests with Clinical Boards and there is an enormous disparity across the organisation in whether or not equipment is fit for purpose. Clinical Boards have limited resources and so we must find solutions that work for us organisationally given all of our competing priorities. Only one Clinical Board invests in additional human resources embedded in the Digital and Health Intelligence team to support the management of their applications, mobile estate and digitally enabled transformation (change) requirements.

This model works and should be replicated

7 Option 2 - Off the shelf Electronic Patient Record (EPR)

The National Audit Office report[1] sets out three options for EPR – buy, best of breed or build.

7.1 Buy

Issues with this approach described with the diagram of the draft roadmap on page 7 are not repeated here. Table 2 records EPR contract awards in 2020. Note that the £400m awards are the only organisations that would come near to the size of our organisation.

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[2] These numbers do not include monitors

Table 2 - recent EPR awards by value[3]

Contract value £	Who	Year	Term	Mean £pa of contract
400m	Manchester University NHS Foundation Trust	2019	15 year	27m
108m	Frimley Heath	2020	10 year	11m
175m	Guys and St Thomas	2020	15 year	12m
181m	Manchester University Trust	2020	15 year	12m
400m	Sheffield (out to tender)	2020	10 year	40m

7.2   Best of breed

The NAO report goes on to say that best of breed solutions can become more expensive over time because you are managing multiple applications and their interconnectivity to achieve the functionality of an EPR.

7.3   Build

Supported by some external resource and by working in a co-productive way with our clinical staff, this positions us to be able to build our own. CAV has an internally developed PAS application and developer resource. Our digital strategy gives us the flexibility to introduce and / or change out applications rather than be tied to a single mega platform for decades. We can integrate data silos through the NDR/LDR, introduce customer friendly, intuitive interfaces making data accessible and usable in a way that it hasn't been before - at the point of care, remotely, peripatetically.

This will enable us to become more financially sustainable, deliver improved health and care services by increasing speed of decision making, improving accuracy in diagnosis and safer prescribing leading to improved quality.

As an integrated health and care system, we can also do things end to end across the whole system across primary, community, mental health and secondary care. This is what the Sustainable Transformation Partnerships (STPs), Integrated Care System (ICS) changes in England aspire to, including the pursuit of Local Health and Care Records (LHCREs).

This structure already exists in CAV and the LDR/NDR will give us our equivalent to the LHCRE. Crucially, this makes a shared heath and care record possible.

> **The recommendation is to Build an EPR – this is already being explored with senior clinicians**

8   Option 3 - Invest in the roadmap

Our financial situation is not set to improve in the medium term and the cost to the economy of Covid is as yet incalculable, all of which means there is less money in the system. Notwithstanding, there is a long legacy of underinvestment which we must act upon and now need to turn around or we will never go forwards.

We need to:
- ✓ make better use of the money we currently spend on digital as a collective
- ✓ make different choices about what we spend money on as a collective to invest in digital
- ✓ digitise paper based, manual systems and processes where there is an obvious return on investment
- ✓ pump prime digital transformation, recognising it is the only solution we have other than adding more staff to making our organisation efficient, effective and sustainable.

9   Current funding position

We can't not invest in digital – everything we aspire to is completely dependent upon it. The cost if we procured an EPR has already been shown to be around £27m pa. Our legacy estate will take sustained

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[3] Information from Bidstats http://bidstats.uk/tenders/?q=epr

investment and some time to fully update. The good news is this work is already underway using the 2019 WG grant but as the diagrams at Section 6.1 demonstrate, this only alleviates a little pressure in our desktop estate. It doesn't complete the job, neither does it extend to our server, network or application (e.g. clinical workstations, PAS) estate.

Funding is very challenging, yet it must be found. Investment opportunities in digital are discussed below.

9.1 CAV discretionary capital

Annual discretionary capital is £0.5k. Occasionally, there is additional funding as a result of slippage however this is not a consistent figure and is typically used to fire fight problems and doesn't enable new capability.

The table below provides a comparison of investment in the digital estate compared to other UHBs of similar size:

UHB	End user devices	Avge discretionary capital pa
Swansea Bay	8,750	£3m
Betsi Cadwaladr	11,900	£2.5m
Cardiff & Vale	13,000	£0.5m
Hywel Dda	6,546	£1.5m

9.2 WG funding

In 2019, CAV benefitted from a one off grant from WG of £3m which will replace c1/3 of our legacy equipment, some of which dates back to 2004. This is a mix of capital and revenue, is documented on the Digital Enablers page and is not repeated here.

There has been no capital funding for digital this year from the £50m pot held by WG, as funds have been diverted to support Covid initiatives. Whist this has funded additional equipment, not replacements, it has had the effect of increasing our desktop devices by approximately 2000 units which is now added to our backlog maintenance pressure.

Usually there is some additional funding provided by WG as a grant to do specific things or through slippage. Our reliance on WG funds to mitigate some of the issues in our IT estate is such that if funding does not arrive and if nothing else changes, our current position deteriorates further.

9.3 Revenue
Organisationally, in 2019 we spent c£13.9m pa on 'IT' as below

£millions	Area of spend
1.9	Microsoft licences
1	Telephony and bleeps
5	Staff costs including technical resources, IG, clinical coding, IT training, Welsh Clinical portal project team and 3 programme change management staff
6	Spend by the rest of the organisation coded to digital however this includes big ticket items including PACS. Only a relatively small number is spent on improvement or replacement of the digital estate e.g. PCs, servers, network

10 Funding opportunities

10.1 Capital cost to resolve the legacy
The annual refresh cost to maintain and sustain our IT estate as well as address the legacy of under investment requires an estimated £3.41m, simply to stand still.

10.2 Centralise all digital spend
A seemingly obvious opportunity would be to centralise what does relate to digital (of the £6m spent by the organisation) however spend that relates to specialist clinical applications and equipment should probably remain with CBs. Further analysis is needed to determine what opportunity may exist for centralisation, aggregation, consolidation and de/re-commissioning of necessary software and hardware. Scale usually brings efficiency.

10.3 Cash releasing business cases

The paradox is that we do not have resource to devote to analysis for robust business case development. A modest investment of £0.4m in December 2020 will enable us to produce cash releasing business cases for a number of initiatives in the roadmap which based on experience are expected to be cash releasing as:

you@		SCAN4SAFETY Patient. Product. Place. Process.	ePMA
Digital communications - email, SMS, PHR portal replacing paper post across all settings where it is possible to do so	Universal printers, print drivers & multifunction devices linked to staff card; introduce airprint; standardise duplex printing and all documents black&white *only* in majority of locations	Scan4safety - being procured by NWSSP, UHBs keep the benefits. 6 demonstrator sites in England. One of the smaller sites reported cash savings of c£1m. Given our size, CAVs potential is greater	Electronic prescribing and medicines administration – drug control, reduce prescribing errors, improve safety
Save c£0.5m	**Save c£0.5m**	**Save min. £1m**	**Save c£1m**

10.3.1 Cash release of real estate

Modest investment in digital solutions that enable staff to be much more peripatetic including home working will enable admin centres such as Woodland House / other estate to support more admin staff, meaning other estate could be either leased out to generate revenue income or disposed of to generate capital. D&HI would work with Estates and Finance to identify any such opportunities.

10.4 Clinical Boards invest

The proposal is that from 1 April 2021 each CB invests in:

➢ £250K revenue pa to fund staff and software managed by D&HI to develop and deliver enterprise capabilities described in the roadmap

➢ Commits (if capital funding is not forthcoming from the organisations discretionary capital) to a top slice to contribute to the estimated £3.41m pa to bring up the base of the IT estate and maintain it, at a replacement rate of 1/5 of the estate pa, prioritising unsupported and/or end of life servers, the oldest of our desktop/laptop devices and network improvements

➢ additional equipment. A common complaint from some clinical staff is they do not have enough computing equipment to meet their needs (space is not always the limitation)

These measures will enable the whole of the organisation, providing solutions end to end that support new pathways and clinical pathway redesign, as well as supporting some specifics within CBs.

10.5 Grants and other funding opportunities

All digital funding opportunities will be pursued, as they are now. Digital slippage or grant funding from any source should target our digital transformation, not be used to support our underlying estate

11 Recommendations

The UHB approved its' digital strategy in August 2020. Implementing it requires commitment to resourcing and investment in a plan that will make CAV one of the most digitally mature organisations in Wales, over time, in a careful, managed way that prioritises benefit realisation – for staff and for patient care.

Issues with IT are raised at practically every meeting or forum attended by a member of digital and health intelligence staff. Any employee of CAV will recognise the issues discussed in here and it is simply not sustainable to continue as we are. Neither is it possible to do all we would like to straight away. The recommendations made are therefore grounded in the art of the possible and are as follows.

Document ref	Recommendation
5, 7	Agree the digital roadmap and build an EPR
8	Agree Option 3- invest in the roadmap
10	Implement the funding options recommendations

10.1, 10.2 April 2021	• Increase discretionary capital to move towards the estimated £3.41m pa • Centralise all digital spend where it is appropriate and fund any ongoing liability e.g. licences
10.3 December 2020	Invest £0.4m from 01/12/20 to • work proactively with finance and estates to release real estate build cash releasing business cases (may require using agency staff) • support the development of a financial model to reinvest savings realised in the digital roadmap • deliver some high impact, tactical improvements
10.5 April 2021	CBs to invest in: • £250K revenue pa to fund staff and software managed by D&HI to develop and deliver enterprise capabilities described in the roadmap • Commits (if capital funding is not forthcoming from the organisations discretionary capital) to a top slice that moves towards the estimated £3.41m pa to bring up the base of the estate and maintain it, at a replacement rate of 1/5 of the estate pa, prioritising unsupported and/or end of life servers, the oldest of our desktop/laptop devices and network improvements • Additional equipment. A common complaint from some clinical staff is they do not have enough computing equipment to meet their needs (space is not always the limitation)
10.6	Digital slippage or grant funding from any source should target our digital transformation, not be used to support our underlying IT estate

Cardiff and Vale can become the world leading organisation it aspires to be.

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Khan Rai
02/11/2021
02/11/2021 09:20:36

Report Title:	Wales Audit Reports		
Meeting:	Digital Health Intelligence Committee	Meeting Date:	11th February 2021
Status:	For Discussion	For Assurance	x For Approval	For Information
Lead Executive:	Director of Digital Health Intelligence		
Report Author (Title):	Director of Digital & Health Intelligence		

Background and current situation:

Reports have been published by the Wales Audit Office on the Management of Clinical Coding Across Wales (full report at Appendix 1) and on the Welsh Community Care Information System (WCCIS) (full report at Appendix 2).

The implications for CAV UHB are considered within this brief paper.

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

The WAO reports make a number of observations and comments which impact on how CAV UHB manages its services and therefore need to be taken into account in future planning decisions.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

1. Management of Clinical Coding Across Wales

The national Clinical Coding Audit report provides an assessment on a number of measures. Per Finished Consultant Episode (FCE), CAV UHB has one of the smallest workforces as well as the fewest number of accredited coders. Despite this, CAV UHB also has one of the smallest backlogs and regularly achieves Welsh Government targets on both completeness and accuracy of clinical coding.

The position could be enhanced by a substantive management structure which is able to routinely facilitate effective training, mentoring and validation.

A SNOMED Clinical Terms roadmap which utilizes coding expertise should be considered to support the digital transformation.

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Caerdydd a'r Fro
Cardiff and Vale
University Health Board

2. Welsh Community Care Information System

Situation

Vale of Glamorgan Council has been live with WCCIS since November 2017, with an ongoing roll-out of finance functionality in progress.
Cardiff Council intends to upgrade the existing CareFirst case management system to its newest version, Eclipse. The project to enable this migration is in the process of being set up.
Cardiff and Vale UHB continues to iteratively develop the existing Paris system.

Background

The Wales Audit Office report into the delivery of value-for-money from the implementation of WCCIS was published on 15th October 2020. The report makes a number of criticisms on the pace and cost of the national programme. Notably, the report recommends the development of an updated business case in advance of further central funding being committed.
The SROs of the national programme issued a statement in response to the publication of the report. The statement reiterates a commitment to the delivery of a single system across Wales, in spite of this not being within the control of the national programme, but also discusses the goal in terms of implementation only, and does not reference the delivery of resulting benefits.
The Public Accounts Committee similarly issued a response to the report noting concern at the perpetuating position discussed in its November 2018 report on the Informatics Systems in use in NHS Wales.

Assessment

Functional Delivery in 2021
The WCCIS supplier is currently contracted to deliver basic functionality over four releases:
- 5.2.13 (now 'live')
- 5.2.15 (including platform upgrade; March – July 2021; includes interfaces and appointments)
- 5.3 – After July 2021 (est.)
- 5.3.1 – After September 2021 (est.)

Hardware refresh costs
To align with the platform upgrade, the y6 hardware refresh will take place before the end of the current financial year. As per the inter-authority agreement, all live sites are being charged for their share of the £1.93M hardware costs based on the number of users scoped in 2015. Sites with a DO but without any live users remain liable for their share of the hardware costs, but this is being covered as a loan from NWIS until the point of go-live. Sites yet to sign will have a similar loan to cover costs for hardware until such time as the organisation goes live.
This approach carries risk, both for authority parties, who are liable for the full share of hardware costs for the remainder of the contract whenever they do go live, and for NWIS in the scenario that an organisation chooses not to adopt WCCIS.
Microsoft Dynamics Upgrade Path
The national programme task and finish group has identified that version 6 of CareDirector, re-

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platformed to a new database built on Microsoft .NET, does not offer a direct migration path from, or equivalent functionality to version 5. CareDirector 5 is built on Microsoft Dynamics 2011, which is end-of-life on 13th July 2021 – Microsoft will no longer support Dynamics 2011 beyond this point, representing a significant risk. The T&F group has agreed with Advanced that CareDirector 5 will be upgraded to Microsoft Dynamics 2016. This process and decision-making was carried out as part of the work of the WCCIS Service Management Board, and therefore only represents input from 'live' sites, and those with a signed Deployment Order.

Risks

Dynamics cannot be upgraded directly from v2011 to v2016; instead Microsoft recommends upgrading to intervening product versions 2013 and 2015.

Recommendation

WCCIS functional parity with CareFirst and Paris remains a minimum of 12 months away, due to the existing roadmap for hardware, platform and feature upgrades currently scheduled for 2020-2022.

The direction of travel for Cardiff Council negates benefits from WCCIS of integrated record sharing for the respective proportion of the UHBs population in the immediate term.
The lack of an economic business case for the UHBs adoptions of WCCIS would be challenging to the WAO recommendation of a business case approach to support further investment in WCCIS.

The CAV position is that the UHB remains committed to the update and implementation of the WCCIS system as and when the functionality is brought up to or exceeds the levels currently provided by the existing community information system, PARIS.

Recommendation:

The Digital Health and Intelligence Committee is asked to:

- **RECEIVE** and **APPROVE** the findings including the WCCIS recommendations contained within the SBAR above

Shaping our Future Wellbeing Strategic Objectives			
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our	x

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click here for more information

Prevention		Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Cracking the Code

Management of Clinical Coding Across Wales

September 2020

This report has been prepared for presentation to the Senedd under section 145A of the Government of Wales Act 1998 and section 61(3) (b) of the Public Audit Wales Act 2004.

Adrian Crompton
Auditor General for Wales
Audit Wales
24 Cathedral Road
Cardiff
CF11 9LJ

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

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Detailed report

Appendix

◀ **Summary report**

Key messages

1   Clinical coding is the process of translating medical information relating to a patient's hospital admission into standardised codes which can be used for a range of statistical, clinical and management purposes.

2   Timely and accurate clinical coding is essential given the role the data plays in the planning, management and oversight of NHS services. This has been especially true during the current pandemic, where clinical coding has played a key role in helping to understand COVID-19 related demand on healthcare services, and in informing decisions on which patients need to shield. Problems with either the timeliness or accuracy of coded data could result in shielding decisions being made on incomplete information, with potentially significant consequences for the patients involved.

3   In 2013-14 and again in 2018-19, we examined clinical coding arrangements in the seven Welsh health boards and Velindre NHS Trust. We published reports on our findings in each of the NHS bodies[1], and where relevant, drew on the findings from work undertaken by the NHS Clinical Classifications Team[2] in the NHS Wales Informatics Service (NWIS).

4   This report draws on our local audit work to highlight the current challenges and opportunities for clinical coding, including the potential to use COVID-19 related changes to working practices to secure new and more sustainable ways of delivering coding work.

5   Over the last six years, there have been improvements in the timeliness and accuracy of clinical coding data. However, there are backlogs of uncoded activity in some parts of Wales which can date back several years. The current target of a one-month turnaround time does not support the availability of clinical coded data on a close to real-time basis, something which has been shown to bring significant benefits in helping to understand patterns of demand on hospital services during the current pandemic.

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1   Reports for each of the NHS bodies can be viewed on our website.

2   The NHS Clinical Classifications team develop policy and clinical classifications standards and guidance for clinical coding services in NHS Wales. The team maintain and organise the national clinical coding training schedule and provide a national clinical coding helpdesk function on behalf of NHS Wales. The team also maintain the NHS Wales Clinical Classifications Standards Dictionary and deliver the annual National Clinical Coding Audit Programme.

6   Our audit work has shown that clinical coding continues to have a low profile at board level and that current arrangements could be enhanced by critically examining the level of investment in coding resources, by ensuring the availability of good quality source information for coders and by increasing the extent to which medical staff are engaged in the coding process.

7   These challenges are not new but would benefit from some fresh attention, informed by changes to working practices that occurred during the current pandemic. Most notably, the significant step-change in the use of digital platforms during the pandemic creates an opportunity for NHS bodies to increase the extent to which digital records are utilised, increasing with it the scope to reduce the time it takes to code activity, and support smarter and more flexible working by clinical coding staff.

Adrian Crompton
Auditor General for Wales

" Clinical coding is an important but often overlooked function of the NHS, providing the backbone to much of the information used to govern services, but its profile in NHS bodies is not yet where it needs to be. The importance of good quality information has come to the forefront during the coronavirus pandemic and with new ways of working being put to the test during the crisis, now is the ideal opportunity to ensure that clinical coding has the attention that it needs as services start to be reinstated. "

Key facts

Clinical coding applies to all health boards and Velindre NHS Trust, and applies to hospital admissions (episodes) and procedures undertaken in outpatient settings.

The clinical coding process requires the use of the International Classification of Diseases (ICD) and the Office of Population Censuses and Surveys (OPCS) Classification of Interventions and Procedures manual.

95% of all episodes have to be coded within one month of the episode end date and NHS bodies are expected to improve the accuracy of coding year on year.

It takes on average **18 months** to train as a clinical coder.

Approximately **£5.9 million per annum** is spent on the NHS clinical coding process across Wales. The majority of which is pay costs, with 180 whole time equivalent clinical coding staff employed across NHS bodies in Wales, with a further six employed in the NHS Clinical Classifications Team.

On average, there are about **1.1 million consultant episodes of care** each year that need to be coded, with an expectation of approximately **30 consultant episodes of care** to be coded each day per coder.

At the end of April 2020, **83% of consultant episodes of care had been coded within one-month** compared to the 95% target set by the Welsh Government. A total of **181,000 consultant episodes of care** were identified as backlog, of which **55% related to care provided between April 2017 and March 2019**.

The 2019-20 annual clinical coding audits undertaken by the NHS Clinical Classifications Team identified an **accuracy level of 94%**, against a nationally recognised standard of 90%[3].

3   The 90% standard relates specifically to primary diagnosis and procedure. A standard of 80% is set for secondary diagnoses and procedures.

An introduction to clinical coding

01

What is clinical coding?

1.1   Clinical coding is the process of translating medical information which describes a patient's symptoms, diagnosis and treatment into internationally and nationally recognised code which can then be used for statistical and clinical purposes.

1.2   Information relating to the patient's symptoms, diagnosis (both the main (primary) diagnosis and any secondary diagnoses) and treatment (both the main treatment (procedures) and any secondary treatments) are coded.

1.3   The clinical coding process applies to hospital admission activity (**Exhibit 1**) and procedures undertaken in an outpatient setting.

Exhibit 1: what does the clinical coding process involve?

Transfer to another specialty or hospital

Patient is admitted to a ward	Patient receives diagnosis and treatment	Patient is discharged or transferred to another consultant, speciality or hospital	The clinical coding team are informed that the patient has been discharged and information should now be coded
Information is entered onto the hospital **Patient Administration System (PAS)** and in the **patient's casenotes** relating to the patient's demographics, admission details, the specialty, and named consultant	Information is entered into the **patient's casenotes** and on relevant **departmental systems** relating to the patient's diagnosis and treatment, including any diagnostic tests	Information is entered onto the hospital **PAS** and in the **patient's casenotes** relating to the patient's discharge or transfer details	Using the information contained on **PAS, patient's casenotes** and **departmental systems**, the coders apply the classifications to each **Consultant Episode**
			The codes are added to the patient's record on PAS and then uploaded to the national database for NHS Wales

Each admission or transfer generates a new **Consultant Episode of Care**

Source: Audit Wales

1.4   Codes consist of a combination of numbers and letters and are set out in the International Classification of Diseases (ICD), and Office of Population Censuses and Surveys (OPCS) Classification of Interventions and Procedures manuals. For example, a diagnosis of acute appendicitis is represented by the code 'K35.8'.

1.5 Following the outbreak of COVID-19 in March 2020, a number of new ICD-10 codes of 'U07.1'and 'U07.2' for a diagnosis of COVID-19 and 'B97.2' to identify when coronavirus has resulted in other diagnoses[4] were introduced under emergency powers. An example of a coded consultant episode of care is shown in **Exhibit 2**.

Exhibit 2: example of coded data relating to a patient

Example extract from a patient's case-notes

Mrs A has known COPD and presented with cough and severe dyspnoea due to a suspected infection by COVID-19. Testing was positive for presence for COVID-19 and she was admitted to isolation ward C8. Unfortunately, while on the ward, she developed bilateral severe pneumonia leading to respiratory failure due to the COVID-19 which required invasive ventilation to support her breathing. After 5 days, her condition had improved to the point ventilation was no longer required. She was placed on a CPAP machine and after a further 17 days on ward C8, she was considered medically fit for discharge and able to return home. Her comorbidities include Hypertension, CCF and type 2 diabetes with retinopathy.

Diagnosis (ICD) codes:

U07.1	COVID-19 virus identified
J12.8	Other viral pneumonia
B97.2	Coronavirus as the cause of diseases classified to other chapters [viral pneumonia]
J44.0	Chronic obstructive pulmonary disease with acute lower respiratory infection
B97.2	Coronavirus as the cause of diseases classified to other chapters [chronic obstructive pulmonary disease]
J96.99	Respiratory failure NEC, type unspecified
B97.2	Coronavirus as the cause of diseases classified to other chapters [respiratory failure NEC]
I10.X	Primary (essential) hypertension
I50.0	Congestive heart failure
E11.3†	Type 2 diabetes mellitus with ophthalmic complications
H36.0*	Diabetic retinopathy

Procedure (OPCS) codes:

E85,1	Invasive ventilation
E85.6	Continuous positive airway pressure

Source: NHS Clinical Classifications Team

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4   U07.1 COVID-19, virus identified, U07.2 COVID-19, virus not identified and B97.2 Coronavirus as the cause of diseases classified to other chapters. The coding of a single patient may include multiple references to B97.2 as the code is applied to reflect each diagnosis that has resulted as a direct impact of COVID-19.

What is required to undertake clinical coding?

1.6   NHS bodies in Wales are required to code 95% of all finished consultant episodes (FCE) of care within one month of the episode end date. On average, there are 1.1 million finished consultant episodes of care each year across Wales.

1.7   To undertake the clinical coding process, NHS bodies have a clinical coding team which is made up of a combination of trainees and clinical coders. To become a clinical coder, staff undertake a combination of classroom and on-the-job training provided by the NHS Clinical Classifications Team. It is estimated that it can take up to 18 months to become a clinical coder.

1.8   As well as the training provided by the NHS Clinical Classifications Team, it is recommended good practice that staff are supported to gain the National Clinical Coding Qualification from the Institute of Health Records and Information Management (IHRIM) to become an accredited clinical coder. It is also recommended good practice that teams should have access to clinical coding auditors and clinical coding trainers.

1.9   The main source of information to support the coding process is patient case-notes. To enable teams to code within the required timescales, it is important therefore that clinical coders have timely access to case-notes once patients are discharged or transferred. This requires a good working relationship with medical record departments and hospital ward staff.

1.10   It is also important that coders work closely with medical staff to ensure coders understand the clinical information relating to diagnoses and treatment contained in case-notes. The liaison between coders and medical staff also helps raise awareness of what information is needed from case-notes and the importance of good quality record keeping.

1.11   To support a focus on accuracy of coding, NHS bodies in Wales are also required to improve the accuracy of coding year-on-year. Accuracy is examined through annual coding audits undertaken by the NHS Clinical Classifications Team in NWIS.

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Why is clinical coding important?

02

Why is clinical coding important?

2.1 Coded data is used for a variety of reasons to support effective governance arrangements in NHS bodies but is more commonly associated with Payment by Results[5] in England, and the Risk Adjusted Mortality Index (RAMI)[6] which provides a measure to highlight unexpected death rates.

2.2 In 2013, clinical coding featured in the Francis Report into the failings at Mid Staffordshire NHS Foundation Trust. Evidence presented to the second inquiry in to Mid Staffordshire care failings pointed to the fact that…'the Board had convinced themselves that the reported high mortality rate was due to poor quality of the coded data that underpinned it, rather than any failings in the care provided to patients.' The readiness to explain away the high mortality rates as being down to coding and data quality ultimately had tragic consequences for many patients at the Trust.

2.3 The Francis Report concluded that executives and independent members needed to be more aware of issues relating to coding, and their relationship to management information that is used to measure performance and outcomes. The report also recognised the importance that clinical coding has in management information and the need to understand the implications of good quality coded data.

2.4 Clinical coded data is core to the information used by NHS organisations to govern the business and to ensure that resources are used efficiently and effectively. It is therefore important that clinical coding is timely and accurate. Although Payment by Results is not relevant to Wales, with the exception of where NHS England provides services to health boards on the English-Welsh border, coded data supports the monitoring of mortality rates for specific conditions (such as heart attacks, strokes and hip fractures), as well as a range of other performance and outcomes measures, and planning and management decisions. **Exhibit 3** details the range of uses of this data, and its importance to the NHS.

2.5 More recently, clinical coded data has been used to identify patients who have been required to shield during the COVID-19 pandemic. As the NHS starts to move into the recovery phase of the pandemic, the use of clinical coded data to understand the ongoing demand on services from patients diagnosed with the virus, as well as a reflection on how treatments have impacted on patient outcomes, will become the norm.

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5 Payment By Results was introduced to the NHS in England in 2004 and is based around tariffs for different NHS treatments. Accurate and timely clinical coding is required to support quantification of activity by providers and hence payment.

6 RAMI was discontinued in Wales in July 2014 following recommendations made in a report by Professor Stephen Palmer.

Exhibit 3: uses of clinical coded data in Wales
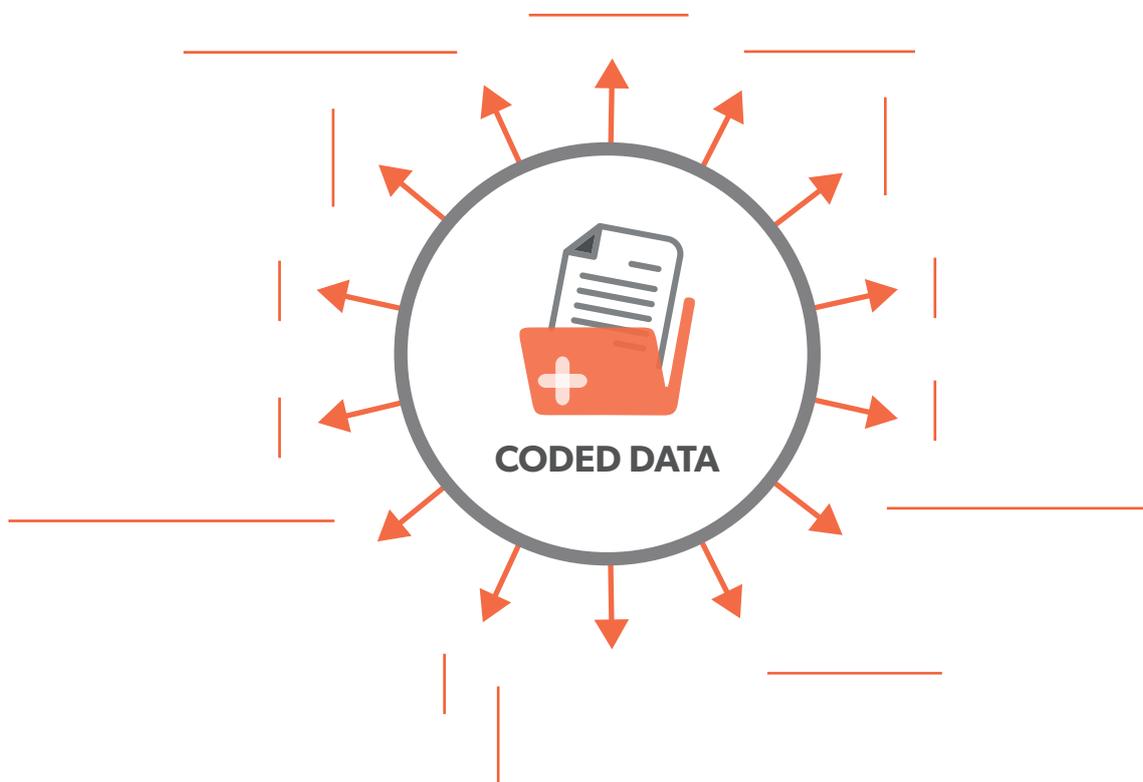
Source: Audit Wales

The exhibit contains more information about the uses of clinical coded data in Wales which is displayed when hovering over each element.

Clinical coding performance

03

Timeliness of coded data

3.1   When we first reviewed clinical coding in 2013-14, NHS bodies had a three-month window to code. Since 2017, the window for coding has reduced to encourage timelier access to coded data. The current Welsh Government target is for NHS bodies to ensure that 95% of all FCEs are coded within one month of the episode end date. The 5% tolerance on the target recognises that there are sometimes legitimate reasons why an episode of care cannot be coded, for example, because the case-notes are needed to undertake a clinical investigation.

3.2   The all-Wales performance is set out in **Exhibit 4**. This indicates a steady increase in the timeliness of coding since the introduction of the revised Welsh Government target in 2017, with 92% of data coded within the recommended timescales by August 2019. However, this remained short of the Welsh Government target of 95%, and performance has since declined, dipping to 79% at the start of the COVID-19 pandemic in March 2020.

Exhibit 4: all-Wales compliance with the Welsh Government timeliness target
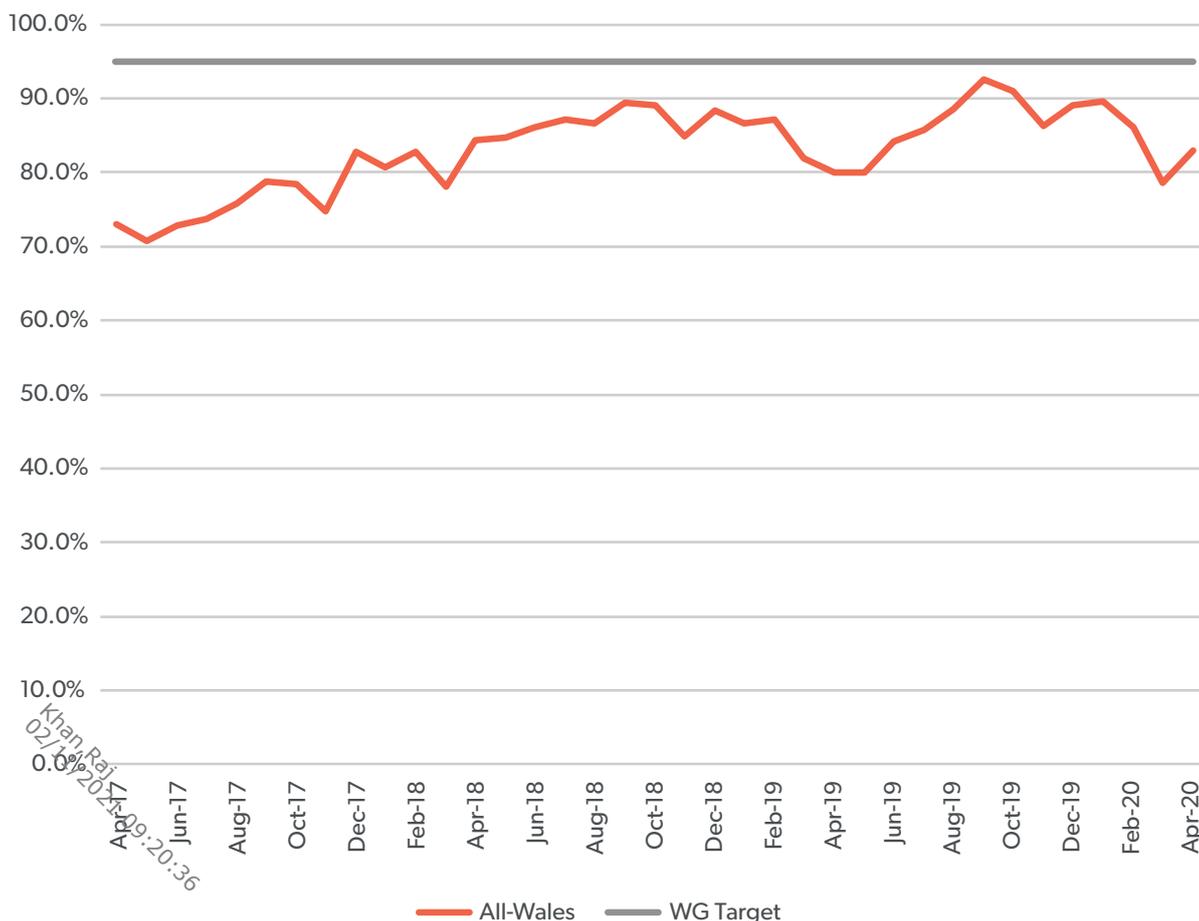
Source: NHS Clinical Classifications Team

3.3   Performance against the timeliness target varies across Wales. Some
       NHS bodies code episodes much quicker than others and have been able
       to maintain timeliness of coding in line with the Welsh Government target.
       However, others including Aneurin Bevan, Cwm Taf Morgannwg and
       Hywel Dda University Health Boards have struggled to meet the target.
       Performance at Cwm Taf Morgannwg and Hywel Dda University Health
       Boards significantly dipped to below 50% at the start of the pandemic, with
       performance in Cwm Taf Morgannwg University Health Board for March
       2020 at just 25% completion.

3.4   Arguably, the timeliness target should be even stricter given that the daily
       reporting of COVID-19 admissions during the current pandemic would be
       significantly enhanced by clinical coding that was as close to real time as
       possible.

Backlogs of coded data

3.5   Episodes not coded within a month are classed as 'backlog'. Having a
       large backlog of uncoded episodes affects the robustness of the data and
       its usefulness, and it is therefore important to clear backlog quickly.

3.6   Extended gaps between the episode end date and when the information
       is coded also increases risks that medical staff are unable to respond to
       queries. This is either because of the elapsed time since they provided
       care for the patient in question impacting on their ability to recollect, or
       because staff may have moved on to new roles, particularly junior doctors.

3.7   At the end of May 2020, 181,294 FCE's were identified as backlog dating
       back to April 2017. Just under half of these were from Aneurin Bevan
       University Health Board (**Exhibit 5**).

Exhibit 5: backlogs of uncoded FCEs (thousands) at 31 May 2020, highlighting number of uncoded FCEs relating specifically to 2019-20 ()*

Source: NWIS Clinical Classifications Team

* Powys Teaching Health Board reported no backlog at 31 May 2020

The exhibit contains more information about each health board's backlog which is displayed when hovering over each element.

Accuracy of coded data

3.8   Each year, the NHS Clinical Classifications Team assess the accuracy
       of clinical coding by reviewing a sample of coded episodes against a
       patient's case-notes.

3.9   The nationally recognised standard for the accuracy of coding is 90%.
       NHS bodies are required to strive towards meeting the national standard,
       by demonstrating year-on-year improvement.

3.10   Over the last six years, there has been an improvement in the accuracy
       of clinical coding across Wales (**Exhibit 6**) with all NHS bodies now
       achieving the standard.

Exhibit 6: all-Wales accuracy of clinical coding[7]
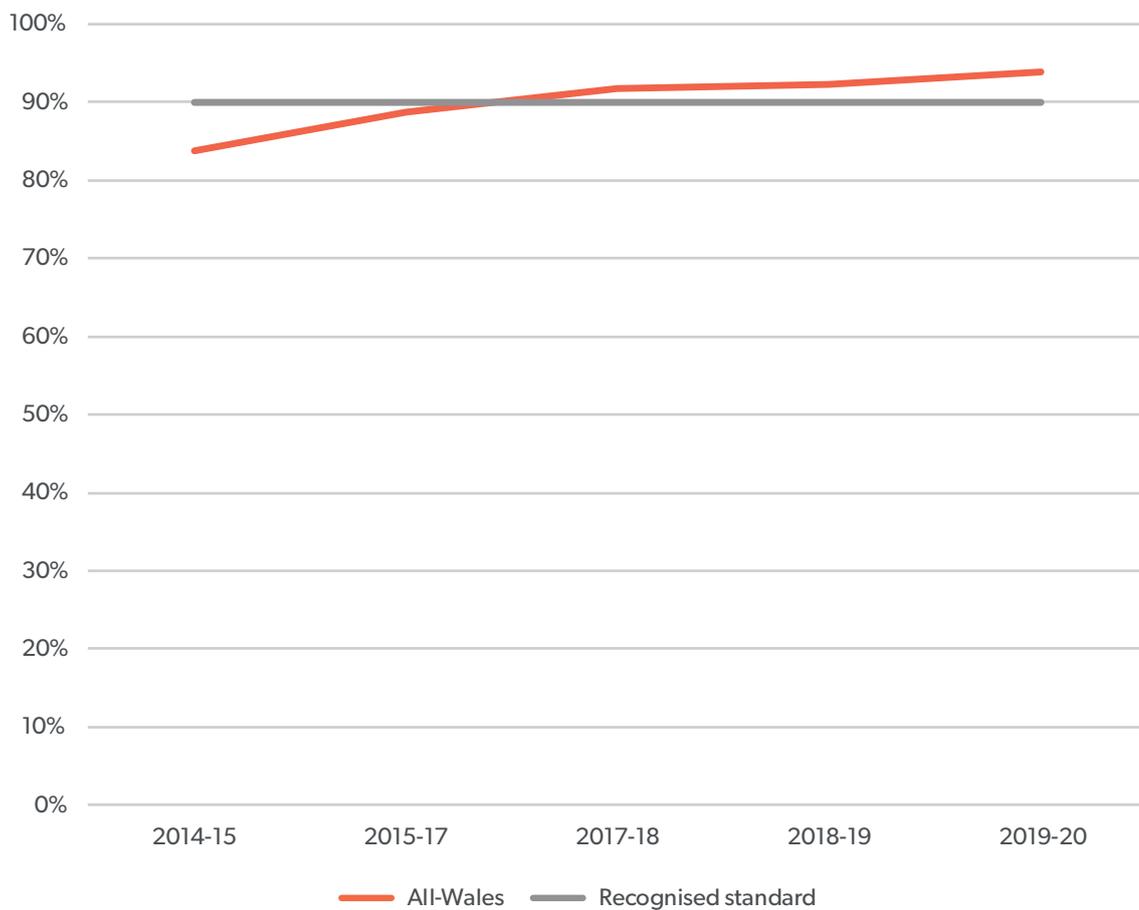
Source: NHS Clinical Classifications Team

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7   Due to capacity within the NHS Clinical Classifications Team, a single accuracy review at
     each NHS body was undertaken during the period 2015-16 and 2016-17.

