Public Digital & Health Intelligence Committee Meeting

Tue 07 June 2022, 09:00 - 12:30

Agenda

09:00 - 09:00
0 min

1. Standing Items

1.1. Welcome & Introductions

David Edwards

1.2. Apologies for Absence

David Edwards

1.3. Declarations of Interest

David Edwards

1.4. Minutes of the Committee Meeting held on 1 February 2022

David Edwards

1.4 Draft Public DHIC Minutes 1st Feb 2022 - AF.pdf (9 pages)

1.5. Action Log following the Committee Meeting held on 1 February 2022

David Edwards

1.5 DHIC Action Log June 2022 - AF.pdf (2 pages)

1.6. Chair's Action taken since the Committee Meeting held on 1 February 2022

David Edwards

09:00 - 09:00
0 min

2. Items for Approval / Ratification

09:00 - 09:00
0 min

3. Items for Review and Assurance

3.1. Digital Transformation Progress Report (Digital Dashboard)

David Thomas

3.1 Digital Transformation Progress Report 7 June 2022.pdf (7 pages)

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

James Webb

3.2 IG Data and Compliance Cover Paper.pdf (6 pages)

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3.3. Joint IMT & IG Corporate Risk Register

David Thomas/ James Webb

- 3.3 Joint IMT IG Risk Register Cover Paper.pdf (3 pages)
- 3.3a DHI Combined Risk Register updatedDT 7 June 22.pdf (4 pages)

3.4. Development, procurement and implementation of national and Local IMT systems

David Thomas

- 3.4 Development, procurement and implementation of national and local IM&T systems.pdf (6 pages)
- 3.4a Appendix 1 Executive summary dashboard.pdf (3 pages)
- 3.4b Appendix 2 Flash report template.pdf (3 pages)

3.5. Digital Strategy Refresh including Investment Requirements

David Thomas

- 3.5 Digital Strategy Refresh 7 June 2022.pdf (4 pages)
- 3.5a Appendix 1.pdf (12 pages)

3.6. Framework Policies, Procedures & Controls

David Thomas

- 3.6 Framework Policies Procedures and Controls Paper.pdf (3 pages)

3.7. Committee Effectiveness Survey Results 2021-2022

Nicola Foreman

- 3.7 Committee Self Effectiveness Surveys DHIC.pdf (3 pages)
- 3.7a Digital & Health Intelligence Committee Self Evaluation 2021-22.pdf (21 pages)

09:00 - 09:00
0 min

4. Items for Noting and Information

4.1. Clinical Coding Performance Data

David Thomas

- 4.1 Clinical Coding Performance Data Paper.pdf (3 pages)
- 4.1a Clinical Coding Audit Draft Appendix A.pdf (13 pages)

4.2. Minutes

David Thomas

i. Digital Directors Peer Group – 7 March 2022 and 4 April 2022

- 4.2 Digital Directors Peer Group Cover Paper.pdf (3 pages)
- 4.2a Directors of Digital Peer Group Meeting Minutes.pdf (4 pages)
- 4.2b Directors of Digital Peer Group Meeting Minutes.pdf (4 pages)

09:00 - 09:00
0 min

5. Agenda for Private Digital & Health Intelligence Meeting

David Edwards

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5.1. Cyber Update

09:00 - 09:00
0 min

6. Any Other Business

09:00 - 09:00
0 min

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

David Edwards

09:00 - 09:00
0 min

8. Review of the Meeting

David Edwards

09:00 - 09:00
0 min

9. Date & Time of next Meeting:

David Edwards

4 October 2022 via MS Teams

09:00 - 09:00
0 min

10.

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]

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Minutes of the Digital & Health Intelligence Committee
Held On 1st February 2022 at 09.00
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:		
Nicola Foreman	NF	Director of Corporate Governance
Angela Parratt	AP	Director of Digital Transformation
David Thomas	DT	Director of Digital & Health Intelligence
James Webb	JW	Information Governance Manager
Observers:		
Marcia Donovan	MD	Head of Corporate Governance
Meurig Francis	MF	Graduate Trainee
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Chris Lewis	CL	Deputy Director of Finance
Stuart Walker	SW	Deputy Chief Executive

Item No	Agenda Item	Action
DHIC 01/02/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the public meeting and confirmed the meeting was quorate.	
DHIC 01/02/002	**Apologies for Absence** Apologies for absence were noted from the Deputy Chief Executive and Deputy Director of finance. **The Committee resolved that:** The apologies were noted.	
DHIC 01/02/003	**Declarations of Interest** No declarations of interest were raised. **The Committee resolved that:** No declarations of interest were given.	
DHIC 01/02/004	**Minutes of the Meeting Held on 5th October 2021** The minutes of the meeting held on the 5th October 2021 were confirmed as a true and accurate record. **The Committee Resolved that:**	

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	The minutes of the meeting held on the 5th October 2021 were confirmed as a true record.	
DHIC 01/02/005	**Action Log** The Director of Digital & Health Intelligence (DDHI) noted there was an agreement to bring the Digital Strategy update to the Board in March and queried whether it needed to be shared at another committee before Board. The Director of Corporate Governance (DCG) advised that any strategy should be shared at the Strategy and Delivery Committee prior to Board to provide a level of assurance on work undertaken on the Strategy. The DDHI confirmed that Mandatory Training had been discussed at ME, where Digital was now a standing item. **The Committee Resolved that:** The Action Log was discussed and noted.	
DHIC 01/02/006	**Committee Annual Work Plan – 2022/23** The DCG explained that the work plan reflected the Committee Terms of Reference (ToR). The Chair asked if the committee should consider the IT budget / investment. The DCG commented that as digital supported and enabled all work, it would be helpful for the budget to be reviewed at committee meetings. The Chair advised that it would be helpful for the IM's to understand the challenges digital faced in more detail to inform discussion. **The Committee Resolved that:** i. The Committee Work Plan for 2022/23 was reviewed and ratified and; ii. The Work Plan be recommended for Board approval on the 31st March 2022.	
DHIC 01/02/007	**Committee Terms of Reference – 2022/23** The DCG confirmed the following in relation to the ToR: • Membership of the committee included 4 Independent Members, the quorum for meetings was 2 IM's. • Angela Parratt (Director of Digital Transformation) and James Webb (Information Governance Manager) were to be added to the membership.	**NF**

