

Digital Health Intelligence Committee

Tue 05 October 2021, 09:00 - 12:30

MS Teams

Agenda

1. Standing Items

David Edwards

1.1. Welcome & Introductions

David Edwards

1.2. Apologies & Absence


David Edwards

1.3. Declarations of Interest

David Edwards


1.4. Minutes of the Committee Meeting held on 1st June 2021

David Edwards

 1.4 - Draft Public June Minutes - DHIC - 01.06.2021 - V3 - AF.NF.pdf (10 pages)

1.5. Action Log following the Committee Meeting held on 1st June 2021

David Edwards

 1.5 - Public Action Log - DHIC - 01.06.21.pdf (2 pages)

1.6. Chair's Action taken since the Committee Meeting held on 1st June 2021

David Edwards

2. Items for Approval / Ratification

David Thomas

3. Items for Review and Assurance

David Thomas

3.1. Digital Transformation Progress Report (Digital Dashboard)

David Thomas

 3.1 Digital Transformation Progress Report Oct 21.pdf (9 pages)

3.2. Digital Road map Update

David Thomas

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- 3.2 Digital Strategy update.pdf (4 pages)
- 3.2a and 3.3 Update Appendix 1 AP.pdf (10 pages)

3.3. Case for Investment

David Thomas

3.4. Business Case Development Summary

David Thomas

- 3.4 Business Case Development Summary v2.pdf (5 pages)

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

James Webb

- 3.5 IG compliance - Oct 2021.pdf (6 pages)

4. Items for Noting and Information

4.1. Clinical Coding Performance Data

James Webb

- 4.1 Clinica Coding Performance Paper - Oct 2021.pdf (3 pages)

4.2. Joint IMT & IG Corporate Risk Register

David Thomas / James Webb

- 4.2 Joint IMT IG Risk Register Cover.pdf (3 pages)
- 4.2a DHI Combined Risk Register Guidance.pdf (1 pages)
- 4.2b DHI Combined Risk Register Current Risks.pdf (4 pages)

4.3. IMT Audit Assurance Tracker

David Thomas

- 4.3 IMT Audit Assurance Tracker SW.pdf (16 pages)

4.4. IG Audit Assurance Tracker and Work Plan

James Webb

- 4.4 Information Governance Audit Tracker.pdf (2 pages)
- 4.4b Appendix 1 Reg Tracker.pdf (3 pages)
- 4.4c Appendix 1 Regulatory Dashboard.pdf (1 pages)
- 4.4d Appendix 1 Reg tracker Fire.pdf (1 pages)
- 4.4e Appendix 1 Reg tracker HIW.pdf (2 pages)
- 4.4f Appendix 1 Reg tracker Data.pdf (3 pages)
- 4.4g Appendix 2 ICO Action plan.pdf (2 pages)

4.5. IMTP Work Plan Exception Report (Digital Dashboard)

David Thomas

- 4.5 IMT WorkPlan Exception Report.pdf (5 pages)

4.6. Schedule of Control Documents (Policies & Procedures)

David Thomas

Verbal Update

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4.7. Minutes

David Thomas

i) Digital Directors Peer Group

 4.7 ii 210903 Digital Directors Peer Group Notes draft.pdf (4 pages)

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

David Edwards

6. Review of the Meeting

David Edwards

7. Date & Time of next Meeting: Tuesday 1st February 2022 09:00am – 12:30pm

David Edwards

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Unconfirmed Minutes of the Public Digital Health & Intelligence Committee
Tuesday 1st June 2021 9:00am – 12:30am
Via MS Teams

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

DHIC 21/06/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the public meeting and confirmed that the meeting was quorate.	Action
DHIC 21/06/002	Apologies for Absence Apologies for absence were noted.	
DHIC 21/06/003	Declarations of Interest There were no declarations of interest.	
DHIC 21/06/004	Minutes of the Committee Meeting held on 11th February 2021 The Committee reviewed the minutes of the meeting held on 11 th February 2021 The Committee resolved that: (a) The Committee approved the minutes of the meeting held 11 th February 2021 as a true and accurate record.	

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DHIC 21/06/005	<p>Action Log following the Committee Meeting held on 11th February 2021</p> <p>The CC reviewed the action log and confirmed that all actions listed were either complete or on the meeting agenda.</p> <p>The Committee resolved that: The action log updates were received and noted.</p>	
DHIC 21/06/006	<p>Chair's Action taken since the Committee Meeting held on 11th February 2021</p> <p>No Chairs Actions had been taken since the previous meeting.</p>	
DHIC 21/06/007	<p>Information Governance Policy EHIA</p> <p>The Information Governance Manager (IGM) advised that he was satisfied that the Information Governance Policy EHIA was in line with the Health Boards Corporate documents and limited impact had been identified. The IGM sought approval of the EHIA as the final step prior to implementation of the Information Governance Policy.</p> <p>Independent Member – Legal (IM-L) commented that the iteration of the policy shared was an improved version and that he took assurance from the IGM's comments that the process had been worked through more thoroughly.</p> <p>The CC commented that the improvements made strengthened the policy.</p> <p>The Committee resolved that:</p> <p>a) The Information Governance Policy Equality and Health Impact Assessment (EHIA) was approved.</p>	
DHIC 21/06/008	<p>Committee Terms of Reference</p> <p>The Director of Corporate Governance (DCG) highlighted that the terms of reference had taken longer to be shared with the Committee than usual as the previous CC, who departed the Health Board at the end of the previous financial year, felt that the new Chair should have the opportunity to consider the Terms of Reference.</p> <p>The DCG highlighted that the changes for the year were minor and that the tracked changes had been left in the document to clearly show what changes had been made.</p> <p>The DCG reminded members that the Committee had only started to report to the Board just over 12 months ago. Previously the Committee was not a Committee of the board and fed into the Strategy & Delivery Committee. The Terms of Reference were given an overhaul at the time the Committee became a Committee of the Board which was why there were minimal changes.</p> <p>The Director of Digital & Health Intelligence (DDHI) referred to "7.2 - attendance" within the report and suggested the following changes.</p>	<p>Saunders, Nathan 10/05/2021 10:40:41</p>

	<ul style="list-style-type: none"> • Director of Digital Transformation & Informatics – DDHI stated that this post had responsibility for Digital however this was no longer the case and he suggested that the title be replaced with 'Director of Digital Transformation'. • Assistant Medical Director – the Job title should be replaced with Chief Clinical Information Officer <p>The CC confirmed that the Committee was happy for the Terms of Reference to go to the Board following the suggested changes being made.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The changes to the Terms of Reference for the Digital and Health Intelligence Committee were approved. b) The changes to the Terms of Reference were recommended to the Board for approval 	
DHIC 21/06/009	<p>Annual Work Plan</p> <p>The DCG advised that the Annual Work Plan was updated with the Terms of Reference. The work plan would be used at each meeting to formulate the agenda along with any actions that come out from previous meetings.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The Committee Work Plan for 2021/22 was reviewed and approved b) The Committee Work Plan for 2021/22 was recommended to the Board for approval. 	
DHIC 21/06/010	<p>Induction Support for Committee Members</p> <p>The DCG highlighted that there were a number of new Independent Members and that the UHB Chair intended to undertake a review of Committee memberships.</p> <p>The DCG used the agenda item as an opportunity to highlight to Committee members that if any support or training was required for the Committees they sat on, then they should contact her to arrange this.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The Induction Support for Committee Members update was noted. 	
DHIC 21/06/011	<p>Digital Transformation Progress Report (Digital Dashboard)</p> <p>The DDHI advised that the report provided an overview of the progress made on the Digital Dashboard and highlighted that COVID continued to have an impact on the Health Board and the digital and information support that continued to be needed.</p> <p>The CC queried the increase in the network infrastructure to improve performance and whether as a result of the investment in the infrastructure any feedback had been received from staff and patients.</p>	

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	<p>THE DDHI highlighted that the link into Woodland House was upgraded and the impact of that had resulted in a more reliable experience using software such as Microsoft Teams. Similar links into UHL and UHW would be made as well as at other major sites and the expectation was that this would lead to a better quality of service for all staff using broadband and virtual consultations.</p> <p>The DDHI added that his team were building a library of positive feedback to capture good news stories of user experiences with IT and digital.</p> <p>The Director of Digital Transformation (DDT) commented that they had an aged estate which had an impact of what could be achieved in some areas. She added that the Health Board was unlikely to achieve a fully pervasive wireless connection within the current hospital sites but that this had been incorporated into plans for UHW 2.</p> <p>The Committee resolved that:</p> <p>a) The progress across the IT Delivery Programme was noted.</p>	
DHIC 21/06/012	<p>Digital Strategy and Roadmap Update</p> <p>The DDHI advised that the Digital Strategy was approved by the DHIC Committee and Board in July 2020 and his team were putting in place a roadmap to help bring the contents of that Strategy to fruition.</p> <p>The DDT informed the Committee that 5 business cases had been produced (3 of which had been signed off and were moving forward to implementation):</p> <ol style="list-style-type: none"> 1. Scan 4 Safety 2. Electronic Prescribing & Medicines Administration 3. Digital communications 4. Flexible working business case 5. Rationalising Printer Estate <p>The DDT also informed the Committee of a Small Business Research Initiative (SBRI) bid that had been submitted. This concerned a competition which was a call to industry hosted by the Welsh Government Planned Care Board who had set out a broad set of requirements specifically around the backlog of patients and tasked bidders with formulating an innovative solution.</p> <p>The Health Board's bid had not been successful but it had set out a pathway model which would be built upon so that an E-triage, see on symptom pathway, could be developed.</p> <p>The DDT shared a presentation which provided an update on the digital strategy. The DDT also provided a refresher of the governance structure that surrounded the digital strategy delivery which included the roadmap and the Digital Services Management Board which:</p> <ul style="list-style-type: none"> - Reports to the Management Executive and HSMB - Feeds into DHIC for assurance - Is supported by 2 specialist advisory groups 	

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- Incorporated 4 Channel Programme Boards

The DDT presented the 5 year development highlights of the 4 Channel Programme Boards which included developments since 2020 and the things they wish to achieve by 2025. This included:

- Patient Channel Programme Board
 - Virtual Consultations were going very well using a product called Attend Anywhere which was sponsored by Welsh Government
 - Shared Health & Care record – In the community staff were now able to make use of the UHB Paris the Cardiff Council Social Care application to view a patient's whole record.
- Clinicians Channel Programme Board
 - Digital Dictation & Transcription procurement had concluded and would begin to mobilise shortly
 - Scheduling – an initiative within community nursing which would be used to help better match nurses with specific skill sets to a corresponding patient requiring treatment.
 - Electronic patient record – work had concluded by the Solutions Architect who looked into the technical landscape and gave a view on how the Health Board could move to a place where they a fully functional patient record was available.
 - Single sign on – the DDT advised that this remained and always would be an aspiration with benefits coming as a result of using Office 365.
- Capabilities Channel Board
 - Office 365 & Teams – currently being rolled out throughout the organisation
 - Windows 10 Upgrade – this programme continued to be implemented to circa 12,000 devices which physically needs to be updated

The following areas of ongoing work were also highlighted:

- Electronic Test Requesting – Blood requesting uptake had increased from 28.7% to 53% in 2021
- Consultant Connect - 2,060 calls since 1 Jan 2021 (exc EU) & 36% outcomes reported
- PCIC – Circa 400 smart handsets provided to community & primary care staff with a Pilot for 'agile' workforce model.

The CC thanked the DDT for her presentation and queried what areas of work would be undertaken under the Analyst & Platform Channel Programme Board.

The DDT advised that the A&P Board included:

- National Data Repository
- Clinical Data Repository
- Integrated Diagnostics
- Point of Care Testing
- Scan 4 Safety

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	<p>The UHB Vice Chair referred to Consultant Connect and how only 36% of outcomes were recorded and queried whether it would be possible to make it mandatory to record an outcome as 44% of referrals were avoided of the 36% recorded. He added that if all outcomes were recorded this would provide a better indication of the true impact of consultant connect.</p> <p>The DDT advised that this continued to be worked on as there was a need to make it easier for individuals to report outcomes. The work would also form part of the Single Sign on project to avoid clinicians having to sign into more than one system to record data and outcomes.</p> <p>Independent Member – University (IM-U) queried what the key risks to the delivery of the digital strategy were and how they would be managed, as each project had a significant impact for the UHB.</p> <p>The DDHI advised that resource was the biggest issue as it impacted the teams capability and capacity. The DDHI informed the Committee that his team had started to map out what the key benefits of the strategy were and what was preventing them from being able to deliver on some of those things.</p> <p>The DDT added that the physical estate also imposed some limitations on the teams ability to deliver although this was improving through sponsorship from Welsh Government albeit this funding was not planned or sustainable. She added that workforce was also a factor as the new systems required users to be confident and competent using new products. The pace of the technology change was also a factor to consider as by the time some projects were implemented the technology could already have changed so there was a need to plan strategically. She added that Cyber treats were also a risk to the organisation and were expected to be a long term issue.</p> <p>The Defuty Director of Finance (DDF) commented that the funding received from Welsh Government had been applied to the best of their ability to support ongoing works in the digital arena. He highlighted that circa £3.5 Million had been spent in capital the previous year. The DDF added that he and the DDT had made some investments in preparation for business cases the previous year which set out both resource realeasing and non resource releasing productivity benefits. They were now aiming to manage the resource releasing in order to pay for the resource consuming business cases and were trying to align them to recycle funds to mitigate some of the risks and take the agenda forward.</p> <p>The Committee resolved that:</p> <p>a) The progress being made in developing a roadmap to support implementation of the digital strategy was noted.</p>	
<p>DHIC 21/06/013</p> <p>Saunders,Nathan 10/05/2021 10:40:41</p>	<p>Digital Strategy – Case for Investment</p> <p>The DDHI shared a further update for the new Committee Chair and advised that things had not progressed since the previous meeting. He took the opportunity to reaffirm what the team were asking for.</p>	

The DDHI advised that the amount of capital investment that came in routinely as an annual recurring sum was circa £500k from discretionary capital. He compared the sum of money to the size of the organisations turnover of £1.4 Billion and staff of 14.5k and commented that it wasn't a significant amount. He had compared that figure against other health boards and discovered that the UHB was an outlier in terms of what was being received as a recurring sum.

He highlighted that there were a significant amount of calls on digital which, the majority of the time, were above their core function. He emphasised that many other transformational type programmes underway within the organisation were asking for circa £1.75 Million per annum to help adequately resource the projects.

The DDF referred to the resources and highlighted that there were 2 issues coming out of the discussion. Firstly the finite amount of resource within the capital programme allocated to IT (£0.5m) which he commented would not be sustainable. He added that there had also always been additional resource from Welsh Government which equated to around £3M over the previous few years.

The DDF referred to section 10.4 of the report where the ask of each clinical board was an investment of £250K revenue per annum to fund staff and software managed by D&HI. He informed the committee that currently the clinical boards were £7 Million off delivering the their own cost improvement programme and they would not be able to find another £250K unless they had schemes which would underpin this.

The CC commented that he recognised the financial difficulties of the digital teams particularly not being able to adequately plan as the funds were usually more readily available at the end of the year or through short term funding solutions. He stated that if this continued to happen over a number of years it could damage the underlying structure i.e. physical structure or virtual structure of the Health Board. The CC stated that although he understood some of the challenges addressed by the DDF this was something that the committee should be concerned about as it would have an adverse impact on the things the Health Board wanted to in the digital arena.

IM-L queried whether the case for investment should also be a concern for any other committee of the Board and gave the example of the Strategy & Delivery Committee as the agenda of digital capabilities underpinned all other strategies and ultimately linked to the board.

The DCG agreed with the point made by the IM-L. She advised that the Executives were looking into this and the key programmes that they want to deliver on. The DCG felt that this was something that would need to be brought together alongside other capital allocations so that the Executive Team could decide on where they would like to go with the Strategy.