3.11 The accuracy of clinical coding is based on a review of codes applied to primary and secondary diagnoses and procedures for a sample of patients. These are then summarised to provide an overall accuracy score for each NHS body.

3.12 The review of accuracy is complex in nature and considers three specific dimensions which are:

a the accuracy of the individual codes applied to each patient to ensure that they correctly reflect the relevant diagnoses and procedures set out in the patient's records;

b the accuracy of the totality or overall combination of codes applied to each patient to ensure that rules are being consistently applied, and that codes are not contradictory of each other; and

c the accuracy of the sequencing of codes to ensure that the most relevant code is applied to the primary diagnosis and procedure.

3.13 Across Wales, accuracy levels are generally higher for procedures than diagnoses (**Exhibit 7**), reflecting that procedures are generally more easily identifiable in patients' records through formal test results and theatre records. These are also more accessible through electronic systems whereby information relating to diagnoses is more commonly handwritten information.

Exhibit 7: all-Wales accuracy of diagnosis and procedure coding in 2019-20

Primary diagnosis
92.89%

Primary procedure
96.47%

Secondary diagnosis
93.20%

Secondary procedure
95.22%
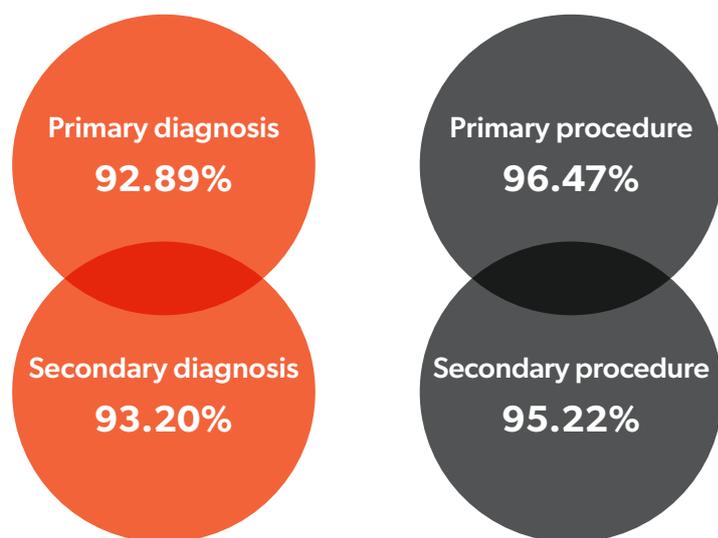
Source: Audit Wales

3.14 Accuracy levels also vary depending on the type of activity being coded. More straightforward admissions, for example, elective day cases are invariably simpler to code as patients generally have less co-morbidities and the information needed to code is less. More complex admissions, for example, emergency admissions involving patients with multiple co-morbidities, are reliant much more on a greater degree of information contained in case notes and become more complex and time-consuming to code.

Key challenges for clinical coding

04

Awareness of clinical coding at board level

4.1   In England, clinical coding forms an important enabling function as part of Payment by Results funding regime. Consequently, clinical coding has a higher profile in the business of both NHS providers and commissioners within the NHS in England. The NHS in Wales does not use Payment by Results with the consequence that clinical coding has less profile, despite its contribution to a number of wider governance arrangements as set out in **Exhibit 3**.

4.2   In our more recent work, we found little reference to clinical coding in board business and a survey of board members identified that there was scope to raise awareness around the role that clinical coding has and the factors that are affecting the accuracy and timeliness of clinical coded data (**Exhibit 8**).

Exhibit 8: findings from our 2018 board member survey[8]

42% of board members were satisfied or completely satisfied with the information received on the robustness of clinical coding arrangements in their organisation.

Only **27%** of board members identified that they had full awareness of the factors that affect the robustness of clinical coding arrangements in their organisation.

47% of board members were satisfied or completely satisfied that their organisation was doing enough to make sure that clinical coding arrangements were robust.

80% of board members identified that they would find it helpful to have more information on clinical coding and the extent to which it affects the quality of key performance information.

Source: Audit Wales

8   A number of questions relating to clinical coding were included in the board member survey which formed part of our 2018 structured assessment work. A total of 96 responses out of a possible 172 responses were received.

Level of clinical coding resources

4.3   Over the last six years, NHS bodies across Wales have demonstrated a commitment to invest in their clinical coding teams. Staffing levels have gradually increased although many NHS bodies have struggled to get trained coding staff.

4.4   The 2019 annual report by NWIS on clinical coding across Wales highlighted the continued difficulties recruiting staff into coding roles. The higher profile of clinical coding across the NHS England brings with it a more attractive salary, and Welsh NHS bodies close to the England border in particular suffer as a result. In the absence of trained staff, many NHS bodies have recruited trainees which is positive as it develops staff into the coding role longer term. However, although this adds additional capacity into the system, the long lead in time to become a coder means that experienced staff have to support and mentor trainees for a considerable period of time before allowing them to work independently.

4.5   Across the Welsh NHS bodies, there is a total of 180 Whole Time Equivalent staff [9]. The majority are trained coders. In planning and managing their workforce, many NHS bodies work on the recognised expectation that coders will code on average 30 episodes of care per working day. This level of activity can be used to calculate an 'ideal' staffing level for benchmarking purposes[10]. Most NHS bodies in Wales are currently unable to achieve that benchmark (**Exhibit 9**). In three health boards we observed a heavy reliance on contract coders and the use of overtime to help meet workload demands.

9   Staffing figures exclude Band 2 support staff.

10 For the purposes of providing a comparison, a figure of 200 working days per full-time WTE has been used, allowing for leave and training commitments.

Exhibit 9: actual whole time equivalent clinical coding staff per 1,000 FCEs as at March 2020 by NHS body compared with the ideal level based on 30 FCEs per day per WTE
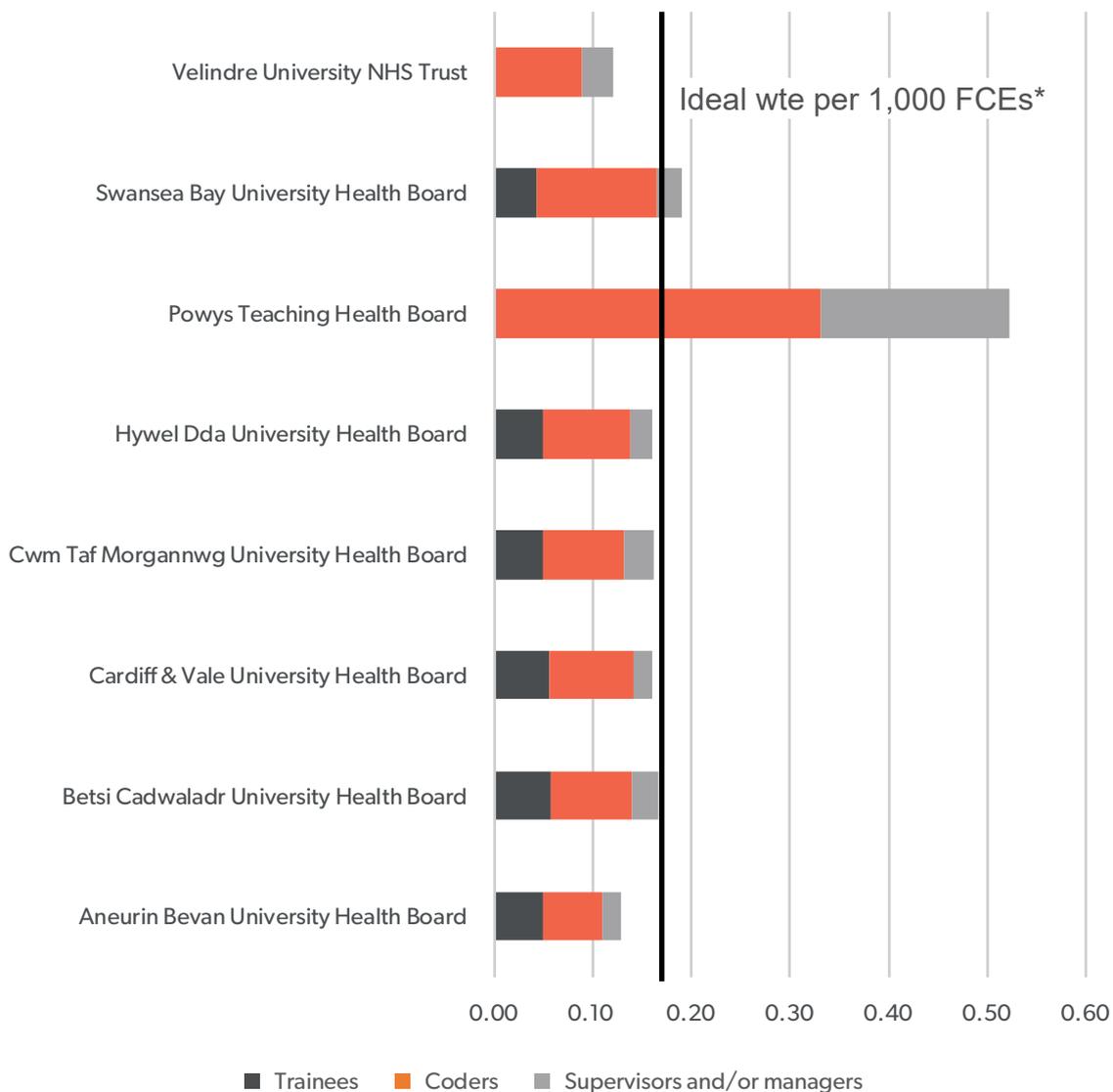
Source: NHS Clinical Classifications Team and Audit Wales

* Ideal levels based on an average of 30 FCEs coded per day for 200 working days per 1.0 WTE

4.6   As mentioned in **paragraph 1.8**, it is recommended practice for coders to gain the National Clinical Coding Qualification to become an accredited coder. This requires additional investment by NHS bodies for the initial training as well as ongoing membership subscriptions, although a number of NHS bodies require staff to cover the cost of annual subscriptions themselves. For some NHS bodies, the completion of the qualification has no impact on salary progression which means that there is no incentive for staff to undertake the qualification despite the positive impact it can have on the quality of clinical coding.

4.7   Positively, the number of accredited coders has increased over the last six years to 64% of all trained coders, but there are significant variations across NHS bodies with very few in place in Cardiff & Vale University Health Board, Velindre NHS Trust and the former Cwm Taf University Health Board areas of the now Cwm Taf Morgannwg University Health Board (**Exhibit 10**). There are no accredited clinical coders in Powys Teaching Health Board.

Exhibit 10: number of accredited coders by NHS body between 2014 and 2020
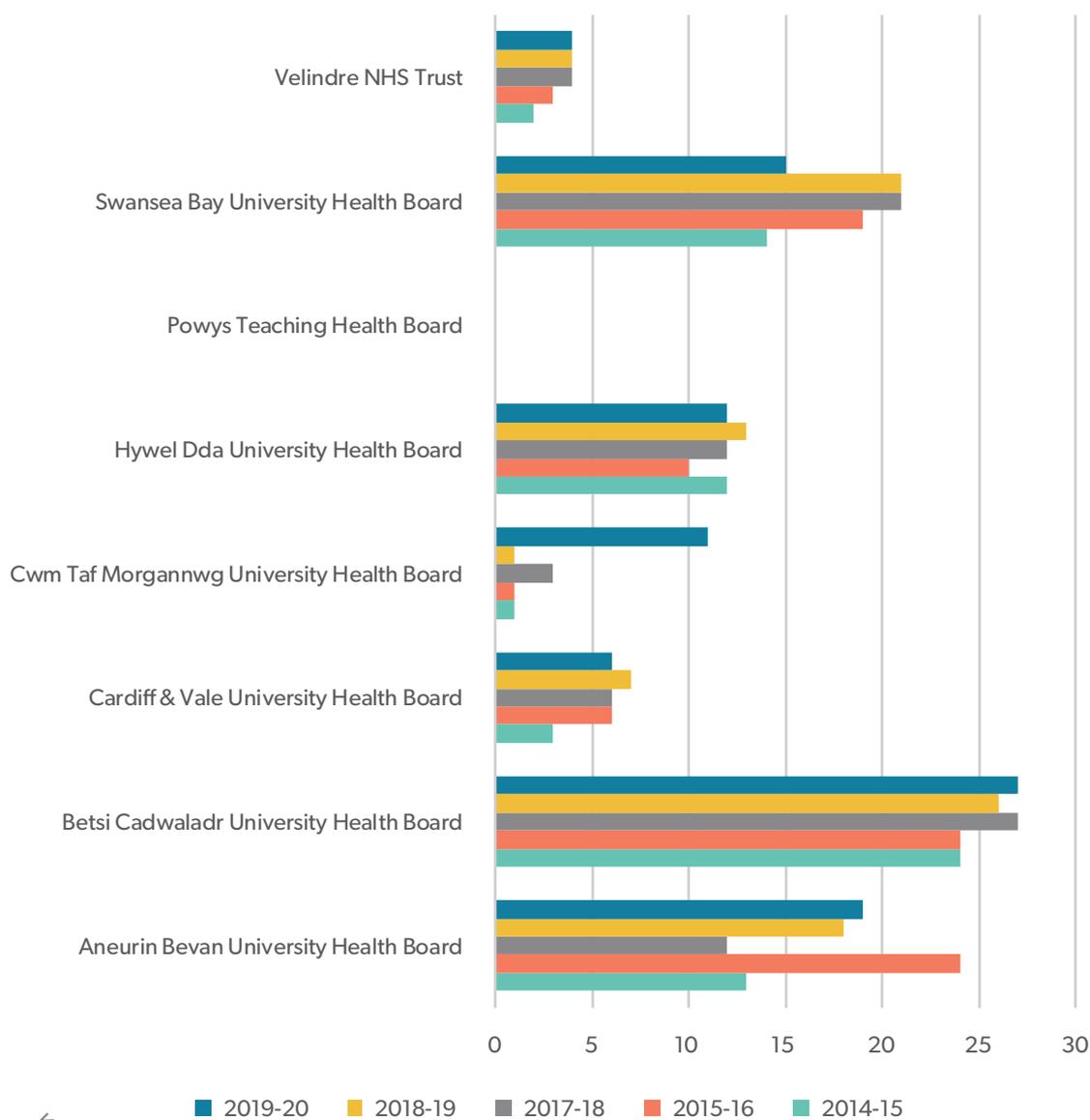
Source: NHS Clinical Classifications Team

4.8 The development of clinical coding trainers and auditors within local teams offers the potential to provide more ongoing and focused support to coding teams than the current central resource available through NWIS allows for. To date, only one qualified clinical coding trainer and five clinical coding auditors are in post across Wales, covering just two health boards – Aneurin Bevan and Swansea Bay University Health Boards, and Velindre NHS Trust. The staff fulfilling these roles are also managers or supervisors and are therefore unable to provide support to other NHS bodies due to workload commitments. This is with the exception of the clinical coding auditor in Velindre NHS Trust who does assist with the annual accuracy audits undertaken by the NHS Clinical Classifications Team.

4.9 Although significant reliance is placed on the accuracy reviews undertaken by the NHS Clinical Classifications Team, audit sample sizes equate to just 0.3% of total annual activity. An increase in clinical coding auditor capacity across NHS bodies would allow a significantly increased focus on the accuracy of clinical coding.

Quality of, and access to, clinical information

4.10 Patient case-notes are the main source of information for clinical coders and as legal documents, should be maintained to a high-standard.

4.11 Our work in 2013-14 identified poor quality record keeping with a direct correlation between the way in which information was recorded and stored in patient case-notes and the accuracy and timeliness of clinical coding. Our work found that:

a 14% of folders were not in a good state of repair;

b the handwriting in 18% of case-notes was illegible;

c 32% of case-notes had loose papers containing clinical information which could easily be misplaced;

d a discharge summary or letter corresponding to the episode reviewed was missing in 24% of case-notes; and

e there was no clear diagnosis for the episode reviewed recorded in 14% of case-notes.

4.12 The awareness and adoption of the Royal College of Physicians (RCP) standards for medical records[11] was also found to be variable across Wales, with little evidence of NHS bodies undertaking quality checks of their case-notes.

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11 First approved in 2007, the standards set out expectations for general medical record keeping by physicians in hospital practice which have subsequently been adopted as good practice across all medical specialties.

4.13 Issues with availability and training of ward clerks to compile patient case-notes were found to be impacting on the quality of record keeping, and the use of temporary records in many NHS bodies also affected the integrity of case-notes, as key information was not always merged into master records. Despite high levels of clinical coding accuracy as identified in **Exhibit 6**, these issues are impacting on the ability of coders to meet the timeliness targets, as coders are having to spend time chasing, collating and cross-checking information.

4.14 We did not review case-notes in our 2018-19 review but our interviews with staff and reviews of documents including any local reviews of medical records identified that the quality of record keeping remained an issue.

4.15 Medical records training, particularly for junior doctors, can help promote an understanding of the importance of good record keeping, and awareness and adoption of the RCP standards. However, many NHS bodies have struggled to provide formal training for medical staff, and specifically to include as part of induction training for junior doctors.

4.16 Formal medical records groups in NHS bodies were limited during our earlier review of arrangements in 2013-14, reducing the opportunity for quality issues to be identified and addressed. These forums have started to be reinstated over recent years but involvement of clinical coding staff in discussions is variable, limiting the ability for coders to formally escalate any issues that they may identify during the course of their work.

4.17 Many NHS bodies are increasingly providing coders access to clinical information systems that enable them to complete their work using digital platforms, such as the Radiology Information System (RadIS) or relevant departmental systems such as those used within operating theatres. In addition, some NHS bodies are also moving to digitalising the contents of paper case-notes. Our 2013-14 and 2018-19 work found that usability of digitalised case-notes had both negative and positive aspects. Although coders are able to gain access to digitalised case-notes more quickly than physical case-notes, they are currently no more than a scanned version of the paper records which means that issues such as the ability to read handwriting remain.

4.18 During the COVID-19 pandemic, a shift to home working for many clinical coders, particularly for those who have been required to shield themselves, has meant that coders have become increasingly reliant on electronic systems. The limited extent to which digitalised case-notes has been rolled out across Wales, as well as the quality of them has, however, impacted on the coders ability to undertake their role from home with staff, where able to do so, having to return to the office within social distancing constraints to access case-notes.

Clinical engagement with coding

4.19 A report by Capita in 2014 considered the quality of clinical coding in the NHS. The report highlighted ten checklist areas that managers needed to look at to improve the quality of clinical coded data. One of these was regular clinical engagement as this would help clarify issues for both clinicians and coders on how care delivered should be described in source documentation to aid the coding process. The report also highlighted that routine validation of coding with clinicians helped to ensure accuracy.

4.20 Our original reviews in 2013-14 found that engagement of clinicians in the coding process was limited across NHS bodies. There were some examples of individual clinicians who took an active interest, but it was not widespread. A consistent theme identified was the lack of visibility and profile of clinical coders with clinical teams. The physical location of coding teams was a key factor with most teams located away from clinical areas, often in a separate location away from the main hospital building. The volume of workload for coders was also limiting their capacity to engage with clinical teams.

4.21 Our more recent work has identified an increase in engagement between coders and clinical staff, but this is largely through attendance at clinical meetings by the supervisor or manager, rather than on a case-by-case basis with coding staff which is where you would expect conversations about the care provided to individual patients to happen. Even with the potential benefits of using information based on clinical coded data to feed into the medical revalidation process[12] which allows clinical outcomes to be considered across clinical treatments, there has been little progress in this area.

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12 Medical revalidation was introduced in 2012 as an evaluation of a doctor's fitness to practice. The process supports doctors in regularly reflecting on how they can develop or improve their practice. It gives patients confidence doctors are up to date with their practice and promotes improved quality of care by driving improvements in clinical governance.

The opportunities for clinical coding

05

Digital solutions

5.1   The COVID-19 pandemic has seen a significant shift in the availability of, and access to, electronic systems to enable NHS staff, both clinical and non-clinical, to work from home. This has included clinical coders but as mentioned in **paragraph 4.18**, there have been limitations on what coders have been able to do, because of the lack and quality of digitalised records. The increasing move to a digital platform however has provided a much-needed momentum to do things differently – both in terms of making increased use of electronic solutions and the location from which staff work.

5.2   The current need for clinical coders to access physical case-notes impacts on the ability for them to meet the current target to code FCE's within one month of the episode end date. Our 2013-14 work tracked the length of time it took for case-notes to reach the clinical coding teams, and whilst the target for coding completeness was longer at that time, it was clear that getting case-notes to the coding team was not a priority, with case-notes taking on average three weeks to arrive in the coding department. Once in the department however, the coding process was often completed within 24 hours and the case-notes returned to the medical records department.

5.3   Moving paper case-notes onto a digital platform, which is easily accessed by coders, would therefore create significant opportunities to shorten the elapsed time between the finished episode of care and completion of coding. Digital platforms also support the ability for coders to work from home. This introduces flexibility and smarter ways of working into the coding process, particularly in the context of social distancing requirements and supporting staff who continue to have to shield or self-isolate, although this does need to be balanced with the ability to engage with clinicians on a regular basis.

5.4   Digital solutions also provide the opportunity for clinical coding to be inbuilt into the system and to facilitate real-time clinical coding at the point of entry of information relating to the patient's care, rather than a process that is applied after the event. This would require clinical staff to be much more engaged in the coding process as it would be them who apply terminology codes[13] which identify diagnoses and procedures, which in turn, could support a more automated clinical coding process. This would reduce the need for coders to be manually applying the process to clinical information after the event, but instead would focus their role on the validation of codes to ensure that the process is being applied correctly.

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13 Terminology codes are a set of standardised clinical terms applied using a system referred to as SNOWMED-CT (Systematized Nomenclature of Medicine – Clinical Terms)

Expanding the scope of clinical coding

5.5 Clinical coding currently only applies to hospital admission activity and procedures undertaken in some outpatient settings. But there is scope to apply the principles of clinical coding to other hospital activity, including GP referrals and more general outpatient attendances. The commitment to code outpatient procedures is variable but our previous work did identify that some NHS bodies are also coding more general outpatient activity. But this is only at a high-level in terms of broad condition groupings and does not go into the level of detail that clinical coding allows.

5.6 As NHS bodies start to put arrangements in place to recover from the COVID-19 pandemic, limited capacity due to the increased sterilisation procedures that need to be in place, will mean that NHS bodies will need to prioritise patients who have been referred into secondary care and are waiting to be seen based on clinical need.

5.7 Currently, the only information available to identify clinical need however is a priority categorisation of 'urgent' or 'routine' which is applied to the GP referral once it has been assessed following receipt in the hospital. Very little information is easily available identifying the patient's diagnosis and symptoms without the need to trawl through case-notes. The application of clinical coding to GP referrals and outpatients would be a key enabler in identifying high risk symptoms and conditions that require timely access to clinical care. The information gained from clinical coding would also help to identify cohorts of patients that could safely and appropriately be managed through alternative provision such as physiotherapy for orthopaedic conditions.

A way forward

06

A way forward

6.1   Our work in 2013-14 raised a number of recommendations for NHS bodies to address. These broadly focused on:

a   improving the management of medical records by raising the importance of good quality record-keeping, providing clarity on roles and responsibilities, implementing a programme of medical record audits, strengthening the relationship between medical records and clinical coding teams, and providing training for staff;

b   strengthening the management of clinical coding teams to ensure succession planning, providing opportunities for staff to undertake the accredited clinical coder qualification, reviewing workloads, improving cross-site working between internal clinical coding teams, providing regular staff feedback from validation checks and implementing clinical coding audits;

c   strengthening engagement with medical staff by raising awareness of the coding process through training sessions and attendance at meetings, improving lines of communication, and encouraging active engagement between clinical coders and clinical staff in the coding process; and

d   raising the profile of clinical coding at board level by providing briefing materials, identifying when management information is supported by clinical coded data, and alongside the timeliness of clinical coding, reporting on the accuracy of clinical coding and the level of uncoded activity.

6.2   Our 2018-19 work did identify that NHS bodies were making progress against recommendations, but the pace of progress has been slow on some key areas – a likely reflection of the relatively low profile that coding continues to have.

6.3   The activity and thinking on 're-setting' the NHS that is taking place in the wake of the pandemic creates an opportunity to consider what national actions are needed to help raise the profile of clinical coding and drive the improvements required. From the work we have done, we would identify four specific areas for attention:

National leadership and capacity	Ensuring that there is sufficient leadership and capacity at a national level to give clinical coding the profile it needs, including having a named national lead for clinical coding. Ensuring clinical coding is a key feature in relevant national NHS forums.
Training and awareness raising	Inclusion of clinical coding in the core training for junior doctors and the all-Wales induction material for new Independent Members.
Adopting recognised good practice	Embedding clinical coding and the quality of good record-keeping into the performance framework for NHS bodies. Formally identifying a mechanism to measure and identify clinical coding workloads which NHS bodies should adopt.
Using technology to drive improvements	Faster progress with digitisation of patients records and using IT systems to support code identification at point of entry and smarter, more flexible working by coding staff.

Appendix

Audit approach and methods

Audit approach and methods

Document review

For both our 2013-14 and 2018-19 work, we reviewed a range of documents. These documents included clinical coding policies and procedures, organisational structures, internal and external clinical coding audits, papers to senior management forums, workforce plans, minutes of meetings and training material.

Board member survey

A survey of board members was included in our structured assessment work for 2013 and again in 2018 across Wales. The survey included a number of questions specifically focused on clinical coding.

Interviews and focus groups

We carried out detailed interviews for both our reviewed. Interviewees included executive and operational leads for clinical coding, head of information, medical records manager, clinical leads, and the clinical coding managers and supervisors. Our 2013-14 work also included focus groups with clinical coding staff.

Data analysis

For our 2013-14 work, we analysed data relating to compliance with the data validity and data consistency standards submitted to NWIS. For both our 2013-14 and 2018-19, we also analysed data relating to compliance with the Welsh Government targets for completeness and timeliness of clinical coding, along with backlog positions provided by the NHS Clinical Classifications Team.

Case-note review

For our 2013-14 work, we reviewed a sample of case-notes for compliance with the RCP standards for medical records. Using the same sample, the NHS Clinical Classifications Team undertook a clinical coding audit to check the accuracy of coding. This work formed the basis for the now annual clinical coding audits. We also reviewed the medical records tracking system within each NHS body to assess the length of time case-notes took to arrive in the clinical coding department.

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Welsh Community Care Information System

Report of the Auditor General for Wales

October 2020

Archwilio Cymru
Audit Wales

This report has been prepared for presentation to the
Senedd under the Government of Wales Act 1998 and the
Public Audit (Wales) Act 2004.

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

Contents

Key messages

1 The Welsh Community Care Information System (WCCIS) is intended to enable health and social care staff to deliver more efficient and effective services using a single system and a shared electronic record. WCCIS is being developed for use across a wide range of adult and children's services, moving from a position of multiple systems at different stages of development or paper records. The Welsh Government has always intended that all 22 local authorities and seven health boards should implement WCCIS through a contract signed in March 2015.

2 The programme of work to implement and roll out WCCIS and realise its benefits is complex and ambitious. It requires various organisations to collaborate at a national, regional and local level, working within different accountability frameworks. Together they need to agree priorities and manage risks and inter-dependencies as part of wider policy development across the health and social care system. We have examined the latest position. **Appendix 1** describes our audit approach and methods.

Implementation and roll-out of WCCIS are taking much longer and proving more costly than expected. Despite efforts to accelerate the process, the prospects for full take-up and benefits realisation remain uncertain. Some important issues around the functionality of the system, data standards and benefits reporting are still to be fully resolved.

3 The Welsh Government recognises that an IT system alone will not deliver the changes to health and social care it wants to see. However, WCCIS is the key digital enabler. Through the WCCIS contract, local authorities and health boards can agree 'deployment orders' with the supplier without needing their own procurement process. The contracting framework has needed to evolve since 2015 to encourage delivery by the supplier and take-up by organisations.

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4   There was an initial estimation that all local authorities and health boards could be using the system by the end of 2018, although the timescales were not binding. It was anticipated that the detailed plans would be completed in negotiation with the supplier and participating organisations.

5   As at 31 August 2020, 19 organisations were using WCCIS or had signed deployment orders, with four in active negotiation and six yet to commit. Of the 19 organisations, 13 local authorities and two health boards had gone live. However, 'live' can mean different things. Differences in how organisations are choosing to deploy WCCIS currently limit opportunities for integrated working and raise other value for money issues.

6   Key aspects of the expected functionality have been significantly delayed. This includes certain enhancements to the original contractual requirements. The current estimate is that the remaining updates will be delivered on a phased basis through to the end of 2021. Areas where work is still needed include Welsh-language requirements, mobile functionality and interfaces with other NHS Wales systems. The National Programme Team has also needed to address concerns about system performance.

7   Implementing and rolling out the system is proving more costly than expected and with additional investment needed to support related service transformation. To date, just over £30 million has been spent or committed to March 2022 by the Welsh Government and NHS Wales Informatics Service (NWIS). Further capital costs are possible, although these may fall to deploying organisations.

8   We have been unable to arrive at a reliable overall estimate of local implementation costs met from organisations' own budgets, although it is apparent that these run into several millions of pounds. Once organisations have gone live, they also pay ongoing service charges, although in most cases WCCIS has replaced predecessor systems and their associated costs. The National Programme Team has emphasised that accountability for detailed local costs, risk and benefits rests with the local organisations.

9   Through the national programme management arrangements, action has been taken at various points to review and try to accelerate delivery. However, some key issues have taken a long time to resolve or have still not been fully resolved. Recent changes to programme governance structures are intended to support a more co-ordinated national approach, including acceleration of national data standards which are key to realising some of the benefits of WCCIS. The work on data standards is at different stages across different service areas. We understand that the use of WCCIS to support the COVID-19 response has highlighted the importance of this work and showed that this is possible given enough focus.

10   Responsibility for implementing WCCIS is widespread and includes organisations that are not party to the contract. The Welsh Government can require health boards to use the system. It has not yet chosen to do so and is currently relying on accelerating take-up through additional funding. The Welsh Government has provided some financial support to local authorities but does not have similar powers to require them to use the system.

11   The arrangements for reporting the benefits from WCCIS roll-out have been the subject of discussion and review from the outset. Work is still ongoing to develop a suitable reporting framework.

> **The potential benefits of a shared electronic record across health and social care are clear to see; even more so given some of the challenges presented by the COVID-19 pandemic. However, the Welsh Government's ambitious vision for WCCIS is still a long way from being realised. It now needs to work with the various organisations involved to take stock of expectations for the remainder of the contract term and the resources and wider commitment needed to support progress.**

Adrian Crompton
Auditor General for Wales

Key facts

Roll-out to 31 August 2020

	Health boards	Local authorities
Live	2	13
Deployment order signed – not yet live	2	2
No deployment order signed	3	7

Click here to access our interactive data tool which provides further detail on the roll-out position across all 29 organisations.

Central support costs to March 2022: actual/committed

£30.16 million

£8.41 million	£8.62 million	£13.13 million
capital costs for software development, licences, hardware and network infrastructure	national programme management support	support for health boards and local authorities for implementation and roll-out and related service transformation
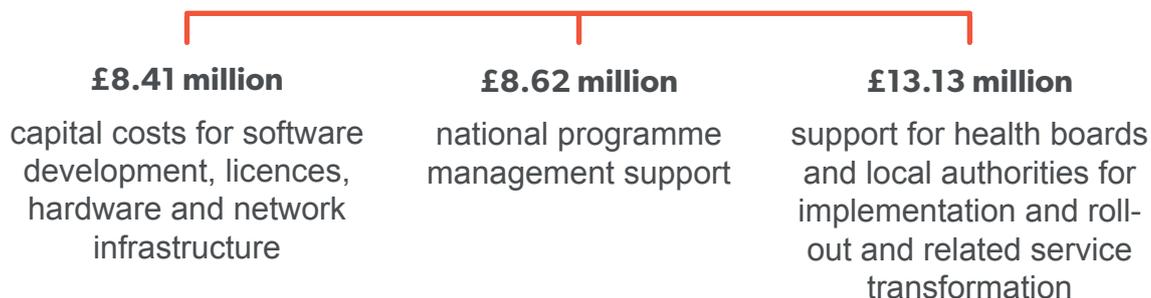
[Excludes local implementation costs and service charges met from organisations' own budgets and wider opportunity costs associated with the overall governance arrangements for WCCIS implementation and roll-out.]

Potential service area coverage (with examples)

Social care services for adults, children and families

- Safeguarding and adult protection
- Fostering and adoption

Social care financial services

- Direct payments
- Financial assessments
- Foster care payments

Child and Adolescent Mental Health Services (CAMHS)

- Early intervention and prevention
- Learning disability service

Child community services

- School nursing
- Flying Start and Families First health visiting

Adult and older mental health

- Psychology
- Prescribed medication support
- Acquired brain injuries

Community (other)

- District nursing
- Physiotherapy
- Adult weight management

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◀ Recommendations

While there are important issues still to be resolved – including on outstanding functionality, data standards and benefits reporting – we are not making specific recommendations in these areas. They are all the subject of ongoing work through the national programme management arrangements. However, the recommendations that we have made are relevant from an overall programme delivery perspective. Also, some of the broader recommendations in our January 2018 report on informatics systems in NHS Wales remain relevant to WCCIS implementation.

Recommendations

R1   We recommend that, before committing any further central funding, the Welsh Government works with the WCCIS National Programme Team, health boards, local authorities and the supplier to:

- produce an updated business case that takes account of local, regional and national costs and sets out expectations for further roll-out of the system, its use over the remainder of the contract term, the development of national data standards and planning for any successor arrangements;

- ensure the organisations involved have the necessary capacity to support implementation and are giving enough priority to the programme against a clearly agreed plan; and

- pull together a clear national picture on feedback from front-line users about the performance and general functionality of the system.

Recommendations

R2   We recommend that the Welsh Government works with
      the National Programme Team to consider:

- how the WCCIS contract might have been
  strengthened to support and incentivise delivery and
  manage risk; and

- how relevant lessons can be applied to any
  successor contracting arrangements and wider public
  procurement.

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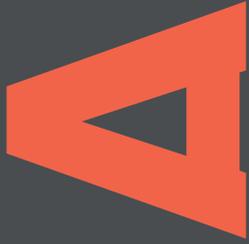
Strategy and contracting

01

Contracting for the use of WCCIS across Wales is a key part of the Welsh Government's plans for integrated health and social care

WCCIS is the key digital enabler to support the Welsh Government's plans for integrated health and social care

1.1   For the Welsh Government, a common electronic health and social care record is key to its ambition of integrated and person-centred health and social care services. In **A Healthier Wales**[1], the Welsh Government committed to accelerate roll-out across local authorities and health boards.

1.2   Recently, the Welsh Government has sought to clarify what the 'Once for Wales' approach for digital systems that it set out in 2015[2] means in practice. It has confirmed that this approach allows for some all-Wales 'national systems' and for different 'interoperable' systems using the same standards. Reinforced by the experience of responding to the COVID-19 pandemic, the Welsh Government still considers that a national approach to information sharing between health and social care is an appropriate model to enable the co-ordination of care within the community.

1.3   The Welsh Government recognises that an IT system alone will not deliver the changes to health and social care it wants to see. Among other things, the Transformation Fund[3] and the Integrated Care Fund[4] are aimed at supporting integrated working across health and social care.

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1   Welsh Government, **A Healthier Wales: our Plan for Health and Social Care**, June 2018.
2   Welsh Government, **Informed Health and Care – A Digital Health and Social Care Strategy for Wales**, December 2015.
3   Running between 2018-2021, the Transformation Fund is targeted to priority projects and new models of health and social care, with the aim of speeding up their development and demonstrating their value.
4   See Auditor General for Wales, **Integrated Care Fund**, July 2019 for further information.

Under a 'Master Services Agreement', local authorities and health boards can agree 'deployment orders' with the supplier – CareWorks – without needing their own procurement process

1.4   The WCCIS contract was awarded to the supplier, CareWorks, in December 2014 and signed in March 2015. CareWorks were predominantly experienced in providing social care software solutions. The company had previously provided social care systems for a consortium of eight local authorities in Wales.

1.5   Bridgend County Borough Council led the procurement because, at that time, it needed to replace its social care information system and had previously acted as lead authority in a consortium of eight local authorities. A 'Joint Procurement Board' with wider local government and NHS Wales representation supported the procurement process.

1.6   CareWorks intended initially to use two sub-contractors. One of the sub-contractors would help develop the required health board functionality. Between contract award and contract signing, CareWorks' offer changed and no longer involved that sub-contractor – Advanced[5]. We have been unable to confirm whether those responsible for the contracting process considered the impact of this change on CareWorks' ability to deliver the required health functionality, some of which remains outstanding. Advanced told us that it withdrew as it felt that the system requirements could not be delivered within the timeframe and cost envelope proposed at the time. In late 2019, Advanced acquired CareWorks resulting in changes to CareWorks' management arrangements for WCCIS.

1.7   The contractual model operates as a 'call off contract', including a 'Master Services Agreement' (MSA) and separate 'deployment orders' (**Box 1**). Including opportunities for extension, the contract runs to March 2027. The National Programme Team believes that there are grounds to extend individual deployment orders beyond 12 years, so that early adopters can continue to use WCCIS until 2030. This would help to align end dates and facilitate future collaborative procurement.

1.8   CareWorks offered an overall financial discount amounting to 11.5% of the pricing in its original bid if the costs for licences and ICT infrastructure were paid up-front rather than as organisations implemented the system. This option was preferred, with the Welsh Government funding the up-front costs.

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5   The other subcontractor remained involved to provide data storage and infrastructure support.

1.9   Nevertheless, the contractual framework exposes the Welsh Government to some value-for-money risks. The return the Welsh Government gets on its investment in software development, hardware and licences depends on the pace of roll-out and the use organisations make of the available functionality. Bridgend County Borough Council was the only organisation required to sign a deployment order. The call-off nature of the contractual framework also exposed CareWorks to certain financial risks.