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	• Committee papers are to be published 7 clear days prior to a committee meeting. The Director for Digital Transformation (DDT) asked for the TOR's to be updated to reflect the recruitment of the AMD. **The Committee Resolved that:** i. The changes to the Terms of Reference for the Digital and Health Intelligence Committee were reviewed and ratified and; ii. The changes to the Terms of Reference for the Digital and Health Intelligence Committee were recommended to Board for approval on 31st March 2022.	**NF**
DHIC 01/02/008	**Committee Annual Report – 2021/22** The DCG explained that the annual report was a review of the previous 12 months to highlight the work undertaken by the committee. This would feed into the overall annual report for the organisation. **The Committee Resolved that:** i. The draft annual report 2021/22 for the digital & health intelligence committee was reviewed and; ii. the draft annual report be recommended to the board for formal approval.	
DHIC 01/02/009	**Digital Transformation Progress Report (Digital Dashboard)** The DDT shared an update and highlighted the following – • The progress report wasn't the entirety of the programme and focussed on business cases reported to BCAG. • The tender programme was 65% complete and aimed to complete in quarter 1 of 2022/23 with an expectation to award contracts in quarter 2. The DDT explained the following regarding the NHS Wales APP – • It was being built by the digital services team. • It would be used to access information about health and care. • In time patients would be able to use the app to access information and book appointments. • The PROMs solution which had been awarded, had gone through contract award and was at a stage of mobilisation.	

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	The DDT explained there had been interest / good feedback on the digital dictation and transcription. The DDT also highlighted the following key items- • Scan4Safety was a national business case. There was an initial implementation plan and hope to start in cardiology. This was being done by the national team. • No change to Electronic Prescribing and Medicines Administration (EPMA). The team were waiting for the framework to be in place and anticipated to go to market in quarter 1 of 2022/23. • A midwife had used O365 to produce forms which had saved £100k and staff resource. • No new business cases supported blood science colleagues for vein to vein transfusion solutions, however this had been approved and agreed as additional work. • Recovery money was made available but would expire at the end of March 2022. • Electronic testing for radiology was discussed and agreed at an MDT which would look at ways of improving Ultrasound and MRI. • Funding was secured for work to enable booking and management of clinic space which had been managed by individual teams historically. The Independent Member – Third Sector (IMTS) questioned what would happen to plans following utilisation of recovery funding which would cease at the end of the financial year. The DDT advised that as the funding was in year only, the work would be accelerated until 31st March but would continue at a slower pace as of the 1st April. The Chair noted the Office 365 programme of work and asked what was being done to share the innovations across the UHB and with NHS Wales colleagues. He also queried whether the £100k saving has been recognised. The DDHI explained CAV were committed to sharing good news on local initiatives and had shared the innovation within the programme informatics forum. Discussion had also been had regarding an initiative's library, which could potentially generate investment. The DDHI explained that a number of business cases had a focus on savings and suggested that the	

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	Committee needed to consider how the efficiencies generated could be reinvested. 7 business cases would be shared with the Health Board's BCAG group and the DDT explained that they would span a 5-year plan and would be cash releasing with surplus at the end. **The Committee Resolved that:** The progress across the Digital Strategy Delivery Programme update was noted.	
DHIC 01/02/010	**ICO Audit Assessment Report** The Information Governance Manager (IGM) gave an update on the ICO Audit Assessment Report – • 5 recommendations had been completed since the audit. • The team would continue to work through the recommendations, many of which related to IG training. The Chair thanked the IGM and team for the progress made and the prioritisation of work. **The Committee Resolved that:** The progress and updates to the Information Governance Audit Tracker and ICO Audit Assessment Report were noted.	
DHIC 01/02/011	**IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)** The IGM provided an update on the following – • The team's resource had increased by 1.2 whole time equivalent (WTE) staff members. • Projects were delayed due to resources. • The team planned to appoint an IG manager. • FOI compliance averaged 97%, at 48 per month. • Digital had invested in training of record keeping staff. • A National Integrated Intelligent Auditing Solution (NIIAS) plan had been approved by ME. • Figures were low for mandatory training. The IGM explained that the UHB was obliged to maintain a disclosure log of every request for information received but the team hadn't been able to maintain this as well over the previous 12 months. It was agreed that the IGM would share a copy of the log at the next committee meeting.	**JW**

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	The Committee Resolved that: The IG Data & Compliance Update was received and noted.	
DHIC 01/02/012	**Joint IMT & IG Corporate Risk Register** The DDHI highlighted that resources and lack of on-going investment were an issue but that the team had improved the state of infrastructure. The cyber security risk was the highest rated risk being carried and would remain on the register. **The Committee Resolved that:** The progress and updates to the Risk Register report were noted.	
DHIC 01/02/013	**Development, procurement and implementation of national and Local IMT systems** The DDHI shared an update on key work programmes that weren't covered previously – • Utilising national / local date repository. • A PARIS information sharing system with Cardiff Council had gone live to enable the exchange information for looked after children. • A new service management tool, Avanti, would go live the following week. This would allow more standard functionality to deal with requests in a more efficiently. The UHB continue to work with light foot on the data knowledge programme to enable work on the Signals from Noise platform to proceed. Training was planned to enable Health Board staff to take over this work. The DDHI advised that a report was due on the Welsh Community Care Information System (WCCIS), which the Vale of Glamorgan had implemented previously. The UHB had not signed up to WCCIS on the basis that it's functionality would be inferior to proposals with Lightfoot. The DDHI also added the following in relation to Capital Funding received during 2021/22: - There had been additional funding and had enabled investment in some aging infrastructure. - CAV were working to complete the roll out of Windows 10 by the end of March 2022. - A business case for recurrent funding for Microsoft Office had been compiled. - The UHB was moving ahead with virtual desktops to enable community staff to access data on the move. Short-term revenue money was made available to enable this work.	

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	The Chair advised that the Avanti systems were good once up and running and could provide interesting data regarding what the UHB's IT systems would be asked to do. He suggested that it would be useful for the committee to be sighted on these outputs. In response to a query from the Independent Member – University, the DDHI explained that a bid for EPMA had been submitted to WG for a digital prescribing portfolio. The UHB was in line to be one of the first to adopt this process. The DDT advised that she would obtain an update on this work for the following committee meeting. The DDT advised that Hamish Laing had been appointed as the UHB's clinical lead / SIRO and Rhian Hamer as the programme director. **The Committee Resolved that:** The progress against the development roadmap and the areas of exception which required further attention and consideration were noted.	**AP**
DHIC 01/02/014	**Digital Strategy Refresh including Investment Requirements** The DDT shared a presentation that highlighted changes to the strategy, progress made and issues faced. These included: • Electronic test requesting was being piloted for 2 GP surgeries in primary care. • Electronic patient record was being worked towards in the next financial year. • It was expected that the digital team could deliver the virtual ward in quarter 1 of 2022/23 • The E white board platform would extend to surgery to enable internal referral. • CAV may reach Digital Maturity by 2025-27 if there are no changes to funding. • The journey to a cloud based platform was an 8-10-year journey. • Training of the digital team in agile ways of working had been completed. • 2000 staff don't have a nadex number to access digital systems. • A large number of devices had surpassed the recommended age set out by the HB. • £6million had been spent for the UHB to be digitally coded.	

