

Digital & Health Intelligence Committee

Tue 04 October 2022, 09:00 - 12:00

Agenda

09:00 - 09:10
10 min

1. Standing Items

David Edwards

1.1. Welcome & Introductions

1.2. Apologies for Absence

1.3. Declarations of Interest

1.4. Minutes of the Committee Meeting held on 7 June 2022

 1.4 Draft Public DHIC Minutes 7.6.22MD.NF.pdf (12 pages)

1.5. Action Log following the Committee Meeting held on 7 June 2022

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

1.6. Chair's Action taken since the Committee Meeting held on 7 June 2022

09:10 - 10:50
100 min

2. Items for Review and Assurance

2.1. Digital Transformation Progress Report (Digital Dashboard)

David Thomas

 2.1 Digital Transformation Progress Report Oct2022.pdf (3 pages)

 2.1a Appendix 1.pdf (1 pages)

2.2. Digital Strategy - Update on Roadmap and Associated Funding

David Thomas

 2.2 Digital Strategy update Oct2022.pdf (5 pages)

 2.2a Appendix 1 DHIC Oct2022.pdf (7 pages)

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

James Webb

 2.3 IG Compliance DHIC Oct 22.pdf (6 pages)

2.4. Review on processes and systems for Data, Information Management

David Thomas

 2.4 Review of Progresses and systems for Data Information Management Oct 2022.pdf (7 pages)

Mohamed Saleh
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- 📄 2.4a Appendix A.pdf (3 pages)
- 📄 2.4b Appendix B.pdf (2 pages)

2.5. Information Governance Training, Communications and Engagement Plans Presentation

David Thomas

2.6. Framework Policies, Procedures & Controls Review

David Thomas

- 📄 2.6 Framework Policies Procedures and Controls June 7 2022.pdf (3 pages)

2.7. Joint IMT & IG Corporate Risk Register

David Thomas/James Webb

- 📄 2.7 Joint IMT IG Risk Register Cover June22.pdf (3 pages)
- 📄 2.7a DHI Combined Risk Register Sept 2022 Master.pdf (4 pages)

2.8. BREAK - 10 MINUTES

2.9. Clinical Coding Performance Data

David Thomas

- 📄 2.9 Coding Paper Oct 22.pdf (4 pages)

10:50 - 10:50 0 min 3. Items for Approval / Ratification

3.1. No items

10:50 - 10:55 5 min 4. Items for Noting and Information

4.1. Minutes: Digital Directors Peer Group

David Thomas

- 📄 4.1 Digital Directors Peer Group Cover draft.pdf (3 pages)

4.1.1. 04.07.22

- 📄 4.1.1 Digital Directors' Peer Group Minutes 04 07 22.pdf (5 pages)

4.1.2. 01.08.22

- 📄 4.1.2 Digital Directors' Peer Group Minutes 01 08 22.pdf (5 pages)

10:55 - 10:55 0 min 5. Agenda for Private Digital & Health Intelligence Meeting

5.1. Minutes from the Private DHIC Meeting held in June 2022

5.2. Digital Strategy Case for Investment Update

5.3. Caldicott Report

Mohamed, Sarah
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5.4. Cyber Update

10:55 - 10:55
0 min

6. Any Other Business

David Edwards

10:55 - 11:00
5 min

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

11:00 - 11:00
0 min

8. Review of the Meeting

David Edwards

11:00 - 11:00
0 min

9. Date & Time of next Meeting:

14 February 2023 via MS Teams

11:00 - 11:00
0 min

10. Declaration

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960]

Mohamed Sarah
26/09/2022 15:28:13

**Draft Minutes of the Public Digital & Health Intelligence Committee Meeting
Held On 7 June 2022 at 9 am
Via MS Teams**

Chair:		
David Edwards	DE	Independent Member - Digital
Present:		
Gary Baxter	GB	Independent Member - University
Michael Imperato	MI	Independent Member - Legal
Sara Moseley	SM	Independent Member – Third Sector
In Attendance:		
Suzanne Rankin	SR	Chief Executive Officer
Nicola Foreman	NF	Director of Corporate Governance
Angela Parratt	AP	Director of Digital Transformation
David Thomas	DT	Director of Digital & Health Intelligence
Daniel Jones	DJ	Information Governance Manager
Hywel Pullen	HP	Assistant Director of Finance
Mark Wardle	MW	Consultant Neurologist
Observers:		
Emily Howell	EH	Audit Wales
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
James Webb	JW	Information Governance Manager
Catherine Phillips	CP	Executive Director of Finance
Charles Janczewski	CJ	UHB Chair
Meriel Jenney	MJ	Executive Medical Director

Item No	Agenda Item	Action
DHIC 07/06/001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the public meeting and confirmed the meeting was quorate.	
DHIC 07/06/002	Apologies for Absence Apologies for absence were noted. The Committee resolved that: a) The apologies were noted.	
DHIC 07/06/003	Declarations of Interest The Independent Member – Third Sector (IMTS) declared a Declaration of Interest due to her working for the GMC.	

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	<p>The Committee resolved that:</p> <p>a) The Declaration of Interest were noted.</p>	
<p>DHIC 07/06/004</p>	<p>Minutes of the Meeting Held 1 February 2022</p> <p>The Director of Digital & Health Intelligence (DDHI) advised that page 6 needed to be amended to state “did not sign because it would be inferior to the current Paris system.”</p> <p>The Committee Resolved that:</p> <p>a) Pending the above changes, the minutes of the meeting held on the 1 February 2022 were confirmed as a true and accurate record.</p>	
<p>DHIC 07/06/005</p>	<p>Action Log – Following the Meeting held on 1 February 2022</p> <p>The Action Log was received.</p> <p>The Committee Resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	
<p>DHIC 07/06/006</p>	<p>Chair’s Action taken since the Committee Meeting held on 1 February 2022</p> <p>The Committee Resolved that:</p> <p>a) There were no Chair’s Action.</p>	
Items for Review and Assurance		
<p>DHIC 07/06/007</p>	<p>Digital Transformation Progress Report</p> <p>The Director of Digital Transformation (DDT) presented the Report and highlighted the following:</p> <ul style="list-style-type: none"> • The Digital Strategy was due a refresh. The first one had been produced in 2020. • It was noted that work had progressed with defining the Digital Roadmap and associated business cases to support the Digital Transformation Programme. • Other items would also be added to the Roadmap and would help to give a 2-3 year forward view. • Cash releasing business cases had also been included into the progress report provided in Appendix 1. • The Roadmap also included year end funded initiatives. 	

- “Green” showed initiatives that had been completed and “amber” showed initiatives that were mobilising and starting.
- All of the activities were either completed or mobilised, which showed good progress.
- The current position regarding business cases in development and Roadmap items were summarised in Appendix 2
- The Roadmap also included those initiatives that had been completed in 2021-22.

The IMTS asked about any funding discussions which had taken place since the last Committee meeting. The IMTS added that she was also concerned about electronic patient records because it was fundamental to working across the organisation.

The DDHI responded that there were a number of business cases that had been reviewed by Finance colleagues at BCAG. These were not approved yet and queries had been raised regarding those. The request was for a total of over £1 million and that would need to be dealt with by the Executive Director of Finance (EDF). However, if those business cases were not accepted, it would be a struggle to deliver the Roadmap.

The DDHI added that the Cyber team bid had been successful.

The Independent Member – Legal (IML) commented that Appendix 2 was a very useful document. The IML queried how digital communications and electronic patient records would be achieved. There needed to be more of a definite date of the milestones and actions.

The DDHI responded that it was a matter of resources. The team could put in as much information into the timelines as possible. However, if the funding resources had not been identified then it was difficult to achieve.

The Chief Executive Officer (CEO) commented that the paper was quite tactical. The CEO queried whether everyone understood the scale of investment required to get the Health Board to an electronic patient record status. That would involve hundreds of millions of pounds. Firstly, there was no capital and the digital programme for Wales had been cut this year. The CEO queried whether the Roadmap should be prioritised and a strategic emphasis created. The CEO stated that a long term financial commercial model was required.

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	<p>The DDT responded that everything the CEO had mentioned was correct. On the one hand the team needed to carry out the basics and they were hampered by resource challenges. At the same time the expectations on what technology could deliver were high. The DDT added that his team was making progress but that were progressing very slowly on big strategic items.</p> <p>The DDT added that in relation to the Electronic Patient Record (EPR), some pieces of work had been undertaken in the past 12 months. The team wanted to put data at the centre and make it available to all healthcare colleagues.</p> <p>The DDHI advised the Committee that there was a high-level plan and he would share that with Board Members. The plan contained an estimate of a 10-year forecast which set out what was needed for Digital, which included capital and revenue. The plan had been submitted to WG. The DDHI added that it excluded the UHW2 work. The total cost was £275 million and that was a slight under estimation.</p> <p>The Independent Member – Digital (IMD) commented that it was good to have all the items on the Roadmap. However, once the budget for Digital was agreed, it would be beneficial to create a list of items that would definitely be delivered.</p> <p>The Committee noted that Windows 11 would be replacing Windows 10 and that would also require resources.</p> <p>The Committee Resolved that:</p> <p>a) The progress made across the Digital Strategy – Roadmap delivery programme was noted.</p>	DDHI
<p>DHIC 07/06/008</p>	<p>IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)</p> <p>The Information Governance Manager (IGM) presented the IG Data & Compliance Paper and highlighted the following:</p> <ul style="list-style-type: none"> • Information Governance (IG) staffing levels remained stable with 5 full time equivalent members of staff. • The overall number of serious incident reports had dropped. That was partly due to a change from the local e-Datix system to the new system. 	

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- The number of IG related incidents had increased during Quarter 4. It was a natural fluctuation and had not reflected anything significant.
- The overall compliance of FOI requests had increased across the Health Board during Quarter 4 of 2022
- The IG team had updated the public disclosure log for 2020 – 2022.
- There had been a drop-in compliance in Quarter 4 regarding health record requests. The Medical Records team was taking measures to address that with the IG team’s support.
- The non- health Subject Access Requests compliance rate had increased to 88% from 80%, despite an increase in Police requests.
- The IG team had begun to process a large number of letters that had been sent to staff. Those were being reviewed with HR. The team was already starting to see a drop in the numbers after a few months of targeting those.
- The level of IG training compliance was around 63% and the target was 85%.

The DDHI commented that following discussions at ME, it was noted that it was important to bring the IG training rate up to the 85% target. It was recognised that there was targeted work to do in that area.

The IML queried how many of the access to medical records requests came from (i) solicitors and (ii) members of the public, and what were the reasons for those requests. For example, were the requests driven by Covid or by random requests.

The IGM responded that they did not have to record the purpose. However, they would record who made the request for medical records and he added that he would ask Medical Records for a breakdown of who was making the requests.

The team was also putting together a procedure document that would help with the efficiency of processing.

The Independent Member – University (IMU) queried whether the volume of FOI requests had changed substantially since the pandemic and what was the longer-term trend. The IMU also queried whether the Health Board’s FOI compliance rate was typical for a Health Board in Wales.

The IGM responded that from a FOI perspective, the level of requests had remained steady. He would provide further detail at the next Committee meeting.

IGM

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	<p>The IMD stated a lot of FOI requests were often repeated. The IMD queried if there was a way to reduce the requests and make the information more transparent.</p> <p>The IGM responded that the disclosure logs had been updated from January 2021 onwards. However, a lot of the requests would ask for similar information. Therefore, there was a small percentage that could be sent to the disclosure log.</p> <p>The Committee Resolved that:</p> <p>a) The series of updates relating to significant Information Governance issues as set out in this report were received and noted.</p>	<p>IGM</p>
<p>DHIC 07/06/009</p>	<p>Joint IMT & IG Corporate Risk Register</p> <p>The DDHI presented the Joint IMT & IG Corporate Risk Register Paper.</p> <p>It was noted that the Risk Register set out the individual risks and a lot of risks related to resourcing. The DDHI requested that the red risk noted at 20 (the Cyber Security Risk) be included on the Corporate Risk Register.</p> <p>The Director of Corporate Governance (DCG) responded that it was important to include the Cyber Security risk on the Corporate Risk Register</p> <p>The IMTS queried if any insight could be given on the heightened Cyber Security risk.</p> <p>The DDHI responded that this would be discussed in the Private meeting.</p> <p>The IMD stated that all public organisations needed to maintain Cyber Security and there were a lot of external events that the Health Board needed to be mindful of.</p> <p>The Committee Resolved that:</p> <p>a) The progress and updates to the Risk Register report were noted.</p>	<p>DCG</p>
<p>DHIC 07/06/010</p>	<p>Development, procurement and implementation of national and Local IMT systems</p> <p>The DDHI presented the Report and highlighted the following:</p>	

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	<ul style="list-style-type: none"> • The purpose of the paper was to pick up on items that were not included on the Roadmap. • The team had a new service desk tool. The team did a “mock-up” of the type of reports that the system would produce which was included in the appendix. • The team would use that to update the Committee and the Health Board, where appropriate. • The Welsh Community Care Information System had not been taken up by the Health Board because the Paris system was chosen instead. • In the Capital Digital Funding Programme, the Health Board was able to receive and spend appropriately across a range of things. The team would be looking at the technology stack to understand what was needed going forward. <p>The IMD queried if there were plans to expand the ITIL training. The whole IT department needed the training to make it effective.</p> <p>The DDHI responded that the training was aimed at the service desk staff initially. However, there were plans to expand it to project managers and network staff.</p> <p>The Committee Resolved that:</p> <p>a) The progress made against the workplan and the areas of exception which required further attention and consideration, were noted.</p>	
<p>DHIC 07/06/011</p>	<p>Digital Strategy Refresh including Investment Requirements</p> <p>The Consultant Neurologist (CN) advised the Committee that, data and digital services were the best way to build quality systems. A lot of good work had been undertaken and more could be done.</p> <p>The DDT presented the Digital Strategy Refresh Paper and highlighted the following:</p> <ul style="list-style-type: none"> • The strategy was originally signed in 2020. • A lot of tactical work had been carried out to make improvements. • The purpose was to build a new relationship with the organisation with a core principle of co-production. • An enterprise architecture was required. That would pull together all of the basics and what was needed in terms of infrastructure and would be carried out in a co-productive way with technical people and senior leaders in the organisation. 	

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- In terms of EPRs, there was dependency on other partners, local government and third parties.

Visual explanation of APIs

- It was noted that the “back end” was the engine room and that was where the data “lived”.
- The “front room” was what colleagues and patients interfaced with.
- The API got the data from the back into the front in a way that people could use.

It was noted that Digital Health and Care Wales (DHCW) were developing an API cluster to allow the Health Board to consume data.

It was noted that it was really important to understand the future strategies within the 2022/25 IMTP.

Cardiff and Vale Digital Strategy

- The overall point was that the Health Board should become a learning and health care system and data would be at the heart of it.
- Digital must respond to the IMTP plan, IMTP priorities and commissioning intentions.
- The aim was that patient information followed the patient so that anyone who needed to use and see the data could.
- That would be underpinned by standards, plans and investments.
- The objective was to get access to data anywhere and on any device.

Enterprise architecture

- An enterprise architecture would give a viewpoint to show how infrastructure needed to change.
- It should clarify what the organisation would look like and how it would operate.

The DDHI added that his team had been working with Grant Thornton, a national consultancy firm. A plan would need to be created to set out how everything would be delivered.

What's next - EPR business case

- There was very rich and comprehensive data that should be made available.