Box 1: The contractual framework for WCCIS (as agreed originally)

Master Services Agreement (MSA)

• Bridgend County Borough Council entered into the MSA with CareWorks

• The MSA sets out the overarching terms and conditions under which local organisations implement WCCIS

• For example, it sets out the 'Statement of Requirements' (SoR), CareWorks' technical solution to the SoR, governance arrangements, dispute resolution mechanisms, change control processes, service levels and service charges

Deployment orders

1 x for the central hardware, all-Wales licences and 'sunk development costs'[6] incurred by CareWorks, with these costs being met by the Welsh Government

[Up to] 29 x agreed between CareWorks and individual local authorities and health boards[7] – including common elements but able to be tailored to meet local requirements

Original contract timescales

• Minimum of eight years, from March 2015, for the MSA

• Option to extend the MSA for four years, until March 2027 (on a 1+1+1+1 basis)

• Local deployment orders may run beyond March 2027 but must end by March 2030

• Local deployment orders worked on an 8+1+1+1+1 year basis initially, but have since been amended

6   Before entering into the contract, at its own risk CareWorks enhanced its existing CareDirector product to meet some of the requirements, at a cost of £2.2 million.

7   While the focus has been local authority and health board settings, the contractual framework allows for Velindre NHS Trust and the Welsh Ambulance Services NHS Trust to agree deployment orders. The National Programme Team has engaged with both organisations to help them understand the potential benefits of implementing WCCIS.

The contracting framework has needed to evolve to encourage delivery by CareWorks, take-up by organisations and to correct some organisations' service charges

1.10   Under the contract the full functionality was expected to have been delivered before the end of 2015. The contract did not provide for any 'liquidated damages'[8] should CareWorks not deliver the full functionality on time, or additional payments should it meet contractual deadlines. However, the fixed-term nature of the contract provides some incentive for CareWorks, given that its revenue is based on take-up. There are also provisions in individual deployment orders for 'delay payments' in certain circumstances.

1.11   The financial model in the MSA set out the service charges each organisation was expected to pay CareWorks over the initial eight-year term of their deployment order. The total service charges amounted to just over £29 million across the 22 local authorities and seven health boards. However, the actual costs would increase over time to reflect inflation. If organisations choose to extend their deployment orders, the financial model provides for a reduced rate[9].

1.12   The service charges took account of the comparative size of each organisation and the cost to CareWorks of providing support for local implementation. The charges were fixed, regardless of how widely organisations might choose to deploy the system across their services or how much of the expected functionality was available when they signed deployment orders.

1.13   The service charges also included contributions towards £0.50 million for outstanding software development to deliver the statement of requirements functionality. These costs were additional to the development costs already paid by the Welsh Government. However, the Welsh Government has now agreed to fund these software development costs apart from £0.02 million already paid by deploying organisations up to September 2019. The service charges have been adjusted accordingly. The Welsh Government is also funding some additional development for enhanced functionality beyond the statement of requirements.

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8   A liquidated damages clause is a common way of dealing with a possible breach under a commercial contract. The sum that must be paid must be fixed in advance (a reasonable estimation of the particular loss) and written into the contract.

9   One-year extension = 10% discount; two-year extension = 15%; three-year extension = 25%; four-year extension = 35%.

1.14   In November 2019, the National Programme Team and Careworks agreed
        a contract variation to support CareWorks to maintain development
        capability and accelerate the remaining software development. These
        changes mean that CareWorks will now receive some payments earlier
        than anticipated when it delivers outstanding functionality to an agreed set
        of payment milestones.

1.15   Other contractual changes have affected the way the deployment orders
        and service charges are working in practice across different organisations.
        Initially, the contract term was effective from the date a deployment order
        was signed. This was the case solely for Bridgend County Borough
        Council, who were the first deploying organisation. However, there was
        a concern this would discourage other organisations from signing orders
        because they were keen to avoid the contract running down before
        the system was ready. Meanwhile CareWorks was having to carry out
        preparatory work with no firm commitment from organisations.

1.16   Following a renegotiation during the first year of the MSA, the contract
        only becomes effective when the contracting organisation is satisfied
        the system has been operating in a stable manner for 30 days – 'stable
        operations'. The assumption was that it would take around six months
        after signing deployment orders to reach stable operations[10]. Therefore,
        the overall contract length was reduced from eight years to 7.5 years.
        Organisations were still liable for the full eight years' worth of service
        charges identified in the MSA but paid over a 7.5 year period instead.

1.17   An error in the financial model in the MSA, discovered after the contract
        term had been changed to 7.5 years, meant the service charges for seven
        organisations[11] did not cover the full term, falling short by up to three
        months' worth of payments. CareWorks offered the choice of continuing
        with a shorter contract term or making up the difference over the full
        contract term. Each of the seven organisations opted for a shorter initial
        contract term. The National Programme Team has explained that this
        option was deemed more cost effective should a contract extension be
        sought after the initial contract term given the discounted rates for the
        extensions (**paragraph 1.11**).

10 In practice, implementation work to reach stable operations has generally taken longer than
    six months.

11 Isle of Anglesey County Council, Vale of Glamorgan Council, Powys County Council,
    Powys Teaching Health Board, Merthyr Tydfil County Borough Council, Gwynedd Council,
    Ceredigion County Council.

1.18 All local authorities that have deployed the system to date are liable for service charges at the rates set out originally in the MSA. However, in June 2017 the WCCIS Leadership Board agreed a revised financial model for the five health boards that had not already signed deployment orders[12]. The revised model was based on a phased implementation[13] rather than a 'big-bang' approach. CareWorks had also agreed to an overall reduction in service charges under this model due to changes in planned implementation timescales and not all the expected functionality for health boards being available.

1.19 Organisations signing deployment orders can commission additional functionality beyond that provided for in the original contract. For example, Newport City Council commissioned an interface to its corporate finance system. The Council met the development costs, but the same functionality is now available to other organisations. Any other organisation taking up this functionality would not have to pay development costs but would pay additional service charges.

12 Powys Teaching Health Board and Betsi Cadwaladr University Health Board had already signed deployment orders by this point.

13 Once stable operations have been reached for the first phase of implementation, any subsequent phases must be completed within 24 months. The health board would be liable for service charges if any longer delay was due to local decisions.

Roll-out and costs

02

Implementing and rolling out WCCIS is taking much longer and proving more costly than expected, with the prospects for full take-up still uncertain

Roll-out has been much slower than initially expected, with some organisations still to commit and different choices being made about how much use to make of the system

As at 31 August 2020, 19 organisations were using WCCIS or had signed deployment orders, with four in active negotiation and six yet to commit

2.1 The initial March 2015 full business case estimated that successful implementation for the whole of Wales could take up to four years to achieve. Estimated dates, that were also reflected in the contractual documents, suggested that all 29 organisations could be using the system by December 2018. Of these, 11 organisations were identified for potential go-live in 2015-16 and nine in 2016-17. These timescales were not binding. It was anticipated that the detailed development and implementation plans would be completed in negotiation with the supplier and participating organisations.

2.2 As at 31 August 2020, 13 local authorities and two health boards – Hywel Dda University Health Board and Powys Teaching Health Board – had gone live and were using WCCIS in some way (**Figure 1**). The business case recommended that WCCIS should be rolled-out on a regional basis and configured to support regional ways of working, reflecting wider policy developments. This approach to roll-out has not happened in practice.

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Figure 1: Implementation status of local authorities and health boards as at 31 August 2020

● Live

● Deployment order signed but not yet live

● No deployment order signed

Betsi Cadwaladr University Health Board

Powys Teaching Health Board

Hywel Dda University Health Board

Aneurin Bevan University Health Board

Swansea Bay University Health Board

Cardiff and Vale University Health Board

Cwm Taf Morgannwg University Health Board

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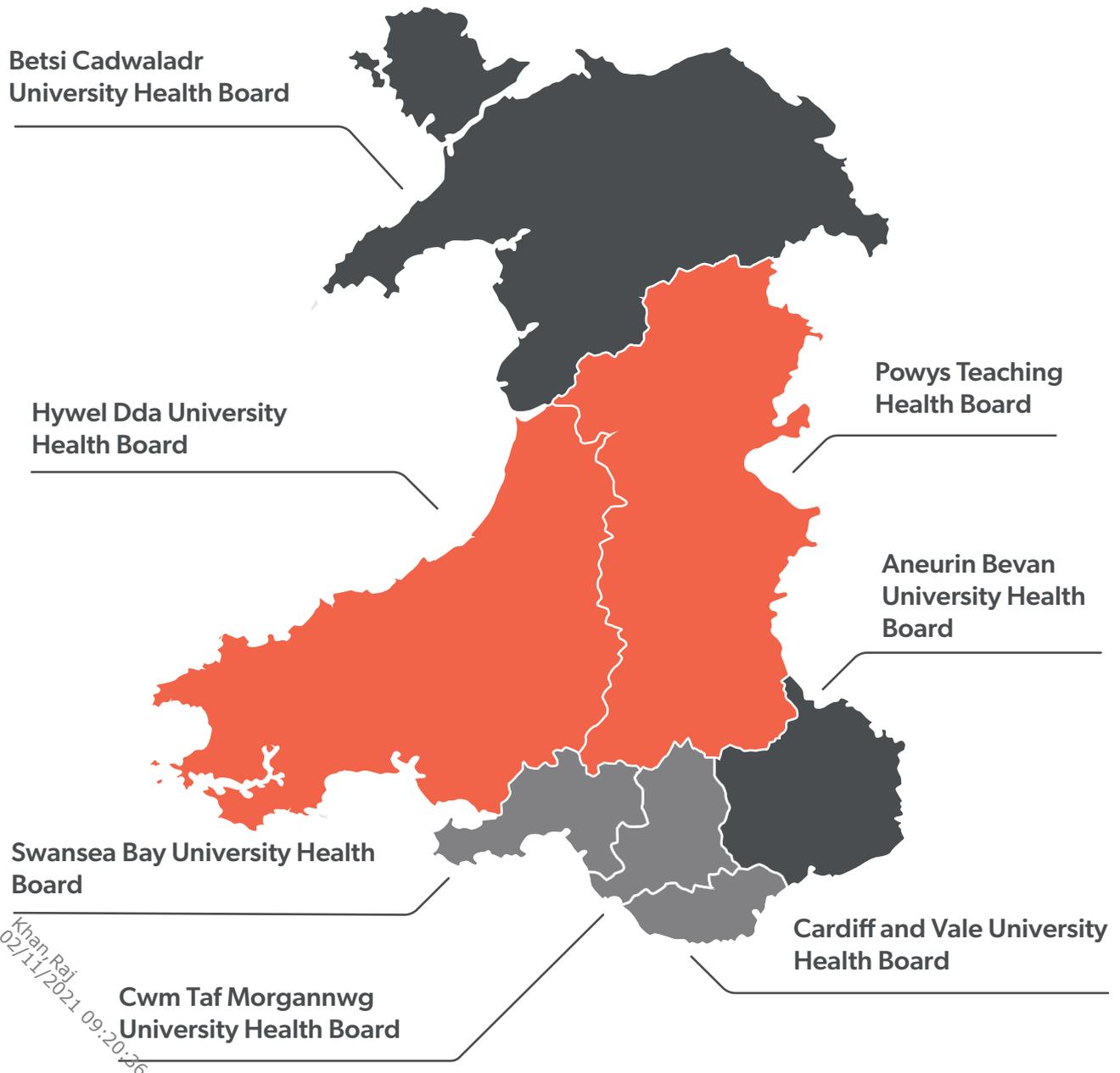
1   Isle of Anglesey County Council
2   Conwy County Borough Council
3   Flintshire County Council
4   Denbighshire County Council
5   Gwynedd Council
6   Wrexham County Borough Council
7   Powys County Council
8   Ceredigion County Council
9   Carmarthenshire County Council
10 Pembrokeshire County Council
11 Swansea Council
12 Neath Port Talbot Council
13 Bridgend County Borough Council
14 Rhondda Cynon Taf County Borough Council
15 Merthyr Tydfil County Borough Council
16 Vale of Glamorgan Council
17 Caerphilly County Borough Council
18 Cardiff Council
19 Newport City Council
20 Blaenau Gwent County Borough Council
21 Torfaen County Borough Council
22 Monmouthshire County Council
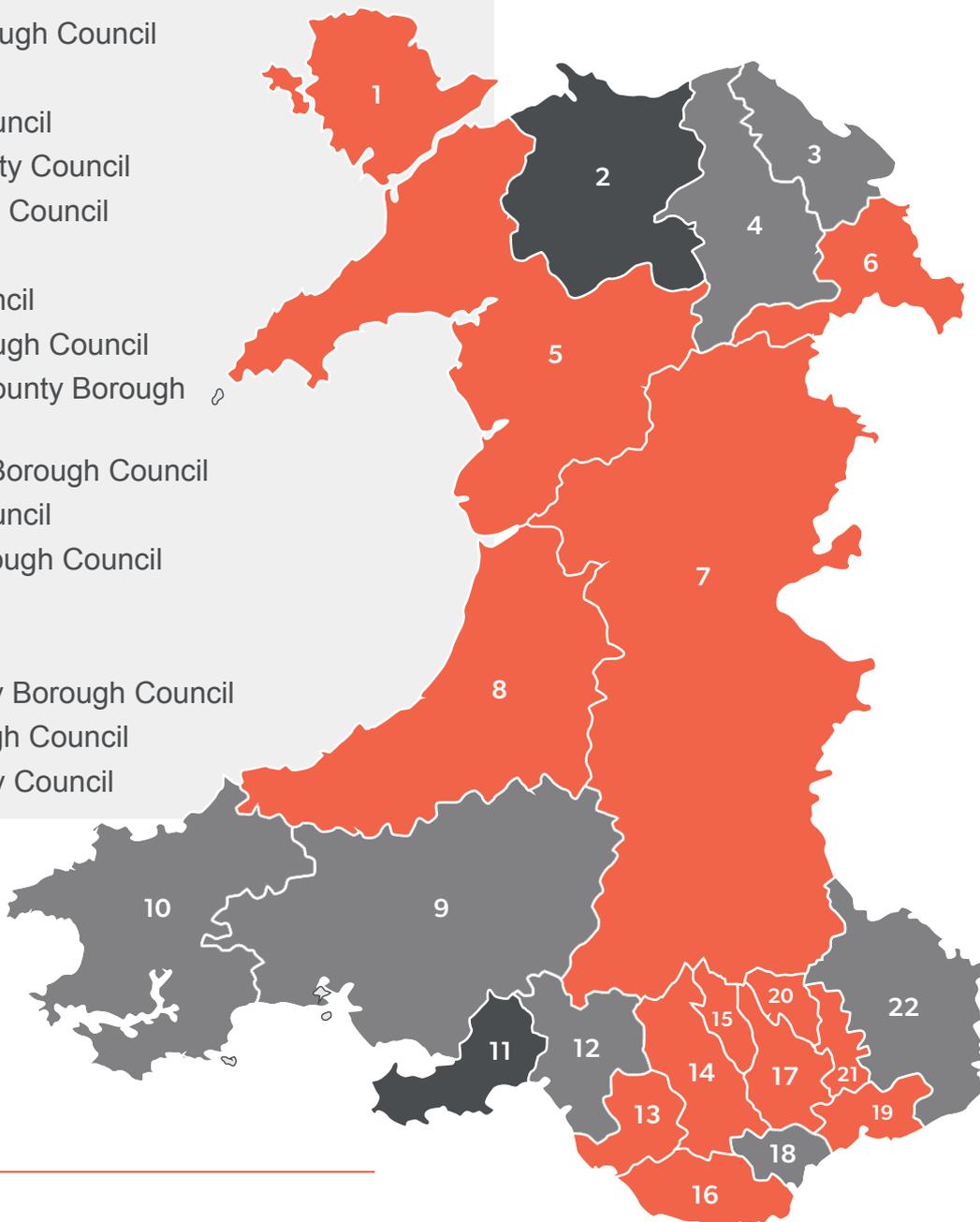
● Live

● Deployment order signed but not yet live

● No deployment order signed

Click here to access our interactive data tool which provides further detail on the roll-out position across all 29 organisations.

Source: National Programme Team

2.3   Two more local authorities have signed deployment orders. Of the
       remaining seven local authorities, three are in active dialogue with the
       supplier and four are not currently pursuing WCCIS take-up.

2.4   Of the remaining five health boards, two have signed deployment orders.
       Aneurin Bevan University Health Board signed a deployment order in
       March 2018 with the intention of full implementation by January 2021. The
       first phase of implementation in mental health services was scheduled
       for June 2019. In February 2019, CareWorks advised the health board
       that it would not be able to meet this date. Currently, the timescale for the
       health board implementing any aspect of WCCIS remains uncertain. In
       April 2020, the health board wrote to CareWorks with a claim for 'delay
       payments' under the contract terms. The health board continues to be
       engaged with the supplier to work through the issues to help inform a
       correction plan.

2.5   After signing a deployment order in March 2016, Betsi Cadwaladr
       University Health Board had an initial go-live date of April 2017 for a
       phased implementation commencing with mental health services. The
       date was not met, and the health board then discussed with CareWorks
       an initial small-scale implementation in its community nursing and mental
       health teams. The health board has informed us that it will be reviewing
       the potential for the WCCIS implementation, along with other priority
       programmes, as it returns to business as usual post COVID-19.

2.6   Swansea Bay University Health Board is in dialogue with CareWorks
       to work towards a deployment order. Two other health boards are not
       currently working towards signing a deployment order. Cardiff and
       Vale University Health Board's view is that even when all the agreed
       functionality is available, the current version of WCCIS would not meet its
       requirements, offering less and proving significantly more costly compared
       to its existing arrangements. Cwm Taf Morgannwg University Health Board
       is not in active dialogue with CareWorks but intends to implement WCCIS
       in mental health services first, once the relevant functionality is available.

2.7   Even with the benefit of hindsight, the estimated implementation
       timescales set out in the full business case appear to us to have been
       unrealistic. The timescales do not appear to have taken full account of
       the work required to implement the system and manage the necessary
       business change processes, whether at a national or local level.

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2.8 CareWorks' capacity to support implementation has also been a concern through much of the period to date. As noted in **paragraph 1.6**, CareWorks intended originally to work with a subcontractor to help develop the required health board functionality. In addition, the original contractual framework did little to encourage organisations to support implementation or to incentivise delivery by CareWorks (**paragraph 1.10**).

2.9 For most of the organisations (11 of 15) that have gone live, go-live dates agreed in deployment orders were missed. For local authorities, the average delay was four months with a range between one month and 26 months. For the two health boards, the delays were one month and five months.

Differences in how organisations are choosing to deploy WCCIS currently limit opportunities for integrated working and raise other value for money issues

2.10 'Live' can mean different things as organisations can choose which elements of the available functionality they use and how widely they deploy the system. For health boards, the variability has arisen as they have tailored deployment orders to meet their individual needs:

a Powys Teaching Health Board's deployment order is based on the organisation going live with all the available health functionality. Currently, it is using most of the available functionality. As at August 2020, the health board had 1,083 users of the system.

b Hywel Dda University Health Board's deployment order covers just the community nursing element of the system. As at August 2020, its 113 users were using the system to deliver community nursing services in Ceredigion[14]. The health board is looking to extend coverage for community services in Pembrokeshire and Carmarthenshire and at how it might use WCCIS in certain therapies services.

c As noted in **paragraph 2.4,** Aneurin Bevan University Health Board has agreed a phased approach to implementing WCCIS.

14 Ceredigion County Council is the only one of the three local authorities in the Hywel Dda region to have signed a deployment order. The Council went live with the system in August 2016.

2.11   All local authority deployment orders allow for coverage across a wide
        range of adult and children's social care services. For some services, such
        as disabled and frail older people and safeguarding children, all 13 live
        local authorities are using WCCIS in some way, but still with differences in
        the detail of their deployment. There is more of a pick and mix approach
        in other areas. Only one live local authority is using functionality around
        special education needs, with the same true for adoption. The National
        Programme Team's view is that there was always going to be some
        variation to reflect local needs and that this flexibility has encouraged take-
        up, with the opportunity to make more use of the system as a deployment
        order progresses.

2.12   The full business case did not articulate any specific expectations about
        how much use organisations would make of the system across different
        services. However, the current picture means that even where the system
        is live, it is not yet being used to its full potential. This, in turn, raises
        questions about the overall value for money of the expenditure to date.
        Some organisations' service charge costs are slightly lower than the costs
        they were incurring using previous systems. Nevertheless, the contractual
        framework means that all are essentially paying service charges for
        functionality that they are not currently using, albeit to different degrees.

2.13   The overall deployment picture and the different approaches to
        implementation mean that it is currently difficult to realise some of the
        information sharing and integrated working benefits that the system was
        expected to support. As part of wider work to identify data and information
        requirements around COVID-19 for community-based services, WCCIS
        has been used to help identify vulnerable persons to assist with the
        delivery of care packages. WCCIS is also being used to support
        rehabilitation care in the community for people who are recovering from
        coronavirus. The use of WCCIS to support the COVID-19 response has
        highlighted the need to address issues around national data standards. It
        has also shown that this is possible given enough focus.

Key aspects of the expected functionality have been significantly delayed and the National Programme Team has also needed to address concerns about system performance

2.14   As noted in **paragraph 1.10**, some early WCCIS documentation suggests
        that CareWorks was initially expected to have delivered all agreed
        functionality by October 2015. As at August 2020, key aspects of the
        originally agreed functionality were still to be fully delivered, notably the
        mobile application, the interfaces needed to enable WCCIS to integrate
        effectively with other NHS Wales IT systems and Welsh-language
        requirements (**Box 2**). In some of these areas the original contractual
        requirements have been added to and work is still needed to deliver these
        'enhancements'.

Box 2: Key areas where functionality is still to be fully delivered, as at August 2020

Integration – The contract requires CareWorks to develop interfaces between WCCIS and several other NHS Wales systems/services, for example, to access diagnostic results, send to and receive information from GPs or receive hospital to community referrals. Developing these interfaces requires collaboration between the NHS Wales Informatics Service, CareWorks and health boards. Some of the required interfaces were identified in the original Statement of Requirements, while others were agreed in 2019 as enhancements to the 2015 contract.

Of the 16 interfaces now agreed, two are currently live and a further seven interfaces are ready to go into testing. The remaining seven are now scheduled for phased delivery through to the end of 2021.

Mobile application – Under the original contract requirements, WCCIS must be capable of working on a mobile platform via wireless and 3/4G so that it can be accessed by NHS and local authority staff working in the community. A version of the mobile application based on the original requirements is now scheduled to be piloted before the end of 2020. The pilot has been delayed in part due to the impact of COVID-19 and the capacity of local organisations to support this work. Enhanced functionality has also been agreed and is due to go into testing shortly, for example to include appointments management.

Welsh language –CareWorks must deliver a system compliant with the Welsh Language Act 1993 and Welsh Language (Wales) Measure 2011 which together govern the use of the Welsh language in the delivery of public services. Some key aspects of the functionality expected to meet Welsh-language requirements set out in the original contract are not yet available. For example, the system does not currently provide for structured data collection in Welsh.

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2.15 It has been clear to the National Programme Team since implementation in Bridgend County Borough Council in 2016, that the system lacked some of the contractually agreed functionality. A November 2017 Gateway review found that the National Programme Team and CareWorks had different views about whether the issues identified were part of, or enhancements to, the original contractual requirements. In mid-2018, the National Programme Team began work to identify a definitive list of the functionality that remained outstanding.

2.16 By March 2019, CareWorks and the National Programme Team had identified that 157 of the 1,500 items set out in the Statement of Requirements had not been delivered. In addition, CareWorks' service desk was not operating as required, the system was not supporting performance reporting as expected, and updates to fix longstanding problems that live organisations were experiencing were failing testing[15]. Under the Master Services Agreement, the National Programme Team issued CareWorks with a contractual non-conformance notice and sought to remedy the situation.

2.17 After a further six months of dialogue, in November 2019 the National Programme Team and CareWorks agreed a timeline, or roadmap, for delivering the outstanding and enhanced functionality over four updates through to September 2020. Accelerated payments tied to delivery milestones and funded by the Welsh Government were also agreed (**paragraph 1.14**).

2.18 Partly as a result of the COVID-19 pandemic, the go-live date of the first of four planned updates to the system was delayed until mid-July. This impacted on the timetable for later updates, which include key aspects such as the enhanced mobile functionality. However, the continuing impact of the pandemic put the plan to complete all four updates by January 2021 at significant risk of delay. The current estimate is that the updates will be delivered on a phased basis through to the end of 2021.

2.19 In addition, arrangements have needed to be confirmed for longer-term operational support for the system platform. It has been known since 2018 that WCCIS is based on a version of a Microsoft platform that will not be supported after July 2021. The National Programme Team has since been discussing with CareWorks how to resolve the issue.

15 For example, some areas of the system cannot be audited, and an individual might have multiple active records running on the system. One of the original aims of WCCIS was to improve patient safety by having a single record. While the different records can be accessed, this currently involves workarounds.

2.20   Under the 'do minimum' option, WCCIS moves to an updated platform that is supported by Microsoft and with CareWorks required to meet the associated costs under the contract terms. Recently, another option emerged of moving to a newer version of the system hosted on the Cloud[16]. In July 2020, the National Programme Team considered the two options. For a variety of reasons, the National Programme Team considered that it was not now practical to move to the Cloud-based version within the required timescales.

2.21   Before the end of 2020-21, the National Programme Team expects to complete a detailed appraisal of the costs, benefits and risks of moving to the Cloud-based version of WCCIS. It intends to consider this in the context of longer-term decisions around the possible extension, or otherwise, of the contractual period and wider Welsh Government digital strategy.

2.22   There have been some significant performance issues with the system over the past year. These have included some complete outages among nine 'severity level 1' incidents[17] and with additional strain on the system during the COVID-19 response. We have heard from the front-line about the impact of system-performance issues on the ability of staff to do their job effectively. Concerns due to system performance issues, including risks to staff and service users, have also been raised in some local reporting by Care Inspectorate Wales and Healthcare Inspectorate Wales.

2.23   The National Programme Team has agreed a performance improvement plan with CareWorks, which has included the installation of additional technical capacity, coupled with recent software improvements. The National Programme Team reports this has resulted in significantly improved performance with ongoing monitoring of the situation.

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16 Currently, WCCIS is centrally hosted on physical hardware in the NWIS data centre.

17 Severity level 1 incidents are the most serious type of system performance issue and defined as causing significant business impact and preventing a normal service being provided.

Implementing and rolling out WCCIS is proving more costly than expected and with additional investment needed to support related service transformation

Overall, just over £30 million has been spent or committed to March 2022 by the Welsh Government and NHS Wales Informatics Service (NWIS)

2.24 Where possible, we set out to compare the estimated costs of developing and rolling-out WCCIS with initial estimates in the full business case. Overall, central costs can be broken down into three main areas: Welsh Government capital investment; Welsh Government and NHS Wales Informatics Service (NWIS) spending on national programme support; and Welsh Government funding to support local organisations' costs. Exactly how this local funding is being spent across different activities is not clear. However, the National Programme Team has emphasised to us that its purpose extends beyond the scope of the initial business case.

2.25 We recognise that some of the central expenditure to support local WCCIS implementation would otherwise have been incurred to develop or replace other systems on an organisation-by-organisation basis. Also, some of that expenditure is supporting wider service transformation relating to the implementation of WCCIS or contributing to ongoing service charges. The business case accounted separately for ongoing service charges, which it assumed would be met in full by local organisations.

2.26 **Figure 2** provides a high-level overview of the £30.16 million known to have been spent by the Welsh Government and NWIS supporting WCCIS implementation and roll-out to date or committed through to the end of March 2022. While we are unable to provide a complete like-for-like comparison, the full business case allowed for central Welsh Government costs and NWIS programme support of £16.75 million up to the end of March 2022 and £20.18 million over a full 13-year term.

2.27 **Paragraphs 2.28 to 2.52** in the remainder of this part of our report provide further details about Welsh Government and NWIS expenditure and about additional expenditure by local organisations. In addition to the costs identified, there are opportunity costs associated with staff time that is being committed by various organisations to the overall governance arrangements for WCCIS implementation and roll-out.

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Figure 2: Welsh Government and NWIS spend on WCCIS implementation and roll-out and related service transformation, to March 2022 (actual and committed)

Supplier costs for development, hardware and licences

Welsh Government investment of **£8.41 million**

Support to health boards and local authorities for local implementation and wider service transformation

Welsh Government investment of **£13.13 million**

Welsh Community Care Information System

National Programme Management

NWIS existing budgets and additional Welsh Government funding of **£8.62 million**

Source: National Programme Team and Audit Wales analysis

Welsh Government capital funding of £8.4 million is currently within full business case estimates but with further capital costs possible that may fall to deploying organisations

2.28 The full business case identified a £9.89 million Welsh Government capital funding requirement (**Figure 3**), almost all of which was profiled in the period to the end of March 2021. Local authorities and health boards were expected to identify any local capital funding requirements as part of their local planning. As at December 2019, the Welsh Government had approved £8.41 million of capital grant funding up to March 2022. Should a future decision be made to move to the newer Cloud-based version of the system (**paragraphs 2.20 to 2.21**), additional funding will be required under its own business case.

Figure 3: Welsh Government capital grant funding for WCCIS implementation, up to March 2022 (£ millions)

	Full business case estimate to March 2027	Total grant funding (actual and committed to March 2022)
All-Wales licences	3.94	3.28
Software development	3.60	3.00
Central hardware[1]	2.26	2.10
Network infrastructure[2]	0.09	0.03
Total	**9.89**	**8.41**

Notes

1 Business case estimate included an estimated £0.94 million for a hardware refresh in 2020-21.

2 The National Programme Team has told us that, while it was originally allocated £0.09 million for network infrastructure, it will not draw down more than the £0.03 million already spent. The remaining £0.06 million has been subsumed within the commitment shown for central hardware.

Source: WCCIS full business case and National Programme Team reports

2.29 In March 2015, the Welsh Government approved an initial £6.58 million of capital funding for licences, software development and central hardware costs. This figure excluded provision for a planned refresh of the central hardware. It also excluded network infrastructure costs of £0.09 million which were covered by the Welsh Government in a separate approval. Meanwhile, the negotiated cost of the licences required was lower than expected in the business case and some additional software development was built initially into the service charges for local organisations (**paragraph 1.13**).

2.30 In December 2019, the Welsh Government approved additional capital grant funding of £1.80 million from its Digital Priorities Investment Fund[18]. This included a further £1 million provision for the planned central hardware refresh and £0.80 million for software development. The software development funding covers most of the costs that were initially built into local service charges and some additional enhancements that were not within the original scope of the business case and contract[19].

2.31 The £0.80 million figure agreed for software development was an estimate. The latest figure following commercial negotiation is £1.12 million. Deploying organisations will need to decide on the affordability and value for money of the remaining enhancements not covered by the Welsh Government funding.

2.32 In addition, the National Programme Team is currently negotiating with the supplier to finalise costs to refresh the central hardware during 2020-21. The National Programme Team is anticipating this cost may exceed the £1 million covered by the Welsh Government funding. Organisations that have signed deployment orders are liable to pay a share of any additional costs.

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18 Announced in September 2019, the £50 million Digital Priorities Investment Fund is focused on transforming digital services for patients, the public and professionals, investment in data and intelligent information, modernising devices and moving to Cloud services, and cyber-security and resilience.

19 Organisations paying service charges had already contributed £0.02 million to the software development costs, and around £0.30 million of the committed Welsh Government funding is for software enhancements that were not included in the original contract.

At £8.6 million, expected national programme support costs to the end of March 2022 are around £1.7 million higher than estimated in the full business case for the same period

2.33 The full business case estimated a £10.28 million requirement for national programme support over a 13-year period to the end of 2026-27 (**Figure 4**). Within that, it estimated a £6.89 million requirement to the end of March 2022 made up of:

• £1.77 million to cover existing NWIS staff who were supporting WCCIS implementation; and

• £5.12 million for additional dedicated National Programme Team support.

Figure 4: Actual or planned expenditure on National Programme Team support to March 2022 (£ millions)

	Full business case estimate to March 2022	Full business case estimate to March 2027	Actual/committed expenditure to March 2022
NWIS (existing budgets)	1.77	2.17	3.32
Welsh Government funding (additional)	5.12	8.11	5.30
Total	**6.89**	**10.28**	**8.62**

Note: The full business case also included estimated costs associated with NWIS 'hosting' the ICT hardware for WCCIS. This was estimated at £0.59 million over 13 years. Deploying organisations had contributed £0.06 million to the end of 2019-20 with NWIS also reporting that it had absorbed costs of at least £0.05 million. We have not accounted for these costs in our overall analysis.

Source: WCCIS full business case and National Programme Team reports

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2.34   Until March 2019, support costs were largely covered by a combination of NWIS's existing budgets and £1.5 million of Welsh Government funding from the Integrated Care Fund. In June 2019, responding to a request from the Welsh Government, the Senior Responsible Owners for the WCCIS programme provided an estimate of the overall costs incurred and the additional National Programme Team resources required through to March 2022 to help increase the pace of implementation in health boards and complete roll-out.

2.35   The Welsh Government agreed to provide an additional £3.80 million of support through the Digital Priorities Investment Fund. The funding is increasing capacity and capability in several areas. Among other things, these include a national service desk, system testing, training to ensure patient safety, standardisation of system content and work to develop interfaces with other NHS systems (**paragraph 2.14**).

2.36   During the latter stages of our work, the National Programme Team changed its estimate of the amount of NWIS resources that had already been spent or were thought to be needed to support national programme management over the full 13 years of the programme. Its original estimate of £9.48 million, which informed the bid for additional Welsh Government funding on top of this figure, has reduced to £6.64 million. The National Programme Team advised us that the forward looking element of its original estimate was speculative and some over-estimation of past spend had occurred when preparing the original figures.

2.37   Together with the Welsh Government's funding, the £8.62 million cost of national programme support now estimated through to the end of March 2022 compares with the full business case estimate of £6.89 million. The National Programme Team has advised us that part of the reason for the increase is that the business case did not account for wage inflation for NWIS posts. The National Programme Team is still working through the support requirements and funding arrangements beyond March 2022.

The Welsh Government has so far committed just over £13 million to support local implementation and roll-out and related service transformation

2.38   The full business case acknowledged that organisations would incur additional local costs when implementing WCCIS. **Figure 5** describes some of the costs that might be incurred.

Figure 5: Examples of costs to support local implementation of WCCIS
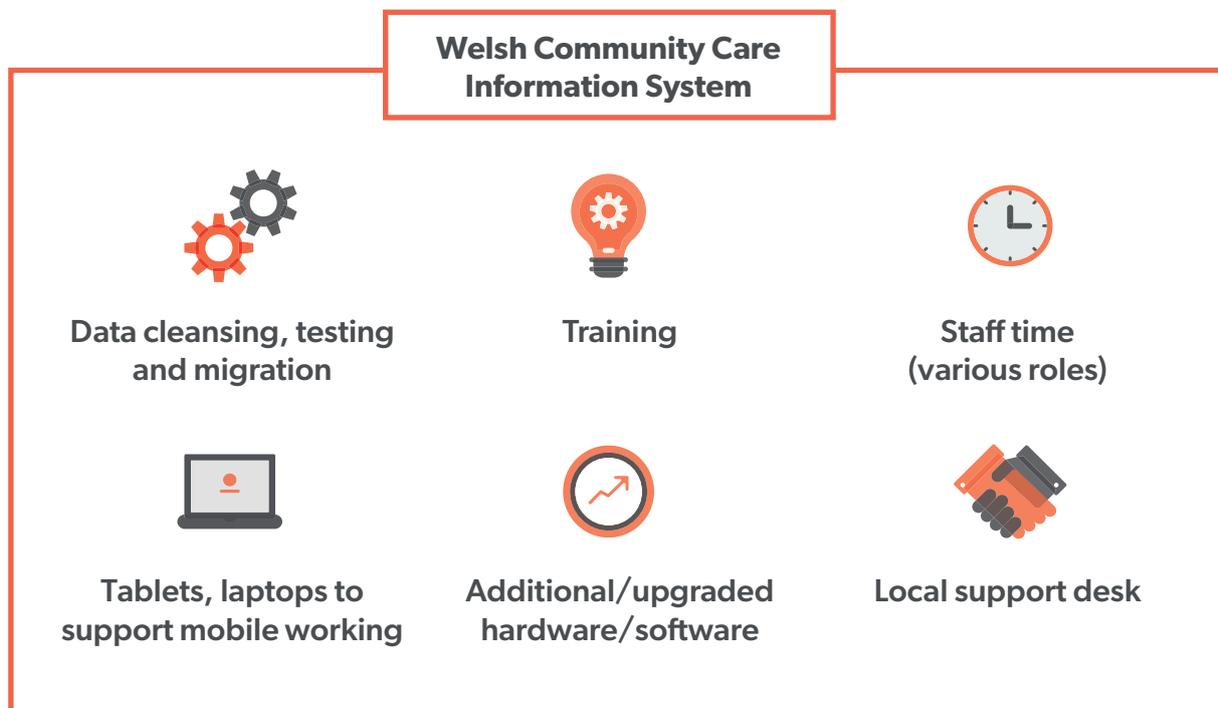
Source: Audit Wales

2.39 The full business case estimated that these costs would total £2.58 million and assumed that organisations would find these resources from their existing budgets. While there are additional costs being met from local budgets, by the end of 2021-22, local authorities and health boards will have received Welsh Government funding of £13.13 million to support implementation and roll-out. As noted in **paragraph 2.24**, the National Programme Team has emphasised to us that the activity that this funding supports extends beyond the scope of the original business case, including wider service transformation work related to WCCIS.

2.40 Much of this funding has come from the Integrated Care Fund (**Figure 6**). This funding is distributed through Regional Partnership Boards (RPBs)[20] and will continue through to the end of 2020-21. Overall, the Integrated Care Fund support will total £8.72 million.

20 RPBs consist of health boards, local authorities and the third sector. They work together to improve the wellbeing of the population and how health and care services are delivered.