The DCG commented that what had become more apparent in the Strategy & Delivery Committee was that they it was not seeing the financial elements that support the strategy in terms of digital. The DCG advised that they

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	<p>would need to bring this piece of work to the Strategy & Delivery Committee and subsequently to the Board to highlight the impact of how not investing in Digital would impact on the delivery of the Health Board's overarching strategy.</p> <p>The UHB Vice Chair queried if it would be possible to get an analysis of the criteria used to assess capital programmes so that there was consistency across the board so that when they consider enablers of transformation as opposed to schemes of transformation there may be differences which need to be factored into the analysis and decision making processes. The DCG stated that this could be taken to a Strategy review session so that when strategic programmes were considered digital was highlighted, considered and also reported back to the Strategy and Delivery Committee.</p> <p>The Committee resolved that:</p> <p>a) The Digital Strategy – Case for Investment was noted and discussed.</p>	NF/DT
DHIC 21/06/014	<p>GP Pilot Action Plan</p> <p>The DDHI advised that the plan would provide GP practices with access to the Cardiff & Vale Portal. Previously GP's could only access their own registered patients on the system. As a result of Covid it was decided that this rollout could be made to every single practice so they could access the entire Cardiff & Vale population irrespective of where the individual patient was registered. The DDHI stated that this work was completed over a year ago but was brought to the meeting to be formally recorded at the request of the previous chair.</p> <p>The Committee resolved that:</p> <p>a) The actions taken to achieve closure on the GP action plan were noted and the plan was ratified.</p>	
DHIC 21/06/015	<p>Business Case Development Summary</p> <p>The DDHI advised that majority of this item had been covered under the previous agenda item "Digital Strategy and Roadmap Update".</p> <p>The DDT highlighted the section about Business Case progress and the outcomes & benefits which showed an £8Million release to care across 3 business cases.</p> <p>The Committee resolved that:</p> <p>a) The progress across the Digital Strategy Delivery Programme was noted.</p>	
DHIC 21/06/016	<p>IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)</p> <p>The IGM shared his report and advised that there was still work to be done to get back to a pre Covid position however whilst pressures had shifted to recovery they were being mindful to not to overburden services with requests. He did however provide assurance to the committee that the team acknowledge their responsibilities as a public facing authority and their statutory requirements to comply with SARS and FOI's.</p>	

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	<p>He informed the Committee that the IG mandatory training continues to drop as well as most other mandatory training and other E-learning modules. He stated that the team had been asked to address this via a communication programme that had been put aside due to Covid but he was confident that this would be rolled out within the coming meetings</p> <p>The IGM stated that the team continue to review a large number of IG related incidents but only a small number of them were reported to the ICO as the majority did not meet the reporting threshold. The detail of these incidents would be reported to the private DHIC committee meeting.</p> <p>The Committee resolved that:</p> <p>a) the Information Governance Data and Compliance report, which outlined a series of updates relating to significant Information Governance issues was noted.</p>	
DHIC 21/06/017	<p>Clinical Coding Performance Data</p> <p>The IGM shared a Clinical Coding Performance Data update.</p> <p>The CC advised that he was concerned about the loss of staff within the department and how this was not reflected in the risk register.</p> <p>The IGM advised that was a change they had seen over the previous 12 months as English Health boards were able to pay staff a band higher for the same role and allow staff to work from home. Within the UHB they were unable to provide home working access as they do not have an electronic record to allow staff to have all the access they need as they were still working from paper records. He added that English trusts had a higher priority on coding and therefore were able to pay more for staff. He suggested that the correct solution would not be to pay staff more but acknowledged that there was a need to look at how they could support staff in other ways.</p> <p>The Committee resolved that:</p> <p>a) The performance of the UHB's Clinical Coding Department was noted.</p>	
DHIC 21/06/018	<p>Joint IMT & IG Corporate Risk Register</p> <p>The DDHI proposed that the departmental resource and financial challenges which were not listed as red would be considered their top risk.</p> <p>The Committee resolved that:</p> <p>a) The progress and updates to the Risk Register report were noted.</p>	
DHIC 21/06/019	<p>IMT Audit Assurance Tracker</p> <p>The IMT Audit Assurance Tracker was shared for noting and information.</p> <p>The Committee resolved that:</p> <p>a) Progress and updates to the IMT audit assurance tracker were noted.</p>	

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DHIC 21/06/020	IG Audit Assurance Tracker and Work Plan <p>The IG Audit Assurance Tracker and Work Plan was shared for noting and information.</p> <p>The Committee resolved that:</p> <p>a) Progress and updates to the Information Governance Audit Tracker were noted.</p>	
DHIC 21/06/021	IMTP Work Plan Exception Report <p>The DDHI highlighted that the report was shared for information and picked up on the issues covered previously but provided further detail of departmental expenditure which would be of interest to the committee as it detailed what allocations were made and where funds were spent.</p> <p>The Committee resolved that:</p> <p>a) The Digital Delivery Programme – Exception & Issues Report, and the progress against the roadmap and the areas of exception which require further attention and consideration were noted.</p>	
DHIC 21/06/022	Schedule of Control Documents (Policies & Procedures) <p>The DDHI shared his report and advised the committee that it highlighted the status of various policies, procedures, and guidance applicable to the D&HI team. He informed the Committee that this team had a work programme to work through out of date documents and they would continue to work with the corporate team to progress this.</p> <p>The Committee resolved that:</p> <p>a) The Schedule of Control Documents (Policies & Procedures), the progress to date and plans to address the review of remaining documents was noted.</p>	
DHIC 21/06/023	Minutes: <ol style="list-style-type: none"> IMT Capital Management Group Report Capital Management Group 19/04/2021 <p>The Committee resolved that:</p> <p>The minutes of the IMT Capital Management Group Report and the Capital Management Group 19/04/2021 were noted.</p>	
DHIC 21/06/024	Items to bring to the attention of the Board / Committee <p>No Items were brought forward</p>	
DHIC 21/06/025	Review of the Meeting <p>The CC conducted a review of the meeting. All present confirmed that the meeting had run very smoothly and good, positive discussions were had.</p>	
DHIC 21/06/026	Date & Time of next Meeting: <p>Tuesday 5 October 2021 09:00am – 12:30pm</p>	

Action Log
Following the Digital Health & Intelligence Committee
Held on 1st June 2021
(For the meeting 5th October 2021)

Minute Ref	Subject	Agreed Action	Lead	Date	Status
Complete Progress					
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:– <ul style="list-style-type: none"> • What needs to be deleted • Policies that need minor change • Ones that need Committee review 	Nicola Foreman / David Thomas	01/06/2021	COMPLETE The Head of Corporate Governance and the IG manager will work together on updating the current policies
DHIC 21/02/018		The CC highlighted that there is a policy that is due in February and if it has been completed as suggested this needs to come back to the next committee meeting to be formally approved		01/06/2021	COMPLETE On Agenda for June
DHIC 21/02/007	Information Governance Policy EHIA	The CC asked the UHB Vice Chair to pick up the concerns of the committee outside of the meeting to which the IGM could bring back an update EHIA to the next meeting	Michael Imperato / James Webb	01/06/21	COMPLETE
Actions in Progress					

Minute Ref	Subject	Agreed Action	Lead	Date	Status
Actions referred to the Board / Committees of the Board					
DHIC 21/06/013	Digital Strategy – Case for Investment	The DCG stated that this could be taken to Strategy review session so that when strategic programmes are considered digital is then highlighted which would then feed into the Strategy & Delivery Committee.	Nicola Foreman David Thomas	TBC	To be taken to a future Strategy Review session

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Report Title:	Digital & Health Intelligence – Digital Transformation Progress Report						
Meeting:	Digital and Health Intelligence Committee				Meeting Date:	05.10.21	
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 are committed to delivering of the digital strategy as the supporting road map 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.

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 May to October 2021 is set out as follows:

COVID Digital Programme:

The Digital and Health Intelligence directorate has continued to focus its plans to prioritise those initiatives to support the UHB in addressing the impact of Covid-19.

Huge progress has been made across many areas and work is ongoing including the following examples:

- **Mass Immunisations:**

Digital resource has been provided to enable the rollout and use of WIS throughout the Vaccination programme. Around 80% of all scheduling is automated and managed by the uHB Digital team, integral to the operational team in Splott.

A Vaccination service is embryonic in the uHB, yet has clearly recognised the major role of D&HI in the success of the CaV Vaccine programme, providing 3 WTE funding for Digital staff (An Application and Scheduling Lead, a System support/Helpdesk officer and a senior Informatics Officer) to assure the success of the service as it takes on a widening remit of vaccination management within the uHB.

On 21st September, CaV launched the first School vaccination service delivery in Wales via WIS, capturing nasal flu across 80,000 children (Primary and secondary) between

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September and December 2021. Thanks to a hugely collegial relationship with the National WIS team, this service is ironing out operational issues with pace, and will likely attract awards and commendations for its pathfinding/innovation.

- Continued support for in excess of 2000 staff to work from home or other locations.

C&V Data Repository

This work stream 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 and many more systems. Work is continuing to deliver the Local Data Repository (LDR) with preparation including hardware and training on FHIR (Fast Healthcare Interoperability Resources), which is the standard for exchanging data which can be used with APIs or real-time messaging of health and social care data. This will feed into federated LDR's of other Health Boards contributing to the National Data Resource programme.

The 6 virtual servers are hosting our LDR Development and Pre-Production nodes including everything from the Proof-of-Concept environment such as the Kafka Ecosystem, Hadoop Ecosystem and FHIR Server.

The 3 Proof-of-Concept feeds (below) will be the first to move into the production environment within the Health Board that are using the Kafka messaging environment.

- WAST feed. This is a real-time feed from the Welsh Ambulance Trust of impending ambulance arrivals at UHW. We have co-developed an initial data feed and also developed a dashboard to view the arrivals. We are ready to release the dashboard but are waiting on BCU UHB to improve resilience. With this dataset it will enable the software development team to streamline the ambulance admissions process.
- 2-Way real-time cancer message link between CAV and Velindre Trust. This is real-time feed between the 2 organisations for patients that are co-managed. The link between Velindre and CAV is in the final stages of signing off a dataset.
- Single Cancer Pathway (SCP) monthly submission. To provide an alternative method of submitting the SCP submission to DHCW. Working with the CAV Information Department on the method of submission.
- SOS/PIFU. See on symptoms and patient initiated follow up are an important part of the Outpatient Recovery Plan. The feed will enable local management of the pathways and national reporting. The flow of data is from PMS into the LDR and from there to the CAV Data Warehouse for local and national reporting. Phase 1 completed and waiting on the backload of events before going live.
- Perfect Ward. A quality and patient experience survey tool. The feed to the Data Warehouse for reporting is completed and more wards are being added to the system.
- MTC. The Major Trauma Centre feed from the application passes events and data to the LDR. Currently this is stored in the LDR and in the data discovery stage for transformation into the CAV Data Warehouse.
- OpenEyes. We have the OpenEyes test endpoint to test HL7 messages via Mirth Connect to OpenEyes. We are currently working on the Mirth Connect HL7 messaging templates to allow the LDR to feed data to OpenEyes in real-time.

Implementing the digital strategy

- A digital replacement for the manual whiteboard patient flow way of working AU was developed in-house and rolled out across EU & AU in c3 weeks. This is saving clinician time, improves patient safety and provides audit information. Very well regarded by clinical colleagues and a good piece of co-production. We are looking to extend this solution now to SAU / SDEC later in the year.
- Digital dictation is a service D&HI are looking to stand up to provide clinical boards with standardised centrally supported solutions. This will help the UHB move away from having so many disparate applications in use. Pilots are concluding. We have 3 variations of the solution available to us to suit different clinician needs to suit their ways of working which we expect will go live more widely within the next 6 weeks. The integrated (3rd) version will take a few months to complete.
- The national Scan4Safety programme has been approved by Welsh Government and CAV is one of the UHB going first. CAV had already produced a business case internally and we have clarity on the areas we want to go to first. Project team in process of being established.
- The digital comms (hybrid mail, appointment booking, portal) proposal is with WG for approval. There has been one scrutiny meeting so far which was positive.
- PROMs – the ITT is expected to go to market on 27th. The national Value in Health team have been instrumental in helping us produce a robust ITT that will ensure we procure a solution that can meet our needs, quickly and will also fit within the national architecture.
- We are supporting a bid for national DPIF funds to introduce an all Wales digital Vein2Vein transfusion solution. CAV is leading on this and all Wales discussions are progressing well. This arose from a Discovery visit to blood sciences to view their processes and how digital does/doesn't support.
- Discovery visits recently include Paeds EU, triage in EU and Podiatry MDT and junior doctors on eTr requirements.

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

The Lightfoot roadmap data acquisition is nearing completion. In the financial year to date a total of 12 pieces of work have been delivered which includes new extracts, validations and enhancements to existing data feeds. Between 17th September and 6th December all remaining extracts for SfN will be developed and made ready for Live transfer. Remaining data sets are EU and admitted patient care for use in the Regional Outcome Framework in SfN, Datix and ONS community deaths for use in the QSE Framework on SfN and diagnostic/therapy waiting lists, cancellations, clinic slots and the follow-up cycle which will be used for dynamic planning products in SfN.

The UHB's Business Intelligence System continues to be developed. SOS and PIFU reporting and analysis is in development. Upcoming developments include warehousing and providing sustainable data for analytics and reporting including suspected cancer pathways, major trauma, radiology, POAC, P2R and eye care measures.

An evaluation of Power Bi, to explore the potential for its use as a replacement for IBM Cognos or as an additional analytics tool in line with other Health Boards in Wales, is planned for later this year.

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

Local / National Projects

- Pharmacy System Replacement Programme – Go live went as planned on the 9th August 2021 all Digital requirements were available and 'on the floor'; digital support was provided. Both the service and DHCW have been extremely complimentary to the digital team in their support to this large implementation which has been a major success.
- Cardiology GE system upgrade – work required to support the new hardware in our server room is now complete – delivery of kit expected w/c October 11th with a view to migrate all data over the next 4 months.
- 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.
- Carecube scheduling system – support Cardiology (Cath Lab) in the implementation of a new scheduling system – Infrastructure now in place working with the service and supplier to plan implementation stage
- Chemocare Version 6 Upgrade – IG agreements signed off Sept 2020, Servers are now configured and services due to undertake training on V6 in the next few weeks. Awaiting date from DHCW to plan the interface requirements for eMPI to agree a go live date for V6.
- Consultant Connect - Over 1000 calls have been made through the service for telephone advice and guidance since launch.
- Refer a Patient – procurement complete and application purchased, working with the service and supplier to agree a go live plan.
- Agile working – currently working in Woodland house to 'swop out' users PC's with laptops and a hub monitor which will enable departments to have the ability to be agile workers e.g work in office / other sites or home.
- 111 Services – Supporting the out of hours service to migrate the existing Adrastra system to a site hosted service to a nationally hosted service – 111 service due to go live December 2021.
- Welsh Nursing Care Record (WNCR) – Business case in progress for both capital and revenue aspects to support the rollout throughout the UHB.

Welsh Clinical Portal and GP Test Requesting

Welsh Clinical Portal

A new build WCP Version 3.11.4 has been tested and found to have a small number of minor acceptable issues outstanding. However, it is considered to be fit for deployment to CAV live once a decision has been made on which eForms will be enabled.

WCP Electronic Test Requesting

- Pathology Electronic Test Requesting continues to be rolled out across the UHB
- A Laboratory Medicine and Clinical Diagnostics & Therapeutics (CD&T) service driven e-IR Mandate Project commenced in December 2020. The aim of the project is to increase

e-TR take up to 90%+ across CAV UHB and Primary Care by January 2023 in preparation for the new LIMS service go live.

- Recent go live areas include CAVOC Inpatient and Outpatients and Pre Op Assessment Unit
- Recent achievements include an 'e-TR Only' policy for all CAV Inpatient wards in scope. The usage of for inpatient wards is now over 83%.
- The e-TR Uptake programme plan to concentrate on improving usage in outpatient areas throughout September and October and finding suitable solutions for virtual clinic e-TR with a view to removing paper forms from 18th October 2021.
- The e-TR Uptake Programme also plan to work with colleagues from Microbiology to improve requesting by nursing staff on inpatient areas.

WCP Results & Notifications

- WCP Results and Notifications functionality has been implemented into 7 services, with a further 9 on the roadmap.
- EU Paeds are looking to implement paperless Radiology reporting and are working with the WCP Implementation Team and Radiology to do this safely.

GP Test Requesting

- After a successful pilot of GPTR in Saltmead Medical Practice, Penarth Healthcare Partnership and the Vale Group we have now offered the feature to all CAV Practices.
- Currently 36 Practices out of 60 have been setup and trained for GPTR.

PARIS (Community System)

- Rollout of an e-clinical record to Physiotherapy department undertaken through summer 2021. This is significant scope expansion, and intent for the CD&T clinical board to move to e-record keeping.
- PARIS 7.1 (major efficiency version change, inclusive of a refreshed user interface, In-system dashboards, navigation shortcuts, customisation and Subject access request (SAR)) now completed User Acceptance Testing (UAT), and planned for Go-Live November 2021.
- Additional Learning Needs (ALN) legislation is supported across organisations via significant development upon PARIS in summer 2021 (launch Sept 2021).
- SLT Therapy engaged for a full e-clinical record solution via PARIS in 2022.
- PARIS contract has been extended to March 2023, when a wholesale refresh of hardware/storage will be required. Options are being assessed on whether CaV will bring PARIS hardware in-house, or on-pre cloud, or via CIVICA cloud for post 2023 extension.

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 PMS.

- Managing SCP reporting for Cancer Services while new Cancer Lead Manager is up to speed.
- Updates to CTM – validation updates and QOL improvements.
- Process mapping of 16 MDT referral processes. Preparatory work for DCHW MVP.

- 1st workflow workshop with Cancer Services undertaken. Feedback fed into system screens and workflow mock ups.
- Analysis of local Colposcopy requirements. Development requirements of local systems scoped and specced.
- SCP local implementation Group TOR and Governance structure drafted

WIP:

- SQL trigger to complete automation of cancer dataset creation for reporting
- User requested refinements to existing reports
- Creation of cancer pathways from within CTM
- MDT workflow redesign and implementation of DCHW Minimum Viable Product (MVP) replacement for Canisc MDT functionality. Integration of referral data and MDT scheduling with Cancer tracking data to improve data linkages.
- Development to systems and processes to enable interoperability with DCHW MVP for colposcopy services.
- MDT scheduling in D&T module of PMS from within the CTM frontend itself. This ensures a consistent and contextual user experience.

A lot of the WIP is linked to the DCHW Canisc replacement (the Cancer Informatics System minimum viable product (MVP)) under the MDT scheduling and incidental findings workstreams.