Co-production

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	<ul style="list-style-type: none"> • There needed to be a vision and shared understanding and shared resources. • There was a lot of co-working with other organisations that had built hospitals or were embarking on that. <p>The CEO agreed on the importance of data following the patients. The CEO queried clinical decision-making driving safer practice and creating a discussion that it was not about putting decisions in clinicians' hand but getting them to make the right decisions using clinical evidence. For example, EPMA prescribing would be a great safety benefit to patients and clinicians, but that example had not been spoken about sufficiently.</p> <p>The IMD queried if anyone was looking at the emerging new technologies and the implications, especially when building new hospitals.</p> <p>The DDT responded that the main sources of horizon scanning were what colleagues brought to the table, conversations with other organisations who were going along the same route as the Health Board, and talking with suppliers.</p> <p>The IMU stated that he posed a question to the END on how to bring people along with digital transformation and how to achieve maximum co-production.</p> <p>The DDT responded that the Welsh nursing care records showed something had been developed by clinicians for clinicians, supported by the Digital team.</p> <p>The Committee Resolved that:</p> <p>A) The progress across the Digital programme refresh plans as described were noted.</p>	
<p>DHIC 07/06/012</p> <p>Mohamed Sarah 26/09/2022 15:28:13</p>	<p>Framework Policies, Procedures & Controls</p> <p>The DDHI presented the Framework Policies, Procedures & Controls Paper and highlighted that due to limited capacity in the team, the policies had not been reviewed.</p> <p>It was noted that they hope to complete the work before the next Committee.</p> <p>The Committee Resolved that:</p> <p>a) The progress made and the verbal update received at the Committee meeting, was noted.</p>	<p>DDHI</p>

<p>DHIC 07/06/013</p>	<p>Committee Effectiveness Survey Results 2021-2022</p> <p>The DCG presented the Committee Effectiveness Survey Results 2021-2022 Paper and highlighted the following:</p> <ul style="list-style-type: none"> • The results were really good. • 5 respondents had filled it in. Next year it would be broadened to include those in attendance at the meetings. • There were no actual areas for improvement. However, all Committees of the Board could improve in some way. • Next year it would take a different approach. Instead of Survey Monkey, a face to face workshop could be used instead. <p>The DDHI queried that it would be helpful to see how the Committees could improve.</p> <p>The DCG responded that next year they were looking to have a workshop earlier in the year. Work was also being undertaken to align the Committees and Board with the Health Board's overall strategic objectives.</p> <p>The IMU stated it would be useful to move towards a more discussion type of Committee effectiveness review. He also queried if comments were captured.</p> <p>The DCG responded that comments were not captured very well using the Survey Monkey.</p> <p>The Committee Resolved that:</p> <p>a) The results of the Annual Board Effectiveness Survey 2021-2022, relating to the Digital and Health Intelligence Committee were noted.</p>	
Items for Noting and Information		
<p>DHIC 07/06/014</p>	<p>Clinical Coding Performance Data</p> <p>The DDHI presented the Clinical Coding Performance Data Paper.</p> <p>The DDHI stated that the Health Board was losing clinical coders to other companies because of the ability to work at home.</p> <p>The IMU commented that around 2-3 years ago, Stuart Walker gave a presentation on the importance of clinical Code staffing. It highlighted a national problem in Wales</p>	

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	<p>The CEO stated that a Clinical Coding academy was established in her last workplace. That could be done on an all Wales basis.</p> <p>The DCG queried the status of the DHCW Clinical Coding Audit Report and asked if the recommendations had been accepted and should they be added to the Tracker.</p> <p>The DDHI confirmed they would need to be added to the Tracker and would liaise with the DCG.</p> <p>The Committee Resolved that:</p> <p>a) The performance of the UHB's Clinical Coding Department was noted.</p>	DCG
DHIC 07/06/015	<p>Minutes: Digital Directors Peer Group</p> <p>i. Digital Directors Peer Group – 7 March 2022 and 4 April 2022</p> <p>The DDHI stated that the Digital priority investment fund had been reduced on capital and revenue. Confirmation from WG on what the final allocations would be was awaited.</p> <p>There was commitment from the DDPG to work on an all Wales basis.</p> <p>The Committee Resolved that:</p> <p>a) The Minutes of the Digital Directors Peer Group of Meeting held on 7th March 2022 and 4th April 2022 were received and noted.</p>	
DHIC 07/06/0016	<p>Agenda for Private Digital & Health Intelligence Meeting</p> <p>i. <i>Cyber Update</i></p>	
DHIC 07/06/017	<p>Any Other Business</p> <p>No Other Business was discussed.</p>	
DHIC 07/06/018	<p>Items to bring to the attention of the Board / Committee</p> <p>No Items were brought to the attention of the Board / Committee.</p>	
	<p>Date & Time of next Meeting:</p> <p>4 October 2022 via MS Teams</p>	

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Action Log
Following the Digital Health & Intelligence Committee
Held on 7 June 2022
(For the meeting 4 October 2022)

Minute Ref	Subject	Agreed Action	Lead	Date	Status
Complete Actions					
DHIC 07/06/009	Joint IMT & IG Corporate Risk Register	The red risk noted at 20 (ie the Cyber Security risk) to be included on the Corporate Risk Register	Nicola Foreman	1.08.2022	Completed Confirmation received that this risk has been noted on the Corporate Risk Register
DHIC 07/06/014	Clinical Coding Performance Data	The recommendations from DHCW's Clinical Coding Audit Report would need to be added to the Tracker.	Nicola Foreman	1.08.2022	Completed Confirmation received that these recommendations have been added to the Tracker.
Actions in Progress					
DHIC 07/06/007	Digital Transformation Progress Report	The 10 year Digital Forecast Plan to be shared with Board Members.	David Thomas	4.10.2022	Updated on 4 October 2022 Agenda item 2.1
DHIC07/06/008	Access to Medical Records	The IGM would ask Medical Records for a breakdown of who was making the requests for medical records	David Thomas/Daniel Jones	4.10.2022	Update on 4 October 2022 Agenda item 2.3
DHIC 07/06/008	FOI requests	The IGM would provide more detail on the level of FOI requests rate, including who was making the same.	David Thomas/Daniel Jones	4.10.2022	Update on 4 October 2022 Agenda item 2.3

Minute Ref	Subject	Agreed Action	Lead	Date	Status
DHIC 07/06/012	Framework policies review	Framework Policies, Procedures & Controls would be reviewed by the next Committee.	David Thomas	4.10.2022	Update on 4 October 2022 Agenda item 2.6
Actions referred from another Committee					
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	4.10.2022	Update on 4 October 2022 An update to be provided to the DHIC Committee as the matter was due to be discussed at the Strategy Review session on 9 June 2022.
AAC 6/9/22 008	IT Service Management	Standing reports regarding the Ivanti System are to go to the Digital Health Intelligence Committee	David Thomas	8.11.2022	Update by 8 November 2022 An update to be shared at the next Audit Committee

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Report Title:	Digital Transformation Progress Report		Agenda Item no.	2.1	
Meeting:	Digital and Health Intelligence Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	4 th October 2022
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information

Lead Executive: **Director of Digital and Health Intelligence**

Report Author (Title): **Director of Digital Transformation**

Main Report

Background and current situation:

Background and current situation:

At the June DHIC meeting there was discussion about the draft v2 roadmap, resource challenges which in part determine what we can and can't do and when, as well the need to provide more definitive statements on what is planned for delivery and when and Enterprise Architecture, which will enable us to develop the forward view.

There was also discussion about how the content mixes tactical/operational and strategic items and it should be scaled and prioritized to show what we can deliver and over what time period. This includes that some items will be shown as paused pending other work or resource plans, whilst indicating how we aim to achieve those aspirations.

Examples of challenges could be time, resource, technology or something else.

Projects in train including this year's roadmap items are reported in a slightly more condensed way at Appendix 1 and shows some items paused of necessity. For the next meeting of DHIC, all of these projects should be within the reporting tool that we are using and will be shown as part of the departmental dashboard.

Further details and screenshots of the developing dashboards are appended to Agenda Item No 2.4 (Review on Processes & Systems for Data, Information Management).

The roadmap itself, showing the build-up / sequencing of activities over time remains a statement of intent until the EA work is complete. That work will enable us to better sequence what we need to do and in what order. This in turn will allow us to cost our plans. This is discussed further in Item 2.2.

As reported at the last meeting, business cases (existing and emerging) have been incorporated into the roadmap and are no longer reported on separately other than as exceptional items or where they are new.

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

New business case(s) to be aware of

A business case to introduce electronic triage is nearing completion as part of 6 Goals (Urgent and Emergency Care).

Recommendation:

The Board / Committee are requested to:

- NOTE the progress report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

Safety: Yes

Patient safety improved through increased use of electronic record keeping

Financial: Yes

Benefits realization from smarter working practices using digital solutions

Workforce: Yes

Supports our ambition of digitally enabled workforce

Legal: Yes/No

Reputational: Yes

Supports ability to manage our resources/data effectively

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes/No

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Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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IMTP PROJECT	PLANNED Q2 MILESTONE	UPDATES	TREND
Electronic Patient Record	Not achieved	Q2 milestone paused pending resource. EA work from Q1 planned to complete this quarter. Lack of resource hampers progress	Off track
Digital front door	Generation upgrade, overhaul of UI, ergonomics and availability ; e-whiteboards further developed for internal referrals from Front Door to internal specialties	Evaluating new platforms, this work will conclude Q3 subject to resource availability. E-whiteboard for ED to other specialty referrals mandated by MD. Medicine completed, SDEC completed (5 specialties), will conclude surgical services clinical board Q3 and then move to the next (to be agreed in Q3)	On track
DSPP NHS Wales App (from DSPP)	Dependant on DSPP roadmap - patient preferences, comms via app, appointment booking etc	DSPP programme on track to start Beta pilot with a number of practices across Wales. D&H attend DSPP programme group in support of programme. No further reporting.	National programme not in CAV control
PROMs	Implementation through clinical areas continues	Good progress being made: 4 services live and in discussion with the next 10. Team has been fully funded through VBHC. Integration started Q1, planned to complete Q3	On track
Shared health and care records using LDR	Establishment of the CaV region as a 'Digital Care Region' within which Digital change can be co-ordinated across organisational boundaries	Q1 milestone not achieved as DPIF funding was not approved. Ambition was reset to establish the mechanism and approach to 'Regional' digital change. 1. Digital Care Regional Steering Group established to sit in October. 2. Strategic review of DCR complete by Swansea University for October Steering Group 3. Regional Digital approach/hymn sheet being socialised amongst Executive Stakeholders (CaV, CCC, VoG) for approval at Oct Steering Group	On track
Outpatients transformation	Attend Anywhere initiative with the Outpatient modernisation initiative - emphasis is Virtual Consultations agnostic of platform e.g. using video, phone; Outpatients application on PMS redesign commences	1 Attend Anywhere / virtual consultation is now part of the Outpatients Transformation project group working with leads of various workstreams to further embed and increase utilisation - no further reporting on this Development of algorithms to manage electronic communication with patients to be completed by Q4.	2 On track
Community, Mental Health and PCIC services	Commence full scale rollout of e-Diary (e-community scheduling) for non Malinko services (CRTs, Midwifery, Community M.H, Primary Care Liaison services initially)	1. Diary resource partially re-allocated to Digital Front Door. Delay in completion of Staff Diary rollout scope by 2months 2. Maternity Services 40% complete rollout of e-Staff Diary, target for completion is Q4 2022/23 2. Subject Access Request (SAR) drawn in from Q4 to be worked up for Go-Live in late Q3 2022/23	On track
Digital dictation & Transcription	Integration with PMS	Initial integration meeting held with supplier and documentation provided. The work needs to be scheduled. National document metadata standard needs to be adhered to as part of the integration, this is currently in draft with an aim to complete Q3 which puts us slightly off track.	Going off track
eTR radiology & GPeTR	No milestone this quarter	UEC and inpatient app in user acceptance testing, will go live Q3 subject to substantive resources being in place	On track
Clinical/specialty applications	WNCR implementation. WIFI phones and pager text capability	WNCR Infrastructure received successfully in line with requirement. PoC in Barry Hospital successful. Work on-going re: WIFI deployment of iPad . 7/9/2022 Go live in St Davids Hospital planned for end of September 2022 WICIS progressing in line with project plan for new go live date provided by DHCW in 2023 ePMA funding letter received - team will be recruited Q3 Lead assigned for SNOMED CT in context of DSCN for WECDS expected Q1 2023 WCPC/COMII stapling pushed back as resource diverted to UEC priorities, now aiming for Q3 completion WIFI phones infrastructure upgraded and deployed. Some issues where connectivity patchy - now complete & BAU. Text features subject to resource planned Q3	On track
Interoperability	No milestone this quarter	No milestone due but work in this area includes for PROMS & digital dictation. Planning work on PAS to PAS demographics, alerts and flags in progress.	On track
Scan4Safety	Implementation in line with plan agreed Q4 2021/22	Progressing in cardiology; CAVPM has started, some resource challenges in the wider project team being discussed with NWSSP colleagues. As Is state agreed by service manager, To Be options presented and to be agreed by end Q3 for implementation. Some resourcing challenges NWSSP are in process of resolving	On track
Vein2Vein transfusion (all Wales)	Funding challenge from WG, further work requested of programme lead.	Expecting to resubmit in Q3 if funding challenge can be resolved	Nationally funded programme - Going off track
PowerBI	Decision and discussion at channel board	Lack of resource, push back until resourcing resolved. Recruitment issues continue to hamper bringing team up to baseline capacity	Off track
Use Your Own Device	BiSapps migrated to AppProxy; sunset Blackberry	Complete	On track
PROJECT	PLANNED Q2 SUBJECT TO RESOURCE	UPDATES	
Sustainable funding plan for D&H		Business cases approved for operations, IG, O365. Remaining business cases under discussion.	Going off track
Virtual Hospital & virtual inpatient wards	Update EU Workstation and Ward Clinical Workstation to allow the management of patient workflow in a virtual setting.	Enable VIP wards in EUWS - 90% complete, as automated as possible to achieve. Majority of remaining works should complete in Q3.	On track
Scheduling - community nursing	Progressed to 90% across District teams	Completion planned for end of Q3	On track
e-triage business case - All Wales BC, with national UEC clinical lead	Business case drafted	Draft circulated for comment to various internal and external for a. Waiting comments to then submit (Q3 planned). See update in Paper 2.1	On track
Single sign on UEC	Project to be resourced	An SMT lead has been assigned to investigate what would be required to mobilise this including resource and an assessment of whether or not it can be achieved within existing resources - Q3	Off track
Link national e-advice solution with local e-advice solution	Both solutions live	Plan developed to integrate local with national solution - lack of resource affecting progress. If not resolved in Q3 this work will be paused.	Going off track
Internal interoperability between major PAS (acute, community/MH and others)	Internal discussions on tactical solutions for individual use cases	Requires resource - reprioritisation of existing work to support this underway. Plan to be devised Q3	Off track
O365 capabilities	O365 licences for all CAV staff	National contract renewed. Rolling out to nurse staff group aligned to WNCR. Business case to resource team approved; JDs with HR and then recruitment will follow - Q3	Going off track
Enterprise architecture	Focus on data, applications and infrastructure - precursor for EPR	Scope agreed, work will complete Q3	On track
Upskilling staff (generally in digital in CAV)	Update/develop inhouse training materials for EUWS, E-whiteboard; eTR radiology	National O365 team presentation at Health Informatics Forum Q2 will be discussed further at Capabilities channel board Q3; Digital Inclusion Charter re-signed with Digital Communities Wales. Action Plan supporting the 6 pledges to be developed Q3	On track
ePOAC	SBAR for temporary resource to progress this and complete it	Waiting decision Q3	Going off track
Secure WIFI for mobile devices	New	Planning in progress - complete planning work Q3. Tactical improvements being progressed in meantime	Off track
Completed			
Data gateway to enable Powerapps to consume PAS data	Achieved		Complete
Paused			
Econsent	Not achieved	Paused pending organisational capacity and Welsh risk pool digital solution	
Patient facing content	No milestone this quarter	Paused pending resource	
Digital comms & Choose and Book	Not achieved	ITT c80% complete. Paused pending resource	
Self directed enquiry management	No milestone due this quarter	Paused pending resource	
Managed print/Follow Me printing	No milestone this quarter	Paused pending resource	

Report Title:	Digital Strategy Update			Agenda Item no.	2.2
Meeting:	Digital and Health Intelligence Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	4 th October 2022
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	Director of Digital and Health Intelligence				
Report Author (Title):	Director of Digital Transformation				
Main Report Background and current situation:					

Mohamed Sarah
26/09/2022 15:28:13

Background and current situation

At the June 2022 DHIC meeting there was discussion about 3 key pieces of work:

- A new relationship with the organisation, building on our digital strategy core principle of coproduction
- an enterprise architecture that will give us a blueprint for the changes and modernisation we need in the technology stack including infrastructure, applications and data to meet UHB needs and aspirations. This will ensure that we move forwards to the new architecture and don't reinforce the legacy. Planned, timely investment needs to follow this architecture - year end funding is time constrained and reactionary
- EPR business case

And, to secure the appropriate funding for staffing and solutions.

Update at October 2022

Co-production

- the ETR radiology app is completing user acceptance testing (UAT) and will then move into pilot in a few key clinical areas. As described at the last DHIC meeting, this is a true coproductive piece of work. Over 500 tests can be requested, the design has come from radiologist and radiology colleagues with medicine and surgery clinicians & digital colleagues
- e-whiteboard fully implemented in Medicine and sSDEC; now going live in the rest of surgical clinical board and then moving to another clinical board (to be agreed). This facilitates and tracks referrals from ED to other specialties and shows status of the referral.