Figure 6: Regional distribution of the Integrated Care Fund to support WCCIS implementation and related service transformation, April 2016 to March 2021
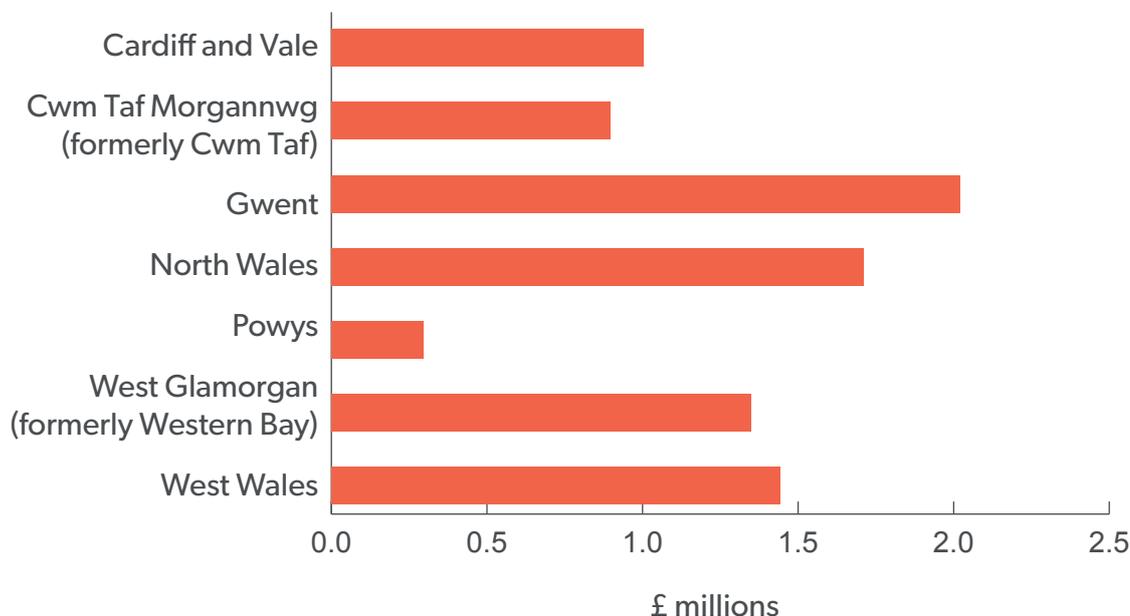
Notes: Cwm Taf Morgannwg Regional Partnership Board was previously the Cwm Taf Regional Partnership Board. It incorporated the Bridgend County Borough Council area on 1 April 2019 which had previously been part of the Western Bay Regional Partnership Board. The Western Bay Regional Partnership Board is now called the West Glamorgan Regional Partnership Board.

Source: Welsh Government

2.41   Initially, RPBs received a formula-based allocation. The National Programme Team considers that around £4.50 million of this funding between 2016-17 and 2018-19 was used predominantly to support planning work around local WCCIS implementation.

2.42   Since the start of 2019-20, funds have been allocated on a 'proposal' basis and with more of a focus on related service transformation. Some regions requested an increase on their previous allocations. This created a £0.21 million Integrated Care Fund shortfall for the two years 2019-2021. The difference was met by the Welsh Government Transformation Fund in 2019-20 and is being met from Welsh Government central reserves in 2020-21.

2.43 In 2018-19, the Welsh Government provided £0.05 million to Conwy County Borough Council on top of the Integrated Care Fund allocation distributed through the North Wales Regional Partnership Board. This came from a separate Welsh Government social services budget and covered additional training, staffing, software and technical support. The Council signed a deployment order in April 2019 and is currently in the implementation phase.

2.44 The full business case also identified that local authorities and health boards might have existing revenue budgets for IT systems that WCCIS would be replacing. However, some local authorities had developed 'in house' systems rather than contracting with external providers.

2.45 The National Programme Team requested a further £0.20 million from the Welsh Government between 2019-20 and 2021-22 to support Neath Port Talbot Council to implement WCCIS and £0.30 million to support Monmouthshire County Council[21]. Despite the funding request being agreed by the Welsh Government, Neath Port Talbot Council decided not to commission WCCIS and did not take the funding offered by the Welsh Government. There was a request for this funding to be released to support WCCIS implementation across the wider West Glamorgan region, but the Welsh Government turned this down. Monmouthshire County Council has not yet signed a deployment order and is still in dialogue with CareWorks. There is currently no agreed go-live date.

2.46 The Welsh Government is also providing £4.06 million from the Digital Priorities Investment Fund direct to health boards to accelerate implementation between 2019-20 and 2021-22[22]. This funding will address:

  • financial challenges in some health boards where community health services are largely still operating paper-based systems and there are no revenue budgets for IT systems; and

  • embedding of new ways of working for health professionals.

21 The National Programme Team also requested additional funding between 2019-20 and 2021-22 to support Flintshire County Council (£0.04 million) and Conwy County Borough Council (£0.46 million). The Welsh Government turned down this bid as the councils were already paying for existing systems.

22 This is funding to local bodies, in additional to the National Programme Team support from the same fund (**paragraph 2.35**).

We have been unable to arrive at a reliable overall estimate of local implementation costs met from organisations' own budgets, although it is apparent that these run into several millions of pounds

2.47   The National Programme Team has not collated information about overall local implementation costs, including contributions from local budgets. There has not been any specific guidance about how these costs, and any savings compared with previous systems or by not having to go through separate procurement processes, should be considered as part of local business case development. The National Programme Team has noted that it has provided ad hoc advice and supported knowledge sharing about local business case development. It has also emphasised that accountability for detailed local costs, risk and benefits rests with the local organisations.

2.48   We asked local authorities and health boards that have gone live or signed deployment orders if they could provide figures on local implementation costs met from their own budgets. Some were unable to do so.

2.49   Even where figures were reported, organisations had used different approaches or were unable to distinguish WCCIS specific costs from wider project work. It was difficult therefore to identify a valid overall estimate. However, examples included Betsi Cadwaladr and Aneurin Bevan university health boards which reported quite different figures of £0.41 million and £3.16 million up to the end of March 2020[23]. As noted in **paragraphs 2.4 to 2.5**, neither of the two health boards has yet gone live despite signing deployment orders.

2.50   Some organisations that are yet to sign deployment orders also provided forward-looking estimates. Cardiff and Vale University Health Board for example had estimated that implementation would cost £3.9 million, including work to develop functionality equivalent to its current arrangements. Ongoing maintenance costs would also be significantly more expensive.

2.51   To the end of June 2020, those organisations that have progressed with implementation to the point of paying service charges had paid a total of £2.56 million to CareWorks. The overall extent to which this is new expenditure compared with the cost of previous systems is not clear. However, some organisations are realising modest savings compared with the cost of previous systems (**paragraph 2.12**). The roll-out position means that CareWorks' income from service charges has been substantially lower than expected at the outset.

23 The figures provided by Betsi Cadwaladr University Health Board include costs of staff directly employed to support implementation but exclude the value of staff time for others who still assisted. Similarly, Aneurin Bevan University Health Board has noted that its estimate does not account in full for all the staff time that has been committed.

2.52 There are other ongoing costs for organisations that have gone live, but that may also have been incurred previously supporting predecessor systems. The full business case included a £6.64 million estimate for financial resources required to fund ongoing local WCCIS support costs over a 13-year period.

Programme management

03
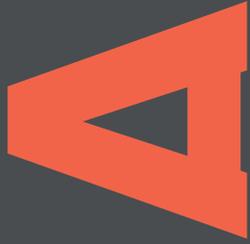
While action has been taken at various points to review and try to accelerate programme delivery, some key issues have taken a long time to resolve or have still not been fully resolved

The programme was slow to respond to issues identified by a November 2017 Gateway Review, including delays filling two important National Programme Team roles

3.1   As noted in **paragraph 2.7**, in our view some of the early estimations around the pace of roll-out were simply unrealistic. However, in a programme of this nature it is also inevitable that there will be a need to respond to issues as they arise and to keep delivery arrangements under review.

3.2   In November 2017, the programme's Senior Responsible Owners commissioned a 'Gateway Review' that looked at the prospects for successful delivery. For the purpose of the review, successful delivery was narrowly defined as delivering the technical platform within the available Welsh Government capital funding and its use as a stable live system by an [unspecified] critical mass of local authorities and health boards.

3.3   The review gave the programme an 'amber' rating. The review found that there were some significant issues facing the programme but that these issues were being addressed and, at the time, appeared resolvable.

3.4   Parts 1 and 2 of this report have already described various actions taken before and since the Gateway Review, including contractual changes and decisions around additional funding and implementation support. Nevertheless, many of the issues that have been identified during the life of the programme have taken a long time to resolve or have still not been fully resolved.

3.5   The National Programme Team considers that eight of the Gateway Review's nine recommendations are now complete, although most actions in response extended beyond the anticipated deadline of late spring 2018. Because it took about a year for the Welsh Government to agree funding, there were delays filling two new posts to support implementation. The Gateway Review found that programme staff were over-stretched and identified a 'significant weakness' in communication between the National Programme Team and other organisations. In December 2018, a new Programme Director took up post to oversee the governance and activity of the programme. From June 2019, a Communications Lead began working on a consultancy basis.

3.6 Work is ongoing to develop a Benefits Framework (**paragraph 3.18**) and despite the National Programme Team viewing the original recommendation as complete, further work is needed on the roadmap for the outstanding functionality (**paragraph 2.18**). Establishing revised governance arrangements has also taken longer than expected.

Recent changes to programme governance structures are intended to support a more co-ordinated national approach, including acceleration of national data standards which are key to realising some of the benefits of WCCIS

3.7 Following revisions to decision-making and escalation structures in May 2019, in September 2019, the WCCIS Leadership Board refreshed its Terms of Reference to try to clarify where it exercises decision-making authority. Under the current Terms of Reference, the Leadership Board has 'overall responsibility for ensuring the delivery of the digital capability to support service transformation and supporting and encouraging its implementation across Wales'.

3.8 Responsibility for implementing WCCIS is widespread and includes the health boards and local authorities as well as the Regional Partnership Boards. The Welsh Government can require health boards to use the system but has not yet chosen to do so. It is currently relying on accelerating take-up through the additional funding that it is providing (**paragraph 2.46**). Although it has also provided some financial support to local authorities, the Welsh Government does not have similar powers to require them to use the system.

3.9 In providing additional funding from the Digital Priorities Investment Fund, the Welsh Government made clear that it expected the National Programme Team to do several things by February 2020, including to develop a detailed delivery plan and timetable. None of the deadlines were met. In March 2020, the Welsh Government told the National Programme Team that continued funding is contingent on the required actions being undertaken or alternative arrangements being agreed. The required actions have since been discharged.

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3.10 **Figure 7** sets out the current high-level programme governance arrangements as agreed from January 2020. In addition to the new National Programme Team roles described above, these structures have evolved over the life of the programme, with new groups set up recently to try to address some of the remaining areas of concern. The governance arrangements now include a revised Programme Delivery Group with regional representation to oversee and co-ordinate activities that require or would benefit from a national and strategic approach. At the time of our fieldwork it was too early to judge the impact of these revised arrangements, although the National Programme Team considers that they have proved invaluable through the COVID-19 response.

Figure 7: High-level governance structure for the WCCIS Programme, from January 2020
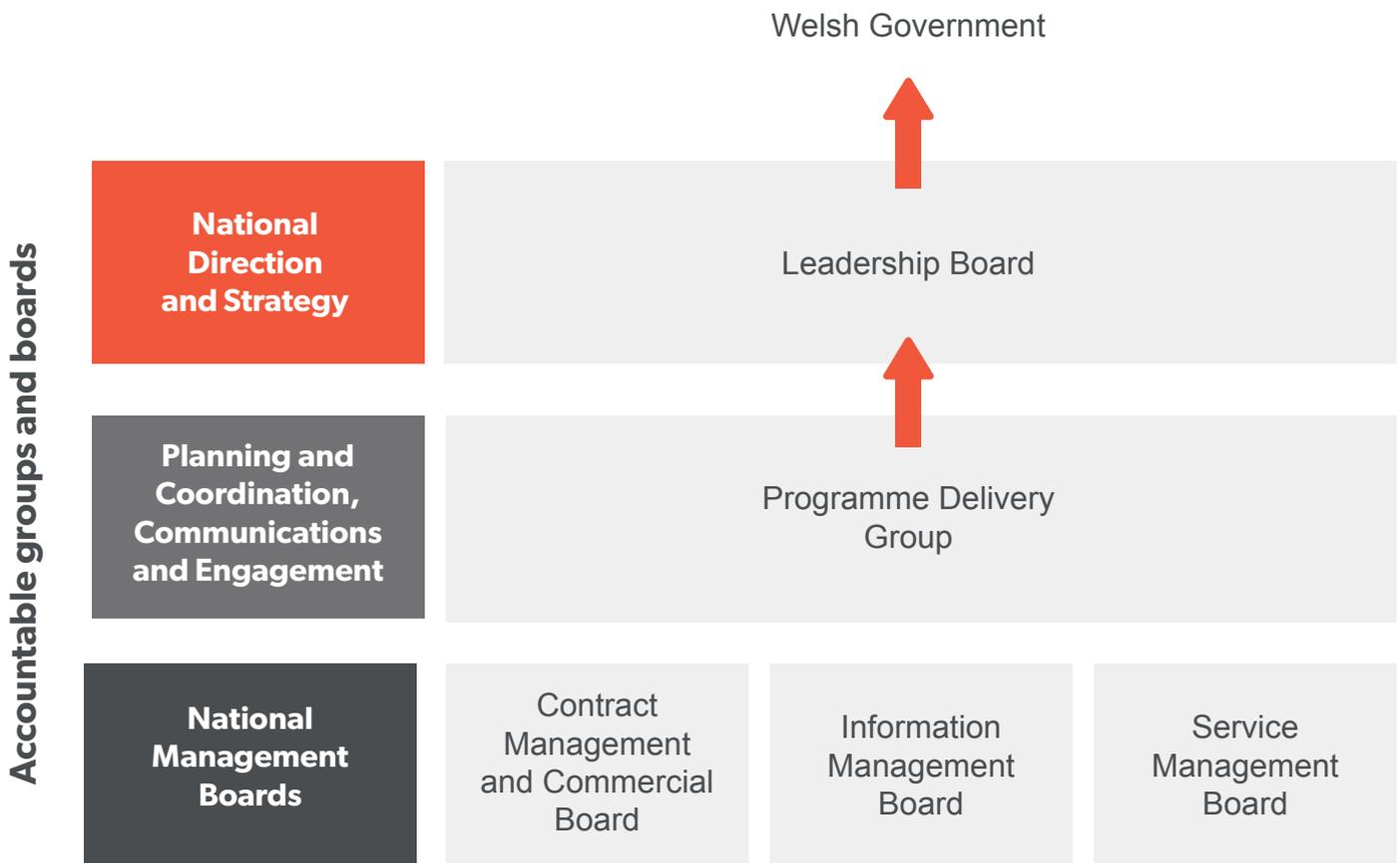
Note: **Appendix 2** provides further details about roles and responsibilities and other parts of the governance structures, including three further 'national assurance and advisory groups'.

Source: National Programme Team

3.11 A key aim is to accelerate national data standards as the basis for a national reporting framework in children's services, mental health, community nursing, social care and therapies[24]. Practitioners use electronic forms to assess the needs of patients. Individual organisations have developed their own forms, based on the information they want to report on and their own data definitions. The additional Welsh Government funding confirmed in December 2019 means that the National Programme Team is now able to support clinical informaticians to work in four of these five areas. However:

    a work across the five areas is at different stages of development. Achieving consensus about the content of national forms is not straightforward, particularly as it requires a degree of consensus about working practices. For example, it took about three years to develop a standardised all-Wales nutrition risk assessment for use in adult in-patient settings. The Welsh Government has had an ambition to develop a core dataset for mental health since 2012[25]. This is now scheduled for delivery by the end of 2022.

    b for any forms developed to be national, organisations not using WCCIS would also have to agree to use the forms, either as paper-based forms or changing their existing IT systems.

    c it is not clear how the use of these forms could be mandated for use by local authorities.

3.12 A new Information Management Board will support the development of the national data standards and will also aim to address the long-standing issues around Welsh-language requirements and the development of an integrated record (**paragraphs 2.15 to 2.17**). An Integrated Record Group will link in with the Board, with its terms of reference to be agreed in September 2020.

Work is still ongoing to develop a framework for reporting on the benefits realised from WCCIS implementation

3.13 The potential benefits of WCCIS implementation can be immediate – for example implementation is seeing some community-based health records move onto an electronic system – and longer term, supporting wider service transformation. In articulating some of the potential benefits (**Figure 8**), the full business case set out the need for a 'benefits strategy', with roles clearly assigned. It made clear that responsibility for collecting evidence about benefits rested with local organisations. The suggested focus for the Leadership Board, set out in its terms of reference, was on collating that evidence and promoting the main messages.

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24 Therapies include services such as podiatry, physiotherapy, occupational therapy, dietetics, speech and language therapy and art therapy.

25 Welsh Government, **Together for Mental Health Delivery Plan**, October 2012.

Figure 8: Potential benefits of WCCIS implementation

🐖	**Care system costs decreased.**	👥	**Citizens' access to services increased.**
🛡	**User confidence in care service increased.**	✋	**Care system efficiency increased.**
⚠	**Patient/client safety increased.**	❤	**Health/social wellbeing increased.**
⚖	**Legal/policy compliance increased.**		

Source: Audit Wales based on WCCIS full business case

3.14 The arrangements for reporting the benefits from WCCIS implementation have been the subject of discussion and review from the outset (**Figure 9**). Despite some early developments, the November 2017 Gateway Review still called for a benefits realisation plan. It also highlighted the need to distinguish between the direct immediate business benefits from the technology itself and those from wider business change. The review recommended giving priority to collecting evidence of wider business change being achieved by roll-out of the system. Work is still ongoing to develop a suitable reporting framework.

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Figure 9: Timeline of benefits reporting framework developments

March 2015

Welsh Government capital funding award letter requires detailed benefits realisation plan.

Full Business Case emphasises the need for a benefits strategy.

October 2016

National Programme Team produces a benefits realisation planning toolkit

September 2017

National Programme Team produces a benefits strategy and holds events to collate evidence of benefits.

November 2017

Gateway Review report reinforces need for a benefits realisation plan.

September 2018

Business Change group commissions a review of national benefits register. Initial progress made but paused in early 2019

April 2019

RPBs required to report on specific WCCIS implementation outcomes being achieved through ICF support.

Autumn 2019

Work to review the role and approaches for a national benefits framework recommended

December 2019

Welsh Government award of Digital Priorities Investment Fund support requiring an annual report covering benefits realisation at regional and national level.

January 2020

National Programme Team brings together key stakeholders to discuss development of benefits realisation framework. Task and finish group established.

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3.15 Until March 2019, Regional Partnership Boards were not required to report on the specific outcomes being achieved with the funding they received for WCCIS implementation from the Integrated Care Fund (**paragraphs 2.40 to 2.42**). From April 2019, funding has been allocated on a 'proposal' basis with a focus on benefits realisation, although the reporting arrangements do not align with the intended outcomes outlined in the full business case for WCCIS implementation.

3.16 During our work, we asked local authorities and health boards for any evidence of local or regional benefits realisation. We received limited feedback. The National Programme Team shared with us evidence compiled by Bridgend County Borough Council which reflected on lessons learnt. In summer 2019, Powys Teaching Health Board surveyed its users although the response rate was low and the feedback mixed. Powys County Council has recently surveyed users' perceptions of the performance of the system, in its adults and children's social services departments. At the time of writing, we had not seen the full set of survey results.

3.17 We were not provided with any evidence at this stage that WCCIS is being used to progress wider service transformation benefits. Mainly, this is because the system has not yet been rolled out more fully. As noted in **paragraph 2.10**, even where the system has been implemented, there are differences in the way it is being used. Some of the issues around functionality (**paragraph 2.14)** and standardisation (**paragraph 2.35**) are also acting as barriers to integrated working.

3.18 In January 2020, the National Programme Team came together with regional representatives to discuss work to date on approaches to benefits management and reporting. Initiatives in this area were reported by the National Programme Team to be very variable between regions and local organisations.

3.19 The National Programme Team is now seeking to work effectively with regional WCCIS groups to develop a benefits framework that can support and inform local and regional developments and provide more detailed and structured national reporting. The national WCCIS Business Change Group is seen as a key forum to support this work. A task and finish group will be responsible for developing a national benefits framework that links effectively with, and supports, local and regional approaches.

3.20 The Welsh Government's recent approval of grant support from the Digital Priorities and Investment Fund comes with specific evaluation requirements. The Welsh Government is expecting the National Programme Team to produce a comprehensive annual report on the progress of the programme, starting with the period to the end of March 2020. That first report had been due by the end of April 2020, but completion has been delayed by the impact of COVID-19.

Appendices

1   Audit approach and methods

2   Implementing WCCIS: roles and responsibilities

1   Audit approach and methods

Audit approach

We examined whether key partners have put in place the appropriate arrangements to implement WCCIS and deliver its anticipated benefits.

We focussed on whether the functional requirements and intended benefits are being delivered within anticipated costs and timescales. We also considered the contractual model and the way in which the development and implementation of the system is being funded. We have not looked in detail at the arrangements that individual organisations have put in place to support local implementation or at the regional programmes of work that are intended to support wider service transformation related to WCCIS.

We confirmed the scope of our work to the Welsh Government and the WCCIS Leadership Board in October 2019 and gathered and reviewed most of our evidence between November 2019 and February 2020.

We provided feedback about our emerging findings to the Welsh Government and WCCIS Leadership Board members in February 2020.

In advance of publication, we invited comments on our draft report, or relevant extracts, from the Welsh Government, the WCCIS Leadership Board, the WCCIS supplier – CareWorks, and other named organisations. Our report reflects the position of the programme and the evidence available to us as at the end of August 2020.

Audit methods

Document review

We reviewed a wide range of WCCIS-related documents including contractual documents, business cases, papers supporting the National Programme governance arrangements, Ministerial briefings and a 2017 Gateway Review report.

For wider context, we also considered relevant issues covered in other reports relating to information systems in NHS Wales, including:

• Auditor General for Wales, **Informatics systems in NHS Wales**, January 2018

• National Assembly for Wales Public Accounts Committee, **Informatics systems in NHS Wales**, October 2018

• Channel 3 Consulting (for the Welsh Government), **Digital Architecture Review – Final Report**, March 2019

• Local Partnerships, **Welsh Government Review: Future Structure and Governance for Health Informatics in Wales**, March 2019

Interviews

We interviewed officers from across the Welsh Government, NHS Wales and local government and met with the NHS Assistant Directors of Informatics group. We had discussions with the chairs of WCCIS regional partnership groups and with regional co-ordinators, where regional structures exist.

We also met with CareWorks, the contracted supplier for WCCIS, and with its new parent company Advanced.

Analysing costs and benefits

We analysed several different sources of data to get an overall picture of expenditure on WCCIS implementation.

We also collected information from the 22 local authorities and seven health boards about expenditure on WCCIS and arrangements for measuring and reporting on the benefits of the system.

Visits

We visited Powys Teaching Health Board and Bridgend County Borough Council to meet with staff who use WCCIS.

2   Implementing WCCIS: roles and responsibilities

Figure 10 provides an overview of some of the key roles and responsibilities of those leading and managing the programme. **Figure 11** summarises the current governance arrangement for the WCCIS programme at a national level. Aspects of both the roles and responsibilities and the governance arrangements have evolved over time to address some of the challenges that have been faced.

The National Programme Team has emphasised to us that the role of the WCCIS National Programme is to ensure delivery of digital capability that can support local and regional service transformation and to support and encourage its implementation.

While it has an overall co-ordinating role, the National Programme does not have direct authority or accountability for all aspects of the complex landscape and the mix of stakeholders. Regional Partnership Boards have a role to align and support local organisations' take-up of the system as part of the wider aims of regional transformation strategy and plans. Local organisations have their own individual lines of accountability for their investment in local implementation.

In addition to the high-level structures described here, a range of other groups have been established at a national and a regional level to support WCCIS implementation and benefits realisation. These include a Business Change Group that reports to the Programme Delivery Group and oversees the work of a task and finish group established in February 2020 to develop a national benefits framework.

The core membership of the WCCIS Leadership Board includes the SROs, Director of NWIS, the WCCIS Programme Director and an Association of Directors of Social Services (ADSS) Cymru representative. The full board also includes Welsh Government policy leads, chairs of the three national boards, the WCCIS Communication and Engagement Lead and a senior representative of CareWorks, as required. Membership of other groups varies, but they draw in a wide range of representatives for specific organisations/sectors and professional groups.

Figure 10: Key roles and responsibilities in the WCCIS programme

Role	Responsibilities
Senior Responsible Owners (SROs)	Joint chairs of the Leadership Board. One is the Chief Executive of Powys Teaching Health Board and the other is Director of Social Services for Caerphilly County Borough Council. The role of the SROs is to ensure that work is governed effectively and delivers the programme objectives.
WCCIS Programme Director	Accountable to the SROs and chairs the Programme Delivery Group. Has a lead role in building and maintaining stakeholder relationships, engaging with Regional Partnership Boards, regional WCCIS boards, and other groups as required.
WCCIS Programme Manager	Day to day co-ordination, management and reporting on the programme.
WCCIS Communications and Engagement Lead	Responsible for national communication and engagement strategy and planning.
NWIS support	NWIS hosts the dedicated national programme, including the WCCIS Programme Director and Communications and Engagement Lead. NWIS staff provide additional operational support to the programme and NWIS manages the data centres that house the CareWorks hardware.

Figure 11: Key governance groups in the WCCIS programme

National direction and strategy	Leadership Board	Oversees the alignment of WCCIS with Welsh Government health and social care policy and strategy. Directly accountable to the Welsh Government via the joint SROs.
Planning and co-ordination, communications and engagement	Programme Delivery Group	National planning and co-ordination. Accountable to the Leadership Board. Responsible for co-ordinating the work of the three national boards across the seven regions.
National Management Boards	Contract Management and Commercial Board	Responsible for delivery of the contractual requirements. Provides commercial expertise and guidance to other groups.
	Information Management Board	Works with other national initiatives to develop and assure national information and data standards, and reporting requirements, across community health and social care services.
	Service Management Board	Ensuring WCCIS is operated in line with the Master Services Agreement and All-Wales Deployment Order.
National assurance and advisory groups	Practice/ Business Assurance Panel	Advisory group on integrated health and social care services. Provides assurance that programme plans and activities are consistently benefits led.
	Information Governance Advisory Panel	Providing advice, guidance and ensuring appropriate and timely consultation as required.
	Change Advisory Group	Approving, declining or deferring any request for change across all organisations using WCCIS.

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Report Title:	Information Governance Data and Compliance				
Meeting:	Digital Health Intelligence Committee			Meeting Date:	11th February 2021
Status:	For Discussion	For Assurance	For Approval	For Information	x
Lead Executive:	Director of Digital Health Intelligence				
Report Author (Title):	Information Governance Manager				

Background and current situation:

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

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

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

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

Quarterly reports are produced for the DHIC to receive assurance that the UHB continues to monitor and action breaches of the GDPR / DPA 2018 and that FOI requests and 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.

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

The overall Information Governance Department establishment remains reduced by 1.57 WTE.

The number of information governance related incidents raised and reviewed remains high, with

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a number of incidents being reported to the ICO.

Up until November 2020, Subject Access Request compliance had been sustained despite the continuing pressures departments face when balancing legislative requirements with our Covid-19 response. However, this has been disrupted by the Access-to-Records team being forced to isolate.

Freedom of Information compliance dropped significantly from March 2020. This is as a result of the pragmatic approach that the Information Governance Department adopted in response to Covid-19. Compliance has now begun to steadily increase and the number of outstanding requests has halved.

National Intelligent Integrated Audit System (NIIAS) was implemented in the UHB from 1st December 2020.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

ASSESSMENT

1. Information Governance Staffing Levels and Capacity

Information Governance staffing levels are stable. The staffing structure is as follows:

- David Thomas, Director of Digital and Health Intelligence is the Senior Information Risk Owner
- Stuart Walker, Medical Director, is the Caldicott Guardian
- James Webb, IG Manager, is the interim Data Protection Officer
- The information governance department is currently resourced at 4.23 WTE.

2. Data Protection Act – Serious Incident Report

Date reported: Sept 2020 to Dec 2020

During Q3 (in addition to September) 2020/2021, the Information Governance Department reviewed 383 incidents via the UHBs e-Datix incident module. Of these, 206 incidents were considered to be IG-related and the UHB felt it necessary to discuss 4 incidents with the ICO. Following these discussions, all 4 incidents were determined to meet the reporting threshold and were subsequently reported, further details of which are provided in the Private agenda of the Committee.

3. Freedom of Information Act

The 20 day compliance rate for 2020/2021 (August to November) can be broken down as follows:

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	Total requests	Compliant requests	Compliance %
Aug-20	36	25	69%
Sep-20	37	22	59%
Oct-20	62	52	84%
Nov-20	43	30	70%

Average compliance for 2019/20 was 85%.
Average compliance for Apr-Jul 2020/21 was 42%.
Average compliance for Aug-Nov 2020/21 was 72%.

The drop in compliance for 2020/21 was completely expected following the reprioritising of work in response to the Covid-19 outbreak. The Information Governance Department needed to ensure that UHB staff with typical FOI responding duties were not to be distracted at such a critical time. A flexible approach was therefore implemented. This position was adopted across NHS Wales and local procedures were discussed with the Information Commissioner's Office. Regrettably, emergency UK Covid-19 legislation did not remove the responsibility for public authorities to respond to FOI requests altogether, so the Information Governance Department will need to ensure all outstanding requests are completed. This number has been reduced from 65 to 32 since the previous Committee meeting.

The UHB has also received a Decision Notice from the Information Commissioner's Office in relation to an appeal by a requester. The appeal was upheld and the UHB is now required to either disclose information or challenge the decision via the Information Tribunal.

The UHB saw a 9% decrease in requests compared to the same period last year.

4.   Subject Access Requests Processed

4.1   Health Records requests 2020/2021 (Aug to Nov)

	Total requests	Compliant requests	Compliance %
Aug-20	276	250	91%
Sep-20	293	264	90%
Oct-20	331	289	87%
Nov-20	266	146	55%

Despite the increased pressures of maintaining social distancing in a small busy office, and the additional burden on clinical time to sign off records disclosure, Health Records staff had continued to maintain a high level of compliance up to and including October 2020. Unfortunately, the November compliance figure dropped as a result of the entire Access-to-Records team being forced to self-isolate.

Whilst the previous Committee paper noted a lower than anticipated drop in requests (23% in comparison to the same period last year), the volume of requests remains surprising and has

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increased by 10% since the previous Committee report.

The average compliance for 2019/20 was 77%. Figures so far for 2020/21 therefore represent a continued improvement up until the enforced isolation in November 2020.

4 .2   Non Health Records

A total of 14 subject access requests submitted for non-health records were received for August – November 2020. Similarly to FOI requests, the Information Governance Department have taken a pragmatic approach to ensure UHB staff aren't distracted from delivering healthcare at such a significant time. 4 requests were responded to within the legislated time frame.

Compliance for 2019/20 was 82%

5.   Compliance Monitoring/NIIAS

NIIAS monitoring was re-implemented in the UHB from 1st December 2020 and is now managed continuously on a weekly basis. A breakdown of the criteria used and results have been excluded from this assurance paper as not to undermine the effectiveness of the monitoring operation.

6.   Information Governance Mandatory Training

Overall UHB Information Governance training compliance is currently 66% and is broken down by Clinical Boards as follows.

Clinical Board	Compliance
All Wales Genomics Service	81%
Capital, Estates & Facilities	58%
Children & Women Clinical Board	73%
Clinical Diagnostics & Therapeutics Clinical Board	76%
Corporate Executives	69%
Medicine Clinical Board	60%
Mental Health Clinical Board	64%
Primary, Community Intermediate Care Clinical Board	67%
Specialist Services Clinical Board	65%
Surgical Services Clinical Board	60%
UHB	**66%**

This represents a drop of 3% since figures were last provided to the Committee. Whilst this can most likely be explained as a consequence of competing priorities due to Covid-19, combined with an increase in home working, the previous baseline was already an area of concern. Via the Medical Director's communications, staff were also made aware of the requirement to complete their mandatory Information Governance training.

To improve mandatory training compliance, a communications and engagement message will

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be directed to all staff with line management responsibilities. This has been developed in collaboration with the Communications team and will be sent on behalf of the Medical Director. It is expected that this will be delivered prior to the next Digital Health Intelligence Committee.

ASSURANCE is provided by:

- Reports detailing compliance against legislative requirements.

Recommendation:

The Digital Health and Intelligence Committee is asked to:

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

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*				
Prevention	Long term	Integration	Collaboration	Involvement

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

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Report Title:	Clinical Coding – Performance Data				
Meeting:	Digital Health Intelligence Committee			Meeting Date:	11th February 2021
Status:	For Discussion	For Assurance	For Approval	For Information	x
Lead Executive:	Director of Digital Health Intelligence				
Report Author (Title):	Information Governance Manager				

Background and current situation:

This report considers the performance of the Clinical Coding department. Clinical Coding performance is measured against Welsh Government targets in terms of its completeness and accuracy.

All secondary care organisations are mandated to translate medical terms used in the inpatient setting that describe a patient's complaint, problem, diagnosis, treatment into a sequence of alphanumerical codes standardised by national guidelines . This permits easy storage, retrieval and analysis of the data for the purpose of, for example, patient-level costing, clinical research and audit, clinical benchmarking, case-mix management and statistics.

All Clinical Coding departments are mandated by Welsh Government to submit a minimum of 95% completeness within 30 days of discharge. Coding departments are audited each year by NWIS and accuracy is based on a requirement for a year-on-year improvement. The UHB is required to code approximately 160,000 finished consultant episodes (FCEs) per annum.

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

As reported in October 2020, as a consequence of COVID-19 measures, completeness across Wales dropped towards the end of 2019/20. However, since April 2020 the UHB's Clinical Coding has consistently achieved above Welsh Government targets.

There have been no further audits on coding accuracy since the previous performance paper. As coding audits require full review of patient records, the audit programme has been suspended until it can be safely reintroduced.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.)

The following graph compares the UHB's coding completeness within one month (frozen) against the Welsh Government target and the all-Wales average.

Coding Completion % 2020/21

	apr-20	mai-20	jun-20	jul-20	aug-20	sep-20	okt-20
C&V	93,8%	96,4%	97,0%	96,7%	96,2%	95,6%	95,0%
All-Wales Average	82,7%	86,2%	87,8%	87,0%	87,3%	86,4%	85,9%
WG Target	95%	95%	95%	95%	95%	95%	95%
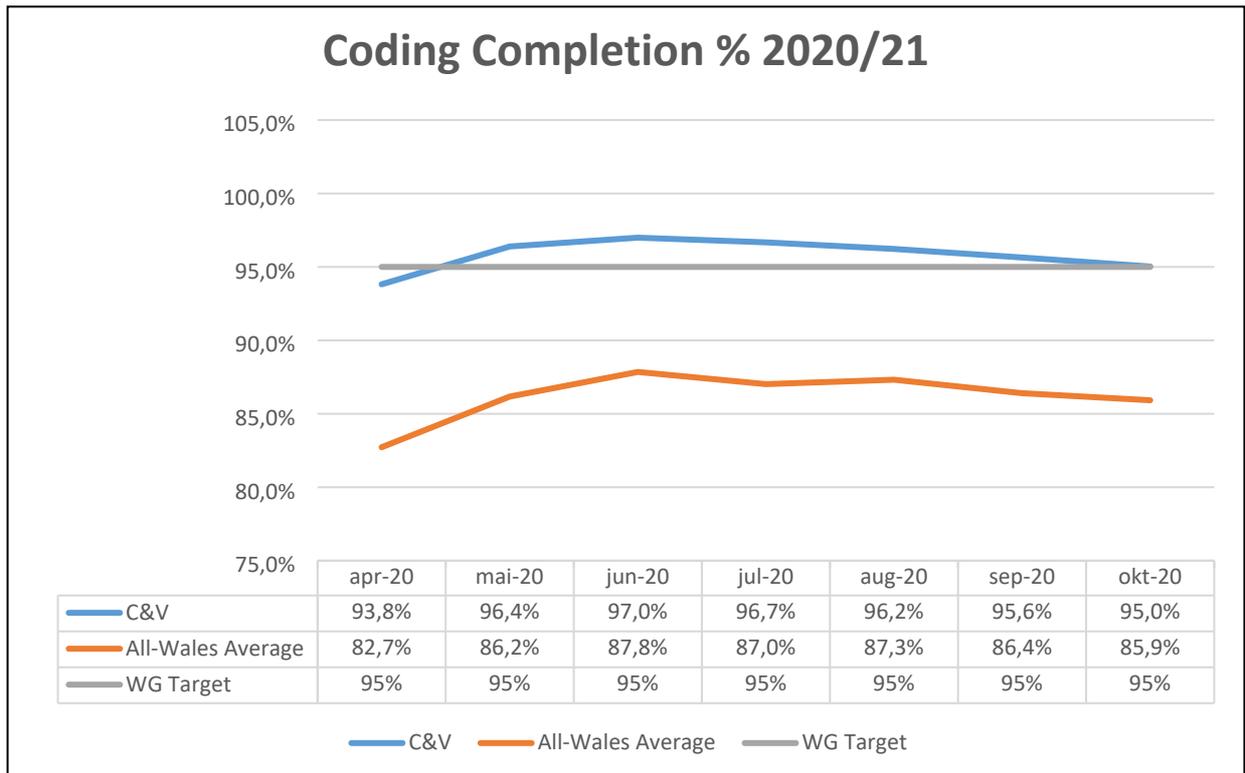
Assurance is provided by:

- The UHB's ongoing level of compliance with Welsh Assembly completion targets.

Recommendation

The Committee is asked to:

- **Note** the performance of the UHB's Clinical Coding Department.

Shaping our Future Wellbeing Strategic Objectives
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click here for more information

Prevention		Long term	x	Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.

Khan,Raj
02/11/2021 09:20:36

Kind and caring / Caredig a gofalgar 〉 *Respectful* / Dangos parch 〉 **Trust and integrity** / Ymddiriedaeth ac uniondeb 〉 **Personal responsibility** / Cyfrifoldeb personol 〉

Report Title:	**Joint IMT Risk Register**					
Meeting:	Digital and Health Intelligence Committee			**Meeting Date:**	11th Feburary 2020	
Status:	**For Discussion**	**For Assurance**	**For Approval**	**For Information**		X
Lead Executive:	**Director of Digital and Health Intelligence**					
Report Author (Title):	**Director of Digital and Health Intelligence**					

Background and current situation:

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

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

There are currently 16 joint IMT risks identified on the report:

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

- Cyber Security

12 x Risk in amber status with various scores which include:

- Software End of Life Implications
- Server Infrastructure
- Insufficient Resource – Capital & Revenue
- UHB Standard Data Processing
- Governance framework (IG policies and procedures)
- Data availability
- Compliance with data protection legislation
- Data Quality
- NWIS Governance
- End of Life Infrastructure (access devices)
- Clinical Records Incomplete
- Outcome Measures

3 x Risks have been reduced on this report to yellow status which include:

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- WLIMS
- WCCIS Local team not resourced
- Effective resource utilisation

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Risk Register Report is attached

Recommendation:

The Committee is asked to:

- NOTE progress and updates to the Risk Register report.