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	The base line funding was £500k per year, but need £3.41 million of initial investment plus £5 million to support the electronic patient record for 3 years. The DDHI confirmed that the UHB had submitted these funding requirements as part of the IMTP. The level of funding required demonstrated the challenges faced and highlighted the reliance on digital as a key enabler to deliver solutions. CAV had asked Channel 3 to look at a digital refresh to support UHW 2 plans. The Chair noted the desire to become more digitally mature, and suggested that the people/workforce side of this work could be expanded upon. The DCG asked how the UHB compared to other HB's regarding digital maturity and how much under investment had been of our own design as we set our own capital plan. She suggested that the Milestones diagram was helpful and could demonstrate where/when money was being spent. The DDT explained there wasn't a comparison to other HB's as there hadn't been a self-assessment on HIMMS. In England they had a globally digital exemplar. The Independent Member – University advised that a transformation project had been undertaken within the university with support for IT being centralised to allow local decision making. **The Committee Resolved that:** The update on progress across the Digital Programme and the Digital Strategy refresh plans were noted.	
DHIC 01/02/015	**Framework Policies, Procedures & Controls** The DDHI that explained one policy, the Information Governance Corporate Governance Training Policy had been brought to the attention of the committee for approval. There were also a number of procedure notes that had been updated. The IGM advised that the IG corporate governance training policy underpinned the mandatory training. **The Committee Resolved that:** The Information Governance Corporate Training policy was approved.	

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	Items for Noting and Information	
DHIC 01/02/016	**Clinical Coding Performance Data** The DDHI advised that the UHB's performance continued to be in line with expectations despite the challenges faced. **The Committee Resolved that:** The Clinical Coding Performance data was noted.	
DHIC 01/02/017	**Minutes: Digital Directors Peer Group** The following minutes were shared: i. Digital Directors Peer Group – Nov 2021 ii. Digital Directors Peer Group – Dec 2021 **The Committee Resolved that:** i. The Minutes from the Digital Director Peer Group in November 2021 were noted. ii. The Minutes from the Digital Director Peer Group in December 2021 were noted.	
DHIC 01/02/018	**AOB** The Chair highlighted that All Wales Digital Independent Members group had been established. He confirmed that he would share the minutes of this meeting with the Committee.	
DHIC 01/02/019	**Items to bring to the attention of the Board / Committee** There were no items to bring to the attention of the Board or other Committees. **The Committee Resolved that:** No items to bring to the attention of the Board / Committee.	
	Date & Time of next Meeting: Tuesday 7th June 2022 – 9:00 am	

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Action Log
Following the Digital Health & Intelligence Committee
Held on 1st February 2022
(For the meeting 7th June 2022)

Minute Ref	Subject	Agreed Action	Lead	Date	Status
Complete Actions					
DHIC 01/02/007	**Committee Terms of Reference**	To add the Angela Parratt & James Webb to the list of membership for the committee. To add the AMD post to the committee membership.	Nicola Foreman	**31.03.2022**	**Complete -** The Terms of Reference for the Digital and Health Intelligence Committee were updated so that the Committee Membership includes the Director of Digital Transformation, the Information Governance Manager and the Assistant Medical Director. These Terms of Reference were approved by Board on 31 March 2022 and have been published on our website (see the following link - https://cavuhb.nhs.wales/about-us/governance-and-assurance/committees-and-advisory-groups/digital-and-health-intelligence-committee/
DHIC 01/02/011	**IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)**	James Webb to include the disclosure log for the next committee meeting.	James Webb	**07.06.2022**	**Complete** On the agenda for June (see agenda item 3.2)
DHIC 01/02/013	**Development, procurement and implementation**	Angela Parratt to ascertain if the UHB is on track for quarter 1 progress for the EPMA digital portfolio.	Angela Parratt	**07.06.2022**	**Complete**

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Minute Ref	Subject	Agreed Action	Lead	Date	Status
	of national and Local IMT systems				On the agenda for June's Committee meeting (see agenda item 3.4)
Actions in Progress					
Actions referred from another Committee					
S&D 22/03/007	**Digital Transformation**	**Referred from the Strategy & Delivery Committee:** Flash reports to focus on the programmes being done within IT.	David Thomas	**07.06.2022**	**Complete** On the agenda for June (see agenda item 3.4)
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	**09.06.2022**	**In progress** To be discussed at the Strategy Review session on 9 June 2022.
DHIC 21/10/011	**IG Mandatory Training**	ME to be made aware of the importance of IG mandatory training	Nicola Foreman / David Thomas	**09.05.2022**	**Complete** Discussed at the ME meeting on 9 May 2022

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Report Title:	**Digital Transformation Progress Report**			Agenda Item no.	3.1
Meeting:	**Digital and Health Intelligence Committee**	Public	x	Meeting Date:	7 June 2022
		Private			
Status *(please tick one only):*	Assurance	x	Approval		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:

Since the creation and sign off of the UHB's Digital Strategy in July 2020, work has progressed with defining the roadmap and associated business cases to support the digital transformation programme.

The 2020 version of the roadmap is now being developed into a 2 to 3 year forward view (Appendix 1).

It is expected that the enterprise architecture (to be developed) and Electronic Patient Record (EPR) business case will drive the bulk of activity afterwards.

The current position on business cases in development and roadmap items are summarised in this report at Appendix 2. Digital transformation continues to be a priority for the organization and is recognised as a pre-requisite to support the Shaping our Futures strategic programmes as well as our Recovery and Outpatients transformation programmes.

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

Business cases approved by BCAG and new business cases reported on previously are now incorporated into the progress report provided at Appendix 1

- Digital patient communications
- PROMs
- Digital dictation and Transcription
- Scan4Safety
- ePMA
- VeintoVein blood transfusion
- Year-end funded initiatives

Issues

The previously reported issue of funding the flexible resource pool of £200k pa that was included in the programme of business cases is being discussed with finance – this needs to be resolved so that the BCAG business case can complete.

Resource challenges more widely are also being discussed and covered in item 3.5

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The Director of Digital & Health Intelligence is part of the discussions held at Management Executive on this.