Enterprise Architecture

There have been several meetings with the organization supporting this work and a core team including our CCIO and senior management leads to agree scope and to clarify what is achievable within the resource envelope. Scope has been agreed and meetings are being established to progress this time boxed work. The outputs expected are:

1. Documented baselined enterprise architecture
2. Documented projection from baseline and gap analysis
3. Identification of clearly defined areas of future work to prioritise deeper development of the Enterprise Architecture, with high level plan of prioritised next steps

Mohamed Sarah
26/09/2022 15:28:13

This work will help inform what we should consider doing, in what order, to put in place the building blocks we need. We can then cost these plans more accurately. The work is not an end in itself, EA is a journey.

EPR business case

As shown in agenda item 2.1, this work is staged pending resource which we hope will come via a successful UHW2 strategic outline case bid. This requires a senior resource to work with the Director of Digital Transformation, working with colleagues internally and as necessary, specialists externally to progress the work done to date which is:

2021

- Solutions architecture review
- Baseline
- 2 options for a hybrid To Be EPR
- Soft market testing

2022

- User Research insights
- Feedback sessions with clinicians who input to the work and dedicated sessions with developer teams on core in-house applications and one COTS used for community
- New tooling discovery work for interim improvements pending business case and outcomes in progress with developers

HIMSS EMRAM assessment

Previous presentations in March 2022 refer on how we can use this model to assess where we are in terms of digital maturity.

Digital Directors (all Wales) have committed that all health boards are likely to undertake a HIMSS EMRAM assessment on digital maturity in the next few months. This ideally could be followed by the [Continuity of Care Maturity Model \(CCMM\)](https://www.himss.org/what-we-do-solutions/digital-health-transformation/maturity-models/continuity-care-maturity-model-ccmm) <https://www.himss.org/what-we-do-solutions/digital-health-transformation/maturity-models/continuity-care-maturity-model-ccmm> which includes primary, community and MH care, possibly later this financial year

This helpful work will also support our EPR and digital maturity planning.

Roadmap

As discussed in agenda item 2.1, the roadmap remains as a statement of intent pending completion of the EA work, when we can break activities into constituent parts e.g. networks & WiFi, computing and storage, data (master data sets, interoperability) and so on – these are the foundations on which we need to build.

Using the feedback from the June DHIC meeting, 2022/23 is re-cut as strategic v more tactical items.

A short presentation of this as well a little more on EA is shown at Appendix A to this paper.

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

The JHB recognizes the importance of adequately investing in the digital and health intelligence function to enable delivery of improved services, increase the pace of digital maturity and transformation and implement the actions to realise the ambitions as set out in the suite of Shaping our Futures strategies (SOFH, SOCS, SOPH and SOFC@Home) and contained within the 2022/25 IMTP.

The EA work which will inform future investment plans and work activities. We will need to spend more time and effort on further developing our EA to ensure what we are doing remains current in the context of what the organization aims to achieve.

Work is on-going to secure investment for other business cases. D&HI remains under resourced.

The completed 10-year investment plan referred to previously in this forum remains a funding challenge and will be discussed further at the private agenda meeting.

Recommendation:

The Committee is requested to:

- NOTE and DISCUSS the paper and presentation and make recommendations for improvement.
-

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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
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	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

Safety: Yes/No

Financial: Yes

Benefits realisation from smarter working practices using digital solutions

Workforce: Yes

Supports our ambition of a digitally enabled workforce

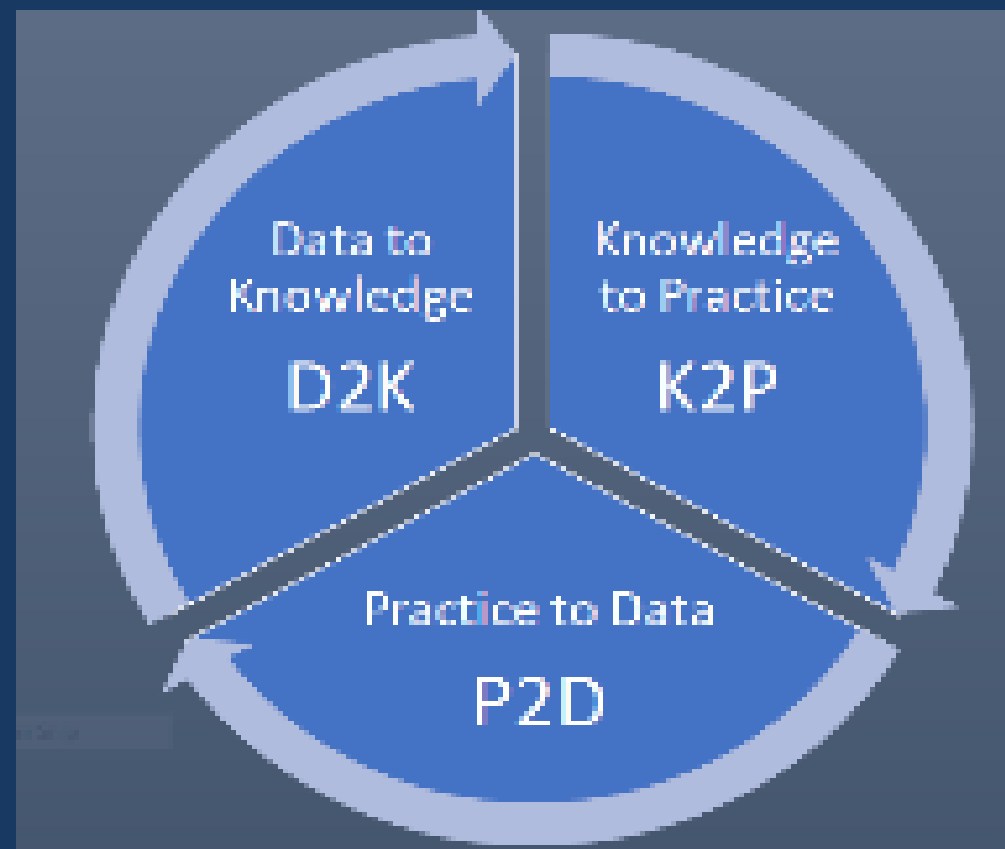
Legal: Yes/No

Reputational: Yes

Socio Economic: Yes/No	
Equality and Health: Yes/No	
Decarbonisation: Yes	
Improved use of digital solutions will reduce travel	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Supports ability to manage our resources/data effectively	

Mohamed Sarah
26/09/2022 15:28:13

DHIC October 2022 2.2 Appendix



A learning health and care system

Mohamed Sarah
26/09/2022 15:28:13

2022/23 roadmap

		2022/23		2023/24			
		Q3	Q4	Q1	Q2	Q3	Q4
STRATEGIC ITEMS		COMPLETED					
EPR	Solutions architecture	Enterprise Architecture	EPR Business Case				
Enterprise architecture	Scoping	Infrastructure plans	Applications plan	Data strategy	Costed plans		
NHS Wales App	Build	Await & support DSPP rollout plans					
PROMS (part of VBHC)	Procurement	Onboarding & prioritisation methodology	VBHC priorities	NHSWApp microservice (estimate)	BAU		
	Pilot services live						
Shared health & care records	Proof of concept - looked after children	LDR					
Interoperability		Principal PAS demographics, alerts, flags	LDR				
LDR	High Level SA proposition; LACS pilot; base build	Solutions/Technical architecture					
TACTICAL ITEMS		COMPLETED					
Digital Front Door	Winter 2021	Virtual wards & hospital; Winter 22 priorities	Digital triage (dependent on BC & funding)				
	SDEC	Discharge letters					
Outpatients transformation	SoS & PIFU	Implementation as part of Outpatients Transformation programme - ongoing					
	Clinic booking algorithm		BAU				
	Virtual consultation		BAU				
Community, Mental Health and PCIC services	Digital Therapies launched to both co-ordinate and sequence work packages for Q1 & Q2.	Refreshed prioritisation model to inform	Commence full scale rollout of e-Diary (e-community scheduling) for non Malinko services (CRTs, Midwifery, Community M.H., Primary Care Liaison services initially)				
E-tr radiology		Inpatients & UEC	V2.0 of app to include Outpatients build				
Clinical/specialty applications		WNCR: Scan4Safety	Scan4Safety	ePMA	Vein2Vein	SNOMED CT	
Digital dictation and transcription	2 Lite versions widely used	Integration decisions		New business case			
PAUSED							
e-consent							
Patient facing content							
Digital comms choose and book							
Self directed enquiry management							
Managed print / folow me printing							

Separates strategic and tactical items

Emphasis on active work

Enterprise Architecture (EA)

The TOGAF® Standard, a standard of The Open Group

The TOGAF® Standard, a standard of The Open Group, is a proven Enterprise Architecture methodology and framework used by the world's leading organizations to improve business efficiency.

The standard is constantly evolving as a result of the work delivered by members of The Open Group Architecture Forum and TOGAF certification has been achieved by nearly 120,000 individuals worldwide.

The purpose of EA is to optimize across the enterprise the often fragmented legacy of processes (both manual and automated) into an integrated environment that is responsive to change and supportive of the delivery of the business strategy



... a good Enterprise Architecture enables you to

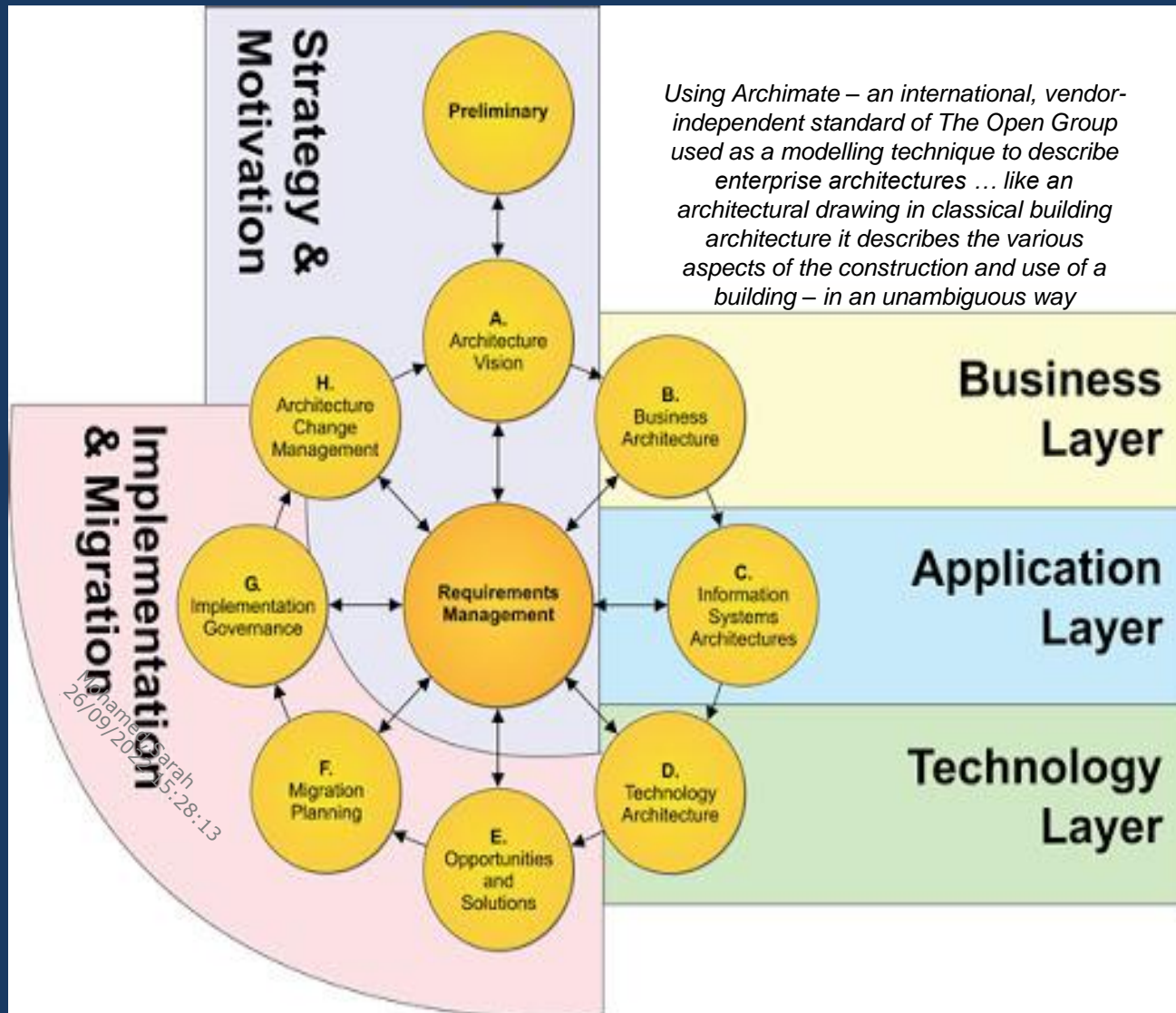
achieve the right balance between business transformation and continuous operational efficiency

allows individual business units to innovate safely in their pursuit of evolving business goals ...

...enables the needs of the organization to be met with an integrated strategy which permits the closest possible synergies across the enterprise and beyond

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Scope of our EA work



To conceptualise in big handfuls

- what data is used by what applications (blue)
- using what infrastructure (green)
- for what end user purpose (yellow)

Not starting from scratch – iterating what we know

...to inform and enable impact assessment and prioritisation for internal transformation and external interoperability...

Outputs

Documented baselined enterprise architecture

Documented projection from baseline and gap analysis
Transition architectures as viewpoints

Identification of clearly defined areas of future work

Prioritisation for deeper development of the Enterprise Architecture

High level plan of prioritised next steps

Communications pack



Iteration



Lluoio ein
Gwasanaethau Digidol
i'r Dyfodol
Shaping Our Future
Digital Services

... Enterprise Architecture needs to be done for a purpose, it is something that is never finished as the enterprise and external context of the enterprise is always developing...



Mohamed Sarah
26/09/2022 15:28:13



**Llunio ein
Gwasanaethau Digidol
i'r Dyfodol
Shaping Our Future
Digital Services**

Q&A

Mohamed Sarah
26/09/2022 15:28:13



Report Title:	IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, staffing and mandatory training)			Agenda Item no.	2.3
Meeting:	Digital & Health Intelligence Committee	Public	X	Meeting Date:	4 th October 2022
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive:	Director of Digital & Health Intelligence				
Report Author (Title):	Head of Information Governance and Cyber Security				

Main Report

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 that subject access requests (SAR) are actively processed within the legislative time frame that applies and, that any areas causing concern or issues are identified and addressed.

ASSESSMENT

1. Information Governance Staffing Levels and Capacity

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, Medical Director, is the Caldicott Guardian
- James Webb is the Data Protection Officer
- The Information Governance Department is currently resourced at 5 WTE.