Shaping our Future Wellbeing Strategic Objectives			
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered				
Please tick as relevant, click here for more information				
Prevention	Long term	Integration	Collaboration	Involvement

Equality and Health Impact Assessment	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Objective	Risk Title	Principal Risks	Opened Date	Review Date	Risk Type	Exec lead for the corporate objective	Corp assessment of Impact	Corp assessment of Likelihood	Total	Risk Score (Target)	Risk Level (Target)	Mitigation Action	Further action agreed	Source of control	Lead Committee
6.8.11 A4/0023	Cyber Security	The Cyber Security threats to service continuity	13.12.2013	29.09.2020	Cyber /Service Interruptions	DD&HI	5	4	20	10	MODERATE	The UHB has in place a number of Cyber security precautions. These have include the implementation of additional VLAN's and/or firewalls/ACL's segmenting and an increased level of device patching. However further necessary work is dependent on additional capacity to supplement the current level of staffing within the department.	The requirements to address the resourcing of Cyber Security Management have been acknowledged in an approved but unfunded UHB Business Case. The requirements have been further highlighted in the National Stratia Cyber security review. Plans are currently under discussion at Welsh Government level to resource Health Boards to undertake additional Cyber security monitoring tasks. All of these requirements have been acknowledged and are included in the current re-organisation plans within the Digital and Health Intelligence Department. **Sept 20: Interim, contract staff with expert cyber knbowldge have been employed to progress essentiual cyber remedial works. this will allow the UHB to fully deploy the cyber schanning tools to effectively manage the increased cyber risks being reported at this time. Discussions with other HBs taking place to look at pooled or shared cyber resources, given the shortage of skilled resources. Jan 2021: internal resources allocated to support the cyber security works.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
6.8.9 A5/0013	Software End of Life implications	The UHB is at risk because its PCs require upgrading to Windows 10 due to support ending for Windows 7 in January 2020. There are potentially significant issues with compatibility with applications systems in use both Nationally and within the HB specifically. The UHB has circa 11,000 devices (laptops and PCs) that require operating systems upgrade; of these, 5,500 will additionally require either replacement or physical hardware upgrade.	01.06.2019	29.01.2021	Cyber /Service Interruptions	DD&HI	4	4	16	10	MODERATE	update 02/08/19: Microsoft will offer extended support on Windows 7 as part of the all Wales MS 065 contract recently negotiated and in place for all NHS organisations in Wales. This will provide support for Windows 7 PCs, beyond 2020.	The Firepower Firewalls have been configured to stop ALL Internet access, if/when a possible serious virus attack is identified and will implemented immediately. Microsoft Windows 10 security support has been extended to March 2021. **Jan 2021: The UHB is utilising WAG Digital investment to implement the address the MS Windows 10 migration programme. Non compliant devices will be upgraded or replaced to ensure devices are Cyber compliant using the Win10 operating system. The UHB is also leading with NWIS in undertaking a review of National Infrastructure requirements as part of the plans to significantly increase Digital investment in Wales going forwards. Although the commencement of the project has been delayed because of COVID, the period has been used address technical issues which are now complete. The rollout has commenced, a Windows 10 Programme manager has commenced in post and a prioritised rollout plan has been presented to the January Digital Capabilities Programme Board. Additional agency staff have also been appointed to help the programme.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
6.8.6 A3/0110	Server Infrastructure	The IM&T Department is actively implementing a vFarm infrastructure that significantly reduces costs whilst dramatically increasing resilience of Server Systems. However, the cost savings are to the Health Board as a whole and Service Departments in particular and come at an increased cost to IM&T specifically. This infrastructure requires core investment to complete and revenue based support to maintain. There is a requirement to also retain a minimal number of physical servers for those systems not capable of virtualisation.	13.12.2013	29.01.2021	Service Interruptions	DD&HI	4	4	16	10	MODERATE	Whilst the processes in place provide adequate protection of server infrastructure in line with the availability of existing resources, the UHB should 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. Over recent years significant progress has been made with capital investment. This progress will need to be maintained on an ongoing basis in capital and revenue investment. **Jan 2021: The discretionary capital allocation for Digital has been restored to £500K since the last meeting. A server related plan within currentl budget is underway. In addition the Digital infrastructure 5 year sustainability plan has been updated to ensure that highest priority risks are addressed first with any available funding.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
6.8.1 A2/0004	Insufficient Resource - Capital and Revenue	The delivery of the IM&T Strategic Work plan is based on the UHB being able to ensure that the IM&T Department is appropriately resourced to manage infrastructure and deliver projects. All bench marking information indicates that the UHB is significantly under resourced in this area. **Consequence:** Inability to support operational and strategic delivery at pace required, reliance on outsourcing at enhanced cost, non compliance with legislation (FOI / GDPR)	13.12.2013	29.01.2021	Capital / HR / Service Interruptions	DD&HI	5	3	15	10	MODERATE	The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.	**Jan 2021: Discretionary capital allocation for Digital has been restored to £500K for 20/21. The UHB is also actively engaged with Welsh Government in undertaking a review of National Infrastructure requirements as part of the plans to increase Digital investment in Wales. In addition the Digital infrastructure 5 year sustainability plan has been updated to ensure that highest priority risks are addressed first with any available funding. The D&HI directorate has also been successful in gaining in excess of £1m additional revenue funding from the UHB for 20/21 and there are bids being considered for recurring additional revenue.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Obtaining information fairly and efficiently	Compliance with data protection legislation	Risk:- Non compliance with Data Protection & Confidentiality Legislation - the UHB's progress in taking forward the action plan to reduce the risk of non compliance following the ICO's assessment of our 'reasonable assurance' with the GDPR/ DPA is not sufficient to mitigate the risk of non compliance with Data Protection Legislation. **Consequence:** Mistrust of our population and other stakeholders resulting in their unwillingness to share / divulge essential information, Significantly financial penalties - and increasing post BA case	28.09.2015	29.09.2020	Governance / Clinical	DD&HI	4	3	9	12	MODERAT	Clinical Board assurance and co-ordinated mitigation of risk being developed via quality and safety meetings. Ownership and community of practice anticipated to develop across IAOs/IAAs from this. GDPR awareness being used to ensure Leaders and asset owners are reminded of existing requirements and mandatory nature of the asset register. Options for enabling messaging in compliance with legislation has been considered by clinical and executives on a number of occasions, and UHB close to agreement.	Restructuring of IG department will increase amount of expert resource. Resolution of long term absence will also increase available expertise to support GDPR plan, and manage the operational requirements of GDPR/ICO. Ongoing implementation of GDPR/ICO action plan. **The Information Governance team have developed a work plan to review and update all outstanding policy and procedure doucments in the CDF and these are scheduled to be complete by December 2020. Implementing the action plan will reduce the risk, Jan 2021: this work has been delayed due to other pressures across the directorate.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Recording information accurately and reliably	Data quality	High level risk - core business activities potentially compromised as a result of weaknesses in assurance framework in areas listed below: Absence of Standard Operating Procedures to administer patient activity, Low take up of staff training in Standard Operating Procedures to administer patient activity, Incorrect/incomplete/late recording of activity Absence of ISO 27001 certification. **Consequences:** Potential for poorer patient outcomes and experience, analysis and benchmarking flawed resulting in poor decision making, under recovery of income, inability to maximise potential of R&D	19.02.2018	29.09.2020	Governance	DD&HI	4	3	8	12	MODERAT	Further re-invigoration of the role out of COM2 will increase clinically validated data. Updates and training programme scheduled for mental health and our partners in order to address issues identified in recording and reporting compliance with parts 2 and 3 of the mental health measures. New dashboard release will expose greater amount of data to users, in a more user friendly way, enabling validation by relevant clinicians. Data quality group has established a work plan to improve quality and completeness of data and how it is presented.	Data Quality Group needs to be refocussed. It is currently not meeting due to IG staffing pressures. **Sept 20 Data Quality will be addressed via the new governance arrangements - specifically the Analyst Channel Programme Board; plans to establish this board in October 2020. Jan 2021: the Analyst Channel Programme board is holding its inaugural meeting in February, chaired by a clinician.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Using information effectively and ethically	Use of UHB standard data processing contract now incorporated within procurement's standard toolkit and deployed for all relevant procurements	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	16.02.2018	29.09.2020	Governance	SIRO/DD&HI	4	3	7	12	MODERAT	Library of outline documents for sharing data available, with completion of these supported by corporate information governance department. Requirements to use and refer to are being emphasised within the training.	Procurement are greatly assisting process by referring all issues involving data sharing to the corporate IG department. Working with ICO on specific issues relating to the patient portal.	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Effective governance, leadership and accountability	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.	16.02.2018	29.09.2020	Governance	SIRO/DD&HI	4	3	6	12	MODERAT	Update: Controlled document framework requirements delayed due to resource constraints - Integrated IG policy is live and covers a number of existing policies.	Restructuring of IG department will increase amount of expert resource. Investment in training will also increase available expertise to support the review of policies. **A formal review of policies and procedures is underway.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Effective governance, leadership and accountability	NWIS Governance	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"	02.02.2018	29.09.2020	Governance	DD&HI/ DOTH	3	4	1	12	Low	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.	**CAV involvement in National programme activities and Governance review. Opporunity to influece the new SHA replacing NWIS via the consultation exercise which has commenced (Sept 20). Jan 2021: Feedback submitted to WG in response to the new SHA consultation document launched in Nov 2020.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI

Objective	Risk Title	Principal Risks	Opened Date	Review Date	Risk Type	Exec lead for the corporate objective	Corp assessment of Impact	Corp assessment of Likelihood	Total	Risk Score (Target)	Risk Level (Target)	Mitigation Action	Further action agreed	Source of control	Lead Committee
Sharing information appropriately and lawfully	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 and enable delivery of our strategy and IMTP. . Specific risks - lack of access to GP data and the UHB's data residing in NWIS supplied applications (e.g. WCRS, WRRS) **Consequence** - Inability to deliver strategic UHBs, namely - Supporting people in choosing healthy behaviours, - Encouraging self management of conditions, - Enabling people to maintain or recover their health in or as close to home as possible, - Creating value by enabling the achievement of outcomes and experience that matter to people at appropriate cost, - Enable and accelerate the adoption of evidence based practice, standardising as appropriate	28.09.2015	29.09.2020	Clinical / Service / Business Interruption	DD&HI	**3**	**4**	12	**1**	Low	Approach identified to work with C&V GPs to share data across care sectors to inform improvement and to gain a better understanding of need, demand and the capacity available to meet it. National data repository programme will provide access to tools and expertise	National Architectural design group and interoperability group being set up in line with Once for Wales agreement and WG Informatics statement of intent should provide medium term solution. HB taking forward data acquisition programme in line with the development of the electronic care record. **Jan 2021: in support of information sharing outside of direc t care purposes, agreement has been reached with WAST and Cardiff Coundil (Social Services) for data to be shared; a similsar reuqest to included GP data is currently being considered by the Wales GPC/NWIS.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
6.8.2 A3/0104	End of Life Infrastructure (access devices)	Each year a number of access devices (PC's , laptops, netbooks etc.) fall in to the category of being end of life. The Health Board's clinical and business needs requires continued and expanding use access devices. This infrastructure has a maximum lifespan of typically 5 years and then requires replacement.	13.12.2013	29.01.2021	Service Interruptions	DD&HI	3	4	12	10	MODER ATE	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. Over recent years significant progress has been made with capital investment. **Jan 2021: The UHB is utilising WAG Digital investment to implement the address the MS Windows 10 migration programme. Non compliant devices will be upgraded or replaced to ensure devices are Cyber compliant using the Win10 operating system. The UHB is also leading with NWIS in undertaking a review of National Infrastructure requirements as part of the plans to significantly increase Digital investment in Wales going forwards. Although the commencement of the project has been delayed because of COVID, the period has been used address technical issues which are now complete. The rollout has commenced, a Windows 10 Programme manager has commenced in post and a prioritised rollout plan has been presented to the January Digital Capabilities Programme Board. Additional agency staff have also been appointed to help the programme.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Recording information accurately and reliably	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	28.09.2015	29.09.2020	Clinical	MD	3	4	12	6	MODERAT	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. **Jan 2020: NDR & CDR workshops to understand the technical roadmap this will be picked up via the national IT infrastructure review being undertaken in Feb / March 2020 . The new governance model supporting the Digital strategy delivery via the clinician channel porgramme board, which is being established in October 2020. Jan 2021: The clinician channel programme board has been establised and will drive direction and priorities for the NDR/DCR in CAV.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Using information effectively and ethically	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.	28.09.2015	29.09.2020	Business and Organisational Strategy	DD&HI	3	4	12	4	MODERAT	Analysis and wider engagement and communication of outcome and audit data, triangulated with efficiencies and effectiveness data as part of Medical Director led programme established. UHB and national investment in data repositories and clinical forms will support programme	Acceleration of programme. **This will be addressed via the Digital Stategy enablers programme and clinician and analyst channels programme boards (Oct 2020). Jan 2021: both channel programme boards established and will drive the programme.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
6.8.12 A4/0024	WLIMS	The Welsh Pathology Information management system (WLIMS) implementation has taken longer than envisaged. As a result of this all Health Boards will not have migrated off their legacy pathology systems (Telepath) by end of March 2018, which is when their current telepath contracts will expire (contract currently in extension).		29.01.2021	Clinical Service Interruptions	DD&HI	5	2	10	10	MODER ATE	The UHB engaged with NWIS and other Health Boards to evaluate options available to mitigate this risk.	It has been agreed to upgrade Telepath Hardware and Software to mitigate risks. Telepath application software has been upgraded to latest version - Hardware has been installed - System has now been configured by DXC - final testing/validation now complete - **Went live 23rd Nov 2019 Jan 2021 : WLIMS continues to fall short of the full range of functionality. Therefore Telepath system will need to continue in use and be monitored providing mitigation to the new LINC system in the future.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Effective governance, leadership and accountability	Effective resource utilisation	With an increasingly restricted resource, the UHB requires assurance that digital effort is expended in the most benefits laden workload. Benefits based prioritisation requires robust and matured benefits tracking and a matured reprioritisation mechanism. This requires some changes of technique within the Digital department.	01.10.2018	29.09.2020	Governance	DD&HI	3	3	9	4	MODERAT	Establishment of a formalised corporate prioritisation mechanism based on benefits and corporate drivers for change.	New digital directorate's operating model (being implemented in Sept/Oct 2019) will require a change in governance and priority setting across the digital arena at the UHB. A proposed digital design group will be established to set direction and priorities for the Digital and Health Intelligence functions. **Terms of Reference with HSMB. Jan 2020 Digital strategy being developed. Digital Management Board established.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
6.8.13 A4/0025	WCCIS local teams not resourced	Risk: The delivery and implementation of a single instance of national Mental Health, Community and Therapies System (WCCIS) requires significant local resource to co-ordinate work streams and implement key deliverables across the UHB. Consequence: Delayed milestones, poor quality deliverables and ultimately delayed realisation of benefits. Critical deliverables are being held up, including: local business case; delivery of full functionality against the Statement of Requirements; delivery of	2018	29.09.2020	Business and Organisational Strategy	DOI	4	2	8	1	MODER ATE	Update 18/11/2019: Temporary posts have been funded from regional ICF monies, including 2 Business Analyst posts, regional technical , programme and project lead resources. Implementation in the UHB remains dependent on delivery of extensive functional enhancements, for which there is currently no delivery roadmap.	UHB is working with NWIS, WG and Regional IHSCP on review of WCCIS deliverables including health functionality, information standards, data migration and reviewed commercial arrangements. **ICF funding has been confirmed for 2019/20 and 2020/21 based on assessment of WCCIS impact for integrated Vale of Glamorgan teams and for paper-based therapeutics teams in the UHB. Jan 2021: changes to structures and reallocation of workload for CAV staff being implemented to manage the expected cessation of funding for WCCIS for CAV.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI

Khan,Rai
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Report Title:	IMT Audit Assurance Tracker		
Meeting:	Digital and Health Intelligence Committee	Meeting Date:	11th February 2021
Status:	For Discussion	For Assurance	For Approval	For Information
Lead Executive:	Director of Digital and Health Intelligence		
Report Author (Title):	Senior Programme Manager		

Background and current situation:

Audits undertaken in 2017 /18 comprise of the following:

Maternity   - Audit complete with one outstanding action

Audits undertaken in 2018 /19 as previously reported are complete and removed from the Audit Assurance Tracker

Audits undertaken in 2019/20 as previously reported are complete and removed from the Audit Tracker

Audits to be undertaken in 2021 :

- IM&T Control and Risk Assessment
- IT Service Management

Timing of reviews to be confirmed due to Covid pressures

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

A brief update on progress against recommendations is shown below.

At present only one outstanding Audit Action remains outstanding. This relates to the Maternity Audit Report June 2015 and concerns **Password reset (Medium priority):** A standard set of rules and questions should be put in place and completed before a password reset is granted to ensure appropriateness.

The following work is currently being undertaken to finalise this action with a view to closing the matter by Autumn 2021:

Continue to monitor progress –The Service has confirmed development required will be available in Version 1.8 of the system which should have been available later this year (Quarter 3 - 2020/21) however due to Covid pressures the supplier has still not completed the upgrade and a new completion date has been moved to Autumn 2021. The Service is working closely with the supplier and continues to maintain pressure to complete this development request

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earlier than stated.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Assurance is provided by: Regular reviews of recommendations within the Digital & Health Intelligence senior management meetings.

Recommendation:

The Board is asked to:

- NOTE progress and updates to the IMT Audit Assurance report.

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*				
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance		
2. Deliver outcomes that matter to people		7. Be a great place to work and learn		
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology		X
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us		X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives		X
Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*				
Prevention		Long term		Integration		Collaboration	X	Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Cardiff and Vale University Health Board Audit Assurance Review Plan

Contents

Audit	Progress	Notes
Maternity	1 action still open - Development now agreed with supplier with no cost to the service. Awaiting confirmation of timescales	Continue to monitor progress –Service has confirmed development required will be available in Version 1.8 of the system which should be available later this year quarter 4 – previously reported quarter 3 but due to Covid upgrade has been moved to quarter 4 – continue to monitor progress. **February update: Development of version 1.8 still ongoing delay is with the supplier – service continues to monitor progress.**

Khan,Raj
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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 **Jan 2019** Due to be delivered next financial year 2019. Jan 2019 Service awaiting confirmation from EuroKing to find out which upgrade it will be developed in.	**Partially Complete:** **Oct 2020** Service has confirmed development required will be available in Version 1.8 of the system which should be available later this year. **Feb 2021** Service has confirmed development of version 1.8 still delayed – they are continuing to monitor progress with the supplier and will confirm once an ETA on version 1.8 will be released.

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
				July 2019 Awaiting confirmation of date from supplier for upgrade to the system – continue to monitor this action. Development now agreed with supplier with no cost to the service. Monitor progress of development & implementation. **February 2020** Service has confirmed development required will be available in Version 1.8 of the system which should be available later this year.	

Khan,Raj
02/11/2021 09:20:36

Report Title:	Information Governance Audit Assurance Tracker		
Meeting:	Digital and Health Intelligence Committee	Meeting Date:	11th February 2021
Status:	For Discussion	For Assurance	For Approval	For Information x
Lead Executive:	Director of Digital and Health Intelligence		
Report Author (Title):	Information Governance Manager		

Background and current situation:

The UHB's information governance audit trackers comprise of audits completed by Internal Audit, the Welsh Audit Office (WAO) and the Information Commissioner's Office (ICO).

The audit trackers form the basis of the information governance work plan which pragmatically addresses outstanding actions from all three audits in preparation for the ICO's follow up audit during 2021.

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

An update on progress against the Information Governance recommendations are shown in Appendix 1 and Appendix 2. The work plan is presented in Appendix 3.

Only 1 internal audit recommendation remains open.
All WAO recommendations have been completed.
5 regulatory recommendations have been closed, 20 remain open.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Duplicate actions within the audit trackers have been removed. The only 'urgent' action has been closed and the work plan addresses a number of remaining 'high' priorities.

Appendix 1 & 2 provide an update on the audit trackersand Appendix 3 provides an update on the work plan. There are no outsanding WAO recommendations.

Assurance is provided by: Regular reviews of recommendations within the Digital & Health Intelligence senior management meetings.

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Recommendation:

The Board is asked to:

- NOTE progress and updates to the Information Governance Audit Tracker.

Shaping our Future Wellbeing Strategic Objectives			
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
Five Ways of Working (Sustainable Development Principles) considered			
Please tick as relevant, click here for more information			

Prevention		Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Cardiff and Vale
University Health Board

Audit	Audit Log Ref No.	Audit Reference	Financial Year Fieldwork Undertaken	Final Report Issued on	Audit Title	Executive Lead for Report	Audit Rating	No. of Recs Made	Rec No.	Rec. Rating	Recommendation Narrative	Management Response	Operational Lead for Recommendation	Agreed Implementation Date	Committee Implementation Monitored by	Updated Implementation Date	Status	Recommendation Status [RAG Rating]	Please confirm if completed (c), partially completed (pc), no action taken (na)	Executive Update	Status of Report Overall	Age	Age Group	ac	ad
IA 1920		CUHB-1920-23	2019-20	24.01.2020	Freedom of Information	Director of Transformation and Informatics	Reasonable	7	R7/7	L	FoI certification or additional FoI training should be available for team members whose role involves processing and answering FoI requests.	FOI lead in discussion with NWIS re national approach to training.	Information Governance Manager/ Q1 2020/21				Opem	Over 6 months	pc	potential training opportunities discussed at local and national level;	audit open over 6 months	Not Open	Closed/Not Open		

Audit	(All)					
Audit Log Ref No.	Financial Year Fieldwork Under	Audit Title	Audit Rating	Executive Lead for Report	Status of Report Overall	Age Group
IA 06 1819	2018-19	Performance Reporting Data Quality - Non RTT	Substantial	Director of Public Health	Audit open over 18 months	Date not Specified
IA 09 1819	2018-19	Strategic Planning/IMTP	Substantial	Director of Planning	Audit open over 12 months	Over One Year
IA 11 _1718	2017-18	WLI Payments Follow-Up	Reasonable	Chief Operating Officer	Audit open over 30 months	Over One Year
IA 12 1819	2018-19	Dental CB – Theatre Sessions	Reasonable	Chief Operating Officer	Audit open over 24 months	Over One Year
IA 12_1718	2017-18	Residences	Reasonable	Director of Planning	Audit open over 30 months	Date not Specified
IA 17_1718	2017-18	Wellbeing of Future Generations Act	Reasonable	Director of Public Health	Audit open over 30 months	Over One Year
IA 24 1819	2018-19	Kronos Time Recording System - Estates	Reasonable	Director of Planning	Audit open over 18 months	Over One Year
IA 27 1718	2017-18	University Hospital of Wales Neo Natal Development	Reasonable	Director of Planning	Audit open over 30 months	Over One Year
IA 28 1819	2018-19	CRI Safeguarding Works	Reasonable	Director of Planning	Audit open over 18 months	Over 6 Months
IA 28 1819	2018-19	CRI Safeguarding Works		Director of Planning	Audit open over 18 months	Over One Year
IA 29 1718	2017-18	Business Continuity Planning Follow-Up	Reasonable	Director of Planning	Audit open over 24 months	Date not Specified
IA 29 1819	2018-19	Commissioning	Reasonable	Director of Transformation and Informatics	Audit open over 18 months	Over One Year
IA 30 1718	2017-18	Mortality Reviews	Reasonable	Executive Medical Director	Audit open over 24 months	Over One Year
IA 31 1819	2018-19	Water Safety	Reasonable	Director of Planning	Audit open over 12 months	Over One Year
IA 32 1718	2017-18	RTT Performance Reporting	Reasonable	Director of Transformation and Informatics	Audit open over 24 months	Over One Year
IA 32 1718	2017-18	RTT Performance Reporting		Director of Transformation and Informatics	Audit open over 24 months	Over One Year
IA 32 1819	2018-19	UHB Core Financial Systems	Reasonable	Director of Finance	Audit open over 12 months	Over 6 Months
IA 32 1819	2018-19	UHB Core Financial Systems		Director of Finance	Audit open over 12 months	Over One Year
IA 33 1718	2017-18	Costing Review	Reasonable	Director of Finance	Audit open over 24 months	Over One Year
IA 38 1819	2018-19	Legislative/Regulatory Complaince	Limited	Director of Corporate Governance	Audit open over 18 months	Over One Year
IA 38 1819	2019-20	Legislative/Regulatory Complaince	Reasonable	Director of Corporate Governance	Audit open over 18 months	Over One Year
IA 41 1819	2018-19	Internal Medicine Directorate – Mandatory Training & PADRs Follow-Up	Limited	Chief Operating Officer	Audit open over 18 months	Over One Year
IA 48 1920	2019-20	Carbon Reduction Commitment	Substantial	Director of Planning	Audit open over 12 months	Over One Year
IA 52 1920	2019-20	Legislative / Regulatory Compliance	Reasonable	Director of Corporate Governance	Audit open over 12 months	Over One Year
(blank)	(blank)	(blank)	(blank)	(blank)	(blank)	(blank)
(blank)	2019-20	Specialist Neuro & Spinal Rehabilitation and Older People's Services (Rookwood Relocation)	Reasonable	Director of Planning	audit open over 3 months	Over 6 Months
(blank)	2019-20	Specialist Neuro & Spinal Rehabilitation and Older People's Services (Rookwood Relocation)		Director of Planning	audit open over 3 months	Date not Specified
(blank)	2019-20	Consultant Job Planning Follow-up	Limited	Executive Medical Director	Audit open over 6 months	Date not Specified
(blank)	2019-20	Brexit Planning	Reasonable	Director of Planning	Audit open over 6 months	Date not Specified
(blank)	2019-20	Freedom of Information	Reasonable	Director of Transformation and Informatics	Audit open over 6 months	Closed/Not Open
(blank)	2019-20	Medical Staff Study Leave	Reasonable	Director of Workforce and Organisational Development	Audit open over 6 months	Over 3 Months
(blank)	2019-20	Medical Staff Study Leave		Director of Workforce and Organisational Development	Audit open over 6 months	Less Than 3 Months
(blank)	2019-20	Medical Staff Study Leave		Director of Workforce and Organisational Development	Audit open over 6 months	Due Date Not Reached
(blank)	2019-20	Control of Contractors	Reasonable	Director of Finance	Audit open over 6 months	Over 3 Months
(blank)	2019-20	Control of Contractors		Director of Finance	Audit open over 6 months	Over 6 Months
(blank)	2019-20	Control of Contractors		Director of Finance	Audit open over 6 months	Less Than 3 Months
(blank)	2019-20	Risk Management	Reasonable	Director of Corporate Governance	Audit open over 6 months	Over 3 Months
(blank)	2019-20	Risk Management		Director of Corporate Governance	Audit open over 6 months	Date not Specified
(blank)	2019-20	UHW Neonatal Development	Substantial	Director of Planning	audit open over 3 months	Date not Specified
(blank)	2019-20	Management of Health Board Policies and Procedures	Reasonable	Director of Corporate Governance	audit open over 3 months	Due Date Not Reached
(blank)	2019-20	Pre-employment Checks	Reasonable	Director of Workforce and Organisational Development	audit open over 3 months	Date not Specified
(blank)	2019-20	Strategic Planning - IMTP	Reasonable	Director of Planning	audit open under 3 months	(blank)
(blank)	2019-20	Strategic Planning - IMTP		Director of Planning	audit open under 3 months	Closed/Not Open
(blank)	2020-21	Annual Quality Statement	Substantial	Executive Nurse Director	audit open under 3 months	(blank)
(blank)	2020-21	Annual Quality Statement		Executive Director of Nursing	audit open under 3 months	(blank)
(blank)	2020-21	Environmental Sustainability Report	Reasonable	Acting Director of Finance	(blank)	(blank)
(blank)	2020-21	Surgery Clinical Board - Theatres DirectorateSickness Absence Management	Reasonable	Chief Operating Officer	(blank)	(blank)
(blank)	2020-21	Regional Partnership Board	Reasonable	Director of Planning	(blank)	(blank)
(blank)	2020-21	Management of Serious Incidents	Reasonable	Executive Nurse Director	(blank)	(blank)
(blank)	2020-21	Governance Arrangements During the COVID-19 Pandemic	Advisory	Director of Corporate Governance / Acting Director of Finance	(blank)	(blank)
Grand Total						

Status	(All)		
Recommendation Status [RAG Rating]	(All)		
Status of Report Overall	(All)		
Count of Age	**Column Labels**		
Row Labels	**Closed/Not Open**	**Date not Specified**	**Due Date Not Reached**
2016-17	**2**	**1**	
Completed	2		
Partially complete		1	
2017-18		**2**	
na		1	
pc		1	
2018-19		**1**	
na			
pc		1	
2019-20	**4**	**21**	**6**
c	3		
na		13	5
pc	1	8	1
Grand Total	**6**	**25**	**6**

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Less Than 3 Months	Over 3 Months	Over 6 Months	Over One Year	(blank)	Grand Total
				1	**4**
					2
				1	2
				11	**13**
					1
				11	12
			3	**17**	**21**
			2	10	12
			1	7	9
6	**5**	**5**	**4**		**51**
					3
4	3	3	1		29
2	2	2	3		19
6	**5**	**8**	**33**		**89**

Status	(All)					
Recommendation Status [RAG Rating]	(All)					
Status of Report Overall	(All)					
Count of Age	**Column Labels**					
Row Labels	**Closed/Not Open**	**Date not Specified**	**Due Date Not Reached**	**Less Than 3 Months**	**Over 3 Months**	**Over 6 Months**
2017-18		2				
na		1				
pc		1				
2018-19		1				3
na						2
pc		1				1
2019-20	4	21	6	6	5	5
c	3					
na		13	5	4	3	3
pc	1	8	1	2	2	2
2020-21						
c						
(blank)						
Grand Total	4	24	6	6	5	8

Over One Year	(blank)	Grand Total
11		**13**
		1
11		12
17		**21**
10		12
7		9
4		**51**
		3
1		29
3		19
32		**85**

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ICO Ref #	Clinical Board	Directorate	Regulatory body/inspector	Service area
	INFORMATION COMMISSIONERS OFFICE			
A1	IT	Information Governance Dept	ICO	
A2	IT	Information Governance Dept	ICO	
A3	IT	Information Governance Dept	ICO	
A4	IT	Information Governance Dept	ICO	
A5	IT	Information Governance Dept	ICO	
A6	IT	Information Governance Dept	ICO	
A7	IT	Information Governance Dept	ICO	

	IT	Information Governance Dept	ICO	
A8				
A9	IT	Information Governance Dept	ICO	
A10	IT	Information Governance Dept	ICO	
A11	IT	Information Governance Dept	ICO	
A12	IT	Information Governance Dept	ICO	

		Information Governance Dept	ICO	
A13				
	IT	Information Governance Dept	ICO	
A14				
	IT	Information Governance Dept	ICO	
A15				
	IT	Information Governance Dept	ICO	
A16				

	IT	Information Governance Dept	ICO	
A17				
A18	IT	Information Governance Dept	ICO	
A19	IT	Information Governance Dept	ICO	
A20	IT	Information Governance Dept	ICO	
A21	IT	Information Governance Dept	ICO	
A22	IT	Information Governance Dept	ICO	

	IT	Information Governance Dept	ICO	
A23				
A24	IT	Information Governance Dept	ICO	
A25	IT	Information Governance Dept	ICO	

Regulation/Standards	Lead Executive	Assurance Committee	Accountable individual
	David Thomas	Digital and Health Intelligence	James Webb
	David Thomas	Digital and Health Intelligence	James Webb
	David Thomas	Digital and Health Intelligence	James Webb
	David Thomas	Digital and Health Intelligence	James Webb
	David Thomas	Digital and Health Intelligence	James Webb
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	David Thomas	Digital and Health Intelligence	James Webb
	David Thomas	Digital and Health Intelligence	James Webb
	David Thomas	Digital and Health Intelligence	James Webb

Inspection Cycle Time	Last Inspection Date	Next Inspection Date
	25.02.2020	TBC
	25.02.2020	TBC
	25.02.2020	TBC
	25.02.2020	TBC
	25.02.2020	TBC
	25.02.2020	TBC
	25.02.2020	TBC

	25.02.2020	TBC
	25.02.2020	TBC
	25.02.2020	TBC
	25.02.2020	TBC
	25.02.2020	TBC

	25.02.2020	TBC
	25.02.2020	TBC
	25.02.2020	TBC
	25.02.2020	TBC

	25.02.2020	TBC	
	25.02.2020	TBC	
	25.02.2020	TBC	
	25.02.2020	TBC	
	25.02.2020	TBC	
	25.02.2020	TBC	

		25.02.2020	TBC
		25.02.2020	TBC
		25.02.2020	TBC

Recommendation Narrative / Inspection outcome	Inspection Closure Due by
To ensure that the IGET covers all necessary topics during meetings the organisation should introduce a set of formal ToRs	
To ensure that policies remain fit for purpose and that staff have appropriate direction and information to avoid the risk of data protection breaches, the organisation should ensure that they are subject to timely routine review.	
To ensure that staff are fully aware of the responsibilities regarding IG, the organisation should consider means by which assurance can be given that staff have read appropriate policies and therefore are aware of organisational requirements and their responsibilites	
To ensure that staff receive the appropriate level of IG training for their role, regular training needs analysis should be undertaken in order to inform the IG training programme	
In order to ensure that specialised roles with IG responsibility have received appropriate training to carry out their role effectively, a training needs analysis for these roles should be undertaken. To ensure that training requirements for staff with specialised DP roles are recognised and formalised, these should be included in all job descriptions of roles with IG responsibilities. This should ensure that staff can carry out their roles effectively	
The organisation should provide detailed information about how compliance with data protection policies and procedures is to be monitored to give assurance regarding observance.	
To ensure that management have a complete picture of performance and compliance, and provide assurance that the organisation is complying with the relevant legislation, the reporting of KPIs relating to records management should be reinstated	

The organisation should ensure that all areas have carried out comprehensive data mapping exercises to ensure that the there is a clear understanding and documentation of information processing.in line with the requirements of the organisation's IG policy and national legislation.	
The organisation should ensure that it has a complete ROPA which includes all the information required by the legislation, so they are aware of all information held and the flows of information within the organisation, and have assurance that the record is an accurate and complete account of that processing.	
The organisation should ensure that there is an internal record which documents all processing activities in line with the legislation. This will provide assurance that all information processed is recorded as required by the appropriate legislation.	
The organisation should review the purposes of processing activities to ensure that they identify and document a lawful basis for general processing and an additional condition for processing criminal offence data, and therefore obtain assurance that they meet their obligations under the current legislation.	
The organisation should ensure that it documents the reasons for determining the lawful bases for each processing activity. Otherwise they risk failing to correctly identify the lawfull basis for processing and not meeting their obligations under the relevant legislation.	
The organisation should ensure that there are clear procedures in place to ensure that the t lawful basis is identified before starting any new processing of personal data or special category data. This will provide assurance that the organisation is relying on the correct lawful bases as required by the legislation.	
The organisation should document its lawful bases for processing special category data is correct based on the requirements of Article 9 of the GDPR and Schedule 1 of the DPA 2018 to provide assurance that it has appropriately considered how a determination was reached.	

The organisation should ensure that there is an APD in place to define which schedule 1 conditions are relied on, so that the organisation is in compliance with the legislation. In order to ensure compliance with the legislation, the organisation should further: Create an APD which considers what procedures are in place to ensure compliance with the Article 5 principles of GDPR. Ensure the APD considers how special category data will be treated for retention and erasure purposes Ensure the APD defines a responsible individual for the processing activity	
In order to be sure that it is keeping to data protection legislation by providing accurate processing information, the organisation should ensure that only current and accurate privacy information containing all the information as required under Articles 13 & 14 of the GDPR is available on its website. To ensure that it is upholding the requirement for data subjects to be properly informed of ho their information is being processed, the organisation should ensure there is a clear link to the general privacy notice from the front page of its website.	
The organisation should ensure that there is a process in place to provide privacy information to individuals if personal data obtained from a source other than the individual it relates to. This should be recorded on privacy information to make sure that the organisation is fulfilling its obligations in regard to the data which it processes.	
The organisation should consider additional means in which privacy information can be promoted or made available to individuals, to ensure that it does not rely on passive communication which risks individuals not being made aware of how their data is processed. This would help ensure that the a organisation is not in breach of legislation.	

To ensure that privacy information is available to all areas of the population the organisation must consider means of providing information to those who may not understand the standard notice. This would help ensure that the a organisation is not in breach of legislation, and all data subjects can understand the provided privacy information.	
In order to ensure that the privacy information is effective, the organisation should consider means to evaluate how effective it is by means of user testing or evaluation of complaints. This would provide the organisation with assurance that they were effectively providing privacy information as required by the legislation. A log of historical Privacy Notices should be maintained to allow a review of what privacy information was provided to data subjects on what date. This would provide the organisation with assurance that it has carried out effective reviews of privacy information.	
The organisation should ensure that all staff receive regular training and refresher training on fair processing policies and privacy information.	
The organisation should ensure that it has documented what information needs to be given to the ICO in the event of a reportable data breach. This will provide assurance that breaches are being reported in accordance with the legislation.	
To ensure that the organisation notifies individuals appropriately where there their personal data has been breached, the organisation should ensure that there is a documented procedure to ensure that the following is included in all breach reporting: the DPO details, a description of the likely consequences of the breach and a description of the measures taken to deal with the breach (including mitigating any possible adverse effects). This will help the organisation keep to the legislation when informing individuals about a data breach.	
Retained data should be reviewed on regular basis to identify any opportunities for minimisation or pseudonymisation of data to provide assurance for the organisation that they process the least information possible in line with the legislation.	

To ensure that the IAO function is effective, the organisation should formalise the appropriate level of access which IAOs have to the SIRO and DPO, and ensure that designated IAO responsibility is included in job descriptions. This will provide assurance to the organisation that the IAOs are able to effectively carry out their role in the risk management process as required in legislation. When IAO responsibility has been included in job descriptions, the organisation should ensure that all staff are aware of this and what the responsibility entails. This will provide further assurance to the organisation that the IAOs will effectively carry out their role in the risk management process as required in legislation.	
The organisation should ensure that all staff with specific information risk roles receive regular training to provide assurance that they are able to carry out their roles effectively with regard to information risk.	
To ensure that staff with specific risk management roles are fulfilling those roles effectively, the organisation should formalise means by which IAOs are routinely consulted on project and change management processes s and attend or are able to feed into IG meetings. This will provide assurance that they are carrying out their roles in relation to risk management effectively and thereby reduce the risk of a breach of legislation through information risk not being handled properly.	

Management Response	Recommendation Status (RAG Rating)
Following a review, IGET has been replaced by a new IG Group. The ToR are enclosed.	
All D&HI policies to be reviewed and updated if necessary	
IG Manager to investigate the feasibility of implementing a process that provides this assurance	
There currently is a national piece of work looking at the different training requirements across NHS staff in Wales. This is being considered at the Information Governance Management Advisory Group (IGMAG)	
For the following staff, a TNA shall be undertaken separate to the piece of work referenced in A4: Caldicott Guardian, SIRO, Data Protection Officer, Information Asset Owners, Information Asset Administrators	
The IG Policy will be reviewed and consideration given to potential data protection compliance monitoring.	
The reporting of such measures, as outlined, may be more appropriately, and may already be, reported at a Medical Records Group. If this isn't the case, the IG Manager will work with the Medical Records management to ensure that these KPIs are reported.	