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. Continued to be rolled back with system changes being made based on initial findings. In talks with information regarding reporting.
- Video capable functionality to support the use of Attend Anywhere
- Clinic management functionality allowing clinicians to work without admin support – Ongoing work to allow walk-ins, ad-hoc reviews, expedited consultations and list stratification.
- Integration with e-comms to make communication with patient by SMS possible (Not yet released)
- Prototype WCP stapling (to a test WCP instance) a success – Awaiting on agreement from DHCW
- Plugin management for user control over bespoke functionality on top of generic COM II system.
- Currently looking at e-forms solutions to capture clinical data from COM2.
- COM2 Technical Group has been restarted, initially looking at the work list and what changes can be made to the system to give immediate benefits operationally.
- In discussions about creating a PMS User Forum similar to PARIS.
- Adding new Colposcopy Service to D&T (new functionality to record Referral reason (clinical Condition) and intended visit type (Referral/appt comments) only for Colposcopy service)

EU Workstation

- SNOMED coding of Diagnosis, Procedure and Treatment in line with EDQDF recommendations (Not yet released)
- Complete overhaul of triage recording in line with Manchester Triage System incorporating flow diagrams, pain score and NEWS
- Still in discussions with EU/AU regarding management of Assessment Unit patients on our systems. Cross-over with whiteboard development for EU which has been restarted.
- Update of the Manchester Triage Scale data to version 3.7 (With service for ratification).
- Integration piece for Whiteboard application – Development of a medical pro-forma including SNOMED diagnosis, clinical information and NEWS score to spawn a whiteboard record on referral to Medicine or Stroke services.
- Under the hood developments to support PRU service which ED introduced at the beginning of the year, to work more effectively.

Whiteboard

A long anticipated new application which electronically tracks medical referrals across their journey through our services. Developed, tested and rolled out within a five week period. This has been very well received by the service and has been earmarked for a rollout to other services.

WCWS App (iOS/Android)

Key features of WCWS are now available in an app that can run on iOS and Android devices. Includes Admit Patient, Discharge Patient, InterSite transfers, Ward Transfers, Patient Flag information (including Covid flag), Ward Lists and messages to relatives as SMS messages, Messages from relative are also listed to be read to patients.

PSA Tracker

This is a system to log and track patients with prostate cancer, which 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.

Next stage - development to include results that are not carried out in CAV.

Major Trauma System

Following a successful trial in CAV, the locally developed system for the South Wales Trauma Network is being rolled out across all health boards in the network.

CAV are continuing to support and enhance the product in line with change requests received from the network. Recent enhancements include:

- Improved discharge planning tools;
- Streamlined discharge process;
- Features to support the identification and management of patients requiring follow-up care;

Electronic Radiology Referrals

This ongoing development makes use of our in-house developed eAdvice platform and is being piloted with GPs initially.

Development of the bespoke referral form is complete, and has been through several rounds of testing and subsequent enhancement with the radiology team. We're now in the process of developing functionality to export the referrals in a form that can be easily loaded into RADIS/Synapse.

eForms

Another exciting development to create an extensible and flexible eForms platform which will be used to deliver electronic pre-op assessments 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 IT Delivery 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	
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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.

Saunders Nathan
10/05/2021 10:40 AM

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

CARING FOR PEOPLE
KEEPING PEOPLE WELL



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Report Title:	Digital Strategy Update						
Meeting:	Digital and Health Intelligence Committee				Meeting Date:	05.10.21	
Status:	For Discussion		For Assurance	x	For Approval		For Information
Lead Executive:	Director of Digital and Health Intelligence						
Report Author (Title):	Director of Digital Transformation						

Background and current situation:

Since the creation and sign off of the UHB's Digital Strategy in July 2020, work has progressed with defining the roadmap and associated business cases to support this. The creation of several business cases has resulted in approval of some, via the Business Case Approval Group chaired by the Executive Director of Finance.

The current position on business case development is contained within the attached Appendix, details of which will be expanded upon at the D&HI Committee meeting.

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 Digital Strategy Delivery Programme

Shaping our Future Wellbeing Strategic Objectives

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1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x

Saunders, Nathan
10/05/2021 10:40:41

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 <i>Please tick as relevant, click here for more information</i>			
Prevention		Long term	
		Integration	
		Collaboration	x
		Involvement	
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>		

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10/05/2021 10:40:41

Item 3.2 and 3.3 Delivering the Digital Strategy Digital Strategy Update and Road Map Update

The following items constitute the update for October 2021

1. Progress against the roadmap
2. Update on business cases (see item 3.6)
3. Highlights
4. Planned activity next period

Progress against the roadmap

This is captured in the slide pack attached to this cover report entitled DHIC01Oct5 2021 3.2 and 3.3 Update Appendix 1 - - slide 9 shows new additions in bold and movement on RAG status is shown with trend arrows

Update on business cases

- Digital Patient comms (hybrid mail, portal, appointment booking) – pending Welsh Government approval of the procurement report

PROMs – ITT went out to market 27 September

Highlights

- Outpatient transformation bid has been approved. The funding is a few months later than when we originally planned so we are reviewing how we can resource the deliverables. This will of necessity require us to look for short term staffing including potentially contractor resources.
- Recovery bid is yet to be funded this work cannot start as resources can't be secured. The original bid assumed a summer start.
- eTR has moved from a position in January of being one of the lowest performing in Wales to now being one of the highest performing on blood electronic test requesting
- The national Value in Health team have been indispensable working closely with the team to develop the PROMs ITT which will now be shared with other UHBs to help accelerate their own procurements. The ITT sets out the context for the all Wales vision for PROMs that any local solution must fit within
- Scan4Safety national case has now been fully approved. Mobilisation planning has started so that we satisfy both local and the national business cases
- A CAV initiated digital vein to vein bid for funding on an all Wales basis is being considered by colleagues in Welsh Government
- Progress with the ePMA national programme is likely to result in CAV being able to go to market Q2 2022
- Digital dictation and transcription pilot is progressing – a few technical environment challenges to be resolved. Planning for fully integrated solution also underway
- A demonstration of the WEDS application took place in September

Planned activity next period

This activity will extend throughout 2021:

- Mobilise approved business case projects
- Implement the ENT exemplar (at slower pace as SBRI bid was unsuccessful)
- Support production of the IMTP and plans for UHW2 (strategy)
- Progress business case to approval for managed print and agile working

- Start on business cases for year end

ENDS

Kind and caring
Caredig a gofudgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

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Delivering the Digital Strategy

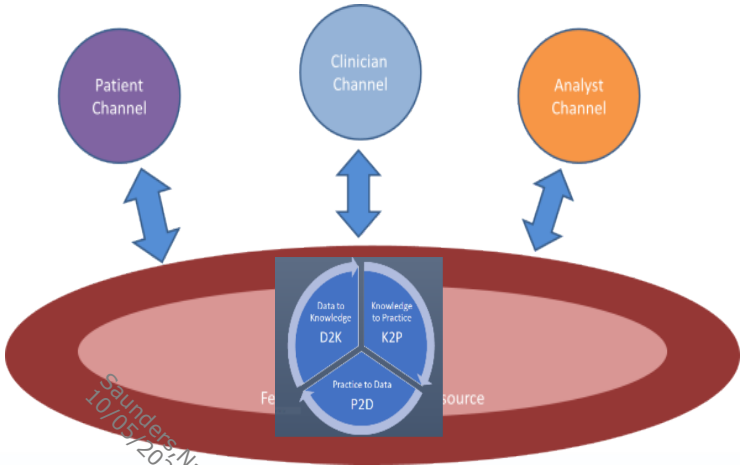
Digital roadmap update

DHIC update
Oct 2021

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A learning health and care system

CAV Digital Strategy



International Standards for digital maturity



DIGITAL CAPABILITIES



himss Analytics EMRAM

ELECTRONIC MEDICAL RECORD ADOPTION MODEL

EMRAM: A strategic roadmap for effective EMR adoption and maturity

STAGE	himss Analytics EMRAM EMR Adoption Model Cumulative Capabilities
7	Complete EMR; External HIE; Data Analytics, Governance, Disaster Recovery, Privacy and Security
6	Technology Enabled Medication, Blood Products, and Human Milk Administration; Risk Reporting; Full CDS
5	Physician documentation using structured templates; Intrusion/Device Protection
4	CPOE with CDS; Nursing and Allied Health Documentation; Basic Business Continuity
3	Nursing and Allied Health Documentation; eMAR; Role-Based Security
2	CDR; Internal Interoperability; Basic Security
1	Ancillaries - Laboratory, Pharmacy, and Radiology/Cardiology information systems; PACS; Digital non-DICOM image management
0	All three ancillaries not installed

[Click Here to find out more](#)



What are our options?

"... more what you'd call 'guidelines' than actual rules"
Hector Barbossa, Curse of the Black Pearl

e.g. we are not choosing to aim for Level 7 and would do
some things out of sequence ...



Context

Digital strategy approved August 2020

- ✓ Strategy remains relevant – tested with Connect3 (Grant Thornton)
- ✓ Aligned to SOFCS/ UHW 2 – Learning Health and Care System
- ✓ Aligned nationally – National Clinical Framework: A Learning Health and Care System
- ✓ Aligned UK-wide – Action 6 for the NHS (Lancet Commission looking forward from Covid): A Learning Health and Care System


What we are responding to

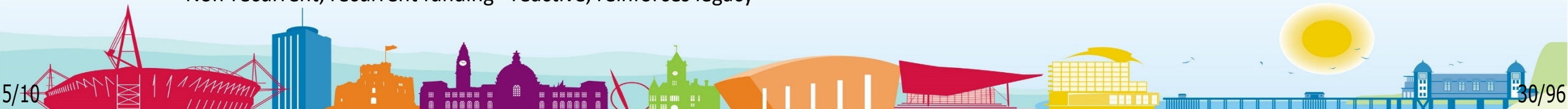
- ✓ Ministerial Priorities, Shaping our Futures, Commissioning Intentions, Patient Expectations
- ✓ Recovery & Redesign, Outpatients transformation, RBFT, pressures etc

Action taken

- ✓ Roadmap developed, governance in place
- ✓ Part of SOF's, Recovery & Redesign, Outpatients Transformation etc groups/boards
- ✓ Some roadmap items in progress

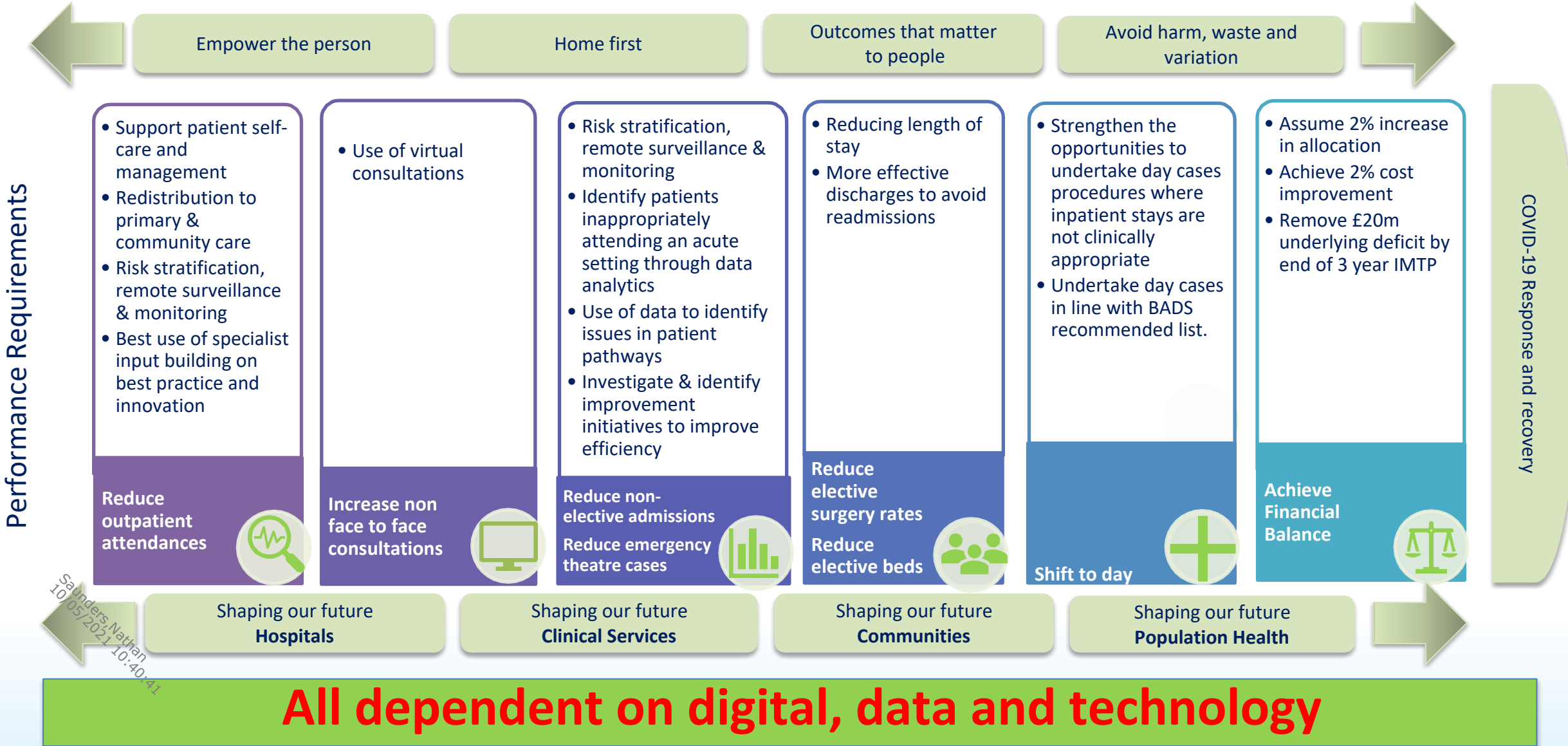
Progress

- Limited against HIMMS (international digital maturity standards for our sector)
- Limiting factors  £
- Investment Case November 2020 – unfunded
- National funding – conditional
- Non-recurrent, recurrent funding - reactive, reinforces legacy