Recommendation:

The Committee is requested to:

NOTE the progress across the Digital Strategy – Roadmap delivery programme

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		Integration		Collaboration	x	Involvement	

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

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Reputational: Yes/No

Socio Economic: Yes/No

Equality and Health: Yes/No
Decarbonisation: Yes/No

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

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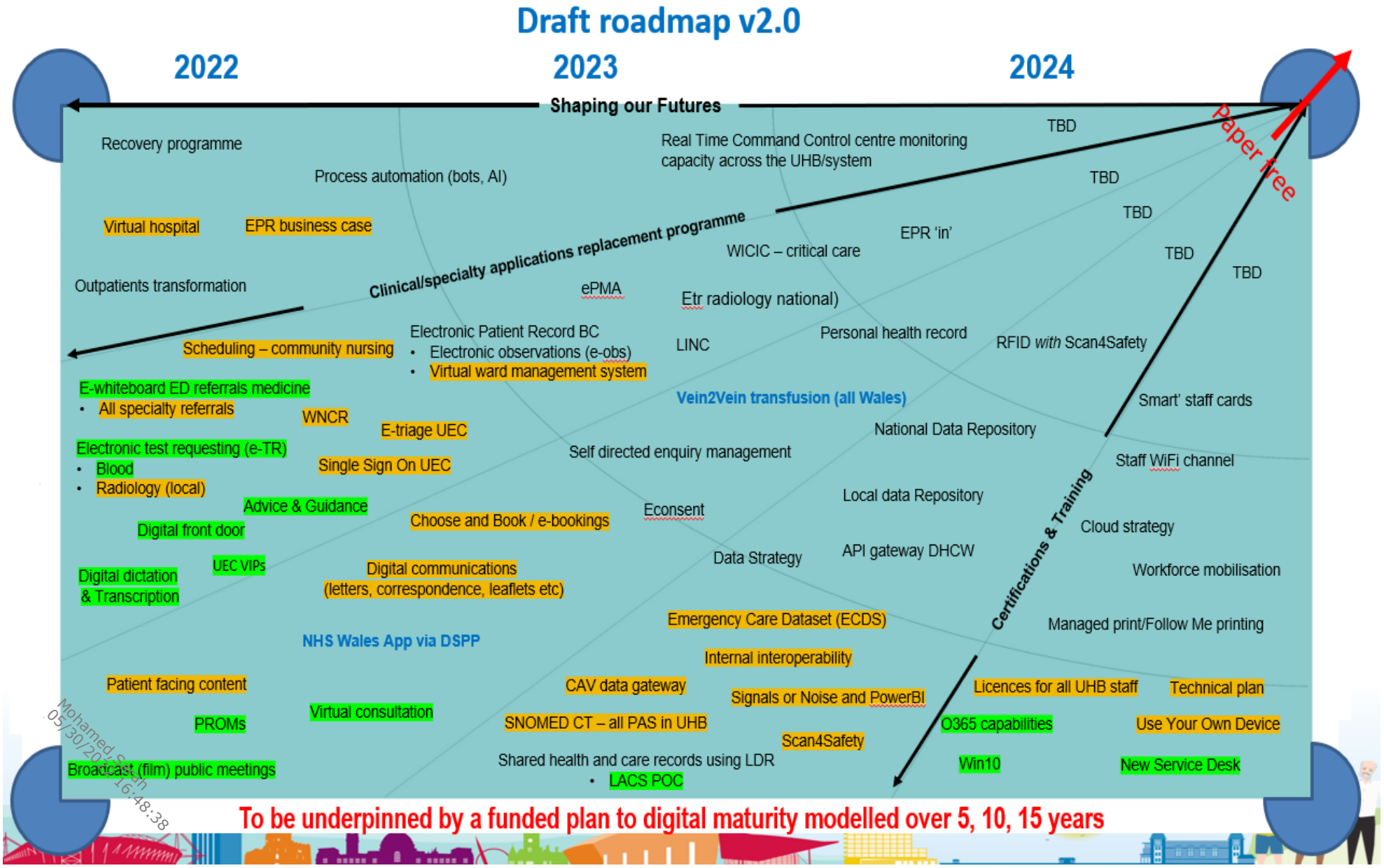
Appendix 1

Highlight key: Green = done or nearing business as usual: Amber = in progress



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Appendix 2

Progress against roadmap items

Key	Unfunded, Business Case TBD Some funding but not enough to complete the work / some unknowns on funding Funded and barring other priorities we expect to complete the work Outside of CAV control

	IMTP MILESTONES	PLANNED Q1 SUBJECT TO RESOURCE	UPDATES ON Q1 PLANNED WORK
	Electronic Patient Record	Refresh solution architecture work and soft market testing update	Initial user research work complete; lack of resource delaying further progress; Enterprise Architecture to be developed - in discussions on how this can be achieved
	Digital front door	Virtual ward / home location in EAMD, medicine and surgery; existing WCWS functionality ported across to EUWS	New functionality has been added to EUWS e.g. Results, Nutrition, clinical notes, frailty score, Dr handover notes, medicine reconciliations. We are also developing the ability for transfer of care data to be available so that can view how long in ED, how long in an assessment unit, through other settings and then discharge.
	Econsent	Decision on piloting E-consent	Discussion pending on whether we progress this in 22/23 or 23/24
	Patient facing content	Patient facing content published for targetted areas - c130 leaflets	20 leafelts completed by year end, work started on 336 however clinical time unavailable, plan and templates etc with comms team - no further reporting by D&HI
	Digital comms & Choose and Book	Digital comms ITT specification finalised inc. hybrid mail, patient portal, digital post, choose & book for patients	Still planned, aim to complete ITT by quarter end
	DSPP NHS Wales App (from DSPP)	No milestone this quarter	
	PROMs	PROMs platform integrations and 1st service areas live	NETS live 23/05, Myeloma and MSK live in June. 40+ service areas waiitng. St Grp being established. Clinical lead identified, awaiting operational lead. Early task is to agree priroitisation. Meanwhile we complete the remaining pilot service areas that have already been agreed
	Shared health and care records using LDR	Next Use Cases agreed for 22/23; Continued build out of LDR; Evaluation of LACS LDR pilot	no DPIF funding tp progress more use cases, evaluation LACS in progress
	Self directed enquiry management	No milestone this quarter	
	Outpatients transformation	SoS & PIFU spread and scale; SOS and PIFU technical approached to be extended across MH and community; referrals internally and from primary and community care	Algorithm built for acute enabling automatic discharge on SoS ticket expiry. Not yet in place for community. PIFU automated patient contact functionality will be built when process design completed.
	Community, Mental Health and PCIC services	- Complete the onboarding of outpatient Physiotherapy, Speech and Language, Dietetics, COVID Rehab, Long COVID, and associated CD&T services into clinical e-record keeping (via PARIS)	Digital Therapies launched to both co-ordinate and sequence work packages for Q1 & Q2
	Digital dictation & Transcription	Lite versions implemented /available UHB wide	Over 200 clinicians currently using, c180 med secs using and a further 360 colleagues waiting to be trained; integration conversations have started
	eTR radiology & GPeTR	GPeTR into production; eTR modalities in local acute solution review checkpoint	GPeTR live rolling out managed by radiology; Powerapp built for acute built, being tested (v1.0). Launch dependent on recruitment and a technical solution for the App to consume data from acute PAS
	Clinical/specialty applications	ePMA procurement (off back of DHCW framework); Outpatients module stapled into WCP; SNOMED CT live in PMS & PARIS	ePMA national framework delayed; resources to start project to be funded by WG, programme managed by Pharmacy. Agreement given to staple WCP & COMII - development to be completed by CAV; SNOMED look-up available, internal project to be initiated subject to resources to incorporate and that activity is coded - acute & community
	Interoperability	Integrations with PROMs, digital dictation etc ; Internal interoperability between major PAS (acute, community/MH and others)	Planning work has started, resource challenges inhibit progress
	Scan4Safety	Project initiation and one theatre already baselined	Project has started in cardiology (theatres), baselining nearly complete; PM being recruited. Governance in place, jointly managed with NWSSP as part of national programme
	Vein2Vein transfusion (all Wales)	Hardware in place - see update. All Wales business csase to be completed.	WG funding initial discovery work to create an all Wales business case. This programme is expected to tie in with the national LINC programme. Project managed by Blood Transfusion Service. Digital are supporting however it is not driving this programme. No further reports will be provided.
	PowerBI	Evaluation of platforms	Lack of resource, push back until resourcing resolved
	Use Your Own Device	The ability to access all applications remotely including on your own device#	Internal discussions to be held about what the right solutions for hybrid working and remote access including your own device can be
	Managed print/Follw Me printing	No milestone this quarter	