All IAR are currently being centrally collated. A review will be conducted to ensure that IAO are correctly capturing lawful basis etc…	
Ensure that a ROPA is undertaken in line with Art 30 of the GDPR.	
Ensure that a ROPA is undertaken in line with Art 30 of the GDPR.	
Review Privacy Notice and IG Policy to ensure lawful basis for processing criminal data is clearly documented. 5.2.5.1 of the IG Policy (Data Protection Impact Assessment) states that 'All new projects or major new flows of information must consider information governance practices from the outset' and 'In order to identify information risks, a DPIA must be completed'. This is the point at which the lawful basis will be determined by theIG dept. The UHB's Privacy Notice does not document the lawful basis for each processing activity. We would be unable to document within the scope of the Privacy Notice the lawful basis for each of the UHB's numerous processing activities.	
Ensure that our lawful basis for processing special category data is reviewed and documented	

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APD to be implemented	
UHB website to be reviewed and any old documentation removed. Access to privacy notice considered.	
In the context of referrals into the UHB and out of the UHB, the patient is likely to already be aware of this dataflow. This represents an exemption under Article 14 (5)(a) of the GDPR. In all other cases, we believe that manually informing individuals of this information would represent a 'disproportionate effort' given that we are unable to determine what a referring organisation has made their patients aware of and the volume of referrals received by the UHB -- therefore being exempt under Art 14(5)(b).	
Will raise at the national Information Governance Group to investigate how other UHBs/Trusts are achieving this requirement.	

To consider alternative versions are available to ensure all data subjects can understand their rights and how their data is processed. The UHB was of the view that the current privacy notice satisfied this requirement but this will be reviewed.	
A log of privacy notices should be kept and maintained. The IG dept will work with the Concerns to ensure that a mechanism is introduced to ensure any concerns received about the Privacy Notice are fed back to the IG dept and used to inform future publications of the Privacy Notice.	
Will speak to NWIS regarding national e-learning module to understand whether training on fair processing can be incorporated. The IG dept will also add guidance to its internal webpage for staff engagin with patients.	
Procedure detailing breach reporting procedure and what detail needs to be provided should be created	
Procedure detailing breach reporting procedure and what detail needs to be provided should be created	
This should be achieved by regular review of IAR. Linked to A23.	

The IG dept suggests that the role of IAO is assigned to a designated level of management across the organisation (e.g. Directorate Manager/General Manager) and that this role is incorporated into Job descriptions.	
TNA to be performed. National piece of work currently being undertaken.	
This is being considered by the IG group which will feed into Digital Management Board	

Please Confirm if completed (c), partially completed (pc), no action taken (na)	Executive Update
c	
pc	
na	
na	
na	
c	
na	

na	
c	
na	
na	
c	

c	
na	
na	
na	

na	
na	
pc	
na	
na	
na	

na	
na	
na	

Biochemistry ISO15189 inspection readiness

Improvement required on time of longest incident and CAPA.

Low likelihood of inspection

Haematology ISO15189 inspection readiness

Significant delays in capa management

Last inspections held on 3 - 5th April and 1 - 2 May 2019

Cellular Pathology ISO15189 inspection readiness

Overdue CAPA and incident is of concern.

ISO inspection arranged for March 2020.

Radiopharmacy MHRA inspection readiness

Good improvement on audit and Capa closure

Without clear estates plan closure is likley

High likelihood of inspection

Cellular Pathology/Mortuary HTA inspection readiness

Whilst the previous inspection has been closed successfully, the current performance on timeliness of closing CAPA and incidents needs continued improvement

SMPU Pharmacy production MHRA

significnatly overdue incidents and capa, reflects current escalation postion with the regulator

UHL Pharmacy MHRA inspection readiness

significantly overdue incidents and CAPA

High likelihood of inspection

BLood Transfusion Laboratory MHRA inspection

Inspection outcomes recently closed, MHRA on bimonthly monitoring to test sustainability
Improvement required on time of longest incident
Low likelihood of inspection

Stem Cell Processing Unit HTA

long standing capa closure related to change controls

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Clinical Board	Directorate	Regulatory body/inspector	Service area	Regulation/Standards	Lead Executive	Assurance Committee	Accountable individual	Inspection cycle time	last inspection date	Next inspection date	Inspection outcome	inspection closure due by	inspection closure complete/ontrack? 1=Y 2=N	Document review compliance	Audit compliance	Audit overdue by (days)	Overdue CAPA	CAPA overdue by (days)	Number of overdue incidents	incidents overdue by (days)	Critical Issue1=y 2=n
FIRE AND RESCUE SERVICES																					
	Capital and Asset Management	Fire and Rescue Services	Multistorey Car Park, Llandough	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			16.03.2020		the standard of fire safety appeared to comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005.										
	Capital and Asset Management	Fire and Rescue Services	Orthopaedic Centre, Llandough	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			18.02.2020		the standard of fire safety appeared to comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005.										
	Capital and Asset Management	Fire and Rescue Services	Ward A6	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			19.02.2020		Duty of Works: Article 8: The provision in respect of fire resisting doors is not Adequate The standard of fire separation is not adequate Article 13: Fire fighting and fire detection: The fire detection is not adequate for the type and use of the premises. Aritcle 17: Maintenance - Fire resisting doors are not adequately maintained										
	Capital and Asset Management	Fire and Rescue Services	Rookwood Hospital, Artificial Limb Centre	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			10.02.2020		Duty of Works: Article 8: The provision in respect of fire resisting doors is not Adequate The standard of fire separation is not adequate Article 13: Fire fighting and fire detection: The fire detection is not adequate for the type and use of the premises.										
	Capital and Asset Management	Fire and Rescue Services	Vale Mental Health Services, Barry Hospital	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			27.01.2020		Duty of Works: Article 8: The provision in respect of fire resisting doors is not Adequate The standard of fire separation is not adequate Article 13: Fire fighting and fire detection: The fire detection is not adequate for the type and use of the premises.										
	Capital and Asset Management	Fire and Rescue Services	Vale Community Offices, Barry Hospital	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			27.01.2020		Duty of Works: Article 8: The provision in respect of fire resisting doors is not Adequate The standard of fire separation is not adequate Article 13: Fire fighting and fire detection: The fire detection is not adequate for the type and use of the premises.										

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REGULATORY BODY REVIEW TRACKER - September 2019

Critical Comment	completion	Documents	Audit Comliance	Audit overdue	CAPA	Capa overdue	incidents	Incident overdue	Critical	compliance score	Days since last inspection	Inspection liklihood Red	Inspection Liklihood Amber	Inspection liklihood green	Overall inspection liklihood

Clinical Board	Directorate	Regulatory body/inspector	Service area	Regulation/Standards	Lead Executive	Assurance Committee	Accountable individual	Inspection cycle time	last inspection date	Next inspection date	Inspection outcome	inspection closure due by	inspection closure complete/ontrack? 1=Y 2=N	Document review compliance	Audit compliance	Audit overdue by (days)	Overdue CAPA	CAPA overdue by (days)	Number of overdue incidents	incidents overdue by (days)	Critical Issue1=y 2=n	Critical Comment
		HIW	Llanishen Court Surgery	HIW	Ruth Walker	QSE Committee			10.12.2019		Limited processes were in place to support the safe recruitment and training of staff. There was no evidence that Disclosure and Barring Service (DBS) checks											
Specialist	Rehabilitation	HIW (Unannounced)	Rookwood Hospital	HIW	Ruth Walker	QSE Committee	Director of Nursing, Specialist		02.10.2019													
Medicine	Stroke Rehabilitation	HIW (Unannounced)	Stroke Rehabilitation Centre, UHL	HIW	Ruth Walker	QSE Committee	Director of Nursing, Medicine		17 & 18/09/19		Immediate assurance was required in realtion to appropriate checks on resuscitation trolleys. Action plan completed.											
PCIC	Dental	HIW (Announced visit)	BUPA Dental Care, Canton	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		02.09.2019		Non-compliance notice issued regarding incorrect and hazardous storage of healthcare waste and innaccurate dental records. Improvement plan required by 11th September 2019.											
PCIC	Dental	HIW (Announced visit)	Family Dental Care	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		19.08.2019		Areas identified for improvement - Maintenance improvements in some clinical areas, radiology audits must											
PCIC	GP Practice	HIW (GP Announced visit)	Waterfront Medicial Centre	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		12.08.2019													
PCIC	Dental	HIW	Cathays Dental Practice	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		05.08.2019		Non-compliance notice - storage of healthcare waste.											
PCIC	Dental	HIW	High Street Dental Practice, Cowbridge	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		23.07.2019		Non-compliance notice - The service must ensure healthcare waste is being stored appropriately and securely within the dental practice in line with best practice guidelines. HIW found evidence that the practice was not fully compliant with current regulations, standards and best practice guidelines											
PCIC	GP Practice	HIW	Birchgrove Surgery	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		10.07.2019		Area of concern - Findings during the HIW inspection - they considered the pre-employment records of two non-clinical members of staff and there was no evidence that the relevant Disclosure and Barring Service (DBS) checks had been carried out. The Practice Manager confirmed that the DBS checks were not routinely undertaken for any non-clinical members of staff such as Practice management, administrative and reception staff. Improvement required. The Practice must implement a process to ensure that: Pre-employment checks for all staff include the need for a DBS check appropriate to their roles and all current members of staff have a DBS check undertaken urgently, appropriate to their roles. A record must be kept											
PCIC	Dental	HIW (Announced visit)	Penarth Dental Healthcare	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		01.07.2019		HIW found evidence that the practice was not fully compliant with the regulations and other relevant legislation and guidance. HIW recommended improvements be made in the following; Provide more information to patients on how children and adults can best maintain good oral hygiene; the Fire Safety Officer must undertake training by a fire safety expert, make adjustments to the infection prevention and control procedures in place at the practice, provide a baby nappy bin and ensure the waste is disposed of appropriately, staff to receive training on the safeguarding of children and vulnerable adults, unused dental supplies need to be stored in a more secure cupboard, make adjustments to the arrangements for safe											

PCIC	Dental	HIW (Announced visit)	Llanederyn Dental Practice	Private Dentistry Regulations/All Healthcare Standards	Ruth Walker	QSE Committee	Director of Nursing, PCIC		23.05.2019		HIW found some evidence that they were not fully compliant with Private Dentistry Regulations and all Health and Care Standards. The practice has been recently bought by its current owners and through discussions with them it was clear that they are keen to develop and improve the practice. There were a number of policies and procedures in place, but they were not dated, not version controlled, did not contain a review date and in the majority of instances did not include a staff signature demonstrating that the policies and procedures had been read and understood. HIW recomended that the practice need to ensure that all staff are appropriately trained with evidence of this training held on file. HIW recommended a number								
PCIC	Dental	HIW (Announced visit)	Tynewydd Dental Care	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		13.05.2019		HIW found some evidence that the practice was not fully compliant with Private Dentistry Regulations and all Health and Care Standards and a non compliance issue was issued. Copy of immediate assurance letter dated 24.05.19 received.								
PCIC	Dental	HIW	Park Place Dental	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		01.05.2019		HIW recommend improvements could be made regarding advising patients of the results of their feedback and any changes. Review the management of emergency drugs and ancillary equipment.								
PCIC		HIW (Clinical Review)	Her Majesty's Prison, Cardiff	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		01.05.2019		It was recommended that immediate steps are taken to review, monitor and improve the standards of note keeping in the medical records at HMP Cardiff. Formal Protocols should be devised for chronic disease management of all major chronic diseases as would be the case in community GP monitoring. Formal protocols should be devised for action to be taken after a period of nonattendance for dispensing of medications. A period of non-attendance should be obvious to the staff dispensing medication as they mark the medication charts accordingly. The protocol should include but need not be restricted to : ☐ Action to be taken to determine the cause of the non-attendance ☐ Note should be made								
PCIC	Dental	HIW (Announced visit)	Cathedral Dental Clinic	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		26.03.2019		Due to the CCTV cameras located within the practice, including the surgeries HIW have asked for CCTV signage to be clear and prominent to all patients and visitors attending the practice. Policies and procedures need to be updated to reflect current CCTV guidelines. The patient records HIWreviewed were detailed, but they identified some areas where improvement is required.								
Medicine	Emergency Care	HIW (Unannounced)	Emergency Unit/Assessment Unit	HIW	Ruth Walker	QSE Committee	Director of Nursing, Medicine		25.03.2019		28th March 2019 - immediate improvement plan required - letter; response 05-04-19; HIW response 11-04-19 - immediate assurance plan not accepted; 2nd UHB reponse 29th April 2019; HIW response accepting immediate assurance. Response sent 07.06.19. HIW assurance received 20.06.19.								

completion	Documents	Audit Comliance	Audit overdue	CAPA	Capa overdue	incidents	Incident overdue	Critical	compliance score	Days since last inspection	Inspection liklihood Red	Inspection Liklihood Amber	Inspection liklihood green	Overall inspection liklihood

Clinical Board	Directorate	Regulatory body/inspector	Service area	Regulation/Standards	Lead Executive	Assurance Committee	Accountable individual	Inspection cycle time	last inspection date	Next inspection date	Inspection outcome	inspection closure due by	inspection closure complete/ontrack? 1=Y 2=N	Document review compliance	Audit compliance	Audit overdue by (days)	Overdue CAPA	CAPA overdue by (days)	Number of overdue incidents	incidents overdue by (days)	Critical Issue1=y 2=n
ALL WALES QUALITY ASSURANCE PHARMACIST																					
CD&T	Pharmacy	Regional Quality Assurance Specialist	Pharmacy SMPU	Quality Assurance of Aseptic Preparation Services	Stuart Walker	QSE Committee	Darrel Baker	183	27.01.2020	27.07.2020	166 actions	31.12.2020	2								
CD&T	Pharmacy	Regional Quality Assurance Specialist	Pharmacy UHL	Quality Assurance of Aseptic Preparation Services	Stuart Walker	QSE Committee	Darrel Baker			06.08.2020			2								
CD&T	Pharmacy	All Wales Quality Assurance Pharmacist	Pharmacy SMPU	Medicines Act 1968 (c.67) specific review of section 10	Stuart Walker	QSE Committee	Darrell Baker	365	01.11.2018	01.10.2019	High Risk - resourcing of an accountable pharmacist	01.11.2019	2								
CD&T	Pharmacy	All Wales Quality Assurance Pharmacist	Pharmacy UHL	Medicines Act 1968 (c.67) specific review of section 10	Stuart Walker	QSE Committee	Darrell Baker	365	16.07.2019		High Risk - estate and PQS defciencies - link to MHRA inspection	01.01.2019	1								
CD&T	Pharmacy			Falsifying Medicines Directive	Stuart Walker	QSE Committee	Darrell Baker	n/a	n/a	n/a	no inspection data as yet										
BRITISH STANDARDS INSTITUTE																					
	Planning	British Standards Institute	Capital, Estates & Facilities	ISO - 14001 Environmental	Abigail Harris	Health and Safety	Jon McGarrigle	185 (Twice Yearly)	01.07.2019	01.01.2020	Minor non conformances which will be addressed by next audit										
CARDIFF AND VALE OF GLAMORGAN FOOD HYGIENE RATINGS																					
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Teddy Bear Nursery	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety	Kelly Lovell, Ruth Hutchinson		22.05.2020		Due to COVID-19 an intelligence gathering exercise was undertaken. No matters of public health concern was identified.										
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Barry Hospital Kitchens	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety	Lesley James, Linda Watts, John Smith		10.03.2020		Food rating 5	30.04.2020									
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Teddy Bear Nursery	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety	Kelly Lovell, Ruth Hutchinson		20.02.2020		Food rating 5	30.03.2020									
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Ward Based Catering, Brecknock House	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety	Keith Prosser		02.12.2019		Food rating 4										
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Bwyd Blasus	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety	Ranjith Akkaladevi		28.11.2019		Food rating 4										
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Aroma Express, Brecknock House	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety	Stepfanie Burgess		28.11.2019		Food rating 3										
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Rookwood Hospital	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety	Andrew Wood		25.11.2019		Food rating 5										
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Teddy Bear Nursery	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety			04.09.2019		Food rating 4	30.09.2019									
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Llandough Hospital	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety			19.09.2019		Food rating 5										
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Hafan y Coed	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety			19.09.2019		Food rating 5										
COMMUNITY HEALTH COUNCIL																					
Mental Health	St Barrucs Ward,	Community Health Council			Abigail Harris	Audit and Assurance			3.02.20		1. Explore opportunities for volunteer groups to visit regularly & spend more time with patients there. Possibly befriending groups to visit.										
Mental Health	Daffodil Unit, UHL	Community Health Council			Abigail Harris	Audit and Assurance			3.02.20												
Surgery	Ward B6, Trauma Unit, UHW	Community Health Council			Abigail Harris	Audit and Assurance			25.02.20		1. Consider improving the non-HCSW staffing levels (incentives for retention of staff) across the Ward's multidisciplinary teams, including a deputy to assist the Nurse Manager, and the possible impact of the										
Surgery	Ward B6, Trauma Unit, UHW	Community Health Council			Abigail Harris	Audit and Assurance			25.02.20		2. Liaise with Estates to repair the bathroom/toilet problems and upgrade the interim reception desk.										
Surgery	Ward B6, Trauma Unit, UHW	Community Health Council			Abigail Harris	Audit and Assurance			25.02.20		3. Place a 'Putting Things Right' Information Notices in the Day Room.										
	Ward C7,	Community Health Council			Abigail Harris	Audit and Assurance			26.02.20		1. Update the notice boards on the Ward	To be completed by Friday 31st July 2020									
	Ward C7,	Community Health Council			Abigail Harris	Audit and Assurance			26.02.20		2. Install a suggestion box so patients, relatives, carers and visitors can leave comments or suggestions.	To be completed by Friday 31st July 2020									
	Ward C7,	Community Health Council			Abigail Harris	Audit and Assurance			26.02.20		3. Place hand washing notices at all sink areas	To be completed by Friday 31st July 2020									
FIRE AND RESCUE SERVICES																					
Specialist Services Clinical Board	Capital and Asset Management	Fire and Rescue Services	C5 UHW	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	17.06.2019	01.06.2020	Failed to comply with requirements of safety order. Schedule of works required included: 3 x management	IN01: non-compliance but insufficient for enforcement notice. May return to check	1								
Medicine Clinical Board	Capital and Asset Management	Fire and Rescue Services	B7 UHW	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	27.06.2019	01.07.2020	Failed to comply with requirements of safety order. Schedule of works required included: 3 x management 1 x compliance 1 x estates	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been completed.	1								
Surgery Clinical Board	Capital and Asset Management	Fire and Rescue Services	West 3 Anwen Ward UHL	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	09.07.2019	01.07.2020	Failed to comply with requirements of safety order. Schedule of works required included: 1 x management 1 x estates	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been	1								
Surgery Clinical Board	Capital and Asset Management	Fire and Rescue Services	Cerys Ward ICU	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	10.09.2019	01.09.2020	Failed to comply with requirements of safety order. Schedule of works required included: 1 x compliance 1 x estates	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been completed.	1								
Surgery Clinical Board	Capital and Asset Management	Fire and Rescue Services	Ward A5	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	19.09.2019	01.09.2020	Failed to comply with requirements of safety order. Schedule of works required included: 1 x estates	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been	1								
Specialist Services Clinical Board	Capital and Asset Management	Fire and Rescue Services	Ward B5	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	19.09.2019	01.09.2020	Failed to comply with requirements of safety order. Schedule of works required included: 1 x compliance 1 x estates 1 x management	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been completed	1								
Surgery Clinical Board	Capital and Asset Management	Fire and Rescue Services	Operating Theatres	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	30.09.2019	01.09.2020	Failed to comply with requirements of safety order. Schedule of works required included: 2 x compliance 1 x estates	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been completed	1								
Clinical Gerontology	Capital and Asset Management	Fire and Rescue Services	Rhydlafar Ward, St David's Hospital	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	21.01.2020	01.01.2021	Complied with the requirements of the Regulatory Reform Safety Order 2005	IN01: non-compliance but insufficient for enforcement notice. May return to check	1								
Clinical Gerontology	Capital and Asset Management	Fire and Rescue Services	Lansdowne Ward, St David's Hospital	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	21.01.2020	01.01.2021	Failed to comply with requirements of safety order. Schedule of works required included: 1 x management 1 x estates	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been	1								
Clinical Gerontology	Capital and Asset Management	Fire and Rescue Services	Sam Davies Ward, Barry Hospital	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	27.01.2020	01.01.2021	Failed to comply with requirements of safety order. Schedule of works required included: 2 x estates	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been	1								
	Capital and Asset Management	Fire and Rescue Services	Multistorey Car Park, Llandough	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			16.03.2020		the standard of fire safety appeared to comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005.										

Capital and Asset Management	Fire and Rescue Services		Orthopaedic Centre, Llandough	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			18.02.2020	the standard of fire safety appeared to comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005.		
Capital and Asset Management	Fire and Rescue Services		Ward A6	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			19.02.2020	Duty of Works: Article 8: The provision in respect of fire resisting doors is not Adequate The standard of fire separation is not adequate Article 13: Fire fighting and fire detection: The fire detection is not adequate for the type and use of the premises. Artticle 17: Maintenance - Fire resisting doors are not adequately maintained		
Capital and Asset Management	Fire and Rescue Services		Rookwood Hospital, Artificial Limb Centre	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			10.02.2020	Duty of Works: Article 8: The provision in respect of fire resisting doors is not Adequate The standard of fire separation is not adequate Article 13: Fire fighting and fire detection: The fire detection is not adequate for the type and use of the premises.		
Capital and Asset Management	Fire and Rescue Services		Vale Mental Health Services, Barry Hospital	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			27.01.2020	Duty of Works: Article 8: The provision in respect of fire resisting doors is not Adequate The standard of fire separation is not adequate Article 13: Fire fighting and fire detection: The fire detection is not adequate for the type and use of the premises.		
Capital and Asset Management	Fire and Rescue Services		Vale Community Offices, Barry Hospital	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			27.01.2020	Duty of Works: Article 8: The provision in respect of fire resisting doors is not Adequate The standard of fire separation is not adequate Article 13: Fire fighting and fire detection: The fire detection is not adequate for the type and use of the premises.		

HEALTH EDUCATION AND IMPROVEMENT WALES

	Health Education and Improvement Wales											

HEALTH INSPECTORATE WALES

Children & Women	Maternity	HIW	Maternity Services	HIW	Ruth Walker	QSE	Head of Midwifery			HIW are undertaking a national review of maternity services across Wales (Phase 2).	Details of community maternity sites sent to HIW 17.07.20 and self	
Medicine	Unscheduled Care	HIW	EU and AU, UHW	HIW	Ruth Walker	QSE	Director of Nursing, Medicine		10-11th March 2020	HIW have suggested that the UHB is required to provide HIW with details of the action it will take to ensure a system is in place to ensure all patients have a patient identification band to ensure staff can correctly identify patients and provide the right care. Six patients in the lounge area of the AU were not wearing wristbands; two patients were in receipt of intravenous medication.	Improvement plan to be returned by **19th March 2020**. Improvement Plan sent to CEO office to send to HIW on 18.03.20. Updated improvement plan sent to HIW 02.07.20. Assurance received 09.07.20.	**To be reported at August 2020 QSE**
Medicine			Sam Davies ward, Barry hopsital	HIW	Ruth Walker	QSE	Director of Nursing, Medicine		28-29th January 2020	HIW found overall that the ward provided a very good environment to support the care and treatment of the patients. The ward was well equipped, with a range of activities available to patients. The number	Improvement plan to be returned by **24th March 2020** Improvement plan	**To be reported at August 2020 QSE**
Mental health			Hafan Y Coed - Elm and Maple Wards	HIW	Ruth Walker	QSE	Director of Nursing, Mental Health		10-12 February 2020	Immediate assurance letter issued 13/02/2020 with a deadline for response 20th February which was not met due to a delay in the CEOs office. Extension requested. 04.03.20 - Immediate Assurance acceptance received from HIW. Inspection next steps letter issued 12/03/20 to 1. Review the inspection report 2. Complete the	**24.03.20** Improvement plan sent to 26.03.20. Final report published **21.07.20**.	**To be reported at August 2020 QSE**
Mental health	Community Mental health	HIW	Cardiff North West Gabalfa Clinic CMHT	HIW	Ruth Walker	QSE	Director of Nursing, Mental Health		Due on 17th & 18th March 2020- postponed due to Covid	Pre inspection infromation to be submitted by March 9th. 29.01.20 HIW informed of two liaison members of staff to work with HIW team. **Inspection was cancelled due to Covid 19**		
PCIC	GP Practice	HIW	Llanishen Court Surgery	HIW	Ruth Walker	QSE	Director of Nursing, PCIC		10.12.2019	HIW found that there were limited processes in place to support the safe recruitment and training of staff. They also found in the records of a sample of members of staff, there was no evidence that DBS checks had been undertaken.	Immediate improvement plan to be returned by 19.12.19	**To be reported at April 2020 QSE Committee**
Children & Women	Obs & Gynae	HIW	Maternity Unit, UHW	HIW	Ruth Walker	QSE	Director of Nursing, C&W		18,19&20/11.2019	Checks of equipment used in a patient emergency were insufficient. This is because checks were inconsistent and not all were recorded as being carried out appropriately in relation to neo-natal resuscitaires (daily checks), emergency resuscitation equipment (daily checks), difficult airway equipment (weekly checks). Also found was out-of-date equipment, including one airway and blood sample bottles, on one emergency trolley. Storage arrangements for the emergency resuscitation equipment, including a defibrilator was stored in a cluttered room with prevented ease of access in an emergency. Door to a treatment room on the Delivery ward was unlocked. The room contained stock, including epidural trolley and intravenous fluids. Immediate assurance plan submitted 28.11.19. **03.12.19 Assurance letter received.** 17.01.20 - draft report to Suzanne Hardacre to prepare response for RW by 28.01.20.	**Immediate assurance plan accepted 3/12/2019 Improvement plan submitted 30/1/20. Further assurance required in response to the improvement plan by February 19th. Not met due to a delay in the CEO office. Revised improvement plan sent 25th February**	**To be reported at February 2020 QSE Committee**
PCIC	GP Practice	HIW	Meddygfa Canna Surgery, Cardiff	HIW	Ruth Walker	QSE	Director of Nursing, PCIC		31.10.2019	06.11.19 - HIW have written to Mr Williams at the practice to provide them with 1) a copy of their action plan in relation to the schedule of work required, as set out in their letter dated 04.11.19, 2) a full update once the schedule of work has been completed, 3) confirmation that they have informed C&VUHB of this inspection, and the findings and actions set to the practice by the South Wales Fire & Rescue Service. 07.11.19 - Draft response sent to Ruth Walker for amendments and comments. The practice are in the process of taking the actions required. 13.11.19 - Response sent.		
PCIC	Dental	HIW (Non-compliance notice)	Newport Road Dental Clinic	HIW	Ruth Walker	QSE	Director of Nursing, PCIC		02.10.2019			
Specialist	Rehabilitation	HIW (Unannounced)	Rookwood Hospital	HIW	Ruth Walker	QSE	Director of Nursing, Specialist		02.10.19	14.11.19 - Letter received from HIW for response with action plan by 29.11.19. Action plan submitted 29/11/2019. Response sent 29.11.19. Will be reported in February 2020 QSE Committee.	Final report to be published 3/01/20. To be reported in February 2020 QSE committee	
Medicine	Stroke Rehabilitation	HIW (Unannounced)	Stroke Rehabilitation Centre, UHL	HIW	Ruth Walker	QSE	Director of Nursing, Medicine		17 & 18/09/2019	Immediate assurance was required in relation to appropriate checks on resuscitation trolleys. Action plan completed. Improvement plan submitted 1/11/2019 and accepted by HIW. Immediate assurance action plan submitted 26/09/19		Reported to December 2019 QSE commitee
PCIC	Dental	HIW (Announced visit)	BUPA Dental Care, Canton	HIW	Ruth Walker	QSE	Director of Nursing, PCIC		02.09.19	Non-compliance notice issued regarding incorrect and hazardous storage of healthcare waste and innaccurate dental records. Improvement plan required by 11th September 2019.		
PCIC	Dental	HIW (Announced visit)	Family Dental Care (Cowbridge road west)	HIW	Ruth Walker	QSE	Director of Nursing, PCIC		19.08.2019	Areas identified for improvement - Maintenance improvements in some clinical areas, radiology audits must demonstration whether image quality conforms to minimum standards, ensure verbal medical history checks undertaken with patients are recorded in patient records. Regulatory breaches regarding training (Dental Nurse had not undertaken the required number of hours (5) of verifiable training in radiology and radiation protection during their previous 5 year CPD cycle as recommended by the GDC, expired emergency drugs being sorted in draw next to in-date drugs which could potentially get mixed up in an emergency situation.		Final report published 20/11/2019

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PCIC	Dental	HIW (Announced inspection)	St Mellons Dental Practice (Restore Dental Group)	HIW	Ruth Walker	QSE	Director of Nursing, PCIC		13.08.2019		There were no immediate assurance issues. Overall HIW found that systems were in place to capture patient feedback, comments and complaints. Patients who completed a HIW questionnaire rated the service provided at the practice as excellent or very good. Staff reported being happy in their roles and understood their responsibilities. Systems were in place to ensure staff were supported and had the necessary training to deliver their roles efficiently. The environment provided clinical facilities that were well-equipped, maintained and visibly clean and tidy. HIW recommended the service could improve the following- An environmental risk assessment needs to be completed and any actions identified within the risk assessments need to evidence when they are completed. Medical histories need to be reviewed to ensure all patients complete one at every course of treatment, they are signed by the patient and countersigned by the dentist		Final report published 14/11/2019						
PCIC	GP Practice	HIW (GP Announced visit)	Waterfront Medical Centre	HIW	Ruth Walker	QSE	Director of Nursing, PCIC		Inspection due on March 23rd 2020										
PCIC	Dental	HIW	Cathays Dental Practice	HIW	Ruth Walker	QSE	Director of Nursing, PCIC		05.08.2019		Non-compliance notice - storage of healthcare waste. Immediate improvement plan provided 8/8/2019.		Final report published 7/11/2019						
PCIC	Dental	HIW	High Street Dental Practice, Cowbridge	HIW	Ruth Walker	QSE	Director of Nursing, PCIC		23.07.2019		Non-compliance notice - The service must ensure healthcare waste is being stored appropriately and securely within the dental practice in line with best practice guidelines. HIW found evidence that the practice was not fully compliant with current regulations, standards and best practice guidelines		Final report published 24/10/2019						
PCIC	GP Practice	HIW	Birchgrove Surgery	HIW	Ruth Walker	QSE	Director of Nursing, PCIC		10.07.2019		Area of concern - Findings during the HIW inspection - they considered the pre-employment records of two non-clinical members of staff and there was no evidence that the relevant Disclosure and Barring Service (DBS) checks had been carried out. The Practice Manager confirmed that the DBS checks were not routinely undertaken for any non-clinical members of staff such as Practice management, administrative and reception staff. Improvement required. The Practice must implement a process to ensure that: Pre-employment checks for all staff include the need for a DBS check appropriate to their roles and all current members of staff have a DBS check undertaken urgently, appropriate to their roles. A record must be kept within the Practice.		Final report published 11/10/2019						
PCIC	Dental	HIW (Announced visit)	Penarth Dental Healthcare	Penarth Dental Healthcare	Ruth Walker	QSE	Director of Nursing, PCIC		01.07.2019		HIW found evidence that the practice was not fully compliant with the regulations and other relevant legislation and guidance. HIW recommended improvements be made in the following; Provide more information to patients on how children and adults can best maintain good oral hygiene; the Fire Safety Officer must undertake training by a fire safety expert, make adjustments to the infection prevention and control procedures in place at the practice, provide a baby nappy bin and ensure the waste is disposed of appropriately, staff to receive training on the safeguarding of children and vulnerable adults, unused dental supplies need to be stored in a more secure cupboard, make adjustments to the arrangements for safe storage and use of the emergency drugs and emergency equipment available at the practice. HIW identified regulatory breaches during this inspection – whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered person takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.		Final report published 2/10/2019						
PCIC	Dental	HIW (Announced visit)	Llanederyn Dental Practice	Private Dentistry Regulations/All Healthcare Standards	Ruth Walker	QSE	Director of Nursing, PCIC		23.05.2019		HIW found some evidence that they were not fully compliant with Private Dentistry Regulations and all Health and Care Standards. The practice has been recently bought by its current owners and through discussions with them it was clear that they are keen to develop and improve the practice. There were a number of policies and procedures in place, but they were not dated, not version controlled, did not contain a review date and in the majority of instances did not include a staff signature		Final report published 26/08/2019						
PCIC	Dental	HIW (Announced visit)	Tynewydd Dental Care	HIW	Ruth Walker	QSE	Director of Nursing, PCIC		13.05.2019		HIW found some evidence that the practice was not fully compliant with Private Dentistry Regulations and all Health and Care Standards and a non compliance issue was issued. Copy of immediate assurance letter dated 24.05.19 received.		Final report published 14/08/2019						
PCIC	Dental	HIW	Park Place Dental	HIW	Ruth Walker	QSE	Director of Nursing, PCIC		01.05.2019		HIW recommend improvements could be made regarding advising patients of the results of their feedback and any changes. Review the management of emergency drugs and ancillary equipment.		Final report published 2/8/2019						
PCIC		HIW (Clinical Review)	Her Majesty's Prison, Cardiff	HIW	Ruth Walker	QSE	Director of Nursing, PCIC		01.05.2019		It was recommended that immediate steps are taken to review, monitor and improve the standards of note keeping in the medical records at HMP Cardiff. Formal Protocols should be devised for chronic disease management of all major chronic diseases as would be the case in community GP monitoring. Formal protocols should be devised for action to be taken after a period of nonattendance for dispensing of medications. A period of non-attendance should be obvious to the staff dispensing medication as they mark the medication charts accordingly. The protocol should include but need not be restricted to : ☛ Action to be taken to determine the cause of the non-attendance ☛ Note should be made of whether the non-attendance is a free choice made by a patient with full capacity or whether there is some hindrance affecting their ability to attend ☛ If there is any hindrance, as was the situation in this case, the nature of this hindrance should be documented ☛ Any action that needs to take place to overcome the hindrance should be documented. ☛ The situation should be reviewed after a reasonable length of time to ensure that the hindrance had been overcome. ☛ In the case of patients who choose not to attend, this should be addressed during routine chronic disease management appointments and opportunistically and should be documented. ☛ Appropriate Read Codes should be used for all of the above to enable accurate searches and recalls to take place. These should also allow for comparisons between episodes of a similar nature.								
PCIC	Dental	HIW (Announced visit)	Cathedral Dental Clinic	HIW	Ruth Walker	QSE	Director of Nursing, PCIC		26.03.2019		Due to the CCTV cameras located within the practice, including the surgeries HIW have asked for CCTV signage to be clear and prominent to all patients and visitors attending the practice. Policies and procedures need to be updated to reflect current CCTV guidelines. The patient records HIW reviewed were detailed, but they identified some areas where improvement is required.		Final report published 27/06/2019						
Medicine	Emergency Care	HIW (Unannounced)	Emergency Unit/Assessment Unit	HIW	Ruth Walker	QSE	Director of Nursing, Medicine		25.03.2019		28th March 2019 - immediate improvement plan required - letter; response 05-04-19; HIW response 11-04-19 - immediate assurance plan not accepted; 2nd UHB reponse 29th April 2019; HIW response accepting immediate assurance. Response sent 07.06.19. HIW assurance received 20.06.19.		Final report published 28/06/2019						

Mental Health		HIW (Unannounced)	Hafan Y Coed	HIW	Ruth Walker	QSE	Director of Nursing, Mental Health	19-21/03/2019		HIW found the Health Board did not always meet all standards required within the Health and Care Standards (2015), the Mental Health Act (1983), Mental Health (Wales) Measure (2010) and the Mental Capacity Act (2005). HIW recommended that the service could improve upon: Areas of Mental Health Act documentation require improvement ▪ Garden areas on all wards are in need of maintenance and the responsibility for this, needs to be confirmed ▪ Inconsistency of information displayed for patients and relatives across the wards Page 7 of 34 HIW report template version 2 ▪ Areas of good practice employed on some wards are not shared with others to maintain consistency ▪ Some patients are sleeping out1 from their designated ward due to additional demand and clinical need		Final report published 8/7/2019								
PCIC	Dental	HIW (Announced visit)	Danescourt Dental Practice	HIW	Ruth Walker	QSE	Director of Nursing, PCIC	18.03.2019		The practice has conducted an internal audit and has addressed the gaps in fridge temperature readings by updating the record sheet used, and developed a process to handover responsibilities during staff absences. The Primary Care team has also audited fridge temperature logs and noted that temperatures were recorded on all working days.		Final report published 19/06/2019								
PCIC	Dental	HIW (Announced visit)	Alison Jones, Barry	HIW	Ruth Walker	QSE	Director of Nursing, PCIC	17.12.2018		HIW identified areas for improvement with regards to arrangements for checking of emergency drugs and equipment, first aid equipment and dental materials.Improvements were required with regards to some fire safety arrangements.More detailed patient records were needed in some areas to evidence the care and treatment provided to patients.The practice needed to implement a number of policies and procedures, and some were also in need of updating. Regular appraisals for staff needed to be introduced.		Final report published 5/4/2019								
PCIC	Community	HIW	Mental Health Team, Western Vale	HIW	Ruth Walker	QSE	Director of Nursing, PCIC	04.12.2018		Overall HIW/CIW found that service user feedback was generally positive.The environment was clean and tidy.Robust management of medicines processes were in place. There was provision of a support worker service that evidenced a positive and direct impact on service users. Application of Mental Health Act and Mental Health Measure (2010) and legal documentation was carried out well. Identification of a vision for the future of the service was supported by a passionate management team, and a strong integrated leadership model, supported at a senior management level. This is what HIW recommend the service could improve: Recruitment into key roles, such as psychiatrists and psychologists. Timeliness of transportation for services users to a place of safety and/or hospital. Organisation of outpatient and medication clinics. Completion of appropriate forms for service user capacity assessment by clinical staff. Clarity for staff regarding new processes and procedures following the merge of three teams.		Final report published 24/04/2019								
PCIC	Dental	HIW (Announced visit)	Penylan Dental Practice	HIW	Ruth Walker	QSE	Director of Nursing, PCIC	28.11.2018		HIW recommended that the practice move its emergency drugs and equipment to a place that is more accessible. Improvements recommended included: the practice are to ensure that all staff have completed appropriate safeguarding training, a feminine hygiene bin is to be installed in the staff toilet, emergency drugs with their appropriate algorithms to be stored in separate and labelled containers/bags. There were no areas of non compliance identified at this inspection		Final report published 01/03/2019								
PCIC	GP Practice	HIW (Announced visit)	Pontprennau Medical Centre	HIW	Ruth Walker	QSE	Director of Nursing, PCIC	05.11.2018		HIW found that the practice was not fully compliant with the Health and Care Standards in all areas of service provision. HIW did make a number of recommendations for improvements which included that they review and update written policies and procedures to ensure they all accurately reflect current arrangements at the practice, that they demonstrate that suitable staff recruitment checks have been conducted and ensure all staff have received up to date mandatory training and that records for this are kept within the practice. They further recommended that practice meetings should be formalised utilising agendas, and developing meeting minutes to aid communication throughout the teams.		Final report published 06/02/2019								
PCIC	Dental	HIW	Windsor Road Dental Care, Cardiff	HIW	Ruth Walker	QSE	Director of Nursing, PCIC	29.10.2018		This will be managed directly with the primary care contractor by HIW. We will only see final response from the practice when it is published with the report. We will however ask for specific assurance on this particular inspection when PCIC report to QSE Committee in December 2018.										