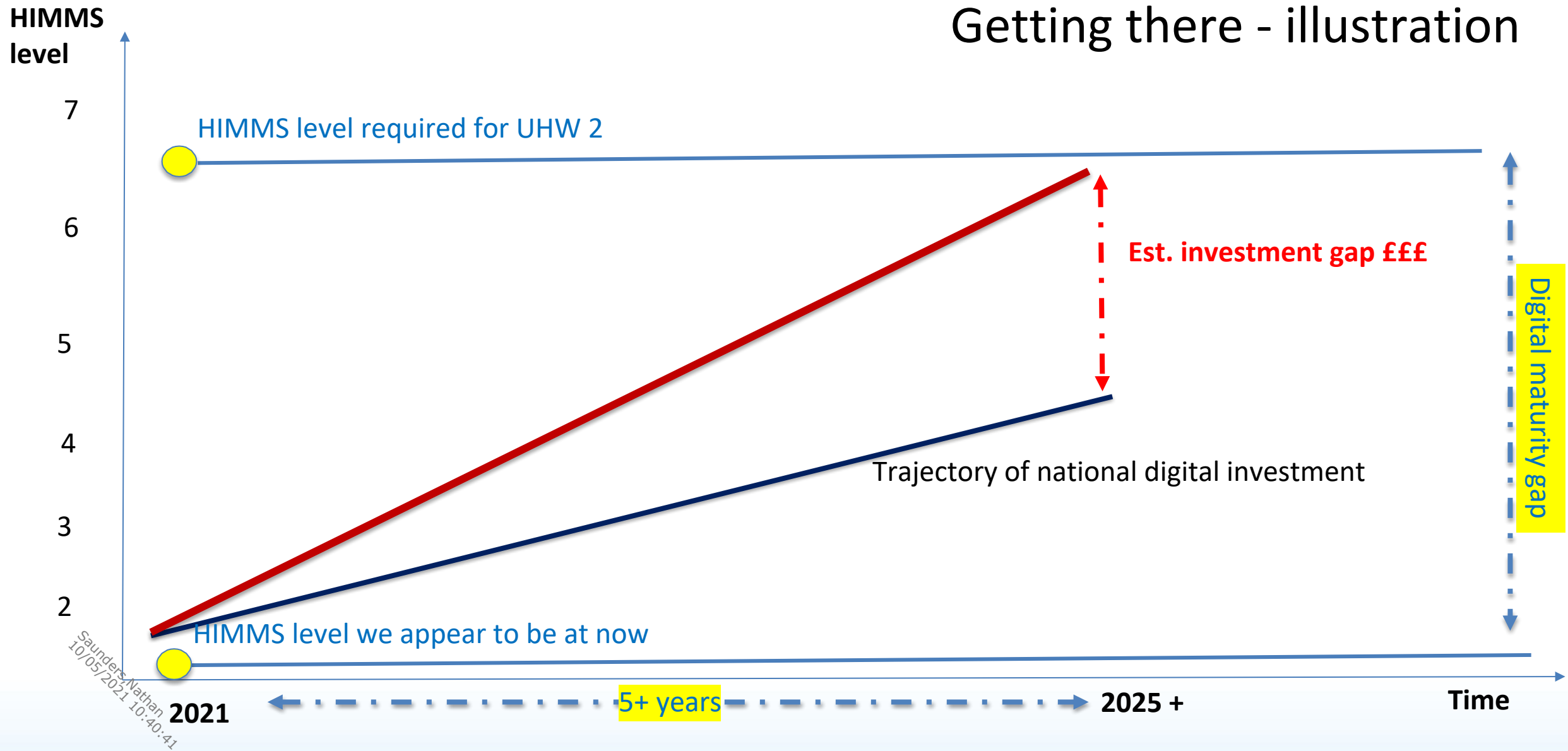


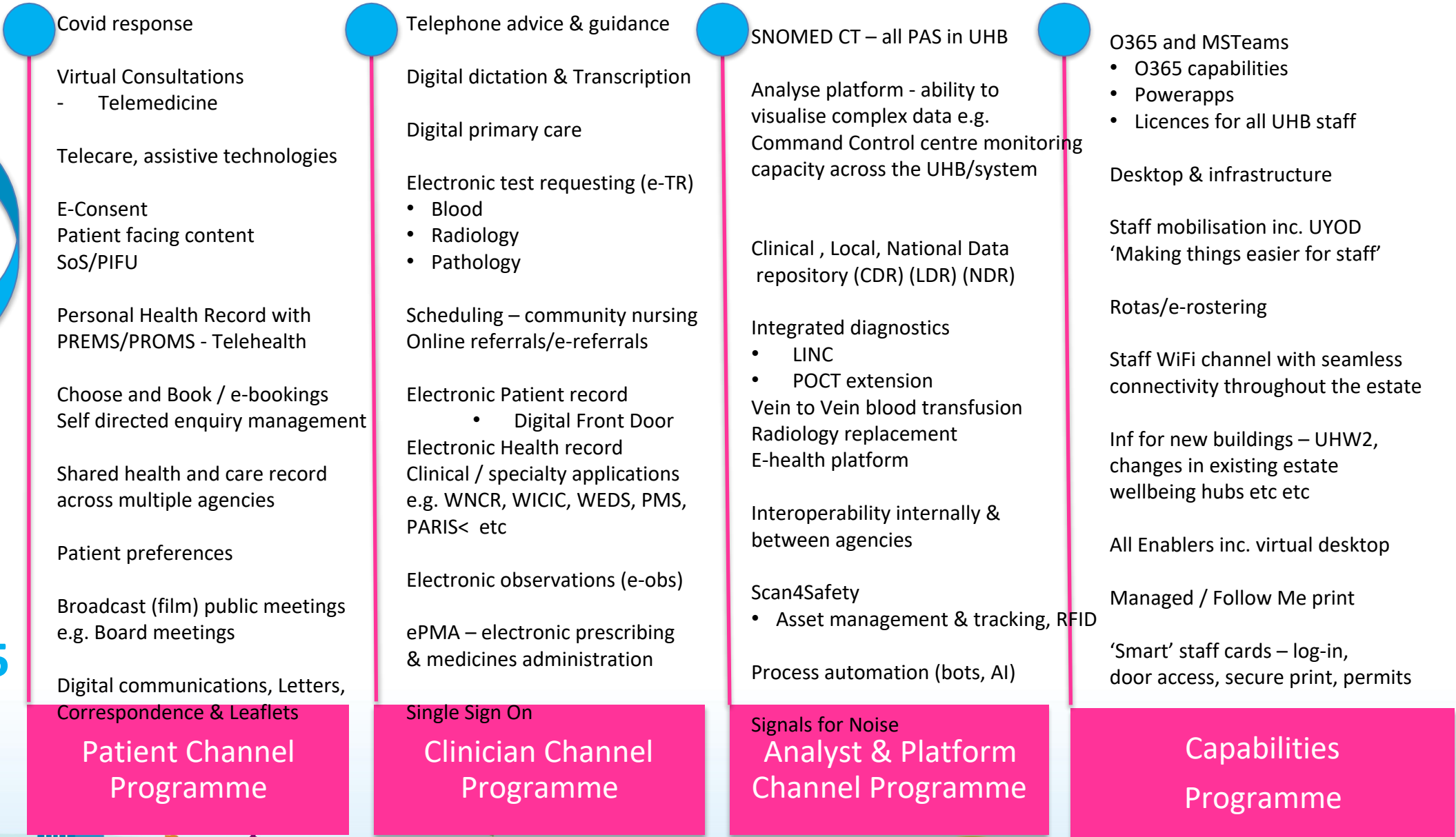
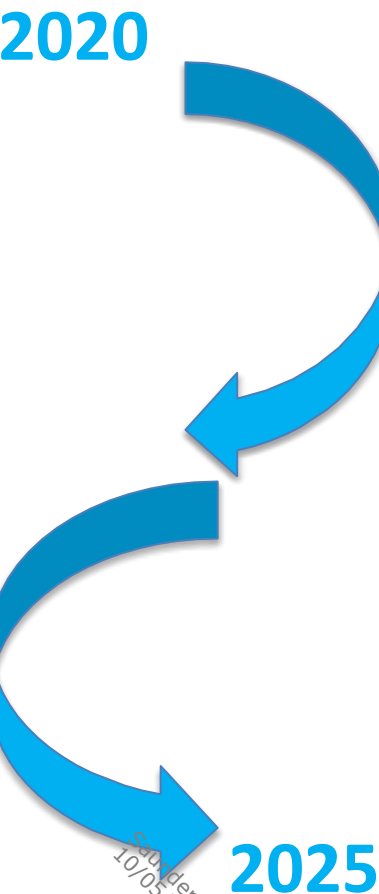
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Our Stated Intentions



Getting there - illustration





Inception to delivery

Status	Red	Amber	Green
Skunk-works			EPR E-Triage and E-SOS
Business Case	E-Consent Investment Case Recovery bids O365 capability team bid	Follow-me Print Patient Facing Comms ← Cardiology – remote monitoring →	Patient Portal Choose and Book PROMS and PREMS Outpatient Transformation bids Vein to vein blood transfusion
Planning	Robotic Process Automation ← ICU system (WICIS) ←	‘Local’ NDR SNOMED-CT EPMA E-Nursing record (WNCR) ←	Rota/roster – Allocate (WoD)
Delivery		Staff Mobilisation →	Scan4Safety Community Nursing Scheduling Digital Dictation & Transcription
Implementation		Infrastructure upgrades	Win 10 Desktop Refresh

Already live

•Broadcast Meetings

Video Consultations (Attend Anywhere)

Telephone Advice and Guidance (Consultant Connect)

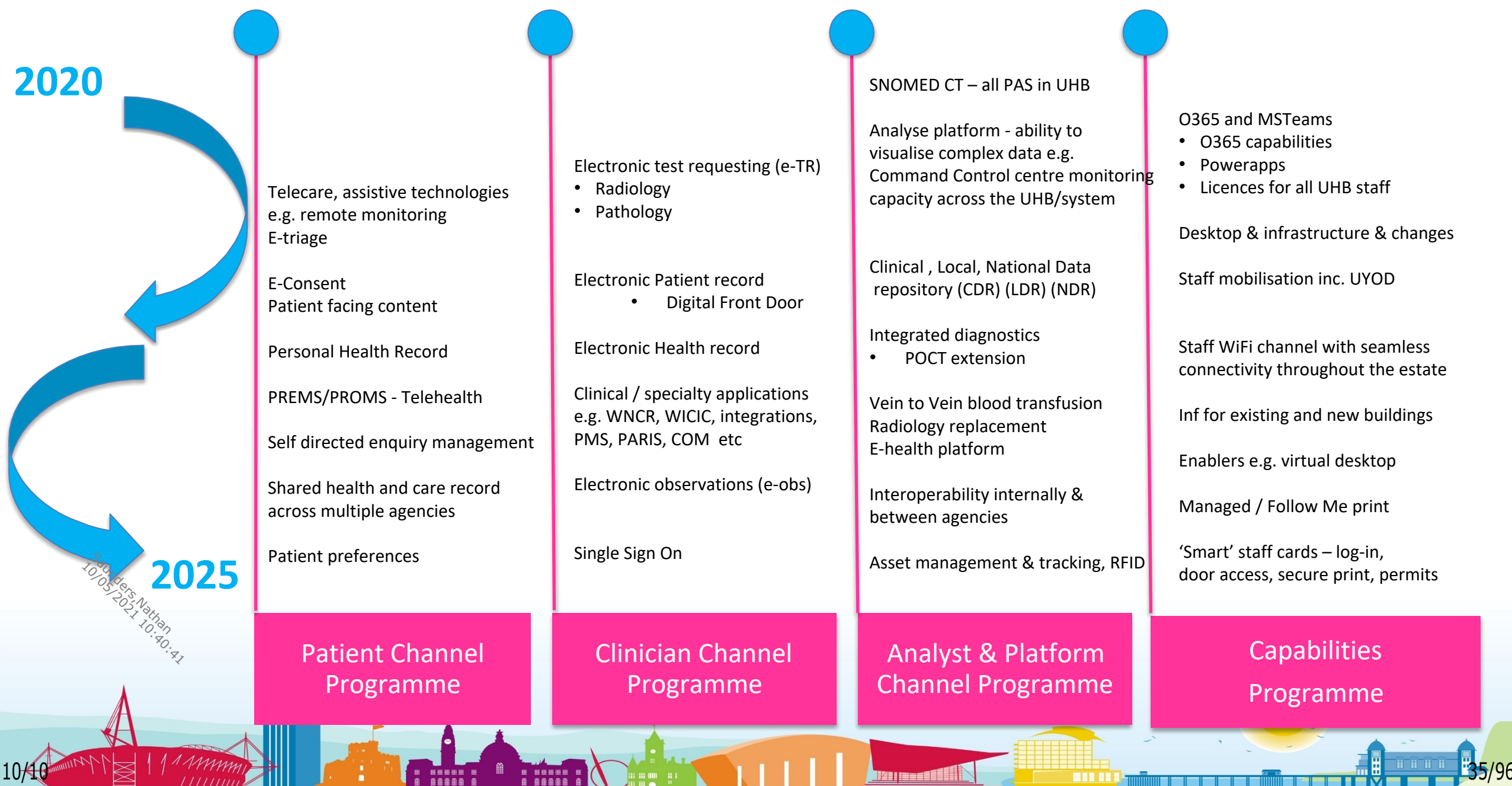
Signals from Noise

Office 365/ Teams

COM2 updates including alerts

ETR – blood, implementation continues

Unfunded roadmap items – note there are multiple applications that sit below some of these headings



Report Title:	Digital Strategy – Business Case Development Summary						
Meeting:	Digital and Health Intelligence Committee				Meeting Date:	05 10 21	
Status:	For Discussion		For Assurance	x	For Approval		For Information
Lead Executive:	Director of Digital and Health Intelligence						
Report Author (Title):	Director of Digital Transformation						

Background and current situation:

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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 Digital Strategy Delivery Programme

Shaping our Future Wellbeing Strategic Objectives

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2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x

Saunders, Nathan
10/05/2021 10:40:41

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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 <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>							

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Programme business cases

The following business cases are in progress:

Digital patient communications	Includes two digital communications with patients, portal/repository for letters and clinical documentation, PREMs/PROMS, remote monitoring etc
	digital dictation and transcription – put in place a centrally managed solution
	Choose and Book (equivalent) – facilitate patient choice, supports remodelling of outpatients as part of aims for end to end digital processes
Scan4Safety	Scan4safety - Core product is stock and inventory management. Financially efficient, improves patient safety, extensive use cases inc. patient flow improvements
ePMA	Digitisation of processes for prescribing and recording the administration of medicines. Supports safer prescribing by helping reduce prescription errors, save clinical time spent on medicines administration, improve cost efficiency as well as enabling us to get better value from drug spend

Business case progress

Business cases approved by BCAG are proceeding as follows.

Digital patient communications

- Hybrid mail, appointment bookings and a portal – a report is with Welsh Government for approval to go to market
- An NHS Wales App is being developed as part of the Digital Services for Patients and the Public (DSPP) programme. Once this is available we expect to reduce our use of what we procure as the hope is that this functionality as well as the ability for patients to see their NHS record (primary and secondary care) will supersede the requirement in the majority of circumstances
- This will be reflected in the invitation to tender (ITT) when we are able to go to procurement

PROMs

- Extensive work has gone into an ITT that meets the needs of CAVUHB clinicians and our patients that will fit within the national context
- D&H are very grateful for support provided by the national Value in Health team in reaching a position where the ITT will go to market in the last week of September
- Our assessment is we will have concluded the process and be able to award in November
- Quite a number of specialties have come forward wanting to take up the solution and we have limited time in which to demonstrate the value of this procurement in order to secure future funding
- CAV will be the first UHB to go to market

Digital dictation and Transcription

The pilot for this is progressing well. We have a few technical challenges associated with complexity in our estate but have successfully trialled two versions of the software. The 3rd version

is fully integrated with our PAS and will take a few months to conclude, though planning and technical discussion has started.

This will be the first time a centrally managed service has been established and we anticipate the learning from this will give us a model to take forwards for other solutions, recognising that purchases of digital solutions are the responsibility of clinical boards.

Our work and learning on all of these projects either already has been or is available to be shared with other UHBs.

Issues

Funding for a flexible resource pool of £200k pa was included in the programme of business cases but was paused to allow internal discussions about numerous change programmes and resource requirements.

There has never been a substantive team to support the implementation and exploitation of O365. Short term funding was secured via an SBAR in 2020 but this is now expired. All work will stop unless resource continuity can be secured.

There are development, activity, project and operational response pressures in D&HI that can only be alleviated by either stopping or refusing work or increasing our staffing complement on a sustainable basis.

The Director Digital & Health Intelligence will be part of a discussion held by Management Executive shortly on this.

Scan4Safety

- The National Wales Shared Services Partnership (NWSSP) with support from Welsh Government have now concluded their procurement and appointed a Scan4Safety (S4S) inventory management and stock control supplier and solution
- Planning work has started on understanding how we can deliver the national programme and ensure that national and local aspirations for what S4S is capable of delivering can be achieved – find out more here <https://www.scan4safety.nhs.uk/>
- CAVUHB will be one of the first to 'go' and we are in discussion with a discrete service area so that we can start work in earnest, once resourcing has been fulfilled
- Joint SRO role held by ADFinance CD&T and Director for Digital Transformation

ePMA

A statement has been issued by the Health Minister on this initiative which is part of a national programme, explaining how it will now progress

[Written Statement: Statement on the ePrescribing Programme \(20 September 2021\) | GOV.WALES](#)

As with S4S, we will work with national colleagues to ensure national and local aspirations for this important initiative will be achieved

New Business Cases

- A bid for outpatient transformation funding by CAV was successful and will provide some temporary resourcing to fulfil 4 initiatives as part of this UHB wide programme.

- A Recovery bid that included 6 digital projects was submitted by CAV. Approval is still pending.

Both bids were submitted anticipating approval much earlier in the year. It is now October thus any schemes that are approved will have to be reviewed for deliverability given the reduced time available in which to recruit and deliver.

Outcomes and Benefits

A high level of summary of Benefits identified includes:

- Cash release – the programme can support its own cashflow over a 5 year period if all planning assumptions hold true
- £8m time released to care
- Patient safety and quality improvement from reduced errors in prescribing
- Implant traceability and compliance with Medical Device Bill 2021
- Less waste – better stock and inventory management
- Patient choice, communications are faster and access to communications is secure
- Carbon Emissions Reduction

Interdependencies

The biggest interdependencies are considered to be:

- Leadership and communications – support from CAV leaders is essential
- People – these are change programmes
- Process – they will change the way that people work
- Technology – replacing paper systems of working with digital solutions
- Patients – we will change how we communicate and interact with patients
- Resources – if we do not have the resource we requested or the time and resource in which to deliver the scoped work we will need to scale back activity to what is achievable

Next steps

The next 6 months activity for these business cases is expected to include:

1. Recruit staff – in progress/paused
2. Governance documentation and arrangements including schedule Director and Finance reviews
3. Presentations and comms at digital boards and Health Informatics Forum and other fora
4. Procurements – PROMs in progress
5. Implement digital dictation and transcription (procurement complete)
6. Secure an agreed way forward all Wales on ePMA – see Ministers written statement
7. Mobilise Scan4Safety in line with national programme – see update
8. Reviewing / Updating Equity Health Impact Assessments – pending resource / PM recruitments
9. Revisiting Corporate Branding such as for Digital Communications e-Letter Templates
10. Launching Pilots

ENDS

Report Title:	Information Governance Data and Compliance						
Meeting:	Digital Health Intelligence Committee				Meeting Date:	5th October 2021	
Status:	For Discussion		For Assurance	x	For Approval		For Information
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 (NIAS)

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.

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

Quarterly reports are produced for the DHIC to receive assurance that the UHB continues to monitor and action breaches of the UK GDPR/DPA 2018, FOI requests and 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 as reported in June 2021. Staffing levels are less than pre-GDPR levels and 2 WTE fewer than during 2019. A

business case for additional resource is being submitted to the Management Executive Group for consideration

The number of information governance related incidents raised and reviewed remains high, with only two incidents being discussed with the ICO.

Subject Access Request compliance has recovered following a COVID-19 outbreak within the team. Compliance has now plateaued and a further improvement is expected following appointments within the Medical Records Team.

Freedom of Information compliance has gradually improved since April 2021 although dropped in July 2021.

National Intelligent Integrated Audit System (NIAS) has been running in the UHB since 1st December 2020. This is currently undermined by technical issues with the solution.

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
- Professor Meriel Jenney, Interim Medical Director, is the Caldicott Guardian
- James Webb is the Data Protection Officer
- The Information Governance Department is currently resourced at 3.80 WTE. This continues to represent a reduction of 2 WTE since the start of the 2020/21 financial year. The department continues to be supported by 0.67WTE via the Kickstart Scheme, due to end in approximately one month.