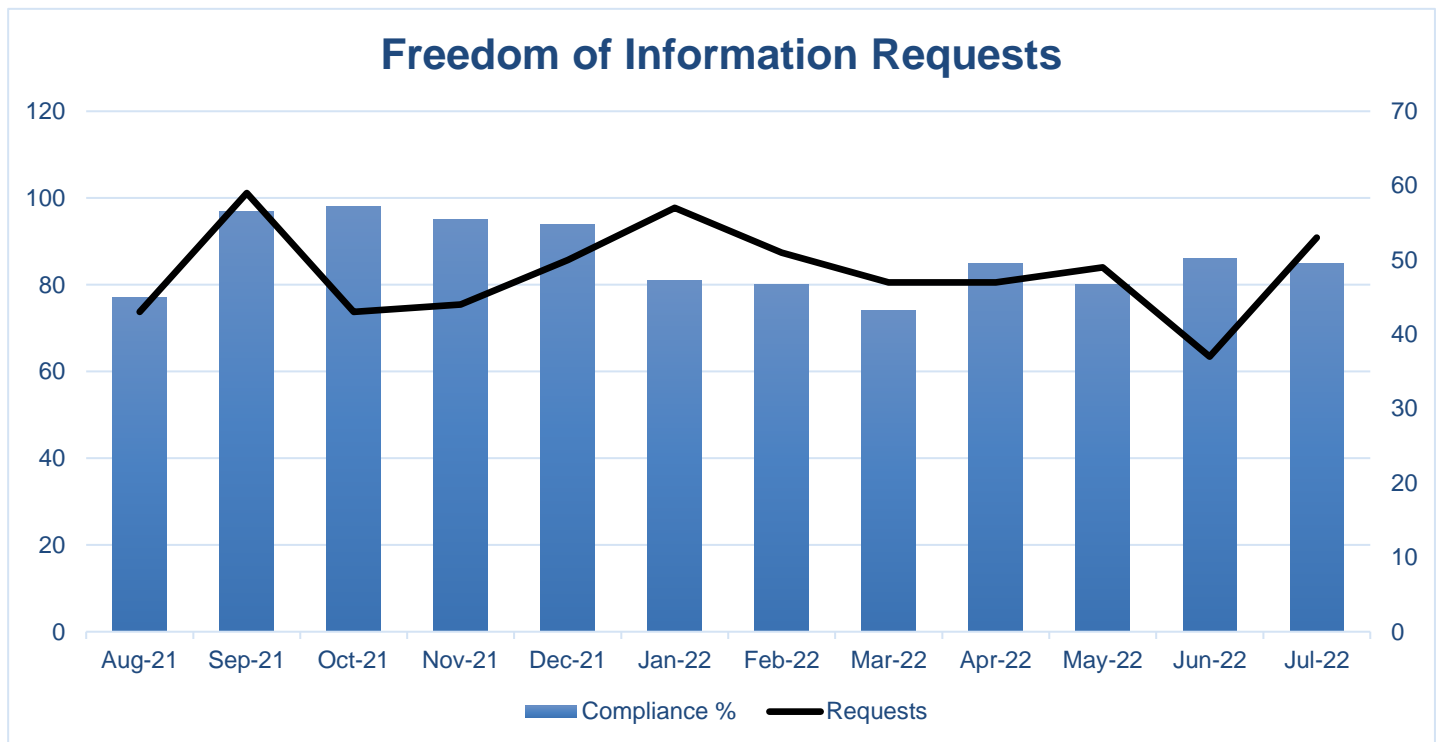
2. Data Protection Act – Serious Incident Report

Date reported: May 2022 to Aug 2022

Since the implementation of the new all-Wales DATIX system, the Information Governance Department is no longer able to review the total number of incidents it has reviewed. During this period, there have been a total of 257 IG-related incidents. 4 data breaches met the threshold to be reported to the Information Commissioner’s Office (ICO). Details of these breaches are outlined in the private setting of this 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:



Compliance from April – July 2022 has increased by an average of 5% per month compared to figures reported for Jan – March 2022 at the last committee. The average number of FOIs received during the last 12 months remains 48 requests per month and average compliance is 86%.

Out of the 53 requests received during July 2022, 22 (42%) were submitted by members of the public, 22 (42%) were submitted by the private sector (including solicitors), 7 (13%) by political parties and the remaining two requests (4%) by a journalist and a charity.

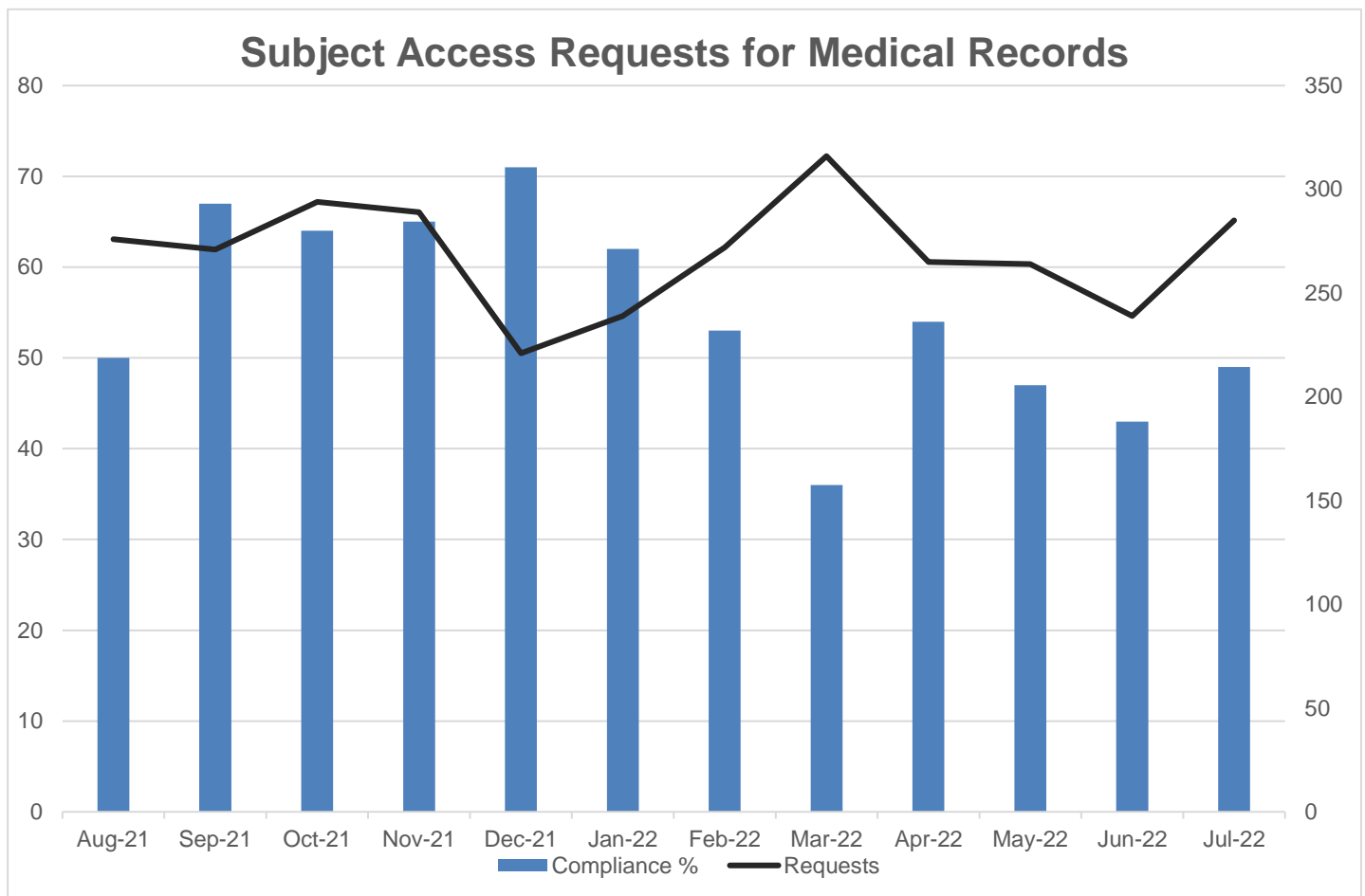
A link to the UHBs FOI disclosure log can be found below. This provides a link to every FOI the UHB publishes online. In the event that requests are made for the same information, the UHB is able to signpost requestors to this log.

<https://ca.uhb.nhs.wales/about-us/governance-and-assurance/freedom-of-information/disclosure-log/>

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:



A review into the requests made during July 2022 established that: out of the 285 requests received, 162 (57%) were submitted by solicitors, 53 (19%) submitted by patients, 6 (2%) submitted by family members, 26 (9%) submitted by the Police, 11 (4%) submitted by the Local Authorities and 7 (2%) submitted by the family courts. 6(2%) requests were for deceased records.

Whilst compliance remains below acceptable levels, the total backlog of requests is relatively low. For instance, there are only two outstanding requests for April with an average timescale of 40 days for a request to be completed.

Medical Records have experienced high levels of sickness within the Access to Records Department. A total of 302 hours were lost between June and August with the majority attributed to Covid-19. This has also coincided with technical issues affecting the digital scanner during June.

Development of a new digital subject access request system is due to start which will provide requestors a single process. The purpose is to streamline the process and to be able to manage performance and report figures more easily.

4.2 Non-Health Records

A total of 35 subject access requests submitted for non-health records were received from April 2022 to July 2022. 33 requests (94.2%) were complied with within the legislated time frame.

Mohamed Sarhan
26/09/2022 15:28:11

5. Compliance Monitoring/NIIAS

Since January 2022, the UHB has sent out a total of 478 letters to staff who have been identified by the UHB's instance of the National Intelligent Integrated Audit Solution (NIIAS) based on a process approved by Management Executive.

These letters form part of an approach which also includes a wide-reaching and targeted comms piece of work. Further detail will be provided in the private committee agenda.

6. Information Governance Mandatory Training

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

Org L4	Assignment Count	Achieved	Compliance %
All Wales Genomics Service	294	258	87.76%
Capital, Estates & Facilities	1342	862	64.23%
Children & Women Clinical Board	2245	1586	70.65%
Clinical Diagnostics & Therapeutics Clinical Board	2500	1787	71.48%
Corporate Executives	981	687	70.03%
Medicine Clinical Board	1934	1059	54.76%
Mental Health Clinical Board	1488	987	66.33%
Primary, Community Intermediate Care Clinical Board	1188	870	73.23%
Specialist Services Clinical Board	1975	1265	64.05%
Surge Hospitals	10	3	30.00%
Surgical Services Clinical Board	2375	1425	60.00%
UHB	16332	10789	66.06%

This represents an increase of 2.5% in overall completeness since figures were last provided to the Committee.

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

- Information Governance resource remains unchanged since the last committee meeting.
- 257 information governance related incidents reviewed from May 2022 to August 2022.
- 4 data breaches since the last committee have been reported to the Information Commissioner's Office.
- 5% increase in Freedom of Information compliance over the last 3 months.
- Requests for access to medical records remains high. Compliance continues to be below an acceptable level.
- A large number of letters have been sent out to staff in response to ongoing NIIAS monitoring.
- Information Governance mandatory training figures remain a cause for concern, though this is being reviewed at ME/SLB to agree the focus on prioritising mandatory training requirements across the UHB

Recommendation:

The Board / Committee are requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes

Compliance with legal and mandatory requirements

Safety: Yes

Supports patient and staff safety

Financial: Yes

Non-compliance

Workforce: Yes

Applies to entire workforce

Legal: Yes

compliance

Reputational: Yes

Confidence in managing assets/supporting services

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes/No

*Ms. Emma Sarah
20/09/2022 15:48:13*

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Mohamed Sarah
26/09/2022 15:28:13

Report Title:	Review on Processes & System for Data, Information Management			Agenda Item no.	2.4	
Meeting:	Digital and Health Intelligence Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	4 th October 2022	
		Private	<input type="checkbox"/>			
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information	<input type="checkbox"/>
Lead Executive:	Director of Digital and Health Intelligence					
Report Author (Title):	Director of Digital and Health Intelligence/Digital Senior Management Team					
Main Report						
Background and current situation:						
<p>This paper provides details on the high priority programmes within CAV UHB's IT Delivery Plan.</p> <p>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.</p>						
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:						

Mohamed Sarah
26/09/2022 15:28:13

High level issues to report to the DHIC meeting:

Regional e-Record - Utilising the Local Data Repository (LDR):

Following the successful proof of concept initiative to streamline the LAC health assessment process in Q1 2022, the three statutory partners of the region have committed to establishing a region wide working relationship to co-ordinate digital change. This Digital Care Region (DCR) will hold its inaugural steering group on 11th Oct.

The major feature of integrated health and social care 'Digital' since 2012 has been the WCCIS initiative, which has proven challenging within many of its implementation sites, and underwent a strategic review earlier in 2021-22. CaV have engaged with the new Director of WCCIS, and incoming National Exec Director of Mental Health, Community and Primary Care within DHCW (Sam Hall), and as a deliverable of DCR, are agreeing a new working relationship 'hymn sheet' for the regional partners. This will lead to a re-considered use of regionally assigned WCCIS funds, and bids to W.G for 2023/24 DCR funding (to enable delivery of the regions RPB ambitions).

See DCR communications and Website:

[Digital Care Record – CAVRPB](https://cavrp.org/digital-care-record/) <https://cavrp.org/digital-care-record/>

Quarter 3 deliverables of DCR include publishing an Information Governance/Data Sharing protocol, to cover further initiatives utilizing the LDR capability across the region.

Ivanti, Projects and ITIL training for staff. (See Appendix A attached)

The Ivanti Service Desk suite has been fully deployed at CAVUHB. The Digital Operations team were first to fully implement the solution. Additional internal Digital teams have also been integrated including, IT Security, Business Intelligence, PCIC and the PARIS support teams. A comprehensive Service Request catalogue has been created and continues to be developed.

Change Management, Asset Repository and Problem Management projects are planned over the coming weeks before the administration and development of Ivanti is handed over to the internal

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Digital teams by the current Ivanti Project Manager Consultant. This is planned to be completed by the end of 2022.

All of the IT Support teams and the majority of the Digital Operations teams have completed a minimum of the ITIL Foundation training and certification. Seniors and Managers are being encouraged to complete the more advanced ITIL training. ITIL training is now an integral part of BAU for the IT Support teams and courses run approximately every 6 months.

The Ivanti Dashboards are shown as examples at Appendix A and an updated version will be shared at the committee meeting

PARIS (Community health system) Expansion of service delivery:

Rollout of PARIS into further CD&T services continues to progress to plan. The following services are in flight or in planning to migrate their clinical records onto PARIS:

- i. Prehab to rehab – In development – Live early Sept'22
- ii. Living well matters – In Testing
- iii. Hand OT – In Testing
- iv. Community neuro – In Testing
- v. ESD – In Development
- vi. Lymphedema – In Design

Hardware for PARIS 2023-2028 is now being configured for implementation within financial year. The procurement framework for the new PARIS contract (2023-2028) has been agreed. Financial negotiations are currently underway. Current PARIS contract runs to March 2023.

Data to knowledge programme:

New data feeds into the UHB's Data Warehouse completed this year include the Cancer Tracking Module (PMS), Tendable (nursing audits), Major Trauma, RATZ and Whiteboards (EU Workstation). Upcoming developments include Radiology (Radis) and the new Datix system. The Health Boards data warehouse contains structured data linked for analytics and reporting.

Our corporate Business Intelligence System (BIS) continues to develop as an analysis and reporting platform. Most recently dashboards have been developed for SOS/PIFU, Major Trauma, Surgical SDEC and RATZ. Scheduled developments to complete this financial year includes a Cancer Pathways dashboard which will visualize linked pathways encompassing cancer tracking data with data from PMS and RADIS.

A proof of concept pilot to enable development of BIS products outside of the central BI team, initially by the Finance Costing Team, is underway which will enable that team to model, analyze and visualize finance and costing data efficiently and to publish it for self-service use.

Work has also been completed to integrate more advanced analytics in BIS using Python for modelling and forecasting initially with SPC charts being passed to BIS for visualization. More work is required but early results have been well received.

MS Office 0365 Programme:

Since the last DHIC meeting the Board and Finance Committee have approved the renewal of the allWales Microsoft Enterprise Agreement. The local and national teams have since coordinated to move all staff across to the new licencing model. The Board have also asked for feedback on the realisation of benefits through the agreement to ensure the organisation is seeing value from the expenditure.

In addition, the case for a permanent resource to support Office 365 specifically has been agreed.
The
Six posts outlined will make up a core team supporting series the adoption and utilisation of new

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features and functionality. These posts are currently in recruitment, and the agency staff who have supported adoption for the last 2 years remain in place until this recruitment is complete.

Mail Migration Phase 2:

Personal Information Storage File (PST) Migration: PST file is a data storage file that contains personal information used by Microsoft Outlook and Exchange. It includes e-mail folders, contacts, addresses, and other data.

1. PST migration work is expected to complete in mid-October. The UHB will be able to decommission the infrastructure storing PST files and will no longer need to invest in the maintenance and upkeep of storage for this data.

Mobilisation: 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.

2. Devices to support WNCR are yet to be rolled out due to challenges in providing appropriate connectivity
3. Agreement has been made to allow Teams Meeting Room devices to utilise the free BT-wifi service for connectivity. This will enable a staged roll-out of Teams Meeting Room hardware to enable the retirement of the outdated Polycom video conferencing technology currently used in many UHB meeting rooms.

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 usual office environment.

4. UHB applications previously provided via the BlackBerry service have now been migrated to the Microsoft AppProxy service. At this stage this has been a like-for-like transition, with users previously accessing BlackBerry now being given access via AppProxy.
5. There has been some increased usage of TheatreMan through AppProxy, and we have the opportunity to scale this service up to make it available to all staff.

SharePoint Intranet: This is the replacement for the current CaV Intranet site.

1. Due to the failure of the unsupported, "old" intranet, this work has been accelerated through June and July. All sites that were previously listed in the A-Z section of the old intranet have now been rebuilt in SharePoint
2. Some sites remain without owners, and this is being followed up by the O365 team
3. Training and support has been provided by the team, and through a "community of practice" approach, using a "Sharepoint early adopters" Team.
- 4.

Flash reports/Digital Dashboards (see Appendix B attached)

Sample reports from the Verto platform have been included for this meeting. These are intended to be an indication of the type of reporting the Digital team can now produce. These will be refined in advance of the next meeting.