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Key	Unfunded, Business Case TBD
	Some funding but not enough to complete the work / some unknowns on funding
	Funded and barring other priorities we expect to complete the work
	Outside of CAV control

OTHER ROADMAP ITEMS	PROJECT	PLANNED Q1 SUBJECT TO RESOURCE	UPDATES ON Q1 PLANNED WORK
	Sustainable funding plan for D&HI		Joint work has started with finance on this. Cyber team has been funded. Business cases pending for other resource requirements.
	Virtual Hospital & virtual inpatient wards	Resolve data issue	BIS team successfuly identified and got agreed a solution to data issue (we are not the only organisation to have this issue). A 2nd iteration requiring some additional development work is planned. as well as resolving the data issue, this enables a new 'virtual hospital' meaning a capability has been delivered, not just a point solution. How to optimise this is being considered by Ops Directors - the benefit of this work is that it should enable flow i.e. discharge from a bed but still manage the patient virtually (where appropriate). Patients can recover in their own home whilst still attending the hospitakl for teratments, diagnostics, monitoring as required.
	E-whiteboard ED to ALL specialties	Already completed for ED to medicine referrals. Do the work to extend this to SDEC and then all specialties.	Planning work underway to make this available to all specialties to concide with SDEC Phase 2. Tracks patients, shows who is with the specialty, who is due a review, the status of relevant senior review through to discharge or admittance. Supports improved patient care & reduced clinical risk through improved information flows and patient tracking. Positive feedback from Drs & releases clinical time
	Welsh Nursing Care Record	National programme managed by CNIO with digital in support	Devices procured, planning underway to implement (led by nursing)
	Scheduling - community nursing		
	e-triage business case - All Wales BC, with national UEC clinical lead	Arrange technical meeting and ED walkabout to inform business case	Meetings arranged
	Single sign on UEC	Project to be resourced	
	Link national e-advice solution with local e-advice solution	Both solutions live	Plan developed to integrate local with national solution which will mean a 4 day turnaround
	(Wales) Emergency Care Dataset (replacing EDDS) - requires SNOMED	National Heads of Information are developing this. Milestones to be developed.	
	Internal interoperability between major PAS (acute, community/MH and others)	Internal discussions on tactical solutions for individual use cases	Requires resource
	Data gateway to enable Powerapps to consume PAS data	CAV build to facilitate this has been completed	In discussions with national O365 centre of excellence team to enable this
	Signals for Noise	No milestone this quarter	
	O365 capabilities	Archive file migrations underway	Pending resource to exploit
	O365 licences for all CAV staff (prevously c2K shortfall)	Work has been done to idnetify licence sthat can be reused e.g. leavers	Pending national contract renewal
	Data strategy		Output of Enterprise architecture work. CCIO will lead data strategy
	Technical plan (EA, SA, TA plans)	Enterprise architecture to be developed and will inform	Exploring how this work could be achieved
	Use your own device	Internal discussions on options	
	Upskilling staff (generally in digital in CAV)	Learning & Education department have various initiatives;	Training materials refreshed for inhouse applications
	WICIS (critical care national application)	Due to be implemented Summer 2023	Detailed fotprint surveys undertaken, equipment trials underway

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COMPLETED 21/22	PROJECT	WHAT IT DOES
	E-whiteboard for referrals ED to Medicine	Tracks patients, shows who is with the specialty, who is due a review, senior, some diagnosis and other information and outcomes. Patient safety improvement and now provides data that can be reused
	Electronic test requesting - blood (using WCP)	A national initiative supported by LINC funding via WG - compliance is high
	Virtual inpatients UEC	Enable patients who are stable to be maintained by ED staff in their own home e.g. overnight. Better patient experience
	Telephone advice & guidance	Reduces referrals by enabling phone consult between departments. ED now use this for referral discussions with SDEC
	Virtual consultations	CAV performing well against comparators yet in line with general decline nationally; now part of outpatients transofrmation programme and as part of other initiaves such as virtual village aim is to increase this activity further
	Windows 10 upgrade	Major programme
	Ivanti service desk	New service desk tool went live June. Will continuously improve and will become the equivalent to a front door for the digital service
	At Home (virtual ward) function	The ability to show patients are still under our care but that they are waiting At Home e.g. until the next day before coming in for further assessment or diagnostic. Much better experience for patients and reduces people numbers in ED / Paeds EU / SDEC when they don't need to physically be there
	RATZ notes of episode of care	Tracks patient thro RATZ, indicates to anyone reviewing patient they have been thro RATZ - notes can follow patient
	Safari round	Surfaces patients needing a review with their locations
	WIFI phones	infrastructure has been upgraded - removes the need to stay by the phone after you have bleeped someone as you can carry a phone around in your pocket
	Huddle report dashboard for ED	c50% of the information collected on status exists as a data point - a BIS dashboard has been produced to show these in near real time saving clinical time and improving
	Digitise perioperative care (epoac)	Pre-operative assessments were paper based, now moved to a digital solution developed inhouse saving clinical time

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Report Title:	IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, staffing and mandatory training)			Agenda Item no.	3.2
Meeting:	Digital & Health Intelligence Committee	Public	X	Meeting Date:	7th June 2022
		Private			
Status *(please tick one only)*:	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 (NIIAS)

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

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.