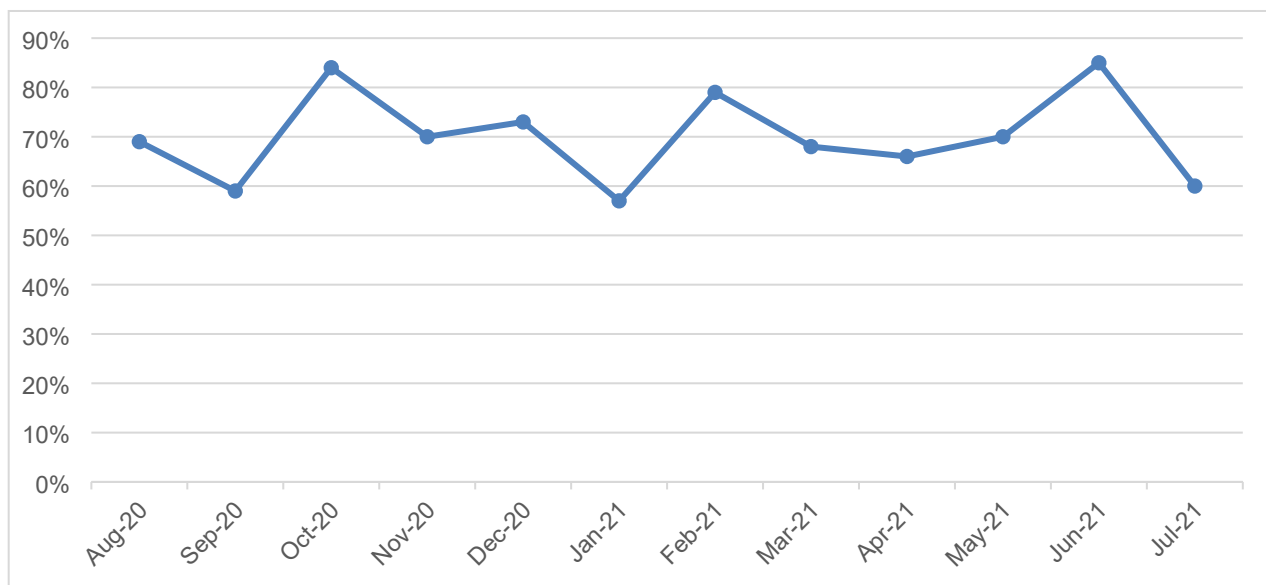
2. Data Protection Act – Serious Incident Report

Date reported: June 2021 to August 2021

During this period, the Information Governance Department reviewed 303 incidents via the UHBs e-Datix incident module. 153 incidents were considered to be IG related and the UHB felt it necessary to discuss 2 incidents with the ICO. Following this discussion, the decision was made that the breach failed to meet the reporting threshold so it was logged and managed internally. Further details of which are provided in the Private agenda of the Committee.

3. Freedom of Information Act

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



Average compliance for 2020/21 was 62% against 85% for the previous year. Whilst a steady recovery has been made since April 2021, compliance for July 2021 dropped. This is most likely linked to availability of staff during the summer months.

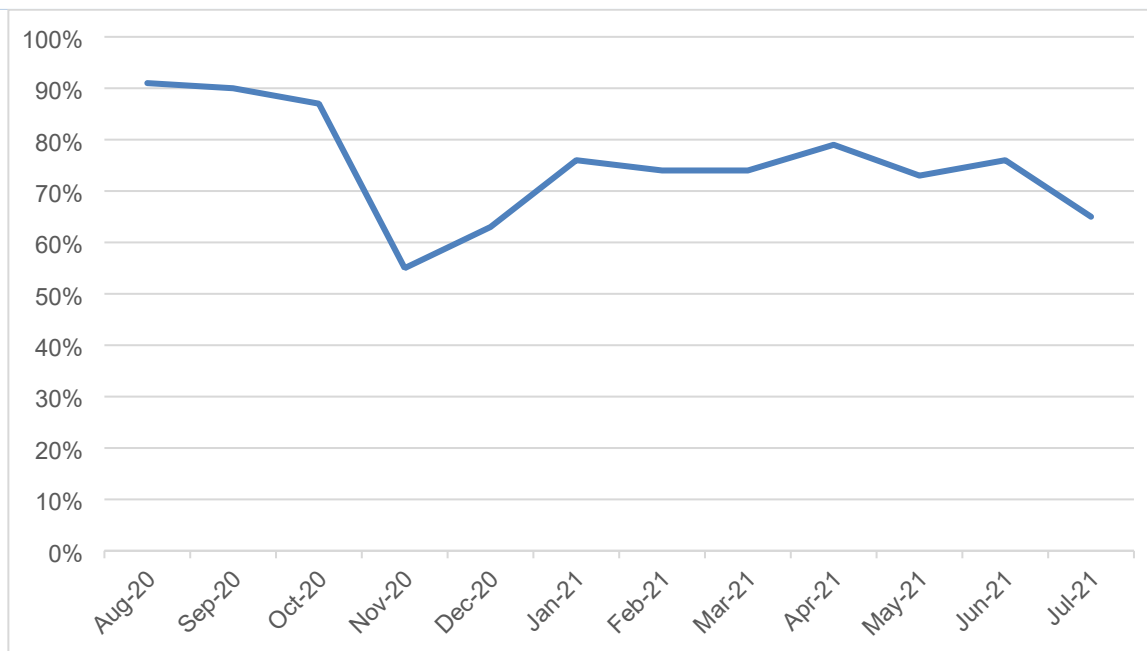
The volume of FOI Requests received has now returned to pre-COVID levels.

4. Subject Access Requests Processed

4.1 Health Records requests

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

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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 have maintained a reasonable level of compliance during the pandemic.

Progress back to levels last year have been limited due to a number of vacancies which exist within the Health Records team. These posts are currently being recruited to.

4.2 Non Health Records

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.

A total of 27 subject access requests submitted for non-health records were received from April to August 2021. 18 requests were responded to within the legislated time frame.

5. Compliance Monitoring/NIIAS

Due to technical reasons, monitoring of NIIAS has not been possible since DHCW released a new version of the software.

6. Information Governance Mandatory Training

Overall UHB Information Governance training compliance is currently 63% and is broken down by Clinical Boards as follows.

Clinical Board	Compliance
All Wales Genomics Service	80%
Capital, Estates & Facilities	61%
Children & Women Clinical Board	69%
Clinical Diagnostics & Therapeutics Clinical Board	71%
Corporate Executives	68%
Medicine Clinical Board	56%
Mental Health Clinical Board	61%
Primary, Community Intermediate Care Clinical Board	58%
Specialist Services Clinical Board	62%
Surgical Services Clinical Board	58%
UHB	63%

This represents a 1% increase 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. A further communications release targeting staff with line management responsibilities is due imminently.

ASSURANCE is provided by:

- Reports detailing compliance against legislative requirements.

Recommendation:

The Digital Health and Intelligence Committee is asked to:

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

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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	
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.		

Report Title:	Clinical Coding – Performance Data						
Meeting:	Digital Health Intelligence Committee				Meeting Date:	5th October 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:

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 DHCW 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.

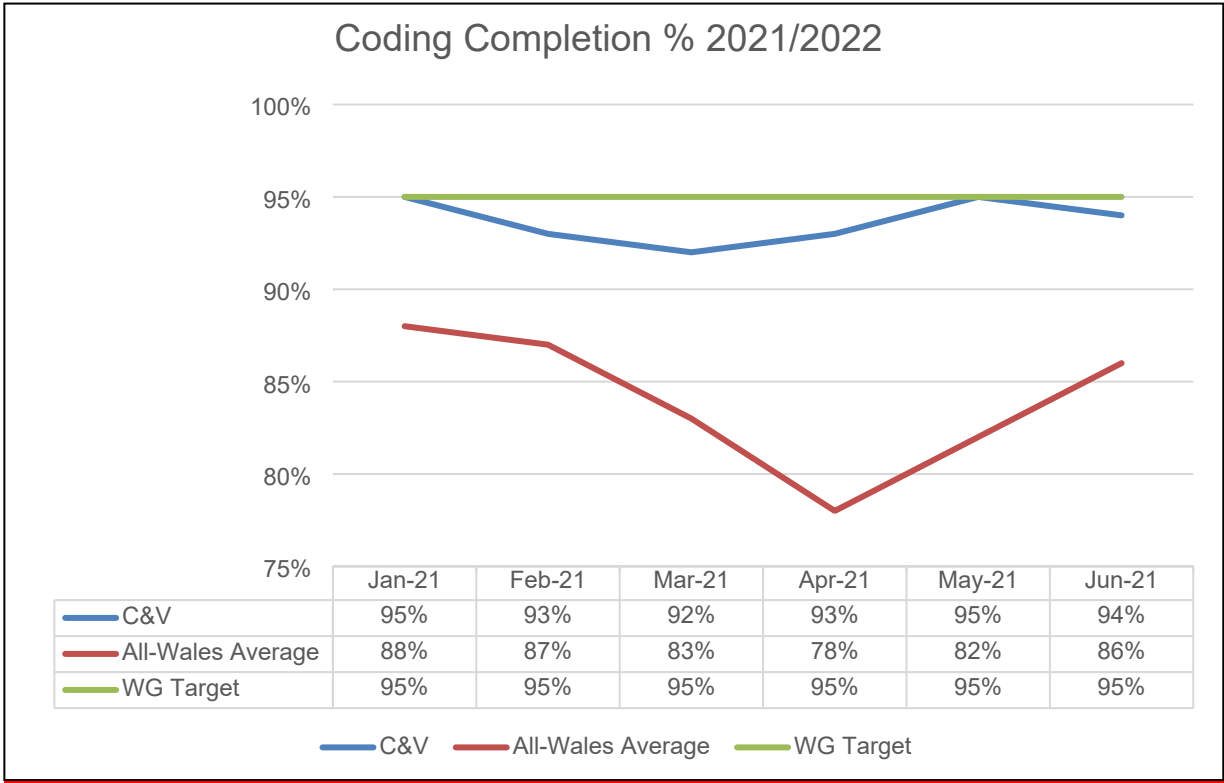
Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

- UHB coding completeness remains well above national average figures but marginally below WG targets.
- The coding department is investigating why there is a discrepancy between local figures we submit and the national completion figures provided by DHCW.
- The department has experienced staffing shortages and has recently lost two qualified 6 Accredited Clinical Coders (ACC) to external posts. Of the 24 coding staff, just 5 are ACC coders (25%) and a further 3 are yet to take up the post, with an estimated training period of 18 months. It is anticipated the department may continue to lose staff to remote coding posts until the UHB moves to electronic patient records.
- As part of the National Clinical Audit Programme, DHCW will conduct an audit on the Clinical Coding Department. The programme was suspended last year due to COVID -19. This is expected to be completed in November 2021.

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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.



Recommendation:

The Digital Health Intelligence 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 <i>Please tick as relevant, click here for more information</i>			
Prevention		Long term	
		Integration	
		Collaboration	
		Involvement	
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>		



Report Title:	Joint IMT Risk Register					
Meeting:	Digital and Health Intelligence Committee			Meeting Date:	5 th October 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					

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:

- 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

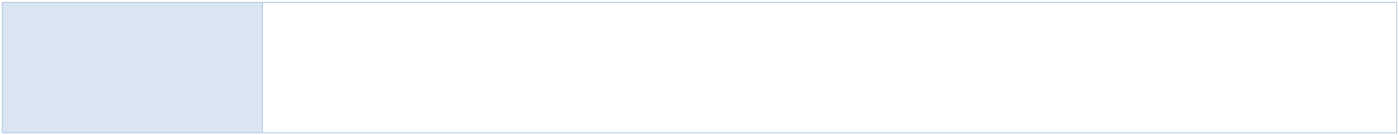
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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	
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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 <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>							



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Kind and caring
Caredig a gofudgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol



Format of the Workbook

This workbook contains conditional formatting and protected areas. This will prevent you from deleting a row or column but you can delete the contents of a row.

Accepted or Closed Risks

Once risks are removed or accepted they should be cut and pasted onto the 'Accepted and Closed Risk' sheet.

Risk Acceptance. Risks are accepted when the risk score equals that of the target risk rating i.e. where all reasonable actions have been effectively carried out and the risk owner is in all other respects confident that the risk has been reduced as low as reasonably practicable (ALARP). A clear rationale for accepting the risk should be added to the risk register entry. Accepted risks should be held on the register and reviewed at least annually to see if they remerge.

Risk Closure. Where it is recognised that a risk no longer exists or is no longer relevant to the organisation the risk can be closed. Risks that are covered by another risk can also be closed. The date of closure and the rationale for closure should be recorded on the risk register. Where closed risks have a potential for recurrence an appropriate date for review should be recorded.

GUIDANCE FOR COMPLETING THE RISK REGISTER
Remember that all risks must have undergone a risk assessment prior to them being added to the Risk Register
Risk Reference Number: This should be sequential. In the event that a risk is accepted or closed and therefore archived to the accepted and closed sheet, there is no requirement to re-number the remaining open risks.
Strategic Objectives: The strategic objectives can be found in the comments box. Identify which objective(s) may be impacted if the risk event occurs, and record the corresponding number(s) in the box. For example the risk could adversely impact on the reduction of health inequalities and a planned care system where demand and capacity are in balance - therefore '1,6' are recorded.
Date Risk Added: Please enter in the format dd/mm/yyyy.
Risk Description: Introduce the topic, then state <i>there is a risk that if X happens then this could result in Y. The impact of this could be Z (or ZZ, ZZZ etc).</i> A well written risk description contains three main elements: 1. Context. A summary of the relevant background facts. 2. Source or Cause of Risk. The current conditions or factors that create the risk. 3. Impact. The impact on the programme/organisation objectives in the event of the risk occurring.
Executive Lead: This is the senior person, with decision making authority, best placed to monitor the risk. This person is accountable for the risk and should be aware of it's current status.
Initial Risk Rating: This is the risk score calculated <u>without</u> consideration of any risk treatment/controls i.e. what would the risk be if we did nothing to reduce it.
Controls: A control is any active measure or action that modifies (i.e. treats) risk in the intended manner. Controls may be policies, procedures, practices, processes, technologies, techniques, methods or devices. They can also be modifications to existing controls to increase their effectiveness. Controls should be listed in their priority order - bullet points are encouraged.
Assurances: List here evidence that existing controls are working in the intended manner. Examples of evidence include inspections, walk arounds, audits, training records, DATIX trends etc. There may be external as well as internal assurance processes.
Current Risk Rating: The Current Risk Score takes the Initial Risk Score and re-assesses it with consideration of the effect these controls have on consequence, and/or likelihood. These control measures should be prioritised so that the actions likely to have the best effect are taken first. The consequence if a risk occurs will seldom alter but, with effective controls in place the likelihood of the risk should reduce. Therefore it will usual for the current risk rating score to be lower than that provided for the initial risk rating.
Gaps In Control: These are controls which are required to reduce the risk but which are currently absent or only partially effective.
Actions: This is a bulleted list of the actions needed to provide/increase/improve controls or to provide assurance of control effectiveness.
Who is leading on these actions and When are they expected to be achieved?
Target Risk Rating: The target risk rating is the level of risk that the organisation is happy to tolerate. The UHB Risk Appetite statement provides further guidance on the level of tolerable risk. The target risk score can also be seen as a projection of how the risk should look once it is has been reduced as low as reasonably practicable.
Review Date: The Risk Management and Board Assurance Framework Strategy (UHB 470) described the required review periods.
Assurance Committee: For assurance purposes a UHB Board Committee should be assigned for any risks escalated to the Corporate Risk Register.

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RISK REGISTER TEMPLATE														
CLINICAL BOARD/CORPORATE DIRECTORATE:					CORPORATE									
SPECIALITY/DEPARTMENT:							Digital & Health Intelligence							

Risk Ref.	Strategic Objective	Date risk added dd/mm/yyyy	Risk	Exec Lead	Initial Risk Rating			Controls	Assurances	Current Risk rating			Gaps in Control	Gaps in assurance	Actions	Who	When	Target Risk rating			Date of next review	Assurance Committee
					Consequence	Likelihood	Total			Consequence	Likelihood	Total						Consequence	Likelihood	Total		
A4/0023	8	06/08/2011	Cyber Security - The Cyber Security threats to service continuity	DT			0	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.		5	4	20			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 knnowledge have been employed to progress essential 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. May 2021: New Head of IG/Cyber Securtiy role being recruited to; additional resources re-allocated to focus on Cyber remedial works. Sept 2021: Two cyber roles appointed to with an additional two currently in progress	Head of IG & Cyber Security				0		
A5/0013	8	13/12/2013	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.	DT			0	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.		4	3	12			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. May 21 Update: Significant progress has been made and plans are now in place to scale up and accelerate further to aim to achieve completion within 8 months. Additionally the UHB has further invested in Infrastructure such that the proportion of devices to be completely replaced has increased greatly providing a platform for a step change in modernising Digital Infrastructure. Sept 21 -Windows 10 deployments continues at CAVUHB. We have deployed 6,900 workstations so far with an additional 1,200 devices deployed by the Community team. There are approximately 3,000 devices left to upgrade/replace with an estimated completion date early 2022.	Head of Digital Operatins				0		