Recommendation:

The Committee are requested to:

NOTE progress against the workplan and the areas of exception which require further attention and consideration

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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	x	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	
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

Prevention		x Long term		Integration		x Collaboration	x	Involvement	
------------	--	-------------	--	-------------	--	-----------------	---	-------------	--

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes

Adequate resources to support the UHB's strategic objectives, all of which require data/digital input

Safety: Yes

Work programme supports and contributes to patient safety

Financial: Yes

Additional investment required; measures to capture benefits and associated efficiencies to be developed

Workforce: Yes

Supports the People and Culture Plan's aim to create a digitally enabled workforce

Legal: Yes/No

Reputational: Yes/No

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes

Implementation of digital solutions continue to support a reduction in carbon footprint by reducing patient journeys (virtual consultations) and staff travel (remote working)

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

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Appendix A

SERVICE DESK EXECUTIVE REPORT

From 01/01/2022 00:00:00

Scorecard for Incidents and Service Requests

To 23/09/2022 09:32:54

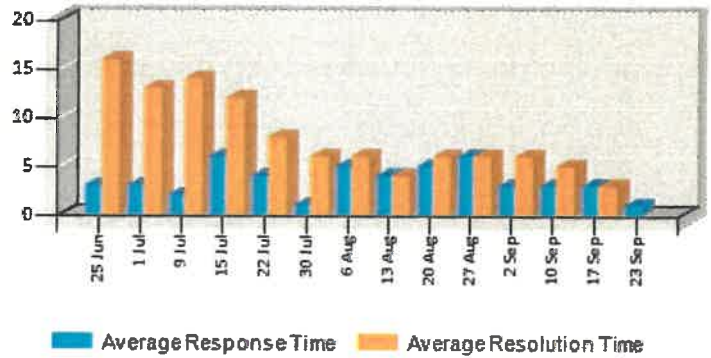
Productivity Metrics	Target	Actual	%-age
Average Response Time	5	12	8%
Average Resolution Time	120	17	0%
Average service request resolution time with %-breach		34	0%
Number of agent-less incident resolutions		0	0%
Number of incidents logged without agent		2941	21%

Quality Metrics	Target	Actual	Deviation
Response Time Compliance	95.0%	94.2%	818
Resolution Time Compliance	95.0%	92.6%	1051
Customer Satisfaction rating for all Services	4.9	4.202755	
Mis-classified Incidents		17	

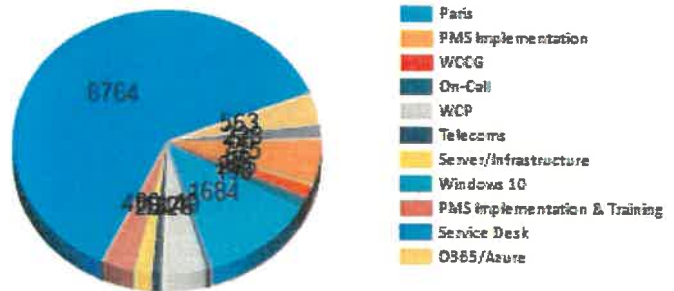
Financial Metrics	Target	Actual
Average cost per incident	£34.39	£0.00
Average time spent per incident	120	0
Average Cost per Service Request		£38.76
Average cost per end-user		£0.00
Average time spent per end-user		0

Operational Metrics	Incidents	Service Requests
Service Requests/Incidents logged	14130	8666
Service Requests/Incidents resolved	10809	4479
Service Requests/Incidents closed	12427	6474
Incident Resolution Stats		
First call resolutions (Target: 65.00%)	3689	26.1 %
Incidents resolved by LEVEL-1 team	0	0 %
Incidents resolved by LEVEL-2 team	0	0 %
Incidents resolved by OTHER teams	23236	100 %

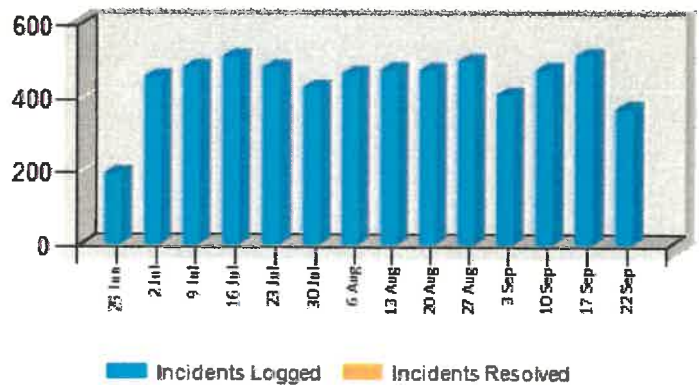
Average Incident Response/Resolution Time (hrs) - Last 3 months



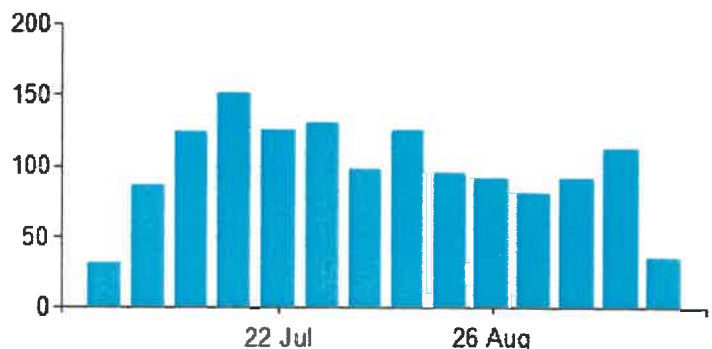
Incident Load by Team



Agentless Incident Creation and Resolution - Last 3 months



First Call Resolution - Last 3 Months



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23/09/2022 15:28:13

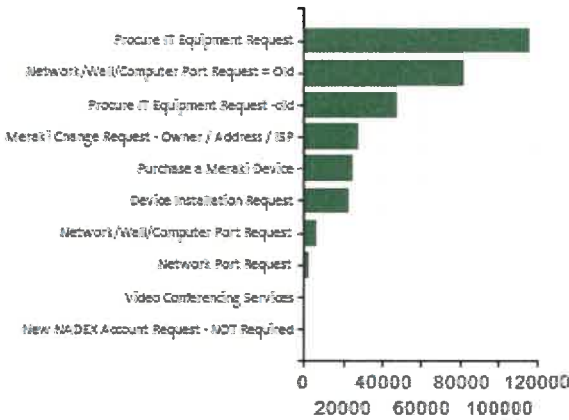
Scorecard for Incidents and Service Requests



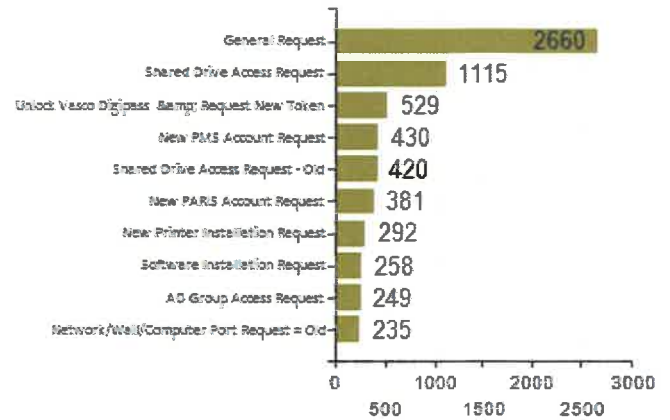
Target Customer Satisfaction Rating 4.9

Actual Customer Satisfaction Rating 4.2

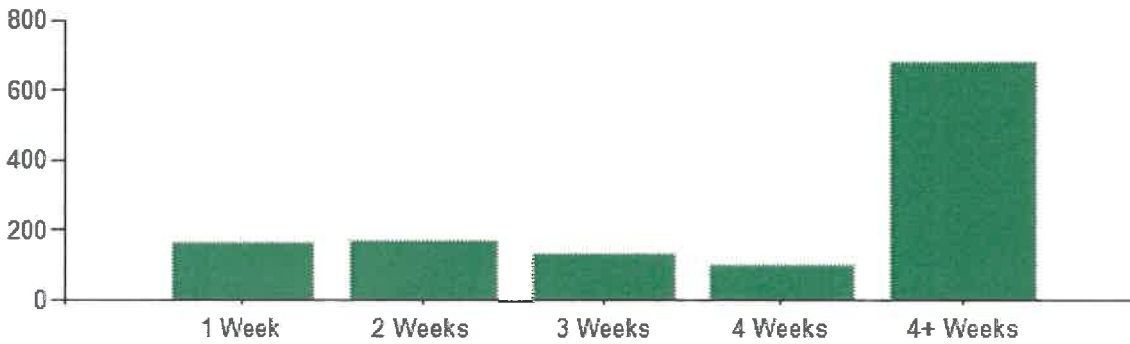
Top 10 Service Requests by Total Cost



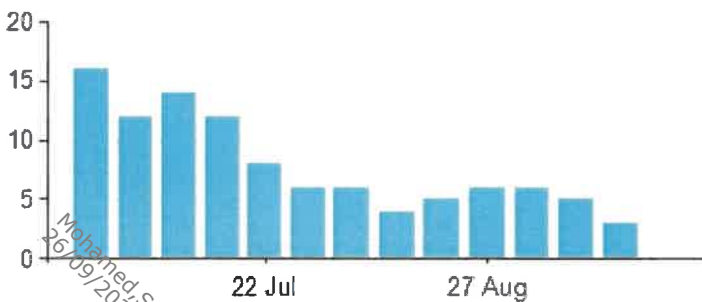
Most Frequently Requested Services



Open Service Requests - Aging Summary



Average Service Request Resolution Times (hrs) - Last 3 months



Target Customer Satisfaction Rating 4.9

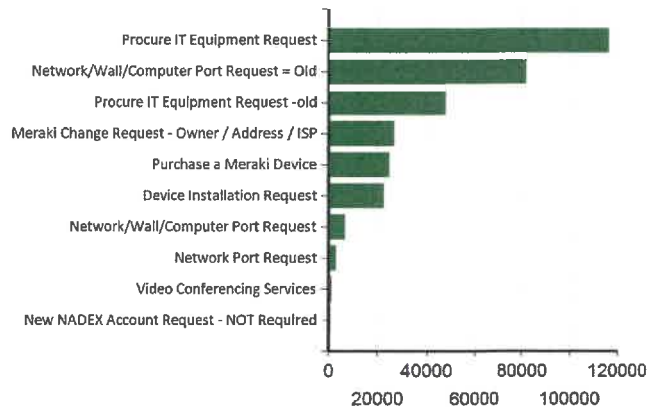
Actual Customer Satisfaction Rating 4.0

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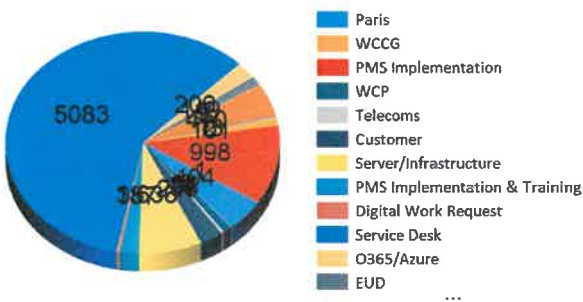
Service Requests Dashboard

Key Service Request Metrics	
Service Requests logged	8561
Service Requests resolved	4407
Service Requests closed	6427
Average Service Request Resolution Time (in minutes)	34
Average Cost per Service Request	39.0
Service Requests Resolution Breach	80%
Service Requests Resolution Compliance	20%

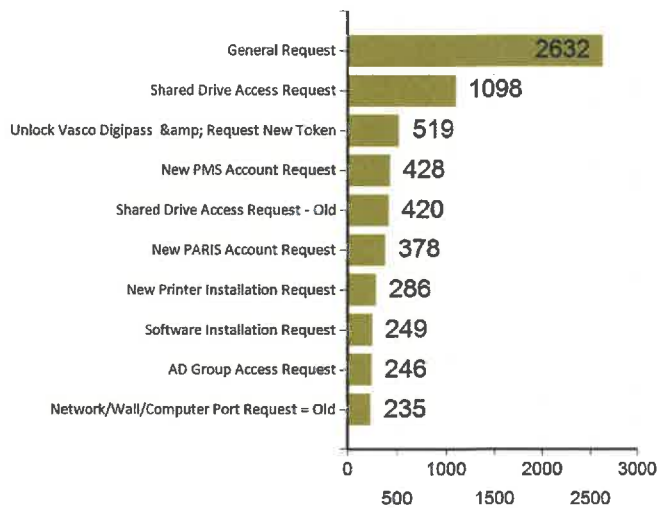
Service Requests by Total Cost - Top 10



Service Request by Team



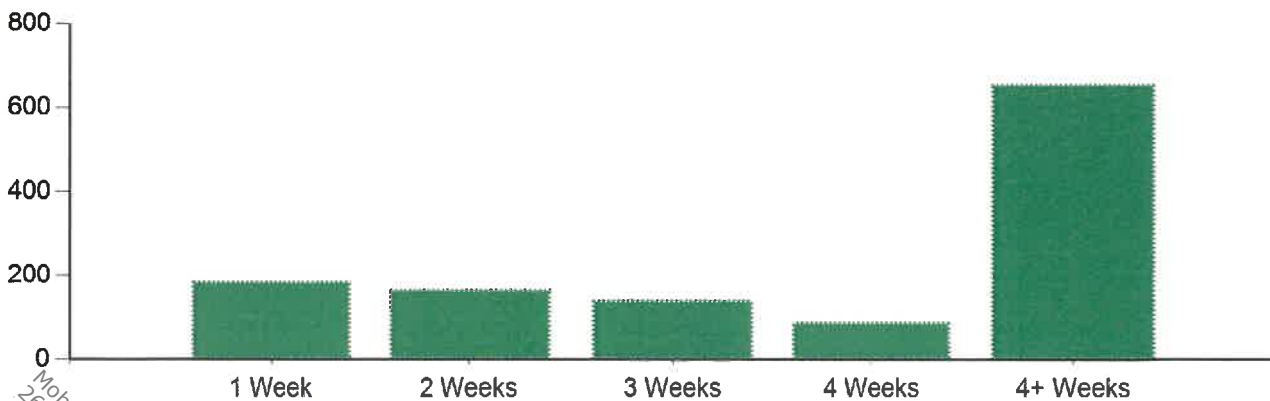
Most Frequently Requested Services



Target Customer Satisfaction Rating 4.9

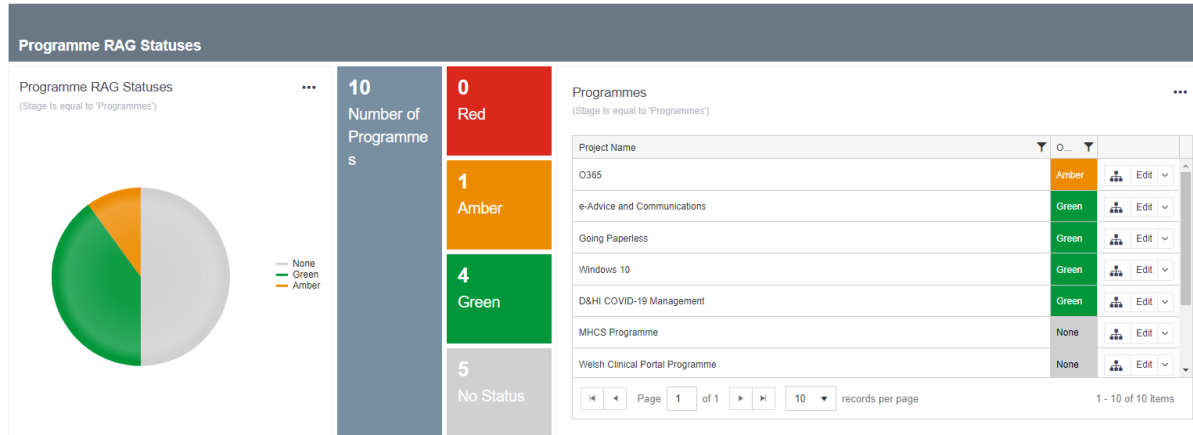
Actual Customer Satisfaction Rating 4.0

Open Service Requests - Aging Summary



This document supports the Flash reports/Digital Dashboards section of agenda item 2.4, illustrating how reports will be augmented for future meetings.