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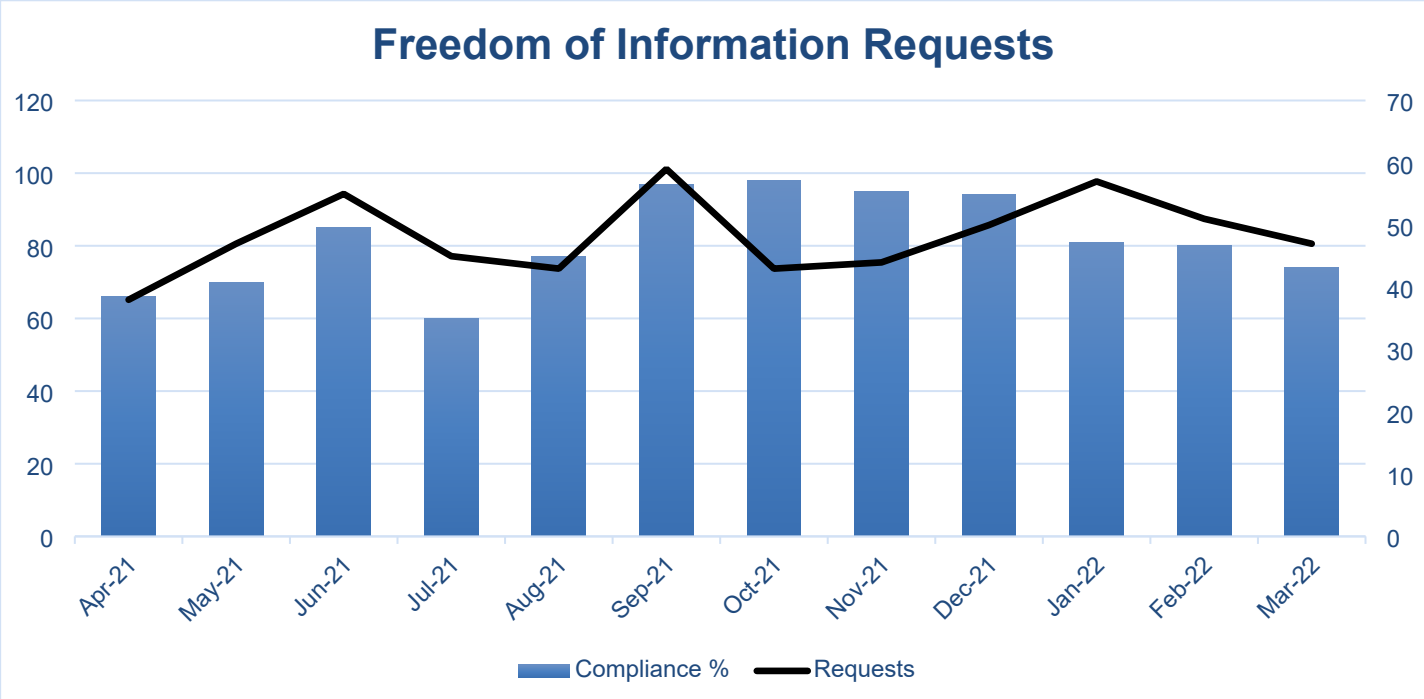
2. Data Protection Act – Serious Incident Report

Date reported: Jan 2022 to Apr 2022

During this period, the Information Governance Department reviewed 248 (does not include all incidents raised since CAV migrated to new Datix module in March) incidents via the UHBs e-Datix incident module. 191 incidents were considered to be IG related. Four data breaches met the threshold to be reported to the Information Commissioner's Office (ICO).

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 over the last three months has reduced slightly in line with a drop in the number of requests made. The average number of FOIs received during the last 12 months remains 48 requests per month and average compliance is 82%

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://cavuhb.nhs.wales/about-us/governance-and-assurance/freedom-of-information/disclosure-log/

4. Subject Access Requests Processed

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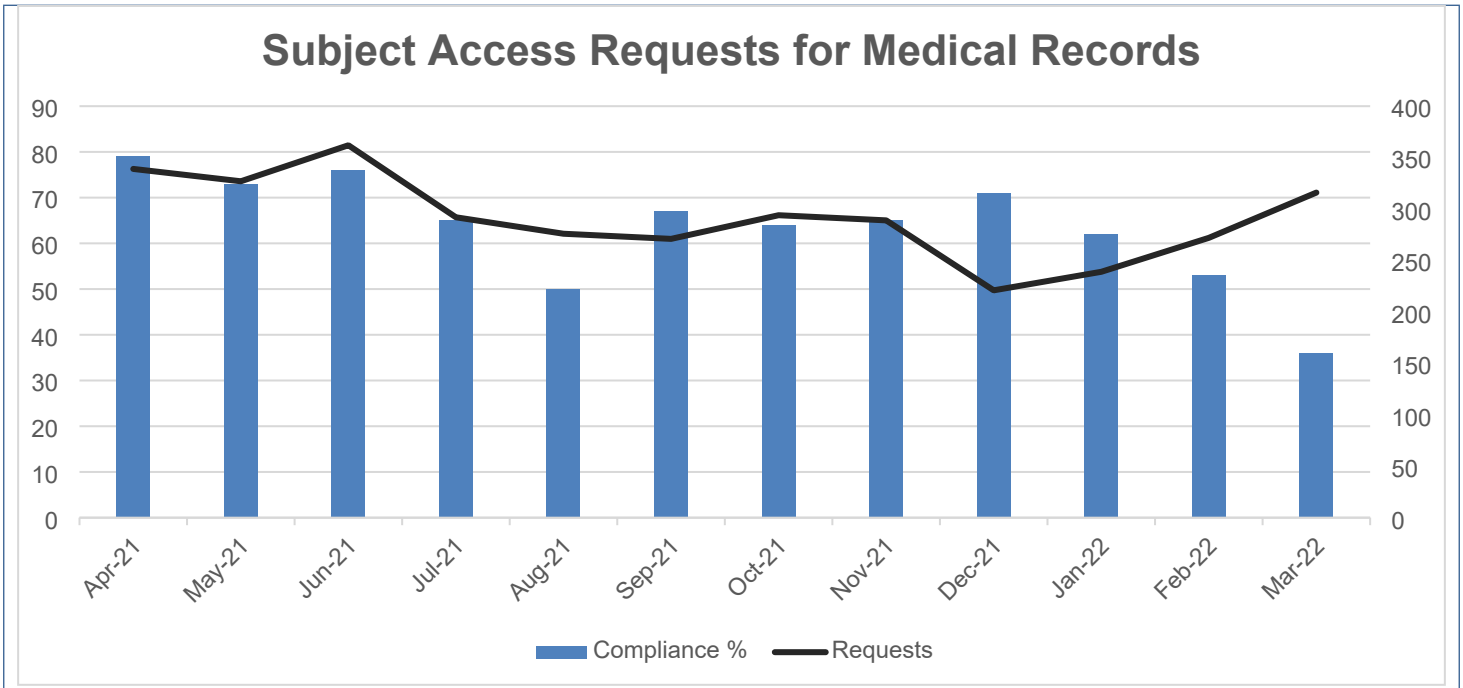
4.1 Health Records requests