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A3/0110	8	13/12/201	Server Infrastructure The IM&T Department is actively implementing a vFarm infrastructure that significantly reduces costs whilst dramatically increasing resilience of Server Systems. However, the cost savings are to the Health Board as a whole and Service Departments in particular and come at an increased cost to IM&T specifically. This infrastructure requires core investment to complete and revenue based support to maintain. There is a requirement to also retain a minimal number of physical servers for those systems not capable of virtualisation.	DT			0	The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.		4	3	12		Jan 2021: Discretionary capital allocation for Digital has been restored to £500K for 20/21. The UHB is also actively engaged with Welsh Government in undertaking a review of National Infrastructure requirements as part of the plans to increase Digital investment in Wales. In addition the Digital infrastructure 5 year sustainability plan has been updated to ensure that highest priority risks are addressed first with any available funding. The D&HI directorate has also been successful in gaining in excess of £1m additional revenue funding from the UHB for 20/21 and there are bids being considered for recurring additional revenue. May 21 Update: Year end funding of in excess of £2m plus earlier allocations in support of COVID has allowed to HealTh Board to plan to enhance its Digital Device infrastructure. There is however a great deficit going forwards between the amount of Discretionary capital allocated to Digital and the requirements to sustain our infrastructure. This has been highlighted to Capital Management Group and included in the Digital services Case for Investment plan submitted to management executive in December 2020.	Head of Digital Operations				0	
A2/0004	8	13/12/2013	The delivery of the IM&T Strategic Work plan is based on the UHB being able to ensure that the IM&T Department is appropriately resourced to manage infrastructure and deliver projects. All bench marking information indicates that the UHB is significantly under resourced in this area. Consequence: Inability to support operational and strategic delivery at pace required, reliance on outsourcing at enhanced cost, non compliance with legislation (FOI / GDPR)	DT			0	The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.		4	3	12		Jan 2021: Discretionary capital allocation for Digital has been restored to £500K for 20/21. The UHB is also actively engaged with Welsh Government in undertaking a review of National Infrastructure requirements as part of the plans to increase Digital investment in Wales. In addition the Digital infrastructure 5 year sustainability plan has been updated to ensure that highest priority risks are addressed first with any available funding. The D&HI directorate has also been successful in gaining in excess of £1m additional revenue funding from the UHB for 20/21 and there are bids being considered for recurring additional revenue. May 21 Update: Year end funding of in excess of £2m plus earlier allocations in support of COVID has allowed to HealTh Board to plan to enhance its Digital Device infrastructure. There is however a great deficit going forwards between the amount of Discretionary capital allocated to Digital and the requirements to sustain our infrastructure. This has been highlighted to Capital Management Group and included in the Digital services Case for Investment plan submitted to management executive in December 2020. Sept 21 - A staff gap analysis has been carried out in D&HI. Significant shortfalls has been identified and formalised within the report being presented to CAV UHB Exec Board by the Director of D&H I	Director of D&HI				0	
	8	28/09/2015	Risk:- Non compliance with Data Protection & Confidentiality Legislation - the UHB's progress in taking forward the action plan to reduce the risk of non compliance following the ICO's assessment of our 'reasonable assurance' with the GDPR/ DPA is not sufficient to mitigate the risk of non compliance with Data Protection Legislation. Consequence: Mistrust of our population and other stakeholders resulting in their unwillingness to share / divulge essential information, Significantly financial penalties - and increasing post BA case	DT			0	Clinical Board assurance and co-ordinated mitigation of risk being developed via quality and safety meetings. Ownership and community of practice anticipated to develop across IAOs/IAAs from this. GDPR awareness being used to ensure Leaders and asset owners are reminded of existing requirements and mandatory nature of the asset register. Options for enabling messaging in compliance with legislation has been considered by clinical and executives on a number of occasions, and UHB close to agreement.		4	3	12		Restructuring of IG department will increase amount of expert resource. Resolution of long term absence will also increase available expertise and resource to support GDPR plan, and manage the operational requirements on the corporate department. Ongoing implementation of GDPR/ICO action plan. The Information Governance team have developed a work plan to review and update all outstanding policy and procedure documents in the CDF and these are scheduled to be complete by December 2020. Implementing the action plan will reduce the risk, May 2021: policies are being reviewed and an update will be reported to DHIC in June 2021. Sept 2021: Business case being presented to appoint further IG resource to support with CB engagement.	Head of IG & Cyber Security				0	
	8	19/02/2018	Data Quality High level risk - core business activities potentially compromised as a result of weaknesses in assurance framework in areas listed below: Absence of Standard Operating Procedures to administer patient activity, Low take up of staff training in Standard Operating Procedures to administer patient activity, Incorrect/incomplete/late recording of activity Absence of ISO 27001 certification. Consequences: Potential for poorer patient	DT			0	Further re-invigoration of the role out of COM2 will increase clinically validated data. Updates and training programme scheduled for mental health and our partners in order to address issues identified in recording and reporting compliance with parts 2 and 3 of the mental health measures. New dashboard release will expose greater amount of data to users, in a more user friendly way, enabling validation by relevant clinicians. Data quality		4	3	12		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 - sepically 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. Sept 21 - A data quality strategy is being developed for consideration by the Analyst Channel Programme Board	Head of IG & Cyber Security				0	
	8	16/02/2018	Risk: obligations and accountabilities relating to the way data is handled are not formalised Consequence: the UHB could suffer detriment and/or have difficulties applying remedies against a third party if data is not handled appropriately	DT			0	Library of outline documents for sharing data available, with completion of these supported by corporate information governance department. Requirements to use and refer to are being emphasised within the training.		4	3	12		Procurement are greatly assisting process by referring all issues involving data sharing to the corporate IG department.	Head of IG & Cyber Security				0	
	8	16/02/2018	Risk: IG policies and procedures are not up to date/do not cover all relevant areas. Procedures are not aligned to relevant national policies. Consequence: Lack of clarity in terms of how the UHB expects its staff to work in	DT			0	Update: Controlled document framework requirements delayed due to resource constraints - Integrated IG policy is live and covers a number of existing policies.		4	3	12		Restructuring of IG department will increase amount of expert resource. Investment in training will also increase available expertise to support the review of policies. A formal review of policies and procedures is underway as per risk #7.	Head of IG & Cyber Security				0	

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	8	02/02/2018	Governance arrangements for overseeing and challenging NWIS are weak. There is insufficient transparency, blurred lines of accountability and they lack a clear set of priorities. Consequences: The significant resource we provide to NWIS is not optimally used to support the UHB in delivering its	DT			0	UHB is engaged with WG and NHS peers to take forward the recommendations of the WAO review of NWIS with a view to addressing the numerous risks identified in the report.		3	4	12		CAV involvement in National programme activities and Governance review. Opportunity to influence the new SHA replacing NWIS via the consultation exercise which has commenced (Sept 20). Jan 2021: Feedback submitted to WG in response to the new SHA consultation document launched in Nov 2020. May 2021: DHCW committed to quarterly stakeholder Exec to Exec meetings to share plans and strategic ambitions (initial meeting held in May 21)	Head of IG & Cyber Security				0	
	8	28/09/2015	Risk: Accessibility of data: UHB does not have an ability to access and use the data it requires to carry out its full range of statutory obligations and enable delivery of our strategy and IMTP. . Specific risks - lack of access to GP data and the UHB's data residing in NWIS supplied applications (e.g. WCRS, WRRS) Consequence - Inability to deliver strategic UHBs, namely - Supporting people in choosing	DT			0	Approach identified to work with C&V GPs to share data across care sectors to inform improvement and to gain a better understanding of need, demand and the capacity available to meet it. National data repository programme will provide access to tools and expertise		3	4	12		National Architectural design group and interoperability group being set up in line with Once for Wales agreement and WG Informatics statement of intent should provide medium term solution. HB taking forward data acquisition programme in line with the development of the electronic care record. May 2021: in support of information sharing outside of direct care purposes, agreement has been reached with WAST and Cardiff Council (Social Services) for data to be shared; a similsar request to include GP data is currently being considered by the Wales GPC/DHCW.	Head of IG & Cyber Security				0	
A3/0104	8	13/12/2013	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.	DT			0	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.		3	4	12		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. May 2021: significant progress achieved with Win10 roll out programme.	Head of Operations				0	
	8	28/09/2015	Risk: Clinical records are not joined up across disciplines, care settings or geographical boundaries resulting in incomplete and out of date patient information. Summary information is not routinely shared across systems. Differing local service models which are also going through a period of significant change mean access to appropriate data is an increasing need. Consequence is unsupported clinical decision-making, introducing patient harm and/or disadvantage and failure to meet NHS Wales digital strategy	DT			0	UHB architectural design to be reviewed to consider local data repository for bringing together in a usable way clinical information held in numerous clinical systems. UHB working through a programme to implement once for Wales requirements for data and technical interoperability standards.		3	4	12		National prioritisation for NWIS to open up the national data repositories. Jan 2020: NDR & CDR workshops to understand the technical roadmap this will be picked up via the national IT infrastructure review being undertaken in Feb / March 2020. The new governance model supporting the Digital strategy delivery will address via the clinician channel programme board, which is being established in October 2020. Jan 2021: The clinician channel programme board has been established and will drive direction and priorities for the NDR/DCR in CAV. May 2021: All Digital strategy channel programme boards established and led by a senior clinician, overseeing the delivery of the CAV Digital Strategy roadmap plans.	Head of IG & Cyber Security				0	
	8	28/09/2015	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	DT			0	Analysis and wider engagement and communication of outcome and audit data, triangulated with efficiencies and effectiveness data as part of Medical Director led programme established. UHB and national investment in data repositories and clinical forms will support programme		3	4	12		Acceleration of programme. This will be addressed via the Digital Strategy enablers programme and clinician and analyst channels programme boards (Oct 2020). Jan 2021: both channel programme boards established and will drive the programme.	Head of IG & Cyber Security				0	
A4/0024	8	29/01/2021	The Welsh Pathology Information management system (WLIMS) implementation has taken longer than envisaged. As a result of this all Health Boards will not have migrated off their legacy pathology systems (Telepath) by end of March 2018, which is when their current telepath contracts will expire (contract currently in extension).	DT			0	The UHB engaged with NWIS and other Health Boards to evaluate options available to mitigate this risk.		5	2	10		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 May 2021 : WLIMS continues to fall short of the full range of functionality. Therefore Telepath system will need to continue in use and be monitored providing mitigation to the new LINC system in the future. Sept 2021- Telepath Contract was extended to end of 2020 (including Hardware refresh) but the Service are in discussion with the supplier to extend further to a date that will see C&V	Head of Operations				0	

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	8	01/10/2018	With an increasingly restricted resource, the UHB requires assurance that digital effort is expended in the most benefits laden workload. Benefits based prioritisation requires robust and matured benefits tracking and a matured reprioritisation mechanism. This requires some changes of technique within the Digital department.	DT			0	Establishment of a formalised corporate prioritisation mechanism based on benefits and corporate drivers for change.		3	3	9		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. May 2021: Digital Services Management Board meeting in May. Sept 21 - Digital Services Managemet Board meets each quarter and regularly reviews work programmes for each Channel Programme Board	Head of Operations				0		
A4/0025	8	10/07/1905	<p>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.</p> <p>Consequence: Delayed milestones, poor quality deliverables and ultimately delayed realisation of benefits.</p> <p>Critical deliverables are being held up, including: local business case; delivery of full functionality against the Statement of Requirements; delivery of essential product enhancements; infrastructure, system configuration, service management, ongoing support, integration with other national systems, testing, data migration.</p>	DT			0	<p>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.</p> <p>Implementation in the UHB remains dependent on delivery of extensive functional enhancements, for which there is currently no delivery roadmap.</p>		4	2	8		<p>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.</p> <p>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. May 2021: changes within the D&HI directorate structures reflect the redcuton in ICF funding available for 2021/22 without adversely impacting ability to support the programme.</p> <p>Sept 21 - WCCIS national funding has continued into 2021/22, at a lower level than previous years, and with a greater emphasis upon 'record sharing'. To this end, whilst WCCIS implementation continues to be financially supported within VoG, the regional partnership board have employed a project manager (Gill Carter) to investigate the opportunities for wider record sharing, beyond the boundaries of WCCIS scope.</p> <p>The WCCIS programme Nationally is progressing through a series of underlying system upgrades towards a supported version of Microsoft CRM Dynamics, which will be achieved around April 2022. At that point, focus will return upon deployments, and Health Board required functionality.</p>	Senior Programme Manager				0		
							0					0							0		

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Report Title:	IMT Audit Assurance Tracker				
Meeting:	Digital and Health Intelligence Committee			Meeting Date:	5 th October 2021
Status:	For Discussion		For Assurance	X 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					
All previous audits undertaken from 2018 to 2019 have been previously reported and complete and removed for the Audit Assurance Tracker					
Audits to be undertaken in 2020 / 21 :					
<ul style="list-style-type: none"> • IM&T Control and Risk Assessment – Audit complete and attached in Tracker • IT Service Management (ITIL) • Review of departmental IT system (to be agreed with IA) 					
Timing of reviews to be confirmed due to Covid pressures					
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:					
<ul style="list-style-type: none"> • NOTE progress and updates to the IMT Audit Assurance report. 					

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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		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	
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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

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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. May 21 update: Development of version 1.8 still ongoing delay is with the supplier – service continues to monitor progress. A meeting is arranged for 27/5/21 with the supplier to confirm dates for upgrade. Oct 2021: Service has reported that Version 1.8 is due within the next month of two – delays due to Covid pressures

IM&T CONTROL AND RISK ASSEMENT 2020/21- COMPLETED RISKS & RECOMMENDATIONS

Observation 2 – Governance Framework (Operation) The structured framework for management and governance of IM&T is not properly functional. The DHIC has formally delegated responsibility for IM&T for the organisation. However, departments with devolved control over their informatics do not attend and are not part of this Committee. We note that the new structure as designed aims to overcome this historical position with participation in the DMB from Clinical Boards, however due to Covid the implementation of this has been		The Digital Service Management Board, to include Clinical Board representation, will be re-established to meet on a regular quarterly basis, from 27 May 2021 onwards. As part of the DSMB function, alignment of informatics and ICT services that sit outside D&HI directorate will be mapped and included for completeness of oversight at UHB level.	Director of Digital & Health Intelligence 31 May 2021		Complete
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<p>delayed. The lack of key stakeholder involvement means that the Health Board may not have full visibility of the informatics provision across the organisation as a whole and the delegated Committee may not be able to fully deliver on its remit.</p> <p>Recommendation:</p> <p>The revised governance framework for IM&T / digital should be implemented to ensure that there is a holistic structure for the organisation, with participation from Clinical Boards. Where control over aspects of IM&T has devolved to departments, the assurance flows to the DHIC should be clarified to ensure the committee can maintain oversight over the whole organisation.</p>					
<p>Observation 6 - Management Framework– (Operation)</p> <p>There is a lack of overarching control and oversight over IM&T within the organisation as a whole with clinical boards having the ability to make their own decisions and source informatics. This may result in conflicting decisions or decisions that do not holistically fit the organisation.</p> <p>Recommendation:</p> <p>The Health Board should ensure greater links with clinical boards and the D&HI Directorate are developed using the DMB to ensure all decisions are aligned with the organisations digital strategy.</p>		<p>The DSMB is being re-established to meet again from 27 May (each quarter) where decisions and actions relating to IM&T will be captured to ensure alignment with the UHB's digital strategy.</p>	<p>Director of D&HI 31 May 2021</p>		<p>Complete</p>

IM&T CONTROL AND RISK ASSESSMENT 2020/21

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>Observation 1 – IG Processes (Operation)</p> <p>The structures underneath the committee and the IG Subgroup are not fully integrated. There are Quality Groups and leads within clinical boards, however there is limited interface between these and the central IG process. The size of the IG team means that there is limited opportunity for the IG team to attend clinical board meetings and there is no forum for IG leads across the organisation to meet and discuss issues. In addition, there is no process for clinical boards to formally submit a statement of compliance into the IG sub group or committee. The lack of this process means that the Caldicott Guardian and SIRO cannot be fully assured that processes are operating effectively across the organisation.</p> <p>Recommendation:</p> <p>An IG Forum should be established for the IG leads from each clinical board to meet to discuss issues and to coordinate IG matters across the Health Board at an operational level.</p>		<p>We agree with the recommendation; the intention is for IG issues to be picked up at Clinical Board Q&S briefings but this will require additional capacity to ensure that the IG function is able to support the Clinical Boards. This will be reviewed as part of finalising the D&HI structure.</p> <p>Sept 21: An additional Band7 IG support role has been identified as necessary to deliver IG functions; this has been added to the proposed structure for consideration by the Management Executive later this month to consider additional revenue investment for necessary permanent roles.</p>	<p>IG Manager by 30 June 2021 D&HI and IG Manager Dec 21</p>		In progress
<p>Observation 2 – Governance Framework (Operation)</p> <p>The structured framework for management and governance of</p>		<p>The Digital Service Management Board, to include Clinical Board representation, will be re-established to meet on a regular quarterly basis, from 27 May 2021 onwards. As part of the DSMB function,</p>	<p>Director of Digital & Health Intelligence 31 May 2021</p>		Complete

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>IM&T is not properly functional. The DHIC has formally delegated responsibility for IM&T for the organisation. However, departments with devolved control over their informatics do not attend and are not part of this Committee. We note that the new structure as designed aims to overcome this historical position with participation in the DMB from Clinical Boards, however due to Covid the implementation of this has been delayed. The lack of key stakeholder involvement means that the Health Board may not have full visibility of the informatics provision across the organisation as a whole and the delegated Committee may not be able to fully deliver on its remit.</p> <p>Recommendation:</p> <p>The revised governance framework for IM&T / digital should be implemented to ensure that there is a holistic structure for the organisation, with participation from Clinical Boards. Where control over aspects of IM&T has devolved to departments, the assurance flows to the DHIC should be clarified to ensure the committee can maintain oversight over the whole organisation.</p>		<p>alignment of informatics and ICT services that sit outside D&HI directorate will be mapped and included for completeness of oversight at UHB level.</p>			
<p>Observation 3 – Monitoring Compliance (Operation)</p> <p>There is no register of compliance requirements for IM&T and there is</p>		<p>Agreed. A register of compliance for all IM&T related legislation and standard will be developed to support the NIS Directive and data security standards, which will be</p>	<p>Director of D&HI 31 Oct 2021</p>		<p>In progress – due to be complete 31st Oct 2021</p>