HEALTH AND SAFETY EXECUTIVE

	Radiology	HSE	Radiology	The Ionising Radiations Regulations 2017	Martin Driscoll	Health and Safety	Andrew Wood/Kathy Ikin	ad hoc	not inspected in the last 10 years		last inspections pre 2004, no inspeciton data currently available									
	Medical Physics	HSE	Medical Physics	Control of Artificial Optical Radiation at Work Regulations 2010	Martin Driscoll	Health and Safety	Andrew Wood/Kathy Ikin	ad hoc	not inspected in the last 10 years		last inspections pre 2004, no inspeciton data currently available									
	Medical Physics	HSE	Medical Physics	The Control of Electromagnetic Fields at Work Regulations 2016	Martin Driscoll	Health and Safety	Andrew Wood/Kathy Ikin	ad hoc	not inspected in the last 10 years		last inspections pre 2004, no inspeciton data currently available									

HUMAN TISSUE AUTHORITY

Specialist Services	N&T	HTA	South Wales Transplant and NORS programme	Human Tissue Act	Fiona Jenkins	QSE Committee	Rafael Chavez	730	01/10/2019 - self assessment compliance update	01.10.2021	Number of areas of good practice noted from inspection in 2016/17. Self assessment compliance update provided in September 2019 which demonstrated evidence and compliance with the updated questions	n/a	1	100%	100%	0	0	0	0	0	2
CD&T	Haematology	HTA	South Wales BMT Programme	Human Tissue Act	Fiona Jenkins	QSE Committee	Xiujie Zhao	730	22-23/01/2019	no date set	1 minor	06.09.2019	1	97%	0%	0	0	0	0	0	2
CD&T	Haematology	HTA	Stem Cell processing Unit (HTA)	Human Tissue Act	Fiona Jenkins	QSE Committee	Alun Roderick/Sarah Phillips	730	22.01.2019	01.10.2021	1 major 4 minors	06.09.2019	1	97%	78%	161	8	251	0	0	2
CD&T	Cellular Pathology	HTA	Mortuary (Cell Path - HTA)	Human Tissue Act	Fiona Jenkins	QSE Committee	Adam Christian/Scott Gable	730	22.11.2018	no date set	3 criticals, 14 majors, 9 minor	31.01.2019	1	100%	100%	0	30	190	0	0	2

INFORMATION COMMISSIONERS OFFICE

	Information Governance Dept	ICO									To ensure that the IGET covers all necessary topics during meetings the organisation should introduce a set of formal ToRs										
	Information Governance Dept	ICO									To ensure that policies remain fit for purpose and that staff have appropriate direction and information to avoid the risk of data protection breaches, the organisation should ensure that they are subject to timely routine review.										
	Information Governance Dept	ICO									To ensure that staff are fully aware of the responsibilities regarding IG, the organisation should consider means by which assurance can be given that staff have read appropriate policies and therefore are aware of organisational requirements and their responsibilites										
	Information Governance Dept	ICO									To ensure that staff receive the appropriate level of IG training for their role, regular training needs analysis should be undertaken in order to inform the IG training programme										

Dept	Body	Recommendation
Information Governance Dept	ICO	In order to ensure that specialised roles with IG responsibility have received appropriate training to carry out their role effectively, a training needs analysis for these roles should be undertaken. To ensure that training requirements for staff with specialised DP roles are recognised and formalised, these should be included in all job descriptions of roles with IG responsibilities. This should ensure that staff can carry out their roles effectively
Information Governance Dept	ICO	The organisation should provide detailed information about how compliance with data protection policies and procedures is to be monitored to give assurance regarding observance.
Information Governance Dept	ICO	To ensure that management have a complete picture of performance and compliance, and provide assurance that the organisation is complying with the relevant legislation, the reporting of KPIs relating to records management should be reinstated
Information Governance Dept	ICO	The organisation should ensure that all areas have carried out comprehensive data mapping exercises to ensure that the there is a clear understanding and documentation of information processing in line with the requirements of the organisation's IG policy and national legislation.
Information Governance Dept	ICO	The organisation should ensure that it has a complete ROPA which includes all the information required by the legislation, so they are aware of all information held and the flows of information within the organisation, and have assurance that the record is an accurate and complete account of that processing.
Information Governance Dept	ICO	The organisation should ensure that there is an internal record which documents all processing activities in line with the legislation. This will provide assurance that all information processed is recorded as required by the appropriate legislation.
Information Governance Dept	ICO	The organisation should review the purposes of processing activities to ensure that they identify and document a lawful basis for general processing and an additional condition for processing criminal offence data, and therefore obtain assurance that they meet their obligations under the current legislation. The organisation should ensure that it documents the reasons for
Information Governance Dept	ICO	The organisation should document its lawful bases for processing special category data is correct based on the requirements of Article 9 of the GDPR and Schedule 1 of the DPA 2018 to provide assurance that it has appropriately considered how a determination was reached.
Information Governance Dept	ICO	The organisation should ensure that there is an APD in place to define which schedule 1 conditions are relied on, so that the organisation is in compliance with the legislation. In order to ensure compliance with the legislation, the organisation should further: Create an APD which considers what procedures are in place to ensure compliance with the Article 5 principles of GDPR. Ensure the APD considers how special category data will be treated for retention and erasure purposes Ensure the APD defines a responsible individual for the processing activity
Information Governance Dept	ICO	In order to be sure that it is keeping to data protection legislation by providing accurate processing information, the organisation should ensure that only current and accurate privacy information containing all the information as required under Articles 13 & 14 of the GDPR is available on its website.
Information Governance Dept	ICO	The organisation should ensure that there is a process in place to provide privacy information to individuals if personal data obtained from a source other than the individual it relates to. This should be recorded on privacy information to make sure that the organisation is fulfilling its obligations in regard to the data which it processes.
Information Governance Dept	ICO	The organisation should consider additional means in which privacy information can be promoted or made available to individuals, to ensure that it does not rely on passive communication which risks individuals not being made aware of how their data is processed. This would help ensure that the a organisation is not in breach of legislation.
Information Governance Dept	ICO	To ensure that privacy information is available to all areas of the population the organisation must consider means of providing information to those who may not understand the standard notice. This would help ensure that the a organisation is not in breach of legislation, and all data subjects can understand the provided privacy information.
Information Governance Dept	ICO	In order to ensure that the privacy information is effective, the organisation should consider means to evaluate how effective it is by means of user testing or evaluation of complaints. This would provide the organisation with assurance that they were effectively providing privacy information as required by the legislation. A log of historical Privacy Notices should be maintained to allow a
Information Governance Dept	ICO	The organisation should ensure that all staff receive regular training and refresher training on fair processing policies and privacy information.
Information Governance Dept	ICO	The organisation should ensure that it has documented what information needs to be given to the ICO in the event of a reportable data breach. This will provide assurance that breaches are being reported in accordance with the legislation.
Information Governance Dept	ICO	To ensure that the organisation notifies individuals appropriately where there their personal data has been breached, the organisation should ensure that there is a documented procedure to ensure that the following is included in all breach reporting: the DPO details, a description of the likely consequences of the breach and a description of the measures taken to deal with the breach (including mitigating any possible adverse effects). This will help the organisation keep to the legislation when informing individuals about a data breach.

Information Governance Dept	ICO										Retained data should be reviewed on regular basis to identify any opportunities for minimisation or pseudonymisation of data to provide assurance for the organisation that they process the least information possible in line with the legislation.									
Information Governance Dept	ICO										To ensure that the IAO function is effective, the organisation should formalise the appropriate level of access which IAOs have to the SIRO and DPO, and ensure that designated IAO responsibility is included in job descriptions. This will provide assurance to the organisation that the IAOs are able to effectively carry out their role in the risk management process as required in legislation.									
Information Governance Dept	ICO										The organisation should ensure that all staff with specific information risk roles receive regular training to provide assurance that they are able to carry out their roles effectively with regard to information risk.									
Information Governance Dept	ICO										To ensure that staff with specific risk management roles are fulfilling those roles effectively, the organisation should formalise means by which IAOs are routinely consulted on project and change management processes s and attend or are able to feed into IG meetings. This will provide assurance that they are carrying out their roles in relation to risk management effectively and thereby reduce the risk of a breach of legislation through information risk not being handled properly.									
JOINT EDUCATION ACCREDITATION COMMITTEE																					
Specialist Services	Haematology	JACIE	South Wales BMT Programme	6th edition of JACIE standards	Stuart Walker	QSE Committee	Keith Wilson	1460	4-5/02/2019	01.02.2023	Minor deficiencies noted	01.10.2019	1								
MHRA																					
CD&T	Lab Med	MHRA	Blood transfusion (BSQR)	Blood and Safety Quality Regulations	Fiona Jenkins	QSE Committee	Andrew Gorringe/Alun Roderick	365	4-5/03/2020	no date set	6 others and 1 comment	31.03.2021	1	Descalated from MHRA Inspection Action Group March 2020							
CD&T	Pharmacy	MHRA	Pharmacy SMPU	Good manufacturing practice (GMP) and good distribution practice (GDP)	Stuart Walker	QSE Committee	Darrel Baker	365	18.02.2020	18.02.2021	1 major 10 others	31.03.2021	2		92%	32	4	22	15	88	2

Division	Department	Regulator	Service	Standard	Lead	Committee	Responsible	Frequency	Last	Next	Findings	Action closed	RAG	Notes	%						
	Pharmacy	MHRA	Pharmacy UHL	Good manufacturing practice (GMP) and good distribution practice (GDP)	Stuart Walker	QSE Committee	Darrel Baker	365	23.07.2019	23.07.2020	3 majors 2 others	31.03.2020	2	Descalated from MHRA Inspection Action Group 1st July 2020	76%	150	44	334	5	108	2
CD&T	Medical Physics	MHRA	Radiopharmacy	Good manufacturing practice (GMP) and good distribution practice (GDP)	Fiona Jenkins	QSE Committee	Andrew Wood/Kathy Ikin	730	23.07.2019	no date set	5 majors, 2 others	tbc with regulator	1	Descalated from MHRA Inspection Action Group 1st July 2020	82%	150	12	137	0	0	2
CD&T	Medical Physics	MHRA	Medical Physics	Lasers, intense light source systems and LEDs – guidance for safe use in medical, surgical, dental and aesthetic practices 2015.	Fiona Jenkins	QSE Committee	Andrew Wood/Kathy Ikin	ad hoc	02.01.2011	no inspection notified	No inspection to date in this area	n/a	n/a		75%	121	11	195	0	0	0
CD&T	Medical Physics	MHRA	Medical Physics	Safety Guidelines for Magnetic Resonance Imaging Equipment in Clinical Use 2015.	Fiona Jenkins	QSE Committee	Andrew Wood/Kathy Ikin	ad hoc	03.01.2011	no inspeciton notified	no inspection to date in this area	n/a	n/a								
CD&T	Medical Physics	MHRA	Medical Physics	Managing Medical Devices 2015	Fiona Jenkins	QSE Committee	Andrew Wood/Kathy Ikin	ad hoc	05.01.2011	no inspeciton notified	no inspection to date in this area	n/a	n/a								

NATURAL RESOURCES WALES

Division	Department	Regulator	Service	Standard	Lead	Committee	Responsible	Frequency	Last	Next	Findings	Action closed	RAG								
CD&T	Radiology	NRW	Radiology UHL	Environmental Permitting (England and Wales) Regulations 2016 Permit HB3393NA (Sealed Source Cat 5)	Fiona Jenkins	QSE Committee	Andrew Gordon/ Lesley Harris	1461	12.02.2020		none	compliant n/a	1								
CD&T	Radiology	NRW	Radiology UHL and Theatres (unable to seperate visit and report) Permit HB3393NC (Open	Environmental Permitting (England and Wales) Regulations 2016	Fiona Jenkins	QSE Committee	Andrew Gordon/ Lesley Harris	730	12.02.2020		Radiology - 3 actions - completed 0 non compliance	13.03.2020	1								
CD&T	Radiology	NRW	Radiology UHW, Medical Physics, Radiopharmacy, Pathology & InVitro Lab (unable to	Environmental Permitting (England and Wales) Regulations 2016 Permit 783793ND (Open	Fiona Jenkins	QSE Committee	Andrew Gordon/ Lesley Harris	730	30.04.2019		Radiology - 1 action, completed 1 recommendation, completed	01.05.2019	1								
CD&T	Radiology	NRW	Radiology UHW, Medical Physics, Radiopharmacy, Pathology & InVitro Lab (unable to seperate visit and	Environmental Permitting (England and Wales) Regulations 2016 Permit CD9437 (Sealed Sources CAT 5)	Fiona Jenkins	QSE Committee	Andrew Gordon/ Lesley Harris	1461	30.04.2019		Radiology - None	Compliant n/a	1								

OFFICE FOR NUCLEAR REGULATION

Division	Department	Regulator	Service	Standard	Lead	Committee	Responsible	Frequency	Last	Next	Findings	Action closed	RAG								
	Medical Physics	Office for Nuclear regulation	Medical Physics	The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009	Fiona Jenkins	QSE Committee	Andrew Wood/Kathy Ikin	185 (Twice Yearly)	17.03.2017		4 non conformances, 3 recommendaitons	01.05.2017	1								

QUALITY IN PRIMARY IMMUNODEFICIENCY SERVICES

Division	Department	Regulator	Service	Standard	Lead	Committee	Responsible	Frequency	Last	Next	Findings										
Specialist Services	Immunology	Quality in Primary Immunodeficiency Services (QPIDS)	Immunology	Quality in Primary Immunodeficiency Services Standards	Stuart Walker	QSE Committee	Stephen Jolles/Richard Cousins	365		01.10.2019											
Specialist Services	Immunology	Quality in Primary Immunodeficiency Services (QPIDS)	Immunology	Quality in Primary Immunodeficiency Services Standards	Stuart Walker	QSE Committee			01.10.2019		Accreditation declined										

RESEARCH AND DEVELOPMENT

	Haematology	Research and Development			Stuart Walker	QSE Committee															

UKAS

Division	Department	Regulator	Service	Standard	Lead	Committee	Responsible	Frequency	Last	Next	Findings	Action closed	RAG		%						
Exec	Institute of Medical Genetics	UKAS	Institute of Medical Genetics, UHW	ISO 15189	Fiona Jenkins	QSE Committee	Lisa Grffiths		29.05.2020	no date set	No findings/non-conformances were raised, so there is no improvement action report		1								
CD&T	Biochemistry	UKAS	Cellular Pathology/ (Mortuary - UKAS)	ISO 15189	Fiona Jenkins	QSE Committee	Adam Christian Scott Gable Sally Jones	365	23-29/03/20	no date set	31 Mandatory findings 31 Evidence required 11 Action recommended	closed 2/8/20202	1								
Specialist Services	ALAS	SGS/UKAS	ALAS (CAV)	ISO 9001:2015	Fiona Jenkins	QSE Committee	Paul Rogers	185 (Twice Yearly)		01.01.2020	2 x Major Corrective Actiions, 1 X Minor Corrective Action, Several Opportunities for Improvement	06.09.2019	1								
Surgical Services	Perioperative	SGS/UKAS	SSSU	ISO 13485:2016	Fiona Jenkins	QSE Committee	Clare Jacobs	365	01.01.2019	01.09.2020	3 minors	01.01.2020	1								
Surgical Services	Perioperative	SGS/UKAS	HSDU	ISO 13485:2017	Fiona Jenkins	QSE Committee	Mark Campbell	365	07.08.2019	01.08.2020	2 minors	07.08.2020	1								
Specialist Services	Haematology	SGS/UKAS	Haematology/Blood Transfusion (UKAS)	ISO 15189:2012	Fiona Jenkins	QSE Committee	Alun Roderick	N/A	06.11.2019	N/A	Accreditation extra visit: Action Mandatory x 2 Require Evidence to UKAS x 1 Action Recommended x 1	6.12.19	1								
Specialist Services	Medical Genetics	SGS/UKAS		ISO 15189:2012	Fiona Jenkins	QSE Committee	Peter Thompson		2 and 5/11/19		Action Mandatory x 14 Require Evidence to UKAS x 14 Action Recommended x 5	5.12.19	1		100%	0			0	0	
CD&T	Haematology	UKAS	Phlebotomy (UKAS)	ISO 15189	Fiona Jenkins	QSE Committee	Andrew Gorringe/Alun Roderick	365	31/03/20 - 7/04/20	19.04.2021	included in Haematology findings above	05/05/2019//	1		100%	0	0	0	0	0	2
CD&T	Biochemistry	UKAS	Biochemistry (UKAS) ISO 15189		Fiona Jenkins	QSE Committee	Carol Evans/Nigel Roberts	365	04.12.2019	07/12/2020 to 11/12/2020	25 findings	16.02.2020	1		100%	0	0	0	0	0	2
CD&T	Biochemistry	UKAS	Specimen Reception (UKAS)	ISO 15189	Fiona Jenkins	QSE Committee	Carol Evans/Nigel Roberts	365	04.12.2019	07/12/2020 to 11/12/2020	2 findings and 1 reccomendation Included in findings of Biochemistry UKAS	16.02.2020	1								
CD&T	Lab Med/Haematology	UKAS	Haematology/ Blood Transfusion laboratory	ISO 15189	Fiona Jenkins	QSE Committee	Alun Roderick Vicky Cummings Rachel Borrell	365	31/03/20 - 7/04/20	19.04.2021	4 mandatory findings 4 evidence required	18.05.2020	1								

WELSH WATER

		Welsh Water			Abigail Harris	Health and Safety															

WSAC

Division	Department	Regulator	Service	Standard	Lead	Committee	Responsible	Frequency	Last	Next	Findings	Action closed	RAG								
	Audiology	WSAC	audiology - adults	audiology quality standards	Fiona Jenkins	QSE Committee	Lorraine Lewis	1095	01.06.2019	01.06.2022	compliant with 8 of 9 standards and meeting 85% target	12.07.1905	1								
	Audiology	WSAC	Newborn hearing screeing wales	audiology quality standards	Fiona Jenkins	QSE Committee	Jackie Harding	730	01.06.2018	01.06.2020	80% target met in all standards and 85% overall target met	01.01.2019	1								
	Audiology	WSAC	audiology - paediatrics	audiology quality standards	Fiona Jenkins	QSE Committee	Jackie Harding/Rhian Hughes	730	01.06.2018	01.06.2020	80% target met in all standards and 85% overall target met	12.07.1905	1								

WEST MIDLANDS QRS

Division	Department	Regulator	Service	Standard	Lead	Committee	Responsible	Frequency	Last	Next	Findings	Action closed	RAG								
Specialist Services	Haematology	West Midlands QRS	Red Cell Service (Clinical Haematology)	Published by Thalassaemia and Sickle Cell Society (2018)	Medical Director	QSE Committee	Jonathan Kell (Lead) Clare Rowntree (Clinical Director)	1095	01.10.2019	01.10.2022	In need of investment from WHSSC and ini stafff	01.12.2019	1								

Critical Comment	completion	Documents	Audit Compliance	Audit overdue	CAPA	Capa overdue	incidents	Incident overdue	Critical	compliance score	Days since last inspection	Inspection liklihood Red	Inspection Liklihood Amber	Inspection liklihood green	Overall inspection liklihood

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RPAs and RPSs appointed, Local Rules written etc etc. UHB Ionising Radiation Risk Management Policy and Procedures to be completed. RPA audits complete. Radiation risk assessments complete.	0	0	0	10	10	10	10	10		40	#REF!	#REF!	#REF!	#REF!	#REF!
Need to review the state of implementation in the UHB.	0	0	0	10	10	10	10	10		40	#REF!	#REF!	#REF!	#REF!	#REF!
Need to review the state of implementation in the UHB. Includes MRI.	0	0	0	10	10	10	10	10		40	#REF!	#REF!	#REF!	#REF!	#REF!

HTA compliance submission received by HTA 20/09/19. Awaiting feedback from HTA.															
	20	20	0	0	10	0	10	10	0	70	#REF!	#REF!	#REF!	#REF!	#REF!
	20	20	10	10	0	0	10	10	0	80	#REF!	#REF!	#REF!	#REF!	#REF!

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Awaiting to hear the inspection regime from MHRA to confirm with changes in the Medical Devices Regulations due to come into force in May 2020.															
BTL's bimonthly MHRA monitoring has now finished.	0	0	10	0	10	10	0	0	0	30	#REF!	#REF!	#REF!	#REF!	#REF!

Description										Total					
Gold command in place to address findings of MHRA inspection	0	20	0	0	0	0	10	0	0	30	#REF!	#REF!	#REF!	#REF!	#REF!
Gold command in place to address findings of MHRA inspection	20	20	10	0	0	0	10	10	0	70	#REF!	#REF!	#REF!	#REF!	#REF!
	0	0	0	0	0	0	10	10	0	20	#REF!	#REF!	#REF!	#REF!	#REF!
LPAs appointed and laser safety audits performed.	0	0	0	10	10	10	10	10		40	#REF!	#REF!	#REF!	#REF!	#REF!
Need to review the state of implementation in the UHB. No MR Safety Expert appointed.	0	0	0	10	10	10	10	10		40	#REF!	#REF!	#REF!	#REF!	#REF!
No local RWA. RWA audits complete. Support being given from Velindre NHS Trust	20	0	0	10	10	10	10	10		60	#REF!	#REF!	#REF!	#REF!	#REF!
DGSA appointed. DGSA audits performed.	20	0	0	10	10	10	10	10		60	#REF!	#REF!	#REF!	#REF!	#REF!

had an unnanounced audit on the 24/10/2019. 1 major and 5 minors. The 1 major hase been blosed and 3 of the 5 minors have been closed.

unnanouned audit on the 07/08/2019. 2 minors both closed out. One minor was for the intranet web page for sterlie services needed to be updataed. We removed the page and waiting from the intranet team to add a new one.

Information Governance Audit Work Plan February 2021

UHB Ref:	ICO Ref:	Priority	Recommendation	Action	Current Status/Completion Date
R1	A9	High	The organisation should ensure that it has a complete ROPA which includes all the information required by the legislation, so they are aware of all information held and the flows of information within the organisation, and have assurance that the record is an accurate and complete account of that processing.	Ensure that a ROPA is undertaken in line with Art 30 of the GDPR.	Complete A register exists which contains details of all UHB processing where another party is involved, In addition to this Clinical Boards/Directorates/Corporate departments maintain live IAR which are collected centrally by the UHB's IG Department.
R2	A2	High	To ensure that policies remain fit for purpose and that staff have appropriate direction and information to avoid the risk of data protection breaches, the organisation should ensure that they are subject to timely routine review.	All D&HI policies to be reviewed and updated if necessary.	In Progress. All out of date IG related policies have been identified and are in the process of being reviewed. Competition date: Q4 2020/21
R3	A3	Medium	To ensure that staff are fully aware of the responsibilities regarding IG, the organisation should consider means by which assurance can be given that staff have read appropriate policies and therefore are aware of organisational	All supervisors and managers contacted to ensure staff are reminded of their responsibility to read and be	In Progress. Email to be sent to all supervisors and managers as part of the IG training engagement plan. Anticipate Q4 2020/21

			requirements and their responsibilities	compliant with the IG Policy.	
R4	A19	High	The organisation should ensure that all staff receive regular training and refresher training on fair processing policies and privacy information.	The UHB will speak to NWIS regarding national e-learning module to understand whether training on fair processing can be incorporated. The IG department will also add guidance to its internal webpage for staff engaging with patients.	In Progress. Anticipated completion by start of Q4. NWIS contacted regarding updating provisions of national mandatory e–learning.
R5	A6	High	The organisation should provide detailed information about how compliance with data protection policies and procedures is to be monitored to give assurance regarding observance.		Complete IG Policy has been reviewed and statement added to provide detail on how compliance will be monitored.

Report Title:	**Digital Delivery Programme – Exception & Issues Report**				
Meeting:	Digital and Health Intelligence Committee			**Meeting Date:**	11th February 2021
Status:	**For Discussion**	**For Assurance**	**For Approval**	**For Information**	**X**
Lead Executive:	**Director of Digital and Health Intelligence**				
Report Author (Title):	**Director of Digital and Health Intelligence Assistant Director of IT**				

Background and current situation:

This paper provides a high level exception report on the high priority programmes within CAV UHB's IT Delivery Plan.

The UHB has a constantly evolving 3 year strategic outline plan for informatics development designed to underpin delivery of our emerging digital strategy, IMTP, transformation programme and the Welsh Government's Healthier Wales and Informed Health and Care policies and strategies.

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

Exception items raised for noting:

High level issues to report to the DHIC:

Personal Health Record (PHR) onboarding process finalised. External and internal comms plans completed; patient facing comms including DPA and letters reviewed by Patient Experience team; DPIA and DPA are with CIO pending conclusion of their review. The current contract expires at the end of March 2021 and a procurement exercise is underway.

The current wave of pandemic has required specialty staff to be diverted away from clinic areas. As such, the majority of work is on hold pending capacity in clinics to complete.

Data to knowledge programme: The pandemic has resulted in informatics resources being diverted away from routine work and development requests. The BI function is largely focusing on providing data to the Lightfoot SfN system, most recently large Mental Health data sets covering all activity types held in Paris. Significant additional CRT data has been added to the existing data feed to enable new data capture on Paris to be reported. Radiology and Adastra (OOH) data was originally sent to Lightfoot in September last year and Radiology viewers are due to go live on 4th February.

The mass vaccination programme has required significant informatics support both in modelling

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data and providing reports and visualisations. Two fulltime staff members are being dedicated to supporting this work stream and it is anticipated this will continue for at least until 15th February and possibly beyond.

WCCIS: WCCIS continues to fall functionally short of the procurement SoR, as well as UHB requirements. A roadmap for delivery of some relevant functionality (supporting the ABHB implementation of WCCIS for Mental Health services) has been produced. National programme focus for 2021 is on the immediate hardware upgrade, database upgrade, and on subsequent re-establishment of a functional delivery plan. The UHB commitment to adopt WCCIS at a point when it is functionally mature still stands, but it is not possible to put a date against this.

WG Digital Funding Programme 2020/21:   The UHB has been successful in gaining WG Digital Funding against WG capital slippage allocation for 20/21 of £500K to further support the Win10 programme.   The breakdown of allocated spend is in the following areas:

- Replacement of Win10 devices installed in the New Lakeside Wing
- Supplementing Win10 replacement programme to enable additional variety of devices to support Digital Transformation and mobilisation

A spend programme is underway working closely with procurement and the finance department to ensure all orders are complete and receipt of goods can be achieved prior to end of financial year March 31st 2021.

Windows 10 upgrade programme: The original plan to commence deployment of the Win 10 programme was April 2020, however due to Covid pressures within the department the programme was put on hold. Work has recommenced and the following pilots have been deployed:

- Pharmacy
- Glamorgan House
- Capital and Estates
- Childrens Hospital Outpatients department

A consultation process was undertaken with all Clinical Boards to establish their departmental priorities, this is now being incorporated into and overall plan with Clinical services being the priority. Please see attached **appendix 1** for further detail.

Office 0365 Programme: Migration of email inboxes is 89% complete with follow-up work needed to migrate remaining shared mailboxes and a final batch of user accounts. Short-term business cases have enabled resource to be brought in to support mobilisation, sharepoint (as an intranet) and app proxy and virtual desktop functionality. Resource is yet to be identified to support configuration and adoption of the power platform (PowerBI, Power Automate, Power Apps). A proposal to establish a permanent Office 365 resource with substantive posts is being developed.

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Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

WCCIS: assurance is provided through ongoing local and regional involvement in national programme groups, including the new Service Management Board.

Windows 10 Upgrade: A programme has commenced, facilitated by WG Digital funding, to deliver this during 2021. A UHB programme board (the Capabilities Channel Programme Board) has been established to provide assurance on progress.

WG Digital Funding Programme 2020/21: Plans are in place with Finance and Procurement to take forward the components outlined in the programme for 2021 in line with the financial year end requirements.

Office 0365 Programme: The UHB is working with the National 0365 programme board on planning arrangements to migrate to 0365 and a UHB 0365 Project Board has been established.

Recommendation:

The Committee is asked to:

- NOTE the areas of exception which require further attention and consideration.

Shaping our Future Wellbeing Strategic Objectives			
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X
Five Ways of Working (Sustainable Development Principles) considered			
Please tick as relevant, click here for more information			

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Prevention		Long term		Integration		Collaboration	X	Involvement	
Equality and Health Impact Assessment Completed:		Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*							

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Cardiff and Vale University Health Board Windows 10 Rollout Programme Update January 2021

Khan Rai
02/11/2021 09:20:36

The Windows10 Rollout Programme

- **Background**
  - Funding secured from Welsh Government March 2020
  - Windows 7 will be a cyber security threat at the end of 2021
  - 11,000 devices will require upgrading or replacement
  - Devices purchased in Feb/March 2020
  - Widows 10 team set up spring 2020
  - Managed service with Dell agreed Feb/March 2020
  - Mobile devices procured were all redeployed to meet COVID challenges
  - Windows 10 Programme re-started after COVID delay final technical build Jan 2021

Khan Rai
02/11/2021 09:20:36

The Windows10 Rollout Programme

- **User Benefits**
  - Significant performance improvements where logon and logoff times will be faster by a factor of 10
  - New Microsoft browser that improves browser based application performance & increases application compatibility
  - Application performance increases gained from additional memory and processor capacity
  - Reduction in PC crash and not responding instances
  - Cyber security risk avoidance
  - New Microsoft tools provide better IT support for the machines
  - Administration changes in the infrastructure will enable a more agile and supportable future service for users
  - Increased data security with centralised "off PC" storage

Khan Rai
02/11/2021 09:20:36

The Windows10 Rollout Programme

- **Wider Benefits/ Digital Transformation**
  - Community Service new WIFI enabled devices; a major functional upgrade on the Paris only connectivity devices
  - Greatly improved support to mobility with 40% of new devices being laptops with docking stations
  - And finally – the new enhanced infrastructure will provide the platform linking to other key digital initiatives including Teams, O365 and Mobility.

Khan Rai
02/11/2021 09:20:36

The Windows10 Rollout Programme

- **Prioritisation/ongoing consultation**

  - Services engaged in Oct provided priorities; the feedback has been embedded into the programme however there will be more opportunities to review.

  - The programme approach will provide the services with the flexibility to redirect the programme during the rollout

  - On going liaison between the services and the programme is required to be setup

Khan.Rai
02/11/2021 09:20:36

The Windows10 Rollout Programme

- **Priorities**
  - Clinical teams are the priority
    - For delivery efficiency the sites with the largest clinical teams will be highest on the priority list for Dell volume rollouts
    - Below are a list of the sites where the PC numbers are above 100

UHW	4492	St Davids	208
Llandough	1797	Rookwood	181
Woodland	782	Whitchurch	122
CRI	311	Barry Hospital	181

  - UHW and Llandough are huge sites and will be split into subsites
  - Prior to the UHW being approached a number of services will be progressed solely by the CAV W10 team
  - Out Patients clinics will be out of hours deployments
  - There are multiple further sites to be considered that account for less than 5% of the device landscape. These are going to be covered by the CAV W10 team.
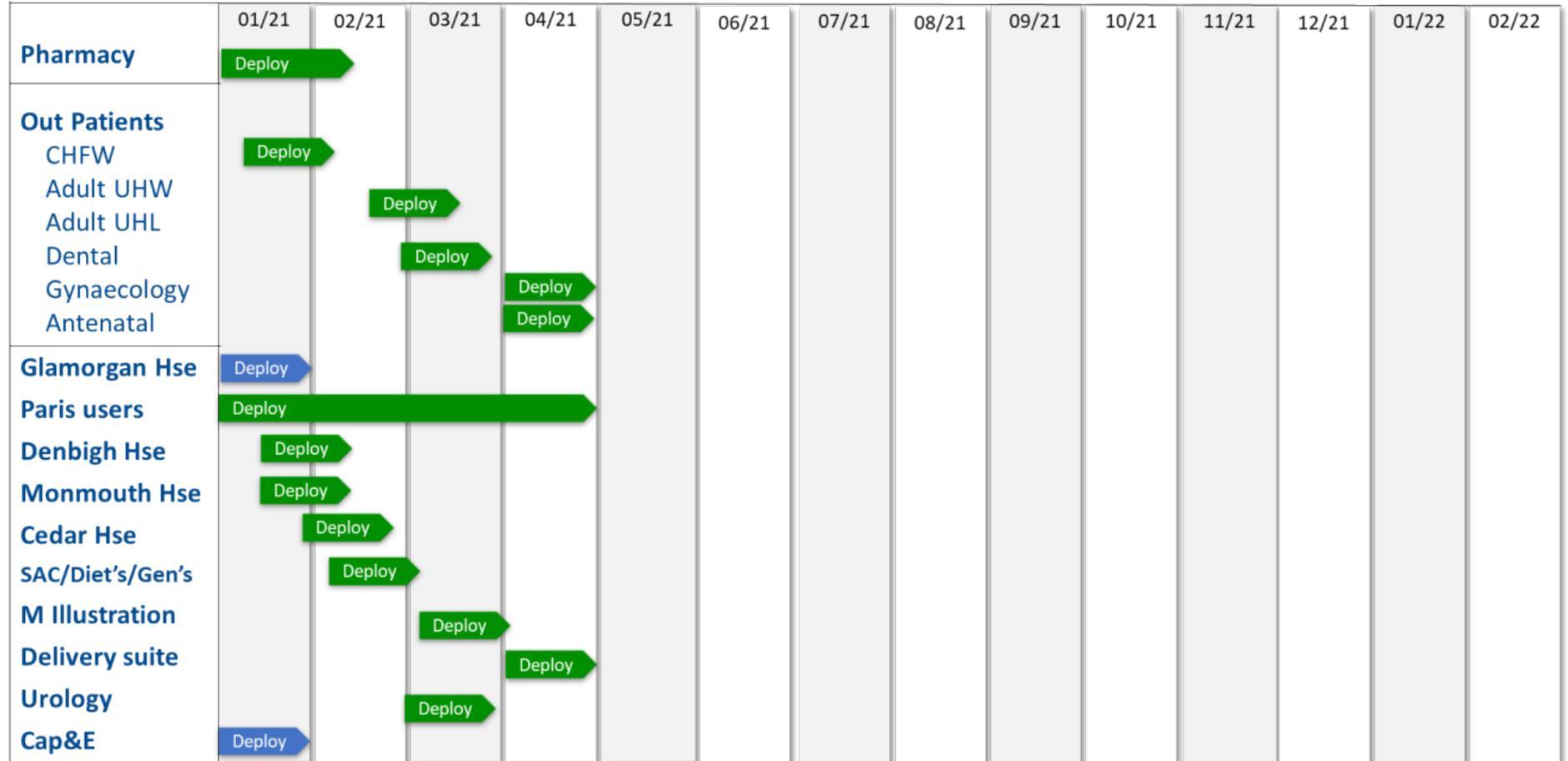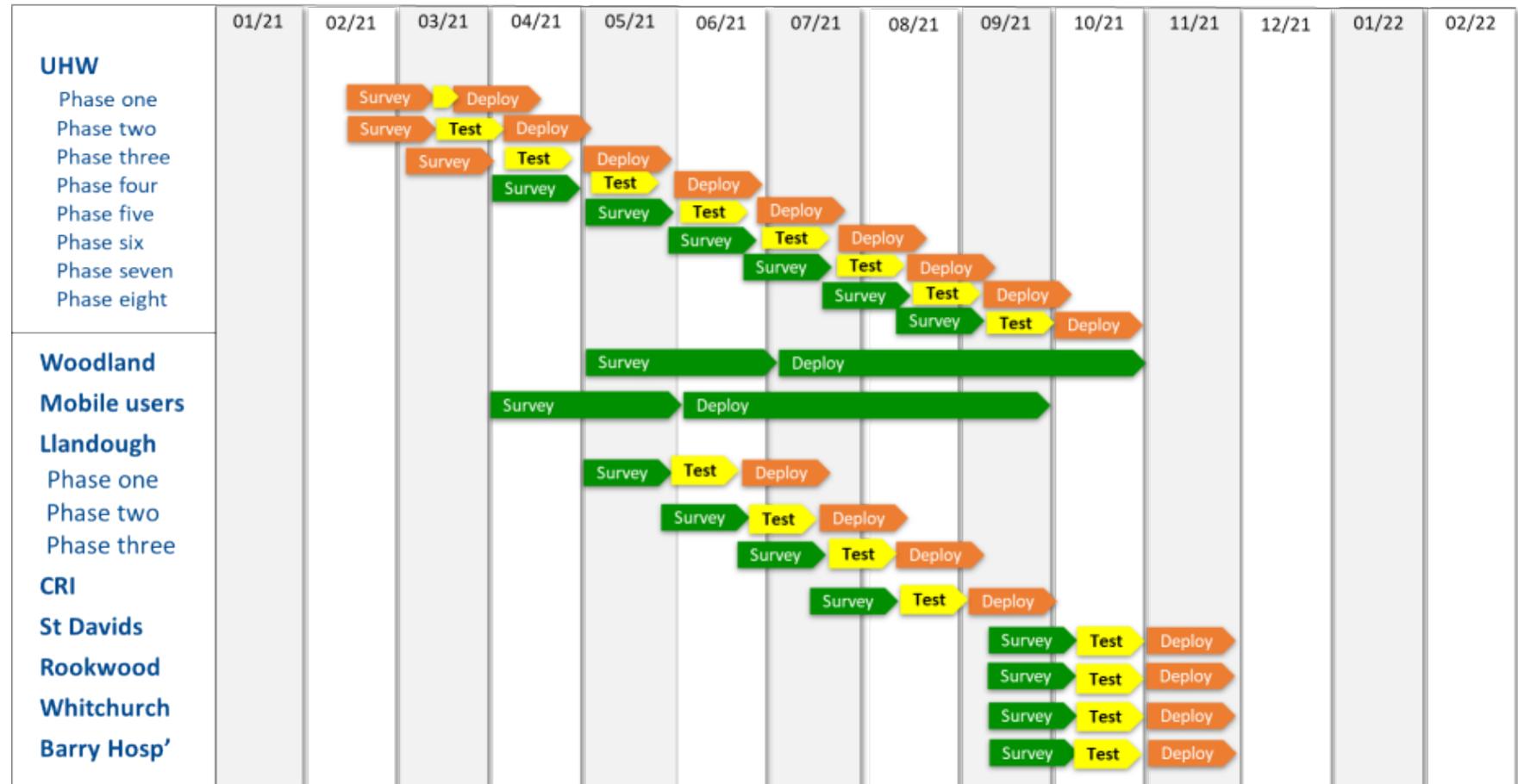
Khan Rai
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The Windows10 Rollout Programme

- **Priorities**
  - Update against clinical teams priorities to be added to the plan next:
    - Emergency Unit – visited 26/2, testing to 12/2 deployment complete by 26/2
    - CD&T Health Records – possible early Dell target
    - CD&T Radiology – engagement started
    - Children and Women NICO - Custom image built, Alison Oliver engaged
    - PCIC COVID testing team (Splott) – follow up to see if this is now met
    - PCIC Community Resource Teams - Widely dispersed; engagement required
    - PICU District Nursing Teams – Widely dispersed; engagement required
    - PCIC Community services – 1200 replacements in flight
    - Medical Respiratory Service – COVID Red zone deployment process required
    - Medical Cystic Fibrosis Service – engagement required
  - Outstanding requests to be addressed as a prioritised workstream
  - Understanding the ongoing clinical priorities and addressing the changes there maybe to the priority landscape is something the programme is keen to take forward with the clinical teams

Khan Rai
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The Windows10 Rollout Programme

- **Approach**
  - The most efficient deployment approach is site by site
  - This is the preferred method of Dell and the CAV Team
  - There are circa 40 sites to be considered
  - The target at peak is to deploy 400 machines per week
  - There are replacement patterns for machines; "replace", "hardware & OS upgrade" or "OS only upgrade"
  - Over a third of new devices will be laptops & docking stations to improve mobility across UHB
  - There will be a T minus process with standard comms provided to the users and team managers
  - Disposal process; machines removed, stored 2-4 weeks, wiped & sold where appropriate

The Windows10 Rollout Programme

- **Approach process**
  - Discovery; user, PC and application
    - Information from a variety of sources compiled into a format for Dell's DMS
  - Physical survey to ensure efficiency; PC locations noted against discovery
    - Capture machine actions including screen requirements
  - Site engagements
    - Communications internally to the sites to inform of the schedule and the expectations
    - Define owners of building areas who can be fully liaised with for agreements to deploy and understand the support process
    - Operational hours considerations established
  - Application modelling of sites from the discovery to ensure application risk profile is understood prior to deployment
  - Detailed site scheduling of machines and application deployments
    - Each site will have machines that follow 3 patterns; "replace", "hardware & OS upgrade" or "OS only upgrade"
  - Test machine introduction to the sites/services for live proving
  - Dell and CAV engineers undertake site upgrades

Khan Rai
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Report Title:	Schedule of Control Documents (Policies & Procedures)					
Meeting:	Digital & Health Intelligence Committee			Meeting Date:	11th Februaury 2021	
Status:	For Discussion	For Assurance	For Approval		For Information	X
Lead Executive:	Director of Digital & Health Intelligence					
Report Author (Title):	Director of Digital & Health Intelligence					

Background and current situation:

The Digital and Health Intelligence Department are responsible for the development, maintenance and review of specific policies and procedures relating to Information Governance and IT Security.