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



The number of requests received averages 292 per month. The number of records since December 2021 has increased from 221 to 316 in March 2022. Compliance since December 2021 has progressively dropped due to continued resource challenges.

The further reduction in compliance during February and March 2022 is believed to have been caused by disproportionately high levels of sickness and annual leave within Health Records.

Health Records are now considering the following measures to increase compliance:

- Additional resource in the Access to Records (ATR) team in the short-term and also more flexible arrangements during times of high demand.
- Process review including:
  - consideration of a single digital solution to process requests more efficiently.
  - working with clinicians and services to improve the clinical sign-off process.

4 .2 Non-Health Records

A total of 17 subject access requests submitted for non-health records were received from January 2022 to March 2022. 15 requests (88%) were/are being complied with within the legislated time frame.

5. Compliance Monitoring/NIIAS

Since January 2022, the UHB has sent out a total of 350 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.

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These letters form part of an approach which also includes a wide reaching and targeted comms piece of work.

6. Information Governance Mandatory Training

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

Clinical Board	Assignment Count	Achieved	Compliance %
001 All Wales Genomics Service	294	256	87.07%
001 Capital, Estates & Facilities	1320	863	65.38%
001 Children & Women Clinical Board	2226	1493	67.07%
001 Clinical Diagnostics & Therapeutics Clinical Board	2467	1705	69.11%
001 Corporate Executives	1020	646	63.33%
001 Medicine Clinical Board	1878	986	52.50%
001 Mental Health Clinical Board	1482	960	64.78%
001 Primary, Community Intermediate Care Clinical Board	1250	864	69.12%
001 Specialist Services Clinical Board	1967	1225	62.28%
001 Surge Hospitals	10	1	10.00%
001 Surgical Services Clinical Board	2406	1362	56.61%
UHB	**16320**	**10361**	**63.49%**

This represents no change in average completeness since figures were last provided to the Committee.

7. C-PiP (Caldicott Principles into Practice) Submission

The C-PiP submission consists of 41 self-assessment standards against which NHS Wales organisations must annually assess their compliance with the Caldicott Principles. This is submitted to DHCW and provides security assurances for the processing of confidential patient information.

The UHB has now completed its annual CPIP submission. The UHB's compliance rating was 84%, a marginal increase from last year's 83%.

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.
- 248 information governance related incidents reviewed from Jan 2022 to April 2022.
- 4 data breaches since the last committee have been reported to the Information Commissioner's Office.
- Slight reduction in Freedom of Information compliance over the last 3 months.
- Requests for access to medical records have significant increased since December 2021. The compliance has dropped from 71% to 31% during the same period.
- 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.

Mohammad.Ishaq@wales.nhs.uk 05/38/2022 16:08:38

Recommendation:

The Committee is requested to:

- RECEIVE and NOTE a series of updates relating to significant Information Governance issues as set out in this report.

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

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

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Reputational: Yes

Confidence in managing assets/supporting services

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes/No

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

Mohamed,Sarah
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Report Title:	**Joint IMT & IG Corporate Risk Register**			Agenda Item no.	3.3
Meeting:	**Digital and Health Intelligence Committee**	Public	x	Meeting Date:	7 June 2022
		Private			
Status *(please tick one only):*	Assurance		Approval		Information x
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

10 x Risks in amber status with scores of 12 which include:

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

4 x Risks have remained at amber or yellow status in this report (between12 and 8) which include:

- End of Life Infrastructure (access devices)
- Clinical Records Incomplete
- WCCIS Local team not resourced
- Software End of Life Implications

1 x Risk has been reduced to yellow status (from 12 to 8) as follows:

- Effective resource utilisation

Mohamed.Siyah 5/30/2022 16:48:38

Recommendation:

The 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	

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:

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Committee/Group/Exec	Date:

Mohamed,Sarah
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RISK REGISTER TEMPLATE