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>no structured process to identify all the compliance requirements relating to IM&T, assessing the compliance status and feeding the position in relation to requirements, status and consequences upwards to committee for items such as PCI/DSS, or NISD.</p> <p>Recommendation:</p> <p>A register of compliance requirements for all IM&T related legislation and standards should be developed along with a process for assessing status and reporting upwards to Committee.</p>		<p>managed through the Head of Digital Operations.</p> <p>Sept 21 – Work to prepare for the NIS and the Welsh Government Cyber Unit assessment of readiness is planned for Oct 21</p>			
<p>Observation 4- Communicating Managed Risks (Operation)</p> <p>While the Digital & Health Intelligence Directorate risk register is monitored via the standard Health Board process and within the Directorate, with escalated risks reported via Committee and Board, there is no process to formally notify executives of risks being managed at a lower level which contain a severe or catastrophic worst-case scenario.</p> <p>Recommendation:</p> <p>Management should consider providing an annual report that identifies risks that have a low likelihood but have a severe worst-case scenario. This would ensure that executives are aware of the risks and worst cases that are</p>		<p>The D&HI directorate risk register is shared with the D&HI Committee at each meeting. An annual report to capture the low risk high impact risks will be produced and shared at the committee and with the Management Executive team.</p> <p>Sept 21 – Annual report will be produced for the Feb 22 meeting of DHIC</p>	<p>Director of D&HI 31 Jan 2022</p>		<p>In progress – due to be complete 31st Jan 2022</p>

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
being managed at a lower level, but hold the potential for severe adverse effects should they materialise.					
<p>Observation 5 – Link of Risks to Events (Operation)</p> <p>The link from the risk management process to the event / issue / problem management process is not fully defined, with no automatic identification of underlying risks that are causing issues and addition of these onto the risk register. This means that any underlying risks may not always be recorded in good time.</p> <p>Recommendation:</p> <p>The risk identification process should be formally linked to the issue / event / problem management process in order to ensure that underlying risks are identified.</p>		<p>The risk identification process to support the event and problem management process will be developed and documented, for inclusion as part of the management or risk assurance documentation to be presented at the regular D&HI committee.</p> <p>Sept 21 - The implementation of a new ITIL framework-based IT Service Management solution (ISM – Ivanti Service Management) at CAVUHB will provide the following functionality 1. Accurate incident recording, management and recording. 2. Problem identification, escalation and effective organisational communications. 3. Implementation of effective and centralized Change Management. As part of all of the above risk identification and reporting will be introduced as part of the improved Standard Operating Practices throughout.</p>	Head of Digital Operations		In progress
<p>Observation 6 - Management Framework– (Operation)</p> <p>There is a lack of overarching control and oversight over IM&T within the organisation as a whole with clinical boards having the ability to make their own decisions and source informatics. This may result in conflicting decisions or decisions that do not holistically fit the organisation.</p> <p>Recommendation:</p>		The DSMB is being re-established to meet again from 27 May (each quarter) where decisions and actions relating to IM&T will be captured to ensure alignment with the UHB's digital strategy.	Director of D&HI 31 May 2021		Complete

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
The Health Board should ensure greater links with clinical boards and the D&HI Directorate are developed using the DMB to ensure all decisions are aligned with the organisations digital strategy.					
<p>Observation 7– Policies (Operation)</p> <p>There are some departments that manage their own systems and these do not fully fit within the digital structure. Whilst there is an expectation that they will comply with the digital way of working, and there are structures in place to share information and requirements via the DMB, the mechanisms for assurance are not fully formalised, particularly for items such as change control where there is no organisational policy or procedure.</p> <p>Recommendation:</p> <p>Departmentally managed systems should comply with good practice for the management of digital. The D&HI Directorate should produce good practice guidance documentation for the health board overall, as leaders of the digital services provision, with all departments required to comply for areas such as change control.</p>		<p>The D&HI directorate will produce updated good practice guidance documentation, based on ITIL and industry standards, for dissemination across all IM&T functions across the UHB</p> <p>Sept 21 - As referenced in Observation 5:</p> <p>The implementation of a new ITIL framework-based IT Service Management solution (ISM – Ivanti Service Management) at CAVUHB will provide the following functionality; 1. Accurate incident recording, management and recording. 2. Problem identification, escalation and effective organisational communications. 3. Implementation of effective and centralized Change Management. As part of all of the above risk identification and reporting will be introduced as part of the improved Standard Operating Practices throughout. Non centralised IT departments and support throughout CAVUHB will be able to use ISM and benefit from its use.</p>	Director of D&HI		In progress
Observation 8 – Baseline (Operation)		The D&HI directorate will undertake a complete baseline assessment against the digital maturity standards (HIMMS) to assist in determining the current position	Director of D&HI 31 Dec 2021		In progress – due to be complete 31 st Dec 2021

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>The Digital Strategy and associated documents includes consideration of a baseline of the current strategic position, but this is incomplete, with no full assessment of IT skills within the D&HI Directorate or wider organisational IT skills. There has also been an assessment of the digital maturity of the organisation in respect of the delivery of an electronic medical record. Again this process is not fully complete with no strategic assessment of maturity against key areas such as the 'ability of leadership to leverage technology', the 'level of accepted technology risk', or the 'approach to innovation', 'culture' and 'knowledge level of users'. The lack of a full baseline and maturity assessment means that the organisation is not fully aware of its starting position and of barriers to implementing its Digital Strategy.</p> <p>Recommendation:</p> <p>A review of the current strategic position of the Health Board in relation to its digital provision and maturity across all domains should be undertaken.</p>		<p>and help inform the digital strategy roadmap. This will be presented at D&HI committee.</p> <p>Sept 21 - As part of the SOC for Digital investment by Welsh Government, work will be commissioned from HIMMS to review and assess digital maturity of the organization, which will inform our future investment plans.</p>			
<p>Observation 9 - Roadmap – (Operation)</p> <p>The roadmap has not been fully defined however, with no clarification or assessment of the resource requirements, dependencies, overlaps and</p>		<p>The current roadmap has been produced to align with the channel programme boards; a more detailed roadmap to include resources and dependencies will be developed for approval at D&HI committee.</p> <p>Sept 2021: An update on the roadmap is being shared as the DHIC meeting in</p>	<p>Director of D&HI 30 Sept 2021</p>		<p>In progress</p>

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>synergies among projects and no formal prioritisation of the projects.</p> <p>Recommendation:</p> <p>The roadmap should be fully defined in order to help deliver the Digital Strategy</p>		<p>October pending an update to the UHB Board in November 2021.</p>			
<p>Observation 10 – Strategy Communication (Operation)</p> <p>Although the Digital Strategy has been to Board and Committee, and included in Chief Executive updates, it is not easily available on the website for all stakeholders and there has been no full communication of it and its aims.</p> <p>Recommendation:</p> <p>The Strategy should be available on the Health Board website, and flagged, with a communication plan to push awareness with all stakeholders.</p>		<p>The digital strategy is available as a public document and is accessible via the UHB's website. A communication plan for internal consumption is being developed. This will form the basis of a broader comms plan to share with all stakeholders.</p> <p>Sept 2021: A broad comms plan outlining the Digital Strategy's aims and objectives is being produced to ensure that the digital transformation journey is clear and shared broadly; the SOC and updated roadmap will form the basis of this.</p>	Director of D&HI		In progress – due to be complete 31 st Dec 2021
<p>Observation 11 – Budgets (Operation)</p> <p>The budget for the D&HI Directorate does not fully reflect the organisation's requirements. This means that the Health Board may not be sighted on the financial resource needed to achieve the Digital Strategy, and that overspending may happen against budgets. In addition the funding for digital is unstable, with the total capital funding available for Digital unclear throughout the year and a</p>		<p>A Case for Investment has been produced and shared with the Management Executive team which sets out the capital and revenue requirements for the life of the digital strategy (2020-2025). Discussions on affordability and potential sources of funding are taking place with executive management. Decisions on funding are expected to be made during the second quarter of 2021/</p> <p>Sept 2021: progress being made via the Capital Management Group where bids against additional slippage monies will be considered in Oct 2021. The SOC for</p>	Director of D&HI		In progress due to be complete Oct 2021

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>significant proportion provided towards the end of the year. This lack of a consistent, agreed and funded budget for both capital and revenue funding leads to difficulties in planning D&HI works and delivery of the Digital Strategy. The D&HI Directorate budget should be set to reflect the actual need of the organisation.</p> <p>Recommendation:</p> <p>The capital expenditure budget should be reviewed with the intent to providing a stable funding position to allow for delivery of the digital strategy.</p>		<p>Digital investment to WG will seek to align advancement of digital maturity with the aims of the UHB strategy and the new hospital build programme (UHW2),</p>			
<p>Observation 12 – Workforce (Operation)</p> <p>The workforce planning process is disjointed without a single plan for the Informatics Directorate that brings together the resolution for both resource gaps identified via departmental planning and the skills gap identified via the PADR process. There has been no full assessment of what skills are held within the D&HI Directorate and the skills and resource needed to support organisational IM&T and implement the Digital Strategy. Consequently, there has been no full identification of the skills gap and no development of a structured staff development plan in order to close the gap. Without this development plan in place the organisation may struggle to implement the strategy.</p>		<p>All staff within the D&HI directorate are expected to complete the PADR and objective setting process, which will identify current training and development needs. These will be compared with the known and expected requirements to deliver the digital strategy and will form the annual plan of training and development.</p> <p>Sept 2021: Objectives and personal development plans are being agreed with the management team for onward cascading across the teams.</p>	<p>Director of D&HI</p>		<p>In progress – due to be complete Oct 2021</p>

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>Recommendation:</p> <p>A full assessment of the current skills within the directorate, alongside the required resource and skills for the Digital Strategy should be undertaken. Once the gaps in skills have been identified a formal plan to upskill staff should be developed.</p>					
<p>Observation 13– Security Management (Operation)</p> <p>The lack of defined cyber security resource has meant that although the Health Board has maintained key cyber security requirements such as patching and monitoring, it hasn't been able move the cyber security agenda forward and there is no cyber security work plan which would allow the health board to develop its cyber security position.</p> <p>Recommendation:</p> <p>A formal cyber security workplan should be developed. This should be based on a formal assessment of the current position of the health board and define the actions needed to improve the position.</p>		<p>A full cyber security work-plan, including NIS directive requirements will be completed as soon as the cyber team is in place. Recruitment is currently underway.</p> <p>Sept 2021: Cyber resource has been recruited and will develop the cyber plans in line with the NIS and Welsh Gov Cyber Unit assessment taking place in October 2021.</p>	Head of IG/Cyber and Head of Digital Operations		In progress due to be complete 30 Nov 2021
<p>Observation 14 – Cyber Awareness (Operation)</p> <p>Although training on cyber security is available, the national training has not been mandated for all staff within the health board.</p>		<p>Accepted. The national cyber resilience unit at Welsh Government has been approached for assistance in producing the training plan for staff across the UHB.</p> <p>Sept 21: There is a national initiative for embedding cyber security into IG training as well as developing specific cyber</p>	Director of D&HI		In progress due to be complete 31 Dec 2021

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
Recommendation: The national cyber security training should be mandated for all staff.		training that will result from the NIS/CU audit in CAV in October 2021.			
Observation 15 – Cyber Security Reporting (Operation) There is only limited reporting on cyber security, with no reporting on the current status of the health boards security position and no KPIs to track status of this and demonstrate the success of the team in improving the position. Recommendation: Formal reporting on cyber security should be established, along with a suite of cyber security KPIs in order to show the status of cyber security and the progress of the team in managing issues.		A formal report on cyber security will form part of the suite of documents to be shared regularly at the D&HI committee. Sep 2021: This work will be informed and supported by the NIS and Welsh Gov Cyber Unit work programme following the audit in October 2021	Director of D&HI		In progress due to be complete 31 Dec 2021
Observation 16 –Assets (Operation) There is no single record of all assets held by the Health Board and their current status in terms of configuration, warranty etc. Recommendation: Consideration should be given to developing a single register of assets and their configuration status for the Health Board. This should include a process for identifying critical assets and ensuring regular assessment of the need for replacement of these.		The new IT portal and service desk solution procured in March 2021 will be populated to create a single register of all IM&T assets. Sep 2021: The implementation of a new ITIL framework-based IT Service Management solution here at CAVUHB will also provide centralized IT Asset Management capability.	Head of Digital Operations		In progress

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>Observation 17 – Patch Management (Operation)</p> <p>Servers and network equipment are not always fully patched, apart from patching for critical issues. This is both to reduce the risks associated with patch failure and due to staff resource. However, this decision and the associated risks and patching procedure are not formally documented within a patch policy or procedure. This means that senior management may not be fully aware of the position, and the organisation is reliant on staff knowledge</p> <p>Recommendation:</p> <p>A patch management policy, and associated procedure should be developed.</p>		<p>Agreed. A full patch management policy will be created to include all related procedures.</p> <p>Sept 21 – Ivanti Server Patch Management software has been purchased and will be implemented in Oct 2021 with planned deployed and upgrades within the next 3 to 6 months.</p> <p>A dedicated programme of networking device upgrades is planned for Q1 2022. Requirements are currently being gathered and a suitable product/solution has not yet been identified.</p>	Head of Digital Operations		In progress
<p>Observation 18 – Continuity (Design)</p> <p>There is no holistic, overarching IM&T BCP for the organisation which fully identifies the business critical activities based on business impact analyses (BIA), the priorities for recovery and the measures in place for each system used within the Health Board. Accordingly the RTO/RPO for each of the IT systems used within the Health Board is not fully defined and agreed, and executives and stakeholders may not be aware of the full continuity position and risk.</p> <p>Recommendation:</p>		<p>Agreed. Working with colleagues in corporate planning, a full BCP/DR process will be developed and shared with Management Executive.</p> <p>Sept 2021: Initial scoping works and updates on the key components are underway – a fuller piece of work with Planning colleagues is being planned for end of this year, linking with the need to update EPRR plans.</p>	Director of D&HI 30 Sept 2021		In progress due to be complete 31 Dec 2021

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>The organisation should develop an overarching BCP / DR process. This should:</p> <ul style="list-style-type: none"> • consider all the systems and use a business impact analysis to identify the business critical systems to prioritise for recovery; • departments with devolved control should feed into this process to ensure all system have appropriate plans and that the plans do not conflict; • RTO / RPO should be agreed for each system with the key stakeholders; and • The full position should be defined and agreed with executives to ensure that they accept the position and associated risks. 					

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Report Title:	IG Audit Assurance Tracker and Work Plan					
Meeting:	Digital and Health Intelligence Committee			Meeting Date:	05.10.21	
Status:	For Discussion		For Assurance	x	For Approval	For Information
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 is shown in Appendix 1. The work plan is presented in Appendix 2.

All WAO and internal audit recommendations have been completed or superseded. 8 regulatory recommendations have been closed, 17 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 provides an update on the audit trackers and Appendix 2 provides an update on the work plan. There are no outstanding WAO or internal audit recommendations.

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 Information Governance Audit Tracker.

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 <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>								

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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	Recommendation Narrative / Inspection outcome	Inspection Closure Due by	Management Response	Recommendation Status (RAG Rating)	Please Confirm if completed (c), partially completed (pc), no action taken (na)	Executive Update
INFORMATION COMMISSIONERS OFFICE																
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	To ensure that the IGET covers all necessary topics during meetings the organisation should introduce a set of formal ToRs		Following a review, IGET has been replaced by a new IG Group. The ToR are enclosed.		c	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	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		pc	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	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 responsibilities		IG Manager to investigate the feasibility of implementing a process that provides this assurance		na	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	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		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)		na	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	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.		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		na	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	The organisation should provide detailed information about how compliance with data protection policies and procedures is to be monitored to give assurance regarding observance.		The IG Policy will be reviewed and consideration given to potential data protection compliance monitoring.		c	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	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 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.		na	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	The organisation should ensure that all areas have carried out comprehensive data mapping exercises to ensure that there is a clear understanding and documentation of information processing in line with the requirements of the organisation's IG policy and national legislation.		All IAR are currently being centrally collated. A review will be conducted to ensure that IAO are correctly capturing lawful basis etc...		na	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	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.		c	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	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.		Ensure that a ROPA is undertaken in line with Art 30 of the GDPR.		na	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	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 lawful 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 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.		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 the IG 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.		na	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	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.		Ensure that our lawful basis for processing special category data is reviewed and documented		c	


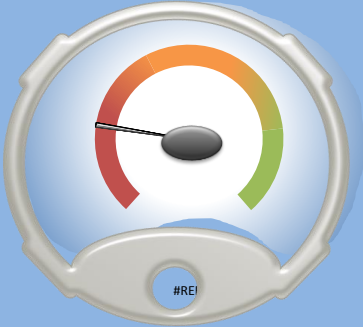


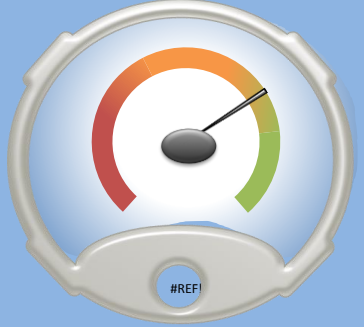
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	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	The organisation should ensure that there is an APD in place to define which schedule 1 conditions are relied on, so that the organisation is 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		APD to be implemented			c	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	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 how 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.		UHB website to be reviewed and any old documentation removed. Access to privacy notice considered.			c	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	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.		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).			na	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	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 organisation is not in breach of legislation.		Will raise at the national Information Governance Group to investigate how other UHBs/Trusts are achieving this requirement.			na	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	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 organisation is not in breach of legislation, and all data subjects can understand the provided privacy information.		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.			na	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	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.		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.			c	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	The organisation should ensure that all staff receive regular training and refresher training on fair processing policies and privacy information.		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 engaging with patients.			pc	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	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.		Procedure detailing breach reporting procedure and what detail needs to be provided should be created			na	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	To ensure that the organisation notifies individuals appropriately where 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.		Procedure detailing breach reporting procedure and what detail needs to be provided should be created			c	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	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.		This should be achieved by regular review of IAR. Linked to A23.			na	

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IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	<p>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.</p> <p>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.</p>		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.		na	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	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.		TNA to be performed. National piece of work currently being undertaken.		na	
IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	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.		This is being considered by the IG group which will feed into Digital Management Board		na	

Regulatory and Accreditation Dashboard

 <p>Biochemistry ISO15189 inspection readiness</p> <p>Improvement required on time of longest incident and CAPA.</p> <p>Low likelihood of inspection</p> <p>#REF!</p>	 <p>Haematology ISO15189 inspection readiness</p> <p>Significant delays in capa management</p> <p>Last inspections held on 3 - 5th April and 1 - 2 May 2019</p> <p>#REF!</p>	 <p>Cellular Pathology ISO15189 inspection readiness</p> <p>Overdue CAPA and incident is of concern.</p> <p>ISO inspection arranged for March 2020.</p> <p>#REF!</p>
 <p>Radiopharmacy MHRA inspection readiness</p> <p>Good improvement on audit and Capa closure</p> <p>Without clear estates plan closure is likley</p> <p>High likelihood of inspection</p> <p>#REF!</p>	 <p>Cellular Pathology/Mortuary HTA inspection readiness</p> <p>Whilst the previous inspection has been closed successfully, the current performance on timeliness of closing CAPA and incidents needs continued improvement</p> <p>#REF!</p>	 <p>SMPU Pharmacy production MHRA</p> <p>significnatly overdue incidents and capa, reflects current escalation postion with the regulator</p> <p>#REF!</p>
 <p>UHL Pharmacy MHRA inspection readiness</p> <p>significantly overdue incidents and CAPA</p> <p>High likelihood of inspection</p> <p>#REF!</p>	 <p>Blood Transfusion Laboratory MHRA inspection</p> <p>Inspection outcomes recently closed, MHRA on bimonthly monitoring to test sustainability</p> <p>Improvement required on time of longest incident</p> <p>Low likelihood of inspection</p> <p>#REF!</p>	 <p>Stem Cell Processing Unit HTA</p> <p>long standing capa closure related to change controls</p> <p>#REF!</p>

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
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. Article 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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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
		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 relation 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 inaccurate 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 Medical 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 recommended that the practice need to ensure that all staff are appropriately trained with evidence of this training held on file. HIW recommended a number		

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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 of		
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 HIW reviewed 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 response 29th April 2019; HIW response accepting immediate assurance. Response sent 07.06.19. HIW assurance received 20.06.19.		