The list of policies and procedures which either need to be updated or deleted as they have been superseded is shown at Appendix 1.

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

Since the last committee, the following 5 documents have been reviewed and updated:

- Data Protection Guidance for Researchers
- Internet and email monitoring, administration and reporting protocol
- Transportation of Personal Identifiable Information
- Information Governance Corporate Training Policy
- Information Risk Management Procedure

Appendix 1 provides a full list of IT and IG policies which are in need of review. The IG/IT Team will undertake the review of the remaining documents on a prioritised basis.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Although the completion of the review of all policies and procedures has been delayed as a result of transfer of Digital resources and priorities to addressing the COVID crisis, 5 policy/procedures have been reviewed and updated.

This objective will be further enhanced by the establishment of the new Information Governance and IT Security team (including Cyber security) within the Digital and Health Intelligence Department.

There remain a number of policies and procedures on the attached appendix which require review as their review date has past. With the establishment of the new team these documents will now be updated in priority order.

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Recommendation:

The Committee is asked to note progress to date and plans to address the review of remaining documents.

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Quarters: **Q4** = Feb-21, Mar-21 | **Q1** = Apr-21, May-21, Jun-21 | **Q2** = Jul-21, Aug-21, Sep-21 | **Q3** = Oct-21, Nov-21, Dec-21 | **Q4** = Jan-22, Feb-22, Mar-22

Committee Meeting Schedule markers: ◆ 01/06 (Jun-21) · ◆ 05/10 (Oct-21) · ◆ 01/02 (Feb-22)

UHB Ref Number	Title of Document	Type of Document	Last review date	New review date	Status/Action	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Detail	Current UHB Approving Group/Committee
										◆ 01/06				◆ 05/10				◆ 01/02			
UHB 006	Data Protection Guidance For Researchers'	Guidelines	07-Dec-2015	07-Dec-2018	Awaiting Publication	◆														Updated with R&D for review	Research Governance Group
UHB 007	Remote Access Software'	Protocol	29-Sep-2010	11-Jan-2012	Awaiting Review		R		C	◆											IGSC
UHB 048	Internet and E-mail Monitoring, administration and Reporting Protocol	Protocol	26-Apr-2011	01-Apr-2014	Awaiting Publication	◆														Updated - awaiting publication	IGSC
UHB 049	Emailing Patients Template Protocol	Protocol	26-Apr-2011	01-Jan-2014	Awaiting Review		R		C	◆											IGSC
UHB 263	Transportation of Personal Identifiable Information	Procedure	26-Feb-2015	26-Feb-2018	Awaiting Publication	◆														Updated - awaiting publication	People, Planning and Performance Committee
UHB 286	Information Governance Corporate Training Policy	Policy	21-Jul-2015	21-Jul-2018	Awaiting Publication	◆														Updated - awaiting publication	People,Performance and Plannig Group
UHB 287	Information Risk Managment Procedure	Procedure	18-Sep-2015	18-Sep-2018	Awaiting Publication	◆														Updated - awaiting publication	IGSC
UHB 288	Data Quality Management Procedure	Procedure	15-Sep-2015	15-Sep-2018	Awaiting Review							R	C	◆							IGSC
UHB 289	Information Asset Procedure	Procedure	22-Jun-2015	22-Jun-2018	Awaiting Review		R		C	◆											IGSC
UHB 290	Personal Information use and Disclosure of and the Duty to Share Guidance	Guidelines	22-Jun-2015	22-Jun-2018	Awaiting Review							R	C	◆							IGSC
UHB 298	Data Quality Policy	Policy	15-Sep-2015	15-Sep-2018	Awaiting Review							R	C	◆							People,Performance and Plannig Group
UHB 301	Information Goverance Operational Management Responsibilities Procedure	Procedure	19-Jan-2016	19-Jan-2019	Awaiting Review							R	C	◆							People, Planning and Performance Committee
UHB 326	Records Management Procedure	Procedure	08-Aug-2017	08-Aug-2020	Awaiting Review		R		C	◆										Review and update with Med Records input	IGSC
UHB 356	Contractual Clauses and Arrangements Procedure	Procedure	22-Jun-2015	22-Jun-2018	Awaiting Review							R	C	◆							IGSC
UHB 357	Clauses within Employment Contracts Procedure	Procedure	22-Jun-2015	22-Jun-2018	Awaiting Review							R	C	◆							IGSC
UHB 421	IT Security off site Mobile Computing Procedure	Procedure	20-Sep-2016	20-Sep-2019	Awaiting Review		R		C	◆											IGSC
UHB 422	Anti Virus Guidance	Guidelines	20-Sep-2016	20-Sep-2019	Awaiting Review		R		C	◆											IGSC
UHB 424	IT Business Continuity Guidance	Guidelines	08-Aug-2017	08-Aug-2020	Awaiting Review								R	C ◆							IGSC
UHB 427	IT Security Equipment Procurement Guidance	Guidelines	20-Sep-2016	20-Sep-2019	Awaiting Review								R	C ◆							IGSC
UHB 428	IT Security Incidents (Breach) Guidance	Guidelines	20-Sep-2016	20-Sep-2019	Awaiting Review		R		C	◆											IGSC
UHB 429	IT Security Software Licensing Procedure	Procedure	20-Sep-2016	20-Sep-2019	Awaiting Review								R	C ◆							IGSC
UHB 254	*I.T Security Policy*	*Policy*	*31-Mar-2015*	*31-Mar-2018*	*Superseded (IG Policy)*															*IG policy covers Information Security*	*IGSC*
UHB 256	*Freedom of Information Policy*	*Policy*	*31-Mar-2015*	*31-Mar-2018*	*Superseded (IG Policy)*															*FOI procedure covers all necessary content and referenced in IG policy.*	*IGSC*
UHB 358	*Information Technology Security Procedure*	*Procedure*	*20-Sep-2016*	*20-Sep-2019*	*Superseded (IG Policy)*															*IG policy covers Information Security*	*IGSC*
UHB 425	*IT Security Internet Use Local Procedure*	*Procedure*	*08-Aug-2017*	*08-Aug-2020*	*Superseded (IG Policy)*															*IG policy covers internet use*	*IGSC*
UHB 426	*IT Security Emails Local Procedure*	*Procedure*	*08-Aug-2017*	*08-Aug-2020*	*Superseded (IG Policy)*															*IG policy covers emails*	*IGSC*

Key

R = Review Period (Min 28 Days 1st Consultation + 10 Days Review 1 + 5

C = Final Draft Approved by Group. Submit to Digital Committee for

◆ = Digital Committee Meeting Schedule

| | | | | | | Q4 | | Q1 | | | Q2 | | | Q3 | | | Q4 | | | | | |
| | | | | | | | | | | ♦01/06 | | | ♦05/10 | | | | ♦01/02 | | | | | |
UHB Ref Number	Title of Document	Type of Document	Last review date	New review date	Status/Action	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Detail	Current UHB Approving Group/Committee	File Location/New Link
UHB 006	Data Protection Guidance For Researchers'	Guidelines	07-Dec-2015	07-Dec-2018	Awaiting Publication	♦														Updated with R&D for review	Research Governance Group	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/d-corporate-policy/eqia-for-data-protection-researchers1-pdf/
UHB 007	Remote Access Software'	Protocol	29-Sep-2010	11-Jan-2012	Awaiting Review			R	C	♦											IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/r-corporate-policy/remote-access-protocol-uhb-v1-pdf/
UHB 048	Internet and E-mail Monitoring, administration and Reporting Protocol	Protocol	26-Apr-2011	01-Apr-2014	Awaiting Publication	♦														Updated - awaiting publication	IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/i-j-corporate-policy/email-internet-monitoring-protocol-uhb-1-pdf/
UHB 049	Emailing Patients Template Protocol	Protocol	26-Apr-2011	01-Jan-2014	Awaiting Review			R	C	♦											IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/e-corporate-policy/email-patient-template-2-pdf/
UHB 263	Transportation of Personal Identifiable Information	Procedure	26-Feb-2015	26-Feb-2018	Awaiting Publication	♦														Updated - awaiting publication	People, Planning and Performance Committee	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/t-corporate-policy/1-14b-transport-of-pii-procedure-pdf/
UHB 286	Information Governance Corporate Training Policy	Policy	21-Jul-2015	21-Jul-2018	Awaiting Publication	♦														Updated - awaiting publication	People,Performance and Plannig Group	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/i-j-corporate-policy/information-governance-training-policyv2-pdf/
UHB 287	Information Risk Managment Procedure	Procedure	18-Sep-2015	18-Sep-2018	Awaiting Publication	♦														Updated - awaiting publication	IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/i-j-corporate-policy/information-risk-management-procedure-new-pdf/
UHB 288	Data Quality Management Procedure	Procedure	15-Sep-2015	15-Sep-2018	Awaiting Review								R	C ♦							IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/d-corporate-policy/data-quality-management-procedure-for-loading-to-internet-pdf-final-pdf/
UHB 289	Information Asset Management Procedure	Procedure	22-Jun-2015	22-Jun-2018	Awaiting Review							R	C	♦							IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/i-j-corporate-policy/information-asset-management-procedure-new-pdf/
UHB 290	Personal Information use and Disclosure of and the Duty to Share Guidance	Guidelines	22-Jun-2015	22-Jun-2018	Awaiting Review							R	C	♦							IGSC	
UHB 298	Data Quality Policy	Policy	15-Sep-2015	15-Sep-2018	Awaiting Review							R	C	♦							People,Performance and Plannig Group	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/d-corporate-policy/data-quality-policy-pdf/
UHB 301	Information Goverance Operational Management Responsibilities Procedure	Procedure	19-Jan-2016	19-Jan-2019	Awaiting Review							R	C	♦							People, Planning and Performance Committee	
UHB 326	Records Management Procedure	Procedure	08-Aug-2017	08-Aug-2020	Awaiting Review		R	C	♦											Review and update with Med Records input	IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/r-corporate-policy/records-management-procedure-igsc-8aug17-pdf/
UHB 356	Contractual Clauses and Arrangements Procedure	Procedure	22-Jun-2015	22-Jun-2018	Awaiting Review							R	C	♦							IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/c-corporate-policy/contractual-clauses-and-arrangements-procedure-for-publishing-pdf/
UHB 357	Clauses within Employment Contracts Procedure	Procedure	22-Jun-2015	22-Jun-2018	Awaiting Review							R	C	♦							IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/c-corporate-policy/clauses-within-employment-contracts-procedure-pdf/
UHB 421	IT Security off site Mobile Computing Procedure	Procedure	20-Sep-2016	20-Sep-2019	Awaiting Review			R	C	♦											IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/i-j-corporate-policy/off-site-mobile-computing-procedure-sept-16-pdf/
UHB 422	Anti Virus Guidance	Guidelines	20-Sep-2016	20-Sep-2019	Awaiting Review			R	C	♦											IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/a-corporate-policy/anti-virus-guidance-procedure-sept-16-pdf/
UHB 424	IT Business Continuity Guidance	Guidelines	08-Aug-2017	08-Aug-2020	Awaiting Review							R	C	♦							IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/i-j-corporate-policy/it-security-business-continuity-guidance-august-2017-pdf/
UHB 427	IT Security Equipment Procurement Guidance	Guidelines	20-Sep-2016	20-Sep-2019	Awaiting Review							R	C	♦							IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/i-j-corporate-policy/im-amp-t-equipment-procurement-guidance-sept-16-pdf/
UHB 428	IT Security Incidents (Breach) Guidance	Guidelines	20-Sep-2016	20-Sep-2019	Awaiting Review			R	C	♦											IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/i-j-corporate-policy/it-security-incident-breach-guidance-sept-16-pdf/
UHB 429	IT Security Software Licensing Procedure	Procedure	20-Sep-2016	20-Sep-2019	Awaiting Review							R	C	♦							IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/i-j-corporate-policy/software-licensing-procedure-sept-16-pdf/
UHB 254	I.T Security Policy	Policy	31-Mar-2015	31-Mar-2018	Superseded (IG Policy)															IG policy covers Information Security	IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/i-j-corporate-policy/cv-ig-policy-v4-pdf
UHB 256	Freedom of Information Policy	Policy	31-Mar-2015	31-Mar-2018	Superseded (IG Policy)															FOI procedure covers all necessary content and referenced in IG policy.	IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/f-corporate-policy/foi-2000-amp-eir-2004-procedure-pdf/
UHB 358	Information Technology Security Procedure	Procedure	20-Sep-2016	20-Sep-2019	Superseded (IG Policy)															IG policy covers Information Security	IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/i-j-corporate-policy/it-security-procedure-pdf/
UHB 425	IT Security Internet Use Local Procedure	Procedure	08-Aug-2017	08-Aug-2020	Superseded (IG Policy)															IG policy covers internet use	IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/i-j-corporate-policy/it-security-internet-use-local-procedure-august-2017-pdf/
UHB 426	IT Security Emails Local Procedure	Procedure	08-Aug-2017	08-Aug-2020	Superseded (IG Policy)															IG policy covers emails	IGSC	https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/i-j-corporate-policy/it-security-email-local-procedure-august-2017-pdf/

Key

R = Review Period (Min 28 Days 1st Consultation + 10 Days Review 1 + 5 Days
C = Final Draft Approved by Group. Submit to Digital Committee for Ratification
♦ = Digital Committee Meeting Schedule

Khan.Rai 02/11/2021 09:20:36

Report Title:	Information Governance Training, Communications and Engagement Plan				
Meeting:	Digital and Health Intelligence Committee			Meeting Date:	11th February 2021
Status:	For Discussion	For Assurance	For Approval	For Information	x
Lead Executive:	Director of Digital and Health Intelligence				
Report Author (Title):	Information Governance Manager				

Background and current situation:

All NHS Wales staff are required to be compliant with their Information Governance mandatory training. This needs to be completed on induction and then every two years thereafter.

Current compliance is 66% against a target of 85%.

Following a number of recent reportable data protection breaches, the ICO has recommended that 'sufficient practical guidance is given to staff in how to comply with data protection legislation'. In addition to this, the Committee has asked for an engagement plan to be presented.

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

An engagement plan will be sent to all UHB supervisors and managers as per Appendix 1.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

UHB supervisors and managers are overall responsibile for staff mandatory training compliance. The Information Governance Department therefore believes that targeting supervisors and managers will be the most effective way of improving overall training compliance. A list of these staff has been provided via ESR and they will receive the message contained within Appendix 1 via email.

The Information Governance Group, comprising the ExecutivesMedical Director, CCIO, SIRO and IG manager, has made the decision to delay sending this email until the spring 2021when competing pressures resulting from the Covid19 pandemic are hopefully reduced.

Recommendation:

The Board is asked to:

- NOTE the proposed engagement plan.

Shaping our Future Wellbeing Strategic Objectives

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click here for more information

Prevention		Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Appendix 1

Dear Supervisor/Manager

You are being contacted because you are recorded in ESR as having either supervisory/managerial accountability. This may mean that you responsible for staff mandatory e-learning compliance.

When reporting data protection breaches to the Information Commissioner's Office (ICO), the UHB is required to notify the ICO whether staff involved in the breach are up to date with their Information Governance training.

Following a number of breaches involving staff who hadn't completed their IG training, the UHB has been advised by the ICO to ensure that sufficient practical guidance is given to staff in how to comply with data protection legislation.

UHB compliance is currently 66%.

If you have staff mandatory training responsibility, please can you ensure that ALL staff under your management are compliant with their IG mandatory training.

The module can be accessed via ESR.

From 1st December 2020, the all Wales intelligent audit solution (NIIAS) has been operational on national IT systems. This has the ability to report potential suspicious activity which may warrant further investigation. Please can you make your teams aware of this ongoing auditing functionality as staff accessing their own records will automatically receive a letter from the Caldicott Guardian.

Khan,Rai
02/11/2021 09:20:36

REPORT TITLE:	IT CAPITAL REPORT January 2021			
MEETING:	CAPITAL MANAGEMENT GROUP		MEETING DATE:	18th January 2021
STATUS:	For Discussion	For Assurance	For Approval	For Information
LEAD EXECUTIVE:	Director of Digital and Health Intelligence			
REPORT AUTHOR (TITLE):	Assistant Director of IT/ Deputy Director			

PURPOSE OF REPORT:

The Capital Management Group is asked to:

- **NOTE** the proposed risk based prioritisation programme in relation to the potential for available UHB Discretionary capital at appendix 1 taking into account now agreed plans to restore budget to £500K in order to address priority 2 deliverables.
- **NOTE and approve where appropriate:** The proposed Digital bids against Welsh Government capital slippage for 2020/21.

SITUATION:

The updated Digital Infrastructure sustainability spend programme has been prioritised on a risk adjusted basis as shown at appendix 1. This programme has been uplifted in line with restored £500K budget to address priority 2 deliverables outlined in appendix 1. This submission now also includes Digital bids for review in relation to Welsh Government Capital Slippage.

BACKGROUND:

The UHB has underinvested in the past in relation to Digital infrastructure sustainability. Capital investment at this level is not sustainable in the longer term and leads to increased risk of failure. and interruption in services. The recent agreed restoration of budget to £500K, although far short of outlined and shared requirements will help address immediate high risk needs. It is therefore vital that Digital bids for WG Capital slippage are given positive consideration. It is also important to note that the Lakeside Wing Digital Devices were provided via the Windows 10 replacement programme. This programme therefore needs to be supplemented to address this deficit in order to facilitate the rollout and is therefore the top priority Digital bid against any WG Capital slippage monies available as shown below.

ASSESSMENT:

In light of the reduced availability of Capital, a review has been undertaken of the "IT Infrastructure risk adjusted replacement programme" (attached as appendix 2). This has been shared with the group previously. A further analysis has been undertaken to identify the highest priority risks within the requirement for 2020/21 such that funding if available both locally and nationally can be allocated

on a risk based priority.

The agreed plan for Digital allocation of Discretionary Capital now that budget is restored to £500K is shown in appendix 1.

Proposals for Digital bids against Welsh Government capital slippage are shown below on a priority basis.

Proposals for Digital bids against Welsh Government capital slippage				
Priority	**Detail**	**Cost**	**Comments**	**Risks**
One	Replacement of Windows 10 devices installed in Lakeside Wing	£100K	Increased pressure on the helpdesk and user problems. Productivity and efficiency will increase hugely for helpdesk and service users.	1. PCs are in their 8th year of operation sometimes and will be "slow" to respond to both Business and Clinical Applications 2. The stock supply has "run-out" 3. The PCs will not be able to be upgraded to Windows 10 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.
One	Supplementing Windows 10 replacement programme to enable additional variety of devices to support Digital Transformation and mobilisation.	£400K	Increased pressure on the helpdesk and user problems. Productivity and efficiency will increase hugely for helpdesk and service users.	1. PCs are in their 8th year of operation sometimes and will be "slow" to respond to both Business and Clinical Applications 2. The stock supply has "run-out" 3. The PCs will not be able to be upgraded to Windows 10 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

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				GDPR and the NIS Directive which carry statutory/mandatory fines of up to €20M.
Two	WiFi Infrastructure improvements	£100K	Supplementary infrastructure to help address WiFi black spots	Failure to provide access to Clinical and Business systems
Three	Virtual Server Farm Infrastructure	£50k	The replacement of 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.
Four	Backup Infrastructure	£50k	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.
Four	Data Network	£50k	To replace the CISCO 3750's that are end of life and cannot be	Failure of a Switch(s) 1. Will be provided with a new switch(s) from

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			"software patched" if/when a "virus" is developed, creating a possible/probable major risk to the UHB.	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.
	Total	**£750k**		

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RECOMMENDATION:

The Capital Management Group is asked to note the IT Infrastructure priority spend programme outlined at appendix 1:

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:				
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report				
1. Reduce health inequalities	√	6. Have a planned care system where demand and capacity are in balance		√
2. Deliver outcomes that matter to people	√	7. Be a great place to work and learn		√
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology		√
4. Offer services that deliver the population health our citizens are entitled to expect	√	9. Reduce harm, waste and variation sustainably making best use of the resources available to us		√
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	√	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives		

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click here for more information

Sustainable development principle: 5 ways of working	Prevention	Long term	Integration	Collaboration	Involvement

EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Not Applicable

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

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APPENDIX 1

Priority IT Infrastructure Plan 2020/21

Priority One			
Detail	**Cost**	**Comments**	**Risk**
Data Network	£50k	To replace 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.
Virtual Server Farm	£100k	The replacement of 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.
Back Up	£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.
Storage	£50k	200Tb of additional Storage. This storage supports the continually	Failure to keep step with storage demand will :

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		expanding use demands on the Health Boards many Services Departmental Applications – both clinical and business applications	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.
Total	**£250K**		

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Priority Two			
Detail	**Cost**	**Comments**	
Virtual Server Farm	£75k	The replacement of 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	£50k	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 Network	£75k	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.
PC;s/Laptops	£50k	Increased pressure on the helpdesk and user problems.	1. PCs are in their 8th year of operation sometimes and will be "slow" to respond to

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		Productivity and efficiency will increase hugely for helpdesk and service users.	both Business and Clinical Applications 2. The stock supply has "run-out" 3. The PCs will not be able to be upgraded to Windows 10 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.
Total	**£250k**		

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APPENDIX 2

IT Infrastructure sustainability plan

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

5 Year Plan

Start Period 2019/20 Financial Year

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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 2019/20.

This plan only considers the End of Life of equipment as at February 2019 and doesn't include any uplift for new services (which would further increase the replacement demand).

All IT equipment is based on the US $ 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 2019/20.

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

Desktops, Laptops and Netbooks Replacement Cost Plan

YEAR	PCs	Netbooks	Laptops	Screens		2% annual increase	Total Required
2019/20	1300	180	150	0	£896,321	£17,926	£914,247
2020/21	1400	180	150	1000	£1,050,038	£21,001	£1,071,039
2021/22	1300	180	150	0	£896,321	£17,926	£914,247
2022/23	1400	180	150	1000	£1,050,038	£21,001	£1,071,039
2023/24	1300	180	150	0	£896,321	£17,926	£914,247
2024/25	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**

Data Network Infrastructure Replacement Cost Plans

YEAR	Data Network	Devices	Unit Cost	Total; cost	2% annual increase	Total Required
2019/20	*Data Switches*					
2019/20	29 series switches	32	£5,000	£192,000	£3,840	£195,840
2019/20	35 series switches	42	£5,000	£252,000	£5,040	£257,040
2019/20	37 series switches	313	£5,000	£1,878,000	£37,560	£1,915,560
2020/21	Firewalls	200	£1,000	£240,000	£4,800	£244,800
	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**

Switchboard Infrastructure Replacement Cost Plan

YEAR	Switchboard	Device	Unit Cost	Total Cost	Total Required
2019/20	UHW/UHL/CRI	1	£225,000	£270,000	£270,000
2020/21	Small Sites	9	£8,000	£86,400	£86,400
2021/22	No EOL	0	0	0	0
2022/23	St David's	1	£60,000	£72,000	£72,000
2023/24	No E0L	0	£0	£0	£0
2024/25	UHW/UHL/CRI	1	£3,000,000	£3,600,000	£3,600,000
Total				**£4,028,000**	**£4,028,000**

Wi-Fi Infrastructure Replacement Cost Plan

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YEAR	Wi-FI Network	Device	Unit Cost	Total Cost	2% annual increase	Total Required
2019/20	No E0L	0	£450	£600	£37,536	£37,536
2020/21	No E0L	0	£450	£540	£37,536	£37,536
2021/22	Access Point 3600	166	£450	£89,640	£37,536	£127,176
2022/23	No E0L	0	£450	£540	£37,536	£37,536
2023/24	No E0L	0	£450	£540	£37,536	£37,536
2024/25	Access Point 1240	510	£450	£275,400	£37,536	£312,936
2024/25	Access Point 1830	97	£450	£52,380	£0	£52,380
2024/25	Access Point 2700	28	£450	£15,120	£0	£15,120
2024/25	Access Point 2800	1166	£450	£629,640	£0	£629,640
2024/25	Access Point 2801	700	£450	£378,000	£0	£378,000
2024/25	Access Point 3700	614	£450	£331,560	£0	£331,560
2024/25	Access Point 3800	13	£450	£7,020	£0	£7,020
2024/25	Access Point Controllers	5	£20,000	£120,000	£0	£120,000
2024/25	Access Point Licences	3500	£80	£336,000	£0	£336,000
Total		**3,128**			**£225,216**	**£2,459,976**

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

**IM&T
Server and Storage Team 5 Year Plan**

IT Infrastructure sustainability plan

Start Period 2019/20 Financial Year

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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 2019/20.

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.

Server

	EOL Vhosts	Server Hardware	Server Software (O/S, Backup licences etc..)	total
2019/20	12	£420,000	£180,000	£600,000
2020/21	12	£420,000	£180,000	£600,000
2021/22	16	£560,000	£240,000	£800,000
2022/23	18	£630,000	£270,000	£900,000
2023/24	18	£630,000	£270,000	£900,000

Replacement Cost Plans

Backup Infrastructure Replacement Cost Plans

	Tape Drives (EOL Replacement)	Backup Disk Arrays	Management Servers	Licences	**Total**
2019/20	£40K (LT06)	£50K	£50K	£10K	**£150K**
2020/21	£90K (LT07)	£90K	£60K	£20K	**£250K**
2021/22	£90K (LT07)	£90K	£70K	£25K	**£275K**
2022/23	£100K (LT08)	£100K	£70K	£30K	**£300K**
2023/24	£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
2019/20	400TB	£250K
2020/21	500TB	£300K
2021/22	750TB	£350K
2022/23	1000TB	£500K
2023/24	1000TB	£500K

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.

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Environmentals Replacement Cost Plans

Year	£
2019/20	£50K
2020/21	£50K
2021/22	£60K
2022/23	£60K
2023/24	£70K

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
2019/20	56 Licences (MS-SQL2005)	£1200	Circa £68K
2020/21	180 Licences (MS-SQL2008)	£1200	Circa £215K

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CAPITAL MANAGEMENT GROUP
MINUTES OF THE MEETING HELD MONDAY 16TH NOVEMBER 2020
VIA MICROSOFT TEAMS

Present:
Abigail Harris, Executive Director of Service Planning (Chair)
Geoff Walsh, Director of Capital, Estates and Facilities
Nigel Mason, Business Manager
Marie Davies, Assistant Director of Strategic and Service Planning
Helen Lawrence, Head of Financial Accounts and Services
Lee Davies, Director of Operations
Clive Morgan, Managing Director of All Wales Medical and Genomics Service
Nigel Lewis, IM&T

In attendance: Zoe Riden-Phillips

1.	**INTRODUCTIONS AND APOLOGIES FOR ABSENCE** Apologies were received from Steve Curry, Christopher Lewis and Fiona Jenkins
2.	**NOTES FROM THE PREVIOUS MEETING** The notes of the previous meeting were accepted as a true and accurate record **2.1 ACTION LOG** **CMG 19/10-01;** It was confirmed that a new location had been identified to relocate the PPE and IM&T equipment from 2nd Floor Lakeside. The Sports and Social Club recreation hall had been agreed as an appropriate solution. Minor estates and IM&T works were required. AH requested that the UHB provide Cardiff University (CU) with a clear indication of timescales. **Action: CMG16/11-01UHB to provide CU with a clear indication of timescales** **CMG 19/10-02:** GW had requested formal response from WG to confirm the outcome of the Academic Avenue Development (AAD) Strategic Outline Case (SOC). At the time of the meeting, no response had been received. **CMG 19/10-03:** NL provided a verbal update of the Windows 10 programme and reported that the upgrade was being launched 10th December 2020 over an 8 month period. Communication would be issued staff wide to provide information on the roll out.

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	11k devices were included within the original scope however, due to the enhanced remote working requirements to support COVID19 it was anticipated that this would increase by 1500 devices. AH was keen that a more focused hot desk solution be identified as currently, many homeworking devices require the desktop device to remain active.
3.	**CAPITAL MANAGEMENT REPORT** **3.1 EXECUTIVE SUMMARY** GW advised the group that the UHB had received an updated Capital Resource Limit (CRL) from WG following the report being finalised and circulated. The CRL included within the report was issued by Welsh Government (WG) dated 23rd October 2020 was £83,059m which included £14,548m Discretionary Allocation, £67,039m approved 'All Wales Capital Funding and The latest CRL issued by WG dated 13th November 2020 was £80,473m which included £14,548m Discretionary Allocation and £65,889m approval 'All Wales Capital Funding and £1,472m 'Forecast Capital Projects without Approved Funding' This reflected the £1,150m slippage money from the Rookwood Relocation scheme which had been returned to WG, as agreed at the previous Capital Review Meeting (CRM). GW had received email confirmation from Ian Gunney, WG, that the £1,150m would be included in 2021/22 CRL allocation. WG had rejected the UHB's proposal to broker the slippage monies from Rookwood Relocation to support the Genomics Business Case development. However, WG had indicated that support would be provided within the financial year following submission of the OBC, anticipated November 2020. **Action CMG16/11-02: GW requested that Management Executives be provided with an update of the outcome, following the recent options paper that was presented and agreed.** The UHB had submitted invoices to a total of £659,602 to WG in relation to the Green Schemes. Regular liaison continued with Horatio's Garden Charity to agree the enabling works package for the Heads of Terms to be finalised. GW raised concerns in relation to the occupation of the building and achieving building control sign off should a further delay be identified. GW reported car parking issues at CRI as a result of the activities at the site. **3.2 PROJECT INITIATION ENQUIRIES** The team had developed desktop budget exercises for a number of Project Initiation Enquiries that had been received. GW confirmed that funding had been identified within the Clinical Board or via Charitable Funds.

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	3.3 REQUESTS FOR URGENT CAPITAL FUNDING The report included an extract of the spreadsheet of the RUC's that had been received and discussed at the CMG Sub Group. • RUC008 – Zoning of the main corridor UHL Green Zones • RUC009 – West 6 Green Zone UHL Both urgent requests were supported by the group. The notes of the CMG Sub Group were included within the report for noting. **3.4 FINANCIAL SUMMARY** In addition to the financial information delivered by GW, NM informed the group of the low risk items with outstanding funding including • £300k CRI Chapel • £600k Rainbow Ward • £839k REFIT programme NM had reinstated £600k funding Estate Compliance Backlog as agreed previously by CMG. A decision was required to reprovide funding to Medical Equipment and IM&T. It was **agreed** that £250k be returned to both areas. No issues were raised with the receipt of funding for the Green Schemes. It was anticipated that all invoices issued to WG would be supported within the financial year.
4.0	**MAJOR CAPITAL REPORTS** **4.1 MATRIX EXCEPTION REPORTING** The high risk schemes included within the schedule were highlighted for noting. **UHW Major Trauma & Vascular Hybrid (MTVH) Theatre (2.1.1)** Redesign and cost of the revised options were being considered. The revised OBC submission to WG was anticipated January 2021. **Haematology (2.1.2)** The scheme was reported on hold however the UHB were required to identify a solution to provide more appropriates accommodation for the BMT/Haematology Ward following the recommendations raised by JACIE.

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Genomics (2.1.3)

Potential delay was reported with the finalisation of the revenue implications and the transfer of costs relating to partner organisations vacating existing accommodation.

Management Executives had agreed, 26 October 2020, to progress at risk with development of the FBC whilst the OBC was undergoing the scrutiny process with WG.

Provision of 2 new theatres in CAVOC UHL (2.1.4)

The SOC remained with WG for scrutiny. GW had followed up for feedback however, no information had been received to date.

Rookwood Relocation (2.1.5)

The monthly cost managers' report indicated a reduction in the projected funding shortfall to £957,852.

Horatio's Garden Charity

Regular meetings and engagement continued with the SRO, Director of CEF and the charity to monitor and resolve any issues.

CRI Block 11&4 2nd Floor

A predicted projected overspend of £42k had been indicated, mainly due to the identification of asbestos.

St Davids Hospital

Discussion with the UHB Legal advisors continued in an attempt to resolve issues relating to amended works instruction proposed by the Special Purpose Vehicle.

Radiopharmacy (2.1.6)

The OBC was scheduled to be presented at UHB Board 26th November 2020 for their approval prior to submission to WG.

Engineering Infrastructure – Substation (2.1.7)

No issues were raised with the development of the BJC. The single point of failure at the UHL site remained high risk.

Childrens Hospital of Wales, Rainbow Ward (2.1.8)

Information on funding approval with Kidney Research Wales (KRW) and the Clinical Board was yet to be confirmed. The tender return was higher than anticipated,
KRW had allocated £600k for the scheme however, and additional £699k was required.

Theatre 0 Sterile Store UHW (2.1.9)

The team were unable to access the area to undertake the works as the Theatre was part of the Green Zone. This continued as a high risk to the UHB as the plant was reported non-compliant.

Maternity Air Plant (2.1.10)

Funding was required to be identified for the replacement of the plant. It was anticipated that the scheme would need to be retendered due to the time which had lapsed since the original tender.

Concourse Stairs UHW (2.1.11)

Funding was being identified for the refurbishment of the main thoroughfare from on concourse stairs up to the ground floor area. The scheme would be funded from backlog maintenance.

Lift 3 Refurbishment (2.1.12)

Refurbishment of the lift was ongoing, delays were identified due to workforce issues and receiving parts.

Mass Vaccination Centres 2.1.13-15)

The Mass Vaccination Centres – Holm View, Pentwyn and Splott Call Handler Centre were being developed at speed.

Lease agreements were required for Holm View and Pentwyn.

Wellbeing Hub at Penarth (2.1.20)

AH ad GW were scheduled to meet to review the design options which had been developed by the design team.

Wellbeing Hub at Maelfa (2.1.21)

A meeting was scheduled 30th November 2020 with the UHB and senior partner GP to discuss and resolve outstanding issues with service charges and the design of the waiting area.

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		The UHB had responded to the majority of the scrutiny questions raised by WG. It was agreed to follow up with information on the services charges following the meeting with the GPs. **CAPITAL DEVELOPMENT SCHEDULE** The full detailed schedule of Major and Discretionary Capital Schemes and Business Cases in development was highlighted for noting within the body of the CMG report. **LETTERS OF APPROVAL** There were no letters of approval received within the reporting month. **ESTATE COMPLIANCE** The Estate Compliance report was highlighted for noting within the body of the report. The section included a summary of the activity within the reporting month and contractor control statistics. There was one advisory issued during September out of thirty eight approaches.
5.0		**MEDICAL EQUIPMENT** CM presented the Medical Equipment report and requested that the group noted the submission that had been received for funding for a Medrad Spectris Solaris EP pump injector MRI Cavoc, UHL @ £27K. Potential revenue to capital opportunities had been developed to support a robotic analyser in the All Wales Medical genomics Service as this was approximately 5 years over its expected life span and would no longer be supported following the UHB transitions to Windows 10. **Action:CMG16/11-03 CM requested to meet with CL to discuss** CM was liaising with Clinical Boards to prepare a priority list for equipment should any slippage money be available at the end of the financial year although it was indicated that such money would not be available this year. GW advised that WG were requesting that all slippage money from capital schemes be returned for reallocation.
4.0		**IM&T** In addition to the update provided at the start of the meeting, NL verbally reported that there were little updates within the reporting month. Following the reallocation of £250k to the IM&T backlog NL confirmed that the following would be progressed: • Data Network - £50k • Virtual Server - £100k • Back up - £50

		• Storage - £50k
		Slippage funds were being addressed should they become available.
5.0	**CRITICAL FRIEND REPORT**	
	AH reported that the 'Critical Friend' report had been received following the audit undertaken on the Lakeside Wing Development by WG.	
	The report gave an overall Amber status rating.	
	Five recommendations were included within the report for the UHB to address.	
	The report was scheduled to return to the Surge Project Board in line with the governance structure and to discuss the decisions around the owner of the recommendations and formal decision making.	
6.0	**ANY OTHER BUSINESS**	
	There was no other business discussed at the meeting	
7.0	**DATE AND TIME OF NEXT MEETING**	
	Monday 21st December 2020, 10am – Microsoft Teams	

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