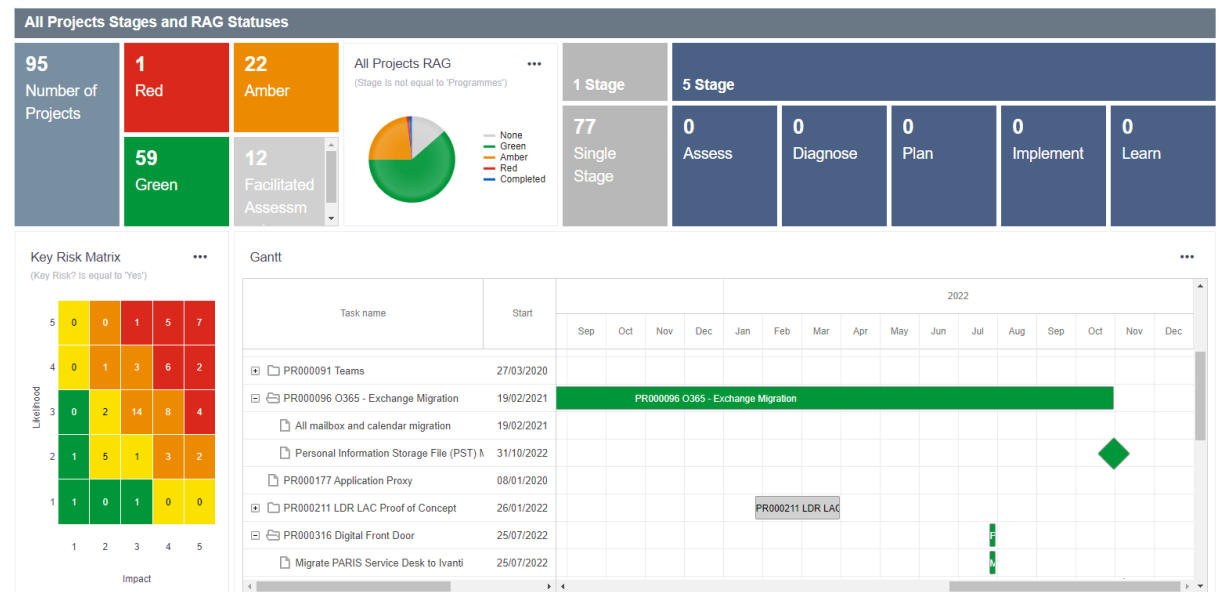
Digital and Health Intelligence
(Project Code is equal to 'PR000007')



This is a summary view of the programmes that sit within Digital and Health Intelligence, and the current status of those programmes.

The live dashboard gives a hierarchical view of the Programmes, and the projects sitting within those programmes.

The status of the projects is brought together in this view, along with a summary of the risks impacting those projects, and a gantt chart showing key milestones from the recent past, and upcoming milestones.



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Dashboard Report for O365



Project Summary

Project Name	Gateway	Project Manager	Start Date	End Date	Previous RAG Status	Current RAG Status	Main Achievements
Digital and Health Intelligence							
PR000058: O365	Programmes	Vickie Davies, Emma Richards, Mark Alford, Yvette Hayward	01/04/2020	31/03/2021	Amber	Amber	<p>Highlight Report Date: 22/09/2022</p> <p>Since the last DHIC meeting the Board and Finance Committee have approved the renewal of the all-Wales Microsoft Enterprise Agreement. The local and national teams have since coordinated to move all staff across to the new licencing model. The Board have also asked for feedback on the realisation of benefits through the agreement to ensure the organisation is seeing value from the expenditure.</p> <p>In addition, the case for a permanent resource to support Office 365 specifically has been agreed. The Six posts outlined will make up a core team supporting series the adoption and utilisation of new features and functionality. These posts are currently in recruitment, and the agency staff who have supported adoption for the last 2 years remain in place until this recruitment is complete.</p>
O365							
PR000091: Teams	Live Projects		23/03/2020			Amber	Highlight Report Date: No Report
PR000096: O365 - Exchange Migration	Live Projects	Yvette Hayward	21/04/2020	31/03/2021	Green	Green	<p>Highlight Report Date: 22/09/2022</p> <p>Personal Information Storage File (PST) Migration: PST file is a data storage file that contains personal information used by Microsoft Outlook and Exchange. It includes e-mail folders, contacts, addresses, and other data.</p> <p>PST migration work is expected to complete in mid-October. The UHB will be able to decommission the infrastructure storing PST files and will no longer need to invest in the maintenance and upkeep of storage for this data.</p>
PR000176: Modern Intranet - Sharepoint	Live Projects	Mike Mosindi, Yvette Hayward	06/09/2021	29/07/2022		Green	Highlight Report Date: No Report
PR000177: Application Proxy	Live Projects		13/01/2021	22/07/2022		Green	<p>Highlight Report Date: 22/09/2022</p> <p>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 usual office environment.</p> <p>UHB applications previously provided via the BlackBerry service have now been migrated to the Microsoft AppProxy service. At this stage this has been a like-for-like transition, with users previously accessing BlackBerry now being given access via AppProxy.</p> <p>There has been some increased usage of TheatreMan through AppProxy, and we have the opportunity to scale this service up to make it available to all staff.</p>
PR000336: C&V Radiology e-Request & e-Approve (Power App/AutoGate)	Live Projects		10/01/2022	02/09/2022		Green	Highlight Report Date: No Report
PR000337: Teams Room Devices	Live Projects		22/08/2022	16/12/2022		Green	Highlight Report Date: No Report

Where highlight reports have been generated against a project or programme, these can be pulled through into a single view, reflecting the content of the existing **“Review on Processes & System for Data, Information Management”** paper.

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Report Title:	Framework Policies, Procedures & Controls		Agenda Item no.	2.6	
Meeting:	Digital and Health Intelligence Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	4 th October 2022
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	Director of Digital and Health Intelligence				
Report Author (Title):	Head of Information Governance and Cyber Security Information Governance Manager				

Main Report

Background and current situation:

There is a backlog of policies and procedures documents that are out-of-date, with a number being high-lighted in various audit reports recommending that they are reviewed and, if necessary, updated. In addition to this, there are a number of gaps in our standard operating procedures (SOPs)

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

Earlier this year, due to resource constraints, the UHB commissioned an external review of a wider range of digital policy documents to ensure consistency via standard document structure to include contents, naming structure and function. The aim was to achieve greater consistency of approach to make implementation easier and ensure alignment regarding the aim of these policies, which is to support the business and strategic objectives of the UHB.

The Information Governance and Cyber Security Department identified two specific SOPs that weren't included and which have now been prioritised over the updating of existing long-standing policy documents. These SOPs are:

- Cyber Incident Response SOP
- Patch and Vulnerability Management SOP

In addition to this, the Business Continuity Guidance has been updated.

Work is also taking place to align with the Corporate Governance team's policy tracker to ensure common understanding and focus of effort is consistent with the corporate list of out of date documents.

Schedule of Documents to be Reviewed (via external review)

File Name	Contents	Status	Target Date
2021 Draft Disposal of IT Equipment Guidance VO1	Disposal of equipment	Under review – CAV & IG	2022/2023
2024 Draft Use Your Own Device UYOD Procedure VO1	Local procedure – use you own device	Under review – CAV & IG	2022/2023
2021 Security of Assets Guidance	Information technology – security of assets	Under review – CAV & IG	2022/2023
IT Equipment Procurement Guidance September 2016	Equipment procurement guidance	Under review – CAV & IG	2022/2023

PLN-Cyber-Incident-Response-Plan 055MB Rev V-O4 2021-10-19	Vulnerability Management	Under review – CAV & IG	2022/2023
Software Licensing Procedure September 2016	Software licensing procedure	Under review – CAV & IG	2022/2023
UHB 431IT Security Code of Connection Guidance August 2017	Code of Connection guidance	Under review – CAV & IG	2022/2023
Unapproved Desktop Software Assessment 2022-02-22 V1.1	Local Cyber Response plan	Under review – CAV & IG	2022/2023

Recommendation:

The Board / Committee are requested to:

The Committee are requested to:

- Note progress and receive a verbal update at the committee meeting

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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	
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	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration		Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes

Adherence to appropriate policies will further reduce risks

Safety: Yes/No

Financial: Yes/No

Workforce: Yes	
Legal: Yes	
Policies set out compliance against IT security and information governance requirements	
Reputational: Yes	
Socio Economic: Yes/No	
Equality and Health: Yes/No	
Decarbonisation: Yes/No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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Report Title:	Joint IMT & IG Corporate Risk Register		Agenda Item no.	2.7	
Meeting:	Digital and Health Intelligence Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	4 th October 2022
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance <input type="checkbox"/>	Approval <input type="checkbox"/>	Information <input checked="" type="checkbox"/>		

Lead Executive: **Director of Digital and Health Intelligence**

Report Author (Title): **Director of Digital and Health Intelligence**

Main Report

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 and Key Issues to bring to the attention of the Board/Committee:

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

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

- Cyber Security

7 x Risks have remained in amber status with scores between 10 and 12 which include:

- Server Infrastructure
- Insufficient Resource – Capital & Revenue
- Non-Compliance with data protection legislation
- Data Quality
- Outcome Measures
- Governance framework (IG policies and procedures)
- WLIMS

3 x Risks have moved from amber status to yellow status with scores between 8 and 9

- UHB Standard Data Processing
- NWIS Governance
- Data availability

3 x Risks remain in yellow status with scores between 8 and 9.

- Effective resource utilisation
- Clinical Records Incomplete
- WCCIS Local team not resourced

2 x Risks in yellow status have been reduced to zero and we propose to removed them from the Risk Register for the following reasons –

- Software End of Life Implications - this request/risk can be closed due to all workstations being upgraded, replaced or new with Windows 10 OS.

- End of Life Infrastructure (access devices) -The CAV workstation estate has been replaced and therefore will not need to be refreshed for several years. A future rolling replacement program is being planned as part of the longer-term strategy.

Recommendation:

The Board / Committee are requested to:

NOTE progress and updates to the Risk Register report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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
3. All take responsibility for improving our health and wellbeing	x	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	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration		Collaboration	x	Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/

As outlined in the risk register

Safety: Yes

Financial: Yes

Non-compliance and less efficient ways of working

Workforce: Yes

Impacts on ways of working

Legal: Yes

Compliance with regulatory requirements

Reputational: Yes

Trust of staff and patients/service users

Socio Economic: Yes/No

Equality and Health: Yes/No	
Decarbonisation: Yes	
Green IT and digital solutions that support greater virtual working	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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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	<p>Cyber Security - Due to prevailing national and international Cyber Security threats there is a risk that the Health Board's IT infrastructure could be compromised resulting in prolonged service interruption and potential impacts on the safety of patients due to an inability to access electronically stored data.</p>	Director of Digital and Health Intelligence	5	4	20	<p>The UHB has in place a number of Cyber security precautions. These include the following:</p> <ul style="list-style-type: none"> - The implementation of additional VLAN's and/or firewalls/ACL's - Segmenting and an increased level of device patching. - The use of Monitoring and Vulnerability Software - Health Board wide Mandatory Cyber Security Training and Phishing Campaigns. 	<p>Regular Cyber Security updates that review the Health Board's preparedness for a cyber attack and the controls in place are undertaken in the following forums:</p> <ul style="list-style-type: none"> - at fortnightly Operational Cyber Group Meetings - at monthly Cyber Security Meetings - at each private and public Digital Health and Intelligence Committee <p>An Assessment of the Health Board's Cyber Assessment Framework was undertaken in January 2022 with 4 Critical Priority Areas and 6 Significant/Moderate Priority Areas recommended.</p>	5	4	20	<p>Additional resources is required to fully implement recommended areas of best practice.</p> <p>Completion of mandatory Cyber Security training is below the required level.</p>	<p>The requirements to address the resourcing of Cyber Security Management have been acknowledged in an approved but unfunded UHB Business Case. (May 2022: Successful business case bid made to BCAG to ensure appointment of dedicated Cyber resources. Roles are currently being advertised and recruited to. Global cyber threat increase in response to events in Ukraine. Implementation of NIS Regulations provides powers to WG to penalise organisations who are non-compliant with fines up to £17m or 4% of turnover.</p> <p>Continued efforts need to be made to improve compliance with the Health Board's Cyber Security Mandatory Training and to increase awareness of and engagement with the Health Board's Phishing Campaigns.</p> <p>Compliance with/completion of Cyber Resilience Unit Recommendations.</p> <p>September 2022 update: Two of the 4 roles have been appointed to. The remaining posts are in the recruitment process.</p>	Head of IG & Cyber Security	August 2022 Ongoing	5	3	15	01/07/2022	Digital Health Intelligence Committee	

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A3/0110	8	13/12/201	<p>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.</p>	DT				0		4	3	12		<p>May 2022: The final 21/22 digital capital investment allocation total exceeded £6M and is being used to provide for significant improvements in resilience as infrastructure upgrades and replacements are implemented.</p> <p>Sept 2022: Additional server/communications racks, power distribution and electrical work has been requested, financed and in progress for two disaster recovery designated sites. These are located in Woodland House and UHL. This work is scheduled and planned to be completed by Oct/Nov 22.</p>	Head of Digital Operations					0
A2/0004	8	13/12/2013	<p>Insufficient Resource: 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 benchmarking 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)</p>	DT				0		4	3	12		<p>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&H 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.</p> <p>Sept 21 - A staff gap analysis has been carried out in DH&I. Significant shortfalls has been identified and formalised within the report being presented to CAV UHB Exec Board by the Director of DH & I</p> <p>Jan 2022 update: A submission on resourcing was submitted to management Exec in November but was only funded on a non recurring basis to end of March. Further submissions are being prepared for consideration by the Business Case Assessment Group (BCAG)</p> <p>May 2022: D&H and Finance teams have reviewed current structures and cost base and developed a plan to resource priority areas already identified as critical; these are under consideration by the DoF and likely to require business cases for submission to BCAG.</p> <p>Sept 2022: successful bids to BCAG have resulted in additional investment in the Digital Operational team, 365 team and WiFi team. Unfunded cases comprise of information and project/service delivery requirement resources. These will be reviewed and built into the longterm financial model work being led by the Director of Finance.</p>	Director of D&H					0
	8	28/09/2015	<p>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, Significant financial penalties - and increasing post BA case</p>	DT				0		4	3	12		<p>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/IAs 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.</p>	Head of IG & Cyber Security					0
	8	19/02/2018	<p>Data Quality High level risk - core business activities potentially compromised as a result of weaknesses in assurance framework in areas listed below: Absence of Standard Operating Procedures to administer patient activity, Low take up of staff training in Standard Operating Procedures to administer patient activity, Incorrect/incomplete/late recording of activity Absence of ISO 27001 certification. Consequences: Potential for poorer patient outcomes and experience, analysis and benchmarking flawed resulting in poor decision making, under recovery of income, inability to maximise potential of R&D</p>	DT				0		4	3	12		<p>Further re-invigoration of the role out of COM2 will increase clinically validated data. Updates and training programme scheduled for mental health and our partners in order to address issues identified in recording and reporting compliance with parts 2 and 3 of the mental health measures. New dashboard release will expose greater amount of data to users, in a more user friendly way, enabling validation by relevant clinicians. Data quality group has established a work plan to improve quality and completeness of data and how it is presented.</p>	Head of IG & Cyber Security					0