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Mental health		HEB (unannounced)	4
POC	Dental	HEB (announced)	4
POC	Dental	HEB (unannounced with	4

[illegible]

Information Governance Audit Work Plan May 2021

UHB Ref:	ICO Ref:	Priority	Recommendation	Action	Current Status/Completion Date
R1	A14	High	<p>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.</p> <p>To ensure that it is upholding the requirement for data subjects to be properly informed of how 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.</p>	UHB website to be reviewed and any old documentation removed. Access to privacy notice considered.	<p>Complete.</p> <p>New C&V website clearly points to UHB privacy notice on the front page.</p>
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.	<p>In Progress.</p> <p>All out of date IG related policies have been identified and are in the process of being reviewed.</p> <p>Completion date: Q4 2021/22</p>

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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 requirements and their responsibilities	All supervisors and managers contacted to ensure staff are reminded of their responsibility to read and be compliant with the IG Policy.	In Progress. Email to be sent to all supervisors and managers as part of the IG training engagement plan. Completion date: Q3 2021/22
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 DHCW 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. Completion date: Q3 2021/22. DHCW contacted regarding updating provisions of national mandatory e-learning.

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Report Title:	Digital Delivery Programme – Exception & Issues Report					
Meeting:	Digital and Health Intelligence Committee			Meeting Date:	1 st June 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					

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) - a suite of solutions. The elements of this are:

- Hybrid mail, appointment booking, portal to view documents – with WG, 1st scrutiny pass completed (positive), awaiting final approval and can then go to market
- PROMs – ITT expected to go to market 27th September; excellent support from national Value in Health team
- Clinic mailboxes – pending Recovery bid funding; IG protocol agreed, guidance on mailbox monitoring and how to set-up mailboxes written and tested
- Information for patients on website by clinic and that can be sent to the hybrid mail portal - pending Recovery bid funding. To produce patient consumable content on e.g. what to expect if you are referred; See on Symptom information etc
- E-triage – Proof of Concept pilot completed for one pathway in ENT, others being considered

Expected benefits include empowered patients; longitudinal PROM information to inform service improvements; reductions in carbon; solutions self-funding from financial efficiency through channel shift from paper to digital; reduction in calls to clinical staff (primary and secondary care) by making information available and easily accessible

Delays due to: time it takes to recruit; unable to offer more than 12 month contract which limits pool of applicants; lack of resource means everything takes longer; non-recurrent funding

Risks: non-recurrent funding

Data to knowledge programme: The Lightfoot roadmap data acquisition plan is nearing its conclusion. Between 17th September and 6th December all remaining data feeds for SfN will be developed and ready for Live transfer. Without additional resource to support the Lightfoot road map the majority of available resource has unavoidably been allocated to this as a priority.

The UHB's Business Intelligence System continues to be developed where possible with SOS and PIFU in development currently to provide local reporting and analysis capability, and to establish a sustainable national submission required by WG. There is a significant backlog of requests for BIS including suspected cancer pathways, major trauma, radiology, P2R and eye care measures. It is intended the completion of the Lightfoot data acquisition by 6th December will enable resources to refocus on the BI development backlog.

An evaluation of Power Bi, to explore the potential for its use as a replacement for IBM Cognos or as an additional analytics tool in line with other Health Boards in Wales, was planned to take place in September 2021 but had to be postponed in order to progress the remaining Lightfoot data acquisition.

WCCIS: In contrast to previous years where ICF funding has been used to support activity on WCCIS at a regional level, the 2021/22 funding has been split between regional and Vale of Glamorgan council activities, to better support the Vale's adoption of finance functionality in the application. Additionally, the funding is enabling development of opportunities to support the adoption of data standards across the health and care sector in the Cardiff and Vale region, and facilitating a regional approach to the creation of information sharing opportunities, aligning initiatives to strategic national programmes including the NDR.

Capital Digital Funding Programme 2020/21: The Digital Health and Intelligence Directorate keeps a constantly updated risk based assessment of infrastructure replacement requirements. This is a recurring requirement of up circa £5M PA.

The Discretionary allocation to address this requirement for 2021/2022 is £500K is in progress. Additionally a prioritised spend plan has been outlined to address the highest priority risks should further funding including WG Slippage become available.

In light of the currently available Discretionary allocation of £500K and also bearing in mind the highest priority risks within the overall infrastructure sustainability plan outlined at appendix one is a prioritised spend programme based on the currently agreed allocation and standby plans in the event of the potential availability of additional WG slippage funding. The Digital team have strong experience in delivering the commercial and procurement arrangements to deliver within time and budget with framework contracts in place to help facilitate this.

The plan in appendix 1 is broken down as follows:

- Priority one – the agreed 2021/22 spend per current allocation - £500,000
- Priority two – Standby plan - £902,000
- Priority three – Standby plan - £1,091,000

The analysis at Appendix 1 also references some of the impacts of failure to adequately fund priorities. These include:

- Potential for increased interruption in services
- Compromising user efficiency and effectiveness
- Failure to comply with NIS directive requirements
- Cyber Security risks increased
- Barrier to modernisation and agile working
- Failure to provide an effective platform for the implementation of new Digital Initiatives such as EPMA
- Failure to maintain optimum data safety

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Windows 10 upgrade programme:

Programme Status: Stock levels are reduced to a point where COVID laptop recoveries need to start. W10 stock depleted by 2020 COVID provisioning.

The current W10 count from Sys-Track shows 6851, up from 6480 deployed 2 weeks ago. 6851 is a combined total of W10 & helpdesk with another 1200 devices deployed by the Community Team.

CAV Team Deployments:

- UHW Cellular Pathology 90% complete.
- Medical Genetics 90% complete.
- COVID laptop bookings underway.
- CRI deployments underway; completion 14/10.
- UHW Cardigan House complex machines underway.
- UHL audits ongoing.
- Community; ALAC and Whitchurch (Old HQ) ongoing.
- Woodlands site ongoing.
- UHW R&D Dept. moving into new office.

Dell Team Deployments:

- UHW Lakeside building underway.
- UHW Dental deployments started.
- UHL HYC ongoing.
- UHL MHSOP started.
- HYC started.
- UHW Cancer Services started.

Next Major Milestones:

1. Woodlands completion – 26/10.
2. UHW main building deployments complete - 28/9.
3. COVID laptop clinics to start 21/9.
4. Dental Hospital completion 28/9.

Office 365 Programme:

Mail Migration:

- Mailboxes migrated to Office 365 100% complete.
- NetBook migration 100% complete.

Mobilisation: (ON HOLD DUE TO LACK OF RESOURCES) Workload includes gathering and establishing Windows 10 user requirements for home and on-site workers, In-tune Policy, iOS/Android and Teams meeting rooms policies.

- 85 iPads configuration complete and delivered to the 'Perfect Ward' team.
- Community devices roll-out in progress.
- Next phase of 'mobilisation' to support office-based teams which is on hold.

Application Proxy: A service that will enable users to access clinical applications from outside the corporate network on any devices, plus manage and secure devices that users are taking away from the office.

- 'Clinical Portal' and 'TheaterMan' successfully published on the application proxy.

SharePoint Intranet:

This is the replacement for the current CaV Intranet site.

- Completed 14 SharePoint sites to date.
- Commence work on the A-Z Index – in progress.

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. Assurance is provided via the Digital Capabilities Channel Board.

Capital Digital Funding Programme 2020/21: A spend programme was completed working closely with procurement and the finance department to ensure all orders were complete and receipt of goods achieved prior to end of financial year March 31st 2021. Assurance is provided via the Capital Management Group.

Office 0365 Programme: The UHB is working with the National 0365 programme board on planning arrangements to migrate to 0365. Assurance is provided via the Digital Capabilities Channel Board.

Recommendation:

The Committee is asked to:

- NOTE progress against the roadmap and 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	x
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x

4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
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 <i>Please tick as relevant, click here for more information</i>			
Prevention		Long term	
		Integration	
		Collaboration	X
		Involvement	
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>		

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Digital Directors Peer Group Draft Notes

Date of Meeting: Friday, 3 September 2021
Time of Meeting: 3.00 – 5.00pm
Chair: Andy Haywood, Director of Digital Services, WAST

Attendees: Andy Haywood (WAST), Ifan Evans (WG), David Thomas (CVUHB), David Mason-Hawes (VUNHST), Andrea Williams (BCUHB), Iain Bell (PHW), Mike Ogonovsky (ABUHB), Claire Osmundsen-Little (DHCW), Sian Richards (HEIW), Deirdre Roberts (SBUHB), Paul Solloway (H DUHB) Peter Stephenson (NWSSP), Carl Mustad (SBUHB), Daisy Naughton (WHNSC)

Apologies: Helen Thomas (DHCW), Matt John (SBUHB), Stuart Morris (VUNHST), Alison Ramsey (NWSSP), Anthony Tracey (H DUHB), Pete Hopgood (PTHB), Dylan Williams (BCUHB)

No	Item	Action
1.	<p>Introduction</p> <p>Apologies were noted. The minutes of the last meeting were agreed. MO raised a question over WG funding and ePrescribing, which will be picked up under item 6.</p>	
2.	<p>Terms of Reference – for agreement</p> <p>AH asked colleagues for their comments on the circulated draft ToR. It was noted that the membership of the group is likely to change over the next 12 months as new roles are created. AH proposed that for quoracy and voting rights, it should be a single vote per organisation, all agreed that this was fair.</p> <p>Digital Directors did not have a preference on how the peer group Chair is decided. AH will raise the issue with Jason Killens (CE sponsor) in December 2021.</p> <p>CO noted the importance with linking in with other peer groups, such as the DoFs, DoPs and COOs. Sharing of the monthly minutes with other groups was suggested as a way of engaging.</p> <p>It was suggested that the ToR also include information on sending deputies and provision for annual review of the ToR.</p> <p>ACTION AH to update the Digital Directors ToR and bring to October meeting for agreement.</p> <p>All agreed that it would be useful to have a finance update, DPIF pipeline update and WG update as standing items.</p>	AH

	<p>The group discussed the potential for masterclass sessions which would enable the group to have in depth conversation about certain topics, with external speakers. These sessions would also be an opportunity for joint professional development.</p>	
3.	<p>Finance update CO suggested that the group consider their next year's funding proposals now and work on a 3-year plan. CO also reminded the group to spend this year's budget and to think about reporting spending outcomes.</p> <p>CO updated the group on the plans for the Microsoft EA renewal 2022/23. The current agreement comes to an end next year and DHCW are looking to reprocur Microsoft licences on an All Wales basis locking in existing benefits of the arrangement whilst seeking to maximise cost avoidance under the new terms. From March 2022 there will be an initial price increase (8-22%).</p> <p>CO outlined the three different options that DHCW are considering, there is full information in the paper circulated prior to the meeting.</p> <ol style="list-style-type: none"> 1. Work to the current renewal schedule of June 2022 2. Work to the early commitment timeframe 3. Do nothing <p>DHCW are proposing that option 2 is taken and have formed a national negotiation team and noted the importance of working closely with DoFs.</p> <p>ACTION CO to share Trustmarque figures of new fees with the group once received.</p> <p>ACTION All to share their comments with CO regarding the DHCW Microsoft Renewal paper and nominations for negotiating group.</p>	<p>CO</p> <p>ALL</p>
4.	<p>Office 365 Licencing Following on from the previous item CM updated the group on the latest on Office 365 licencing. CM noted that there is a real opportunity to lock in costs and maximise benefits. Licences will be per Health Board in the new agreement.</p> <p>MO while supportive noted the lack of opportunity to conduct a marketplace comparison. However, it was agreed that there are benefits to having long-term strategic partners. All agreed the need to demonstrate the value of Microsoft licences to their boards and the importance of the licencing group.</p> <p>IB raised concerns over a vendor lockdown, especially around cloud strategy. DHCW are currently conducting analysis across market. All agreed that there needs to be further conversations around the national</p>	

	<p>approach to cloud adoption. The infrastructure review that DT is undertaking should be completed early 2022.</p> <p>ACTION CO to share DHCW cloud market analysis work with Digital Directors.</p> <p>It was noted that in addition to capital underspend, there may also be non-recurring revenue underspend. One suggestion was to use that underspend on consultancy work. CO noted underspends should be included in HBs financial risk assessments.</p> <p>IE noted that DPIF still has an underspend, and it is likely that there will have access revenue.</p> <p>ACTION CO to update Digital Directors on the Centre of Excellence at the next meeting.</p>	<p>CO</p> <p>DD</p>
	<p>Cyber Security – incident response development paper</p> <p>ACTION DT to invite Nick Lewis to the October Digital Directors meeting.</p> <p>DT noted that the cyber incident response workflow v2 should be released the end of September. There are training packages, playbooks and tabletop exercises available.</p> <p>5. All agreed the importance of raising the profile of cyber and the need for information to be formally disseminated. IE will follow up with a correspondence to CEs, but suggested the use a Welsh Health Circular if needed.</p> <p>For information WG are holding a tabletop exercise on Wednesday 15 September.</p> <p>All agreed for the need of continued board level education and engagement on cyber security.</p>	<p>DT/DN</p>
	<p>ePrescribing</p> <p>IE presented on this item, but it was noted that the draft paper was prepared by DHCW. IE is expecting a written statement from the Minister as ePrescribing is in the Programme for Government.</p> <p>6. IE firstly noted that the programme is ambitious and asked if the programme is suitably resourced. Secondly, he asked if the group felt the correct language was used and that a contemporary approach had been taken e.g. considering the clinical user. Thirdly, proposed mechanism for deployment secondary care and hospital ePMA, a business case is described the paper. Need to clarify that everyone understands the parallel deployment model from the beginning.</p>	

	<p>DR noted that the paper is tailored around prescribing but does not take into account the administration and the role of the nurses, who would be the biggest user of the system. Additionally, DR stated the importance of the devices and the significant investment that organisations will have to make, is not reflected in the paper.</p> <p>IB noted the need to consider the Primary Care procurement framework and the lack of user research. IB raised concerns over accessibility and digital literacy of the public. MO noted that it should be more than just hospital ePrescribing and focus on medicines optimisation. It was agreed that cloud infrastructure should also be considered in the paper.</p> <p>IE explained the tight time scales of the project and reassured Digital Directors that there is sufficient funding available. WG will provide funding to all HBs and Trusts to create project teams, with additional deployment costs for the first year. All agreed on the importance of appointing the programme's SRO.</p>	
7.	<p>AOB</p> <p>NHSX Records Management Code of Practice 2021 IE noted that NHSX have published new guidance, which while it does not apply to Wales it is not clear if Wales has an equivalent. IE would welcome the group's advice and steer.</p> <p>ACTION IE to share NHSX Records Management Code of Practice 2021 email.</p> <p>Digital Maternity Services CO noted that HT is scoping digital maternity services and will want to update the group when she is back from leave. IE and CNO are sponsoring that work, relatively small project. MO raised that ABUHB have just procured a digital maternity service.</p> <p>RISP Procurement Teams AH had been contacted by RISP who are organising radiology system demonstrations with potential suppliers and would like to invite our IT colleagues.</p> <p>ACTION All to send Scarlett Clark (Scarlett.Clarke@wales.nhs.uk) their IT leads name.</p>	<p>IE (COMPLETE)</p> <p>ALL</p>
	Date of next meeting: TBC	

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