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	8	28/09/2015	<p>Outcome Measures: Risk: Unavailability of full, consistent care delivery information results in an inability to ascertain outcomes of care we provide, and commission, plan and improve services accordingly.</p> <p>Consequence - Low assurance on safety, quality and effectiveness of services and satisfaction with services, sub optimal decision</p>	DT			<p>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</p>			3	4	12		<p>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.</p> <p>September 2022: Digital Strategy seen as a key enabler to support the UHB's wider strategic programmes. Roadmap and investment plan shared with Execs, SLB and Board.</p>	Head of IG & Cyber Security					0
	8	16/02/2018	<p>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 order for relevant accountabilities to be discharged.</p>	DT			<p>Update: Controlled document framework requirements delayed due to resource constraints - Integrated IG policy is live and covers a number of existing policies.</p>			4	3	12		<p>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. May 2022: Controlled documents are reviewed and action plans for refresh or updates are routinely captured and reported on at each DHIC meeting.</p> <p>September 2022 update: A third party has been enlisted to update existing policies and implement new SOPs where we have identified gaps in our processes. This work is progressing with updates reported to DHIC.</p>	Head of IG & Cyber Security					0
A4/0024	8	29/01/2021	<p>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).</p>	DT			<p>The UHB engaged with NWIS and other Health Boards to evaluate options available to mitigate this risk.</p>			5	2	10		<p>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.</p> <p>Jan 2022 update- 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 onto the new LINC system in 2023</p> <p>May 2022 update: HW and SW contract extended to end of 2025</p> <p>Sept 2022: Risks associated with the LINC programme ability to deliver have been raised at national CEO level.</p>	Head of Digital Operations				0	
	8	16/02/2018	<p>UHB Standard Data Processing 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</p>	DT			<p>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.</p>			4	2	8		<p>Procurement are greatly assisting process by referring all issues involving data sharing to the corporate IG department.</p> <p>September 2022: Procedures improved via the IG Working Group whereby new data requests for data sharing are reviewed and actioned in a consistent manner.</p>	Head of IG & Cyber Security					0
	8	01/10/2018	<p>Effective Resource utilisation :With an increasingly restricted resource, the UHB requires assurance that digital effort is expended in the most benefits laden workload. Benefits based prioritisation requires robust and matured benefits tracking and a matured reprioritisation mechanism. This requires some changes of technique within the Digital department.</p>	DT			<p>Establishment of a formalised corporate prioritisation mechanism based on benefits and corporate drivers for change.</p>			4	2	8		<p>May 2022 - D&HI continue to prioritise infrastructure work based on the UHB Digital Strategies. These are also in conjunction with the National Infrastructure Management Board and All Wales Infrastructure Programme. A digital front door process has been developed and is being tested before launching in June 2022, utilising the new Ivanti IT service management tool.</p> <p>Sept 2022: Work continues on the Digital Front door. Late Aug 2022 has seen the soft launch of the Digital work request icon via the Ivanti Self Service portal. All work and project requests for Digital are going through this method, this in turn is providing improved workload visibility and planning benefits.</p>	Head of Digital Operations					0
	8	02/02/2018	<p>Governance arrangements for overseeing and challenging NWIS are weak. There is insufficient transparency, blurred lines of accountability and they lack a clear set of priorities Consequences: The significant resource we provide to NWIS is not optimally used to support the UHB in delivering its statutory obligations nor in supporting us to deliver our strategic objectives as identified in "Shaping Our Future Wellbeing"</p>	DT			<p>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.</p>			3	3	9		<p>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)</p> <p>Jan 2022: Regular DHCW execs to exec meetings scheduled for 2022.</p> <p>May 2022: Exec to Exec meeting held in May 2022, agreed regular director level engagement and collaboration meetings in diaries.</p> <p>September 2022: Regular DHCW/CAV meetings diarised at Director level.</p>	Head of IG & Cyber Security					0
	8	28/09/2015	<p>Risk: Accessibility of data: UHB does not have an ability to access and use the data it requires to carry out its full range of statutory obligations and enable delivery of our strategy and IMTP. . Specific risks - lack of access to GP data and the UHB's data residing in NWIS supplied applications (e.g. WCRS, WRRS) Consequence - Inability to deliver strategic UHBs, namely - Supporting people in choosing healthy behaviours, - Encouraging self management of conditions, - Enabling people to maintain or recover their health in or as close to home as possible, - Creating value by enabling the achievement of outcomes and experience that matter to people at</p>	DT			<p>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</p>			3	3	9		<p>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 similar request to include GP data is currently being considered by the Wales GPC/DHCW.</p> <p>May 2022: Data sharing between CAV UHB, WAST and Cardiff Council's social services being piloted following successful test. GP data remains out of scope pending WG review of governance for cross-setting information sharing.</p> <p>September 2022: Information sharing between CAV UHB, Cardiff Council and WAST established. Additionally, the Digital Care Record Group has been established reporting to the RPB Board.</p>	Head of IG & Cyber Security					0

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	8	28/09/2015	<p>Clinical Records 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.</p> <p>Consequence is unsupported clinical decision-making, introducing patient harm and/or disadvantage and failure to meet NHS Wales digital strategy</p>	DT		<p>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.</p>		3	3	9	<p>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/LDR 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.</p> <p>Jan 2022: NDR Programme Board re-established with a smaller focussed group. CAV represented via Director of Digital & Health Intelligence.</p> <p>September 2022: CAV LDR plan being formalised.</p>	Head of IG & Cyber Security					0
A4/0025	8	10/07/1905	<p>WCCIS 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		<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. 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 reduction 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. May 2022 The WCCIS programme has undergone a strategic review sponsored by the SROs and Welsh Government. The review has recommended a platform agnostic approach going forwards, however the practicalities of running this as a single national programme are unclear. At this time the work of the programme remains focussed on the single platform approach. Locally, discussions are in-train with Welsh Government on how national funding can align to the platform-agnostic approach.</p> <p>Sept 2022: The work of the national WCCIS programme remains primarily focussed on the implementation of the single CareDirector product in ABHB for Mental Health Services, a small Community Nursing trial in BCU, and in restablising the platform following the migration of records from ABHB's epex record system. Work packages to address other recommendations made in the strategic review have been scoped, with actions being sub-contracted to Channel 3 consulting. No funding has been made available to support activity outside of the single-platform approach. A new Director has been appointed to DHCW with responsibility for this area, which presents an opportunity for CaV UHB to refresh discussions around the WCCIS programme</p>	Senior Programme Manager					0
A5/0013	8	13/12/2013	<p>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</p>	DT		<p>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.</p>		4	0	0	<p>Jan 2022 update: The UHB Device estate has increased significantly to 14000 partly as a result of home working. There now remain less than 900 devices to upgrade or replace. Completion target is March 2022.</p> <p>May 2022 - The CAV UHB workstation estate (11,000+ devices) have been replaced, upgraded or removed as part of the Windows 10 Programme.</p> <p>Sept 2022: As per May 2022 update, this request/risk can be closed due to all workstations being upgraded, replaced or new with Windows 10 OS.</p> <p>PROPOSED TO REDUCE THE SCORE AND REMOVE FROM THE RISK REGISTER</p>	Head of Digital Operations					0
A3/0104	8	13/12/2013	<p>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.</p>	DT		<p>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.</p>		3	0	0	<p>May 2022: The CAV UHB workstation estate (11,000+ devices) have been replaced, upgraded or removed as part of the Windows 10 Programme.</p> <p>Sept 2022: This item can be marked as completed/closed. The CAV workstation estate has been replaced and therefore will not need to be refreshed for several years. A future rolling replacement program is being planned as part of the longer term strategy.</p> <p>PROPOSED TO REDUCE THE SCORE AND REMOVE FROM THE RISK REGISTER</p>	Head of Digital Operations					0

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Report Title:	Clinical Coding Performance Data			Agenda Item no.	2.9
Meeting:	Digital & Health Intelligence Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	4 th October 2022
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	Director of Digital & Health Intelligence				
Report Author (Title):	Clinical Coding Manager				
Main Report Background and current situation:					

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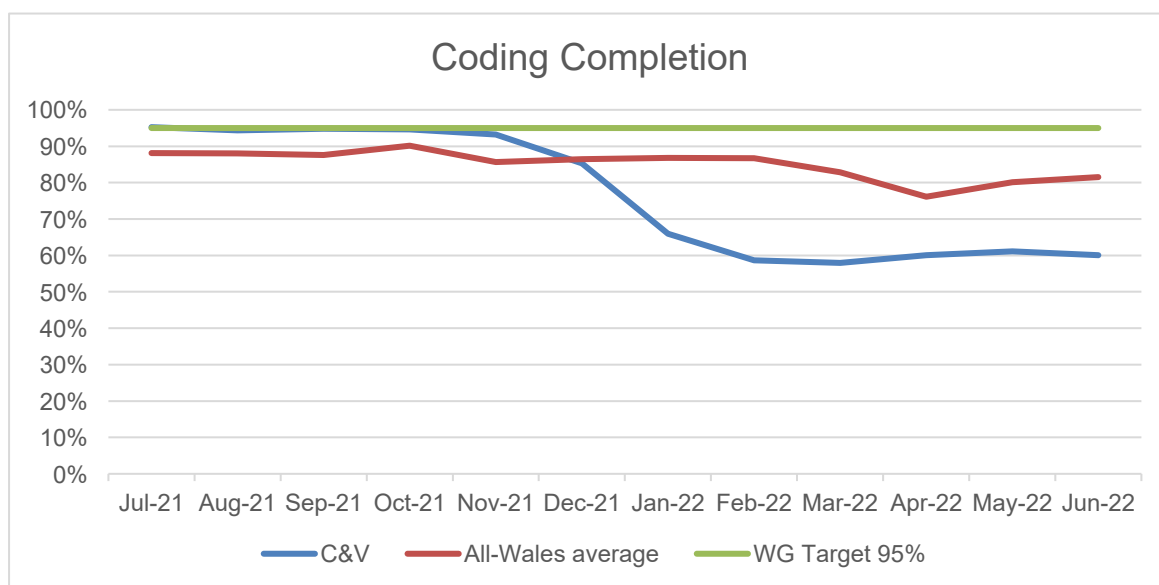
This report considers the performance of the Clinical Coding Department. Clinical Coding performance is measured against Welsh Government targets in terms of its completeness and accuracy.

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 alphanumeric 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.

Following the successful audit reported to the last committee, DHCW have confirmed the next audit will take place in October 2022.

In relation to monthly coding completeness, the following graph displays UHB performance against WG targets and the all Wales average.



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The reduction in coding completeness is attributed to significant staff losses (12 since February 2021) since the start of the pandemic and continuing to operate at 7 WTEs below the permanent establishment. This is primarily because the UHB has lost staff to organisations that can offer home working as they have electronic source documentation. Many of these organisations also offer either a higher banding and/or recruitment and retention fees. It is envisaged that this will continue to impact coding completion for as long as the UHB continues to significantly rely on paper source documentation.

The department has attempted to supplement coding completeness via the use of contract coders. However, due to losses of clinical coders throughout Wales, contract coders have been difficult to acquire in sufficient numbers. In addition, existing staff have been offered overtime.

The department is in the process of recruiting four trainee coders. However, it takes approximately 18 months to train to a sufficient level. The department sought to recruit to all 7 vacant posts, but has remained unable to do so throughout 2022 due to unavailability of training, provided by DHCW.

The department continues to prioritise all coding episodes relating to a positive COVID-19 result, which must now be coded within one week of discharge (continued response to the Welsh Circular). In addition, the department is prioritising coding of deceased notes whilst maintaining efforts to overall compliance.

During 2021/22, the department successfully coded 2034 (98.1%) deceased episodes. This will ensure the UHB's RAMI is more accurately reflective of the UHB's true position.

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

Due to continued staff shortages and difficulty in recruiting and retaining staff, coding completeness continues to be undermined. The department has enlisted contract coders to provide support until permanent staff are appointed and fully trained.

It is envisaged that this will continue to undermine coding completion as long as the UHB continues to rely on paper source documentation.

Recommendation:

The Board / Committee are requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

Safety: Yes/No

Financial: Yes

Patient level costing

Workforce: Yes/No

Legal: Yes

Mandatory function of the UHB

Reputational: Yes

Supports clinical benchmarking, research and audit

Socio Economic: No

Equality and Health: Yes

Supports case-mix management, research and audit

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Mohamed Sarah
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Report Title:	Digital Directors' Peer Group			Agenda Item no.	4.1
Meeting:	Digital & Health Intelligence Committee	Public	X	Meeting Date:	4 th October 2022
		Private			
Status <i>(please tick one only):</i>	Assurance <input type="checkbox"/>	Approval <input type="checkbox"/>		Information <input type="checkbox"/>	X
Lead Executive:	Director of Digital & Health Intelligence				
Report Author (Title):	Director of Digital & Health Intelligence				

Main Report

Background and current situation:

The creation of the Digital Directors peer group in 2021 replaced the previous Digital Delivery Leadership Group meeting which came into existence in 2020 following the dissolution of the National Information Management Board which had been focused on providing an overview of information and IM&T issues nationally.

The establishment of the peer group brings Digital in line with other professions in the NHS in Wales (eg Directors of Finance peer group, Directors of Planning peer group) and is a welcome development.

Assurance is provided by the discussion and exchange of views and updates on a wide range of digital related issues via the regular monthly meetings comprising board-level leads for digital from across all NHS Wales organisations, including Welsh Government and DHCW.

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

The attached minutes of the last two meetings held in July and August 2022 provide an update on the scope and range of discussions on digital matters impacting on all NHS Wales organisations.

CAV UHB is represented by the Director of Digital and Health Intelligence (the Director of Digital Transformation acts as deputy when necessary).

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Recommendation:

The Committee are requested to NOTE the minutes of the last meetings as follows:

- Minutes of Meeting – 4th July 2022
- Minutes of Meeting – 1st August 2022

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration	x	Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

Safety: Yes/No

Financial: Yes/No

Workforce: Yes/No

Legal: Yes/No

Reputational: Yes/No

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes/No

*Memo
Approved: Sarah
25/08/2022 15:46:13*

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Mohamed Sarah
26/09/2022 15:28:13

Directors of Digital Peer Group Meeting Draft Notes

Date of Meeting	Monday 4 July 2022
Time of Meeting	2pm – 4.45pm
Meeting Venue	MS Teams
Chair	Stuart Morris

PRESENT:	APOLOGIES:	GUESTS:
Stuart Morris CTMUHB (Chair)	Anthony Tracey HDUHB	
Mike Ogonovsky ABUHB	Alison Ramsey NWSSP	
Nicola Prygodzicz ABUHB	Philip Bowen WG	
Sion Jones BCUHB	Ryan Perry WG	
Dylan Roberts BCUHB		
David Thomas CVUHB		
Gareth Davis DHCW		
Ifan Evans DHCW		
Claire Osmundsen-Little DHCW		
Helen Thomas DHCW		
Paul Solloway HDUHB		
Sian Richards HEIW		
Neil Jenkins NWSSP		
Pete Hopgood PTHB		
Matt John SBUHB		
Iain Bell PHW		
Andy Haywood WAST		
Leanne Smith WAST		
Larissa Brock WNHSC		

ITEM	DISCUSSION	ACTION
1. Welcome & Apologies (Chair)	Stuart Morris chaired the meeting. Apologies were noted as above and Leanne Smith was congratulated on her interim appointment at WAST.	
2. Previous Minutes Approval & Matters Arising/ Action Log (Chair)	<p>Notes of the previous meeting were approved subject to LB amending the LINC programme notes in AOB.</p> <p>A reminder that all Directors of Digital need to appoint a lead from their organisations for the Risk Framework Programme. ACTION ALL to send names to Helen Thomas.</p> <p>Some peer group members have already advised LB of the national groups/committees on which they sit to represent this peer group, outstanding responses were requested.</p>	01 - All
3. Digital Directors and Digital Clinical Leads Engagement (Chair)	<p>Group discussion around the interface between Digital Directors, clinical leads and CCIOs and how best to 'plug in' CCIOs to ensure better awareness of nationwide issues and linkage into the peer group.</p> <p>Comments made: -Consistency of the CCIO role is needed across NHS organisations in Wales. -Some Digital Directors have regular meetings with their CCIOs.</p>	

	<p>-Suggestion for one CCIO to represent them all nationally and link into DoDs. -Part-time roles pose a challenge. -Concern expressed that although regular interaction is needed the authority of the DoDs group should not be diluted in the process. -Linkage into AWMDs, EDoNs, DoTHS etc is also important. -There is a national CCIO job description that we could review as a peer group to ensure a Once for Wales approach. -The patient voice is as important as the clinical one. -Alignment would be an opportunity for greater influence. -We can encourage a strategic view (rather than just an operational one).</p> <p>SM agreed to coordinate a separate session with CCIOs to discuss digital strategy and governance. ACTION SM to set up meeting.</p>	02 - SM
4. Work Plan and Business Priorities (Chair)	<p>There will be a meeting between peer group chairs and Steve Moore on 21 July and the Directors of Digital have been asked to submit a list of their top 3-4 business priorities for the next 18 months.</p> <p>There was discussion around the various priorities with the following list agreed:</p> <ol style="list-style-type: none"> 1. Sustainable funding model – certainty needed on future funding and when it is allocated. (Challenge of being given funds close to year end 21/22 as well as the cut in DPIF for 22/23). Opportunity to talk about IT spend as a proportion of HB spend and mapping DPIF to priorities. Consider recurrent funding streams beyond the annual cycle as well as digital infrastructure. 2. Workforce plan – we need to have agreed clarity on recruitment and how to make the existing workforce digital-ready. 3. Digital infrastructure and maturity – challenge of organisations at different stages across Wales. 4. Cyber resilience – awareness needed of increased operational risk due to growing digital dependency post-Covid. <p>Other points made: -Request to invite Andrew Griffiths and Shikala Mansfield back to a future meeting for workforce discussion. ACTION LB to add workforce item to forward planner. -NHS England have instigated a frontline digitisation programme to assess trusts against the HIMSS maturity model. Their strategy is much more digital focused than the WG strategy. -Suggestion to regularly report into CEMT to bring digital to the fore.</p>	03 - LB
5. Alternative Meeting Date (Chair)	<p>Group agreement to move the meeting to the first Tuesday each month at 2pm from September onwards. ACTION LB to amend Outlook invitations from September.</p>	04 - LB
6. Subject Access Review:	<p>Presentation shared on current situation. Under GDPR all patients have access to their own information and we have to respond to requests within 30 days (with no charge as long as the request is</p>	

<p>Increasing Resource Requirements (Matt John)</p>	<p>deemed 'reasonable'). Redaction is becoming harder, with the number of requests increasing as well as the complexity of cases. SBUHB are adding the issue to their risk register.</p> <p>The group agreed that a collective national approach to standardise this process would be helpful, ideally using an automated service to reduce the administrative hours currently taken to do the work.</p> <p>ACTION SM to write an SBAR to present to relevant groups for further discussion.</p> <p>Mike added that ABUHB are using RPA and it was agreed he would present the work to date at the August meeting.</p>	<p>05 – SM</p>
<p>7. Digital Maturity (Helen Thomas)</p>	<p>Some organisations have recently undertaken digital maturity assessments (HIMSS). Further discussions are needed to set a comparable baseline and then bring recommendations from this peer group for each organisation in Wales to subsequently present to the Executive Board.</p> <p>The group were supportive and it was agreed that the topic be discussed further at both the August and September meetings.</p> <p>ACTION HT & IE to liaise with Gartner Consulting, HIMSS and Bruce Steinberg regarding future meeting attendance in August/September.</p> <p>There was discussion around the financial spend by HBs, the proportion spent on digital which is much lower than it should be, Cost Improvement Programmes (CIPs) and the challenge of showing the financial benefits of implementing digital transformation.</p>	<p>06 – HT, IE</p>
<p>8. National Approach to Digital Risks (Helen Thomas)</p>	<p>The proposed Risk Framework has been circulated and the group invited to give feedback on how to manage system risks (no feedback received yet). Each organisation will appoint a digital risk lead with the aim to work together to ensure risks are managed appropriately.</p> <p>There was discussion around the Senior Information Risk Owners (SIRO) group that used to meet and whether it should be reinstated.</p> <p>ACTION LB to add to August agenda (SM, GD agreed to lead the discussion).</p>	<p>07 - LB</p>
<p>9. AOB</p>	<p><u>Request for HB rep on Audiology, IT and Digital Task & Finish Group (Chair)</u> Concern expressed over capacity. ACTION SM to discuss further with Philip Reardon-Smith to clarify who they need and whether they should attend to present to the peer group.</p> <p><u>WNCR Update (Ifan Evans)</u> Progress is being made towards single instance which was agreed in principle but has been delayed. There will be another meeting to discuss the details mid-July and good attendance from senior leads will help move this forward.</p>	<p>08 - SM</p>

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<p style="transform: rotate(-45deg); font-size: small;">Mohamed Sarah 26/09/2022 15:28:13</p>	<p><u>NHS Wales Planning Framework (Ifan Evans)</u> The WNCR is covered in the framework but there is limited emphasis on digital at present.</p> <p><u>Finance Update (Claire Osmundsen-Little)</u> An analysis of the digital spend will be shared with the peer group shortly. Directors of Finance are under pressure to balance the books with the aim at the next meeting to raise awareness of pipeline of DPF schemes. It is important to be aware of which schemes are transitioning to Business As Usual. Benefits realisation workshops have begun taking place and COL will share their output as soon as possible.</p> <p>A number of NHS trusts in England have won the case against HMRC to have the VAT reduction on Office 365 invoices. We have received advice from Ernst & Young and are also hoping to be given a reduction on our Microsoft bills which could then be back-claimed.</p> <p>For DPIF funding we have managed to regain the VAT charged against O365. We need to have a priority list prepared in case there is opportunity to reinvest this money.</p> <p><u>Joint Meeting with Directors of Finance - Friday 5 August (COL)</u> COL is hoping to coordinate a joint meeting with the Directors of Finance group with the suggestion for Directors of Digital to join them in person for a free lunch, followed by an informal session together. A joint meeting would bring the opportunity to align expectations regarding financial investment. COL is pulling together an agenda for the afternoon and will discuss it further with DoFs. The group were open to this, subject to their calendar availability.</p> <p><u>Service Plan for Transforming Data & Technology (Dylan Roberts)</u> DR requested feedback from DoDs on his HB plans. David Thomas, Mike Ognovksy, Gareth Davis and Stuart Morris volunteered.</p> <p><u>Forward Work Plan for Chief Executives (Helen Thomas)</u> ACTION HT to share slides on programme updates shortly for DoDs to share with their Chief Executives.</p> <p><u>Transfer of NHS Mail accounts (David Thomas)</u> During the pandemic some organisations would not allow the transfer of email accounts when staff moved from one organisation to another. This particularly impacted medical students on hospital placements and a consistent approach is needed across Wales so that previous data is not lost. The matter has been raised with IGMAG and with AWMDS via Rhidian Hurle.</p> <p>O365 are working on controls around this and once a plan is in place it will be submitted to this group for ratification.</p> <p><u>HETT Expo 2022 (Ifan Evans)</u> The Healthcare Excellence Through Technology exhibition will be in September and the suggestion was made for a more deliberate attendance from NHS Wales this year, with possible exhibition stand.</p>	<p>09 – HT</p>
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	<p>This could also be a useful mechanism for recruitment in Wales. The group were invited to contact IE if interested in attending.</p> <p><u>Meeting in Person</u> (Matt John) The suggestion was made to plan another in-person event for the peer group in the autumn. SM asked group members to consider volunteering to take over as Chair as he had originally committed to 6 months in the role.</p>	
	End of meeting.	
Next Meeting: Monday 1 August at 2pm via MS Teams		

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Directors of Digital Peer Group Meeting Draft Notes

Date of Meeting	Monday 1 August 2022
Time of Meeting	2pm – 4.50pm
Meeting Venue	MS Teams
Chair	Helen Thomas

PRESENT:	APOLOGIES:	GUESTS:
Mike Ogonovsky ABUHB	Nicola Prygodzicz ABUHB	Shikala Mansfield DHCW
Stuart Morris CTMUHB	Sion Jones BCUHB	Chris Darling DHCW
Angela Parratt CVUHB	Dylan Roberts BCUHB	Bethan Walters DHCW
Gareth Davis DHCW	David Thomas CVUHB	Julie Ash DHCW
Ifan Evans DHCW	Anthony Tracey HDUHB	Gareth Ashman WG
Claire Osmundsen-Little DHCW	Neil Jenkins NWSSP	Carl Mustad SBUHB
Helen Thomas DHCW	Alison Ramsey NWSSP	
Sian Richards HEIW		
Iain Bell PHW		
Pete Hopgood PTHB		
Matt John SBUHB		
Carl Thomas VNHST		
Leanne Smith WAST		
Philip Bowen WG		
Larissa Brock WNHSC		

ITEM	DISCUSSION	ACTION
1. Welcome & Apologies (Chair)	Helen Thomas chaired the meeting. Apologies were noted as above and Carl Thomas (Velindre) was welcomed to the peer group.	
2. Previous Minutes Approval & Matters Arising/ Action Log (Chair)	<p>Notes of the previous meeting were approved.</p> <p>A reminder that all Directors of Digital need to appoint a Risk Lead from their organisation (see July Action Log item 1).</p> <p>Ifan Evans advised that he would share the latest presentation on Digital Services for Patients and Public (DSPP) with the group. The group agreed that this should be added to the joint Digital Directors' meeting agenda with Directors of Finance in September (precise date tbc) alongside National Data Resource (NDR) and Digital Medicines Transformation Programme (DMTP).</p> <p>The private/closed beta version of the NHS App is scheduled to go live by 30 August, with 10 practices lined up and 1000 participants. Public beta testing is scheduled for the end of September which will last for some time. EMIS have agreed to come on board by March 2023.</p>	
3. Robotic Process Automation (RPA) (Mike Ogonovsky)	MO shared a presentation on the RPA solution that ABUHB have chosen (Blue Prism Cloud). The net financial benefit so far is £691,000 with it performing 28 processes across health records, finance, workforce & OD and ICT. Other benefits will include increased quality and accuracy of data, faster processing, language translation and improved patient care.	

	<p>ABUHB are currently assisting CTMUHB in developing RPA and are liaising with Blue Prism to consider NHS Wales as an entire organisation, therefore ensuring better value for money.</p> <p>The peer group responded positively and were keen to collaborate. Main comments: -IE advised caution using RPA in some areas (eg workforce) as the implementation and governance needs to be considered very carefully. -LS added it was important to learn from existing RPA processes in place in England, for example. -CO-L said that DoFs have asked her to run a masterclass showcasing RPA. -Suggestion that Darren Atkins would be a useful resource. ACTION MO/LB to set up a meeting in October to showcase RPA with various teams invited to run demos (including information governance, safety and Microsoft O365).</p>	01 – MO/LB
4. Workforce Review (Shikala Mansfield, DHCW)	<p>Presentation shared by SHM (prepared by Andrew Griffiths from FEDIP) covering the outcomes of the workforce review report. 12% of IT roles in NHS Wales are currently vacant and a consistent approach is needed across organisations. 6 recommendations were made and the peer group invited to give input before the strategy is presented to Welsh Government.</p> <p>Comments made: -Improve our role descriptions and job families and aim to be more consistent across our job advertisements. -Ensure that we populate a 'digital building' in careersville Welcome to Careersville Careersville (heiw.wales) as the professions are developed. -Consider mid-career recruitment vs recruiting from universities and training up. -Consider retention (challenge of salaries lower than the private sector, however we can offer a clearly structured career pathway for those recently graduated). -Suggestion to prioritise work on the job families with the highest levels of vacancies. -Consider strategic direction and the rationale behind the report so we can sense check for Wales. -Identify leads for the Digital Workforce Task & Finish Group (Sian Richards) to tie in to this work. -Future perspective is vital to build the correct relationships with academia for both school leavers and university graduates. -HEIW are testing a developer intern scheme with Welsh universities with the first candidate starting in September.</p> <p>ACTION IE/SHM to share presentation slides with the group.</p>	02 – SHM/IE
5. Conversation with Chris Darling & Colleagues (DHCW)	<p><u>IM Digital Network (Chris Darling)</u> Chris Darling explained that the Network meets quarterly with a highlight report produced after each meeting. The Terms of Reference have been shared and there have been 2 meetings so far this year. Agenda items are agreed by the Chair (David Selway) and</p>	

	<p>Vice Chair (Maynard Davis) with the Chair of the Directors of Digital peer group (SM) attending every six monthly to share priorities.</p> <p>There has been positive feedback received with good representation across organisations to date. It was noted that PHW now have an interim Digital IM and will announce a permanent Digital IM shortly.</p> <p>Suggestion to have monthly AOB item on this agenda on what to share with IM Digital Network. ACTION LB to add to agendas.</p> <p><u>Joint Review into DHCW (Chris Darling)</u> CD updated the group on the review of system wide digital issues, looking at the progress achieved against recommendations from 2018 and manageability of priorities. The timing was unexpected and cyber seems to have been omitted. Presentation shared on the details of the review with DHCW to provide written evidence by Friday 23 September. All NHS organisations have been asked to submit contributions to be collated for the oral evidence session on Wednesday 26 October. See link: Scrutiny of Digital Health and Care Wales (senedd.wales)</p> <p>PB advised that he was aware of plans for the review but had not seen anything formal in writing. HT suggested adding the item to the September agenda and agreed to discuss with Tracey Cooper. ACTION LB to check with NHS Confederation colleagues re offer of support and to add item to September agenda.</p> <p><u>Risk Programme Framework (Bethan Walters)</u> Presentation shared on progress so far and next steps, to include formal sign off on the National Approach to Digital Risk Management document, presentation at NSMB, IMB and OSMMB and comms with the Risk Leads from each organisation (once nominations are in place).</p>	<p>03 – LB</p> <p>04 - LB</p>
<p>6. Finance Update (Claire Osmundsen-Little, DHCW)</p>	<p>CO-L shared a presentation and advised that a deep-dive is taking place into the financial revenue digital spend to analyse key spending traits across NHS Wales. A template will be circulated shortly to Deputy Directors of Finance and Directors of Digital, with the request to complete it within 2 weeks. It will then be reviewed at this peer group meeting on 6 September. ACTION LB to add digital spend to September agenda.</p> <p>The rate of inflation for digital is approximately 17% which poses significant challenges for the next financial year (eg Dell is suggesting a future 30% price increase). We are still working with Ernst & Young to request agreement from HMRC on whether we can reclaim the VAT on Microsoft O365 licences and other items. Update to follow.</p>	<p>05 - LB</p>
<p>7. Proposals for a Wales Holistic Digital Support Service (Gareth Ashman, WG)</p>	<p>GA shared a presentation on the proposal for public-facing support for digital services. He asked the group whether there was agreement on an All Wales support service with a single route for the public to access and to what extent it could be supported. Comments made:</p>	

	<ul style="list-style-type: none"> -How would this fit with the DSPP? IE offered to raise the issue at the next DSPP meeting. -Mobile applications don't normally have a helpline offering support however we do need to consider what the best mechanism would be to support users of the NHS App. -Support for the digital Covid pass was challenging and the public were calling GPs and Welsh Government for support out of desperation. -The public should be able to update their demographic records without having to use a telephone line. -We need to standardise the way we support the public. -We should expect the DSPP to take a lead on this and research how other countries have approached it and what the options are. -A key issue will be the extent of control over services delivered through the app, almost all of which will reside with the health and care providers, not DHCW. -We also need to consider how patients are currently using solutions such as DrDoctor, Patients Know Best or other consumer-facing apps. -Technical glitches must be eradicated before the NHS App is released. -In England the Government are promoting VC directly through the app but it will be difficult to deliver this in Wales through the GMS contract. 	
<p>8. AOB</p> <p style="text-align: right; transform: rotate(-45deg); font-size: small;">Mohamed Sarah 26/09/2022 15:28:13</p>	<p><u>Open Eyes Programme (Carl Mustad)</u> Much good work has been done so far with the support of NHS organisations to date. However, there was a go-live date for glaucoma scheduled in March 2022 which was not achievable for various reasons (ie service management, resourcing hosting, multi-tenancy agreement issues etc). The importance of agreeing a timeline for all the outstanding issues to be resolved was emphasised. A meeting will take place with DHCW later this week and the peer group agreed that the item be added to September's agenda for an update on progress over the next month. ACTION LB to add Open Eyes to September agenda.</p> <p><u>Artificial Intelligence Review Feedback Request (Iain Bell)</u> IB encouraged all to respond to the AI email circulated to the group requesting input. Louisa Nolan will be attending a future meeting to report on the feedback received. ACTION LB to add AI to next agenda and invite Louisa Nolan.</p> <p><u>Welsh Nursing Care Record (WNCR) Update (Ifan Evans)</u> Progress is being made to work through the technical requirements for single incidence. There are 2 options – sudden implementation or phased, to be linked to version upgrade 2.3 as planned for Q4. All NHS organisations are asked to respond to the request to advise which implementation method they would prefer.</p> <p>AOB Items Raised by Philip Bowen, Welsh Government: <u>Minister's Letters to NHS Wales Bodies</u> DMTP and DSPP will be tailored for each HB and the Minister sent out letters to each organisation last Thurs 27 July to this effect. Any queries please contact PB directly.</p>	<p>06 - LB</p> <p>07 - LB</p>

	<p><u>CDO Recruitment and Office of CDO Establishment</u> A verbal offer of employment has been made to the new Chief Digital Officer in Welsh Government with written acceptance pending, after which an announcement will be made.</p> <p>There have been some challenges around the establishment of the Office of CDO and HEIW have been assisting. Draft Terms of Reference have been drawn up.</p> <p><u>Digital Priorities Investment Fund Update</u> It is likely there will not be any underspend and consequently no spare money to be allocated to other projects/programmes for the time being. However, PB did advise that WG would be requesting prioritisation of reserve lists from each organisation, just in case.</p> <p><u>Digital Health and Social Care Strategy</u> PB is engaging with the Health Minister's office regarding next stages, to include conversations with NHS Wales to understand their criticisms and concerns. A letter requesting representation from NHS organisations will be sent out shortly which will then be presented to the Ministers of the Senedd after recess.</p> <p><u>Development of AI that Enables Accurate Detection of Disease</u> NHS England have asked PB to look at Artificial Intelligence and want to engage with all four UK nations to consider costs. No AI projects have been funded via DPIF to date and PB is keen to engage with members of the peer group who have an interest in AI or are aware of projects that are underway. Iain Bell agreed to catch up with PB to discuss further.</p>	
	End of meeting.	
Next Meeting: Tuesday 6 September at 2pm via MS Teams		

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