CLINICAL BOARD/CORPORATE DIRECTORATE: CORPORATE

SPECIALITY/DEPARTMENT: Digital & Health Intelligence

Risk Ref.	Strategic Objective	Date risk added dd/mm/yyyy	Risk	Exec Lead	Initial Risk Rating			Controls	Assurances	Current Risk rating			Gaps in Control	Gaps in assurance	Actions	Who	When	Target Risk rating			Date of next review	Assurance Committee
					Consequence	Likelihood	Total			Consequence	Likelihood	Total						Consequence	Likelihood	Total		
A4/0023	8	06/08/2011	**Cyber Security** - The Cyber Security threats to service continuity	DT			0	The UHB has in place a number of Cyber security precautions. These have include the implementation of additional VLAN's and/or firewalls/ACL's segmenting and an increased level of device patching. However further necessary work is dependent on additional capacity to supplement the current level of staffing within the department.		5	4	20			The requirements to address the resourcing of Cyber Security Management have been acknowledged in an approved but unfunded UHB Business Case. The requirements have been further highlighted in the National Stratia Cyber security review. Plans are currently under discussion at Welsh Government level to resource Health Boards to undertake additional Cyber security monitoring tasks. All of these requirements have been acknowledged and are included in the current re-organisation plans within the Digital and Health Intelligence Department. Sept 20: Interim, contract staff with expert cyber knbowldge have been employed to progress essentuial cyber remedial works. this will allow the UHB to fully deploy the cyber schanning tools to effectively manage the increased cyber risks being reported at this time. Discussions with other HBs taking place to look at pooled or shared cyber resources, given the shortage of skilled resources. Jan 2021: internal resources allocated to support the cyber security works. May 2021: New Head of IG/Cyber Secrutiy role being recruited to; additional resources re-allocated to focus on Cyber remedial works. Sept 2021: Two cyber roles appointed to with an additional two currently in progress Jan 2022 update: Business case being presented to appoint further Cyber Security roles to support Cyber function . Additional interim support has been secured from non-recurrent revenue source. **May 2022: Successful business case bid made to BCAG to ensure appointment of dedicated Cyber resources. Roles are currently being advertised and recruited to. The global cyber threats remain high.**	Head of IG & Cyber Security				0		
A3/0110	8	13/12/201	**Server Infrastructure** The IM&T Department is actively implementing a vFarm infrastructure that significantly reduces costs whilst dramatically increasing resilience of Server Systems. However, the cost savings are to the Health Board as a whole and Service Departments in particular and come at an increased cost to IM&T specifically. This infrastructure requires core investment to complete and revenue based support to maintain. There is a requirement to also retain a minimal number of physical servers for those systems not capable of virtualisation.	DT			0	The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.		4	3	12			Jan 2021: Discretionary capital allocation for Digital has been restored to £500K for 20/21. The UHB is also actively engaged with Welsh Government in undertaking a review of National Infrastructure requirements as part of the plans to increase Digital investment in Wales. In addition the Digital infrastructure 5 year sustainability plan has been updated to ensure that highest priority risks are addressed first with any available funding. The D&HI directorate has also been successful in gaining in excess of £1m additional revenue funding from the UHB for 20/21 and there are bids being considered for recurring additional revenue. May 21 Update: Year end funding of in excess of £2m plus earlier allocations in support of COVID has allowed to HealTh Board to plan to enahnce its Digital Device infrastructure. There is however a great deficit going forwards between the anount 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 excecutive in December 2020. Jan 2022 update: The UHB has received capital allocations from Discretionary Capital, Internal Capital Slippage, WG Capital slippage and the Digital Priorities Investment Fund totalling in excess of £5M. This will significantly improve infrastructure resilience . **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.**	Head of Digital Operations				0		

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A2/0004	8	13/12/2013	**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 bench marking information indicates that the UHB is significantly under resourced in this area. Consequence: Inability to support operational and strategic delivery at pace required, reliance on outsourcing at enhanced cost, non compliance with legislation (FOI / GDPR)	DT			0	The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.		4	3	12			Jan 2021: Discretionary capital allocation for Digital has been restored to £500K for 20/21. The UHB is also actively engaged with Welsh Government in undertaking a review of National Infrastructure requirements as part of the plans to increase Digital investment in Wales. In addition the Digital infrastructure 5 year sustainability plan has been updated to ensure that highest priority risks are addressed first with any available funding. The D&HI directorate has also been successful in gaining in excess of £1m additional revenue funding from the UHB for 20/21 and there are bids being considered for recurring additional revenue. May 21 Update: Year end funding of in excess of £2m plus earlier allocations in support of COVID has allowed to HealTh Board to plan to enahnce its Digital Device infrastructure. There is however a great deficit going forwards between the anount 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 excecutive in December 2020. 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 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) **May 2022: D&HI and Finance teams have reviewed current structures and cost base and developed a plan to resource priority areas already idetnfiied as critical ; these are under consideration by the DoF and likely to require business cases for submission to BCAG.**	Director of D&HI				0		
	8	28/09/2015	Risk:- **Non compliance with Data Protectio**n & Confidentiality Legislation - the UHB's progress in taking forward the action plan to reduce the risk of non compliance following the ICO's assessment of our 'reasonable assurance' with the GDPR/ DPA is not sufficient to mitigate the risk of non compliance with Data Protection Legislation. Consequence: Mistrust of our population and other stakeholders resulting in their unwillingness to share / divulge essential information, Significantly financial penalties - and increasing post BA case	DT			0	Clinical Board assurance and co-ordinated mitigation of risk being developed via quality and safety meetings. Ownership and community of practice anticipated to develop across IAOs/IAAs from this. GDPR awareness being used to ensure Leaders and asset owners are reminded of existing requirements and mandatory nature of the asset register. Options for enabling messaging in compliance with legislation has been considered by clinical and executives on a number of occasions, and UHB close to agreement.		4	3	12			Restructuring of IG department will increase amount of expert resource. Resolution of long term absence will also increase available expertise and resource to support GDPR plan, and manage the operational requirements on the corporate department. Ongoing implementation of GDPR/ICO action plan. The Information Governance team have developed a work plan to review and update all outstanding policy and procedure documents in the CDF and these are scheduled to be complete by December 2020. Implementing the action plan will reduce the risk, May 2021: policies are being reviewed and an update will be reported to DHIC in June 2021. Sept 2021: Business case being presented to appoint further IG support to support with CB engagement. Jan 2022: Additional non-recurring funding made available until 31.03.22. Recurrent funding bids are being prepared for consideration by the Business Case Assessment Group (BCAG) **May 2022: Review of all mandaorty training being done in June to ensure that IG and cyber training are prioritised.**	Head of IG & Cyber Security				0		
	8	19/02/2018	**Data Quality** High level risk - core business activities potentially compromised as a result of weaknesses in assurance framework in areas listed below: Absence of Standard Operating Procedures to administer patient activity, Low take up of staff training in Standard Operating Procedures to administer patient activity, Incorrect/incomplete/late recording of activity Absence of ISO 27001 certification. Consequences: Potential for poorer patient outcomes and experience, analysis and benchmarking flawed resulting in poor decision making, under recovery of income, inability to maximise potential of R&D	DT			0	Further re-invigoration of the role out of COM2 will increase clinically validated data. Updates and training programme scheduled for mental health and our partners in order to address issues identified in recording and reporting compliance with parts 2 and 3 of the mental health measures. New dashboard release will expose greater amount of data to users, in a more user friendly way, enabling validation by relevant clinicians. Data quality group has established a work plan to improve quality and completeness of data and how it is presented.		4	3	12			Data Quality Group needs to be refocussed. It is currently not meeting due to IG staffing pressures. Sept 20 Data Quality will be addressed via the new governance arrangements - specifically the Analyst Channel Programme Board; plans to establish this board in October 2020. Jan 2021: the Analyst Channel Programme board is holding its inaugural meeting in February, chaired by a clinician. **May 2022: Working with the CCIO and service leads, a data strategy is being developed to support the digital strategy roadmap plans, which will be produced by Q3 2022/23**	Head of IG & Cyber Security				0		
	8	16/02/2018	**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	DT			0	Library of outline documents for sharing data available, with completion of these supported by corporate information governance department. Requirements to use and refer to are being emphasised within the training.		4	3	12			Procurement are greatly assisting process by referring all issues involving data sharing to the corporate IG department.	Head of IG & Cyber Security				0		
	8	16/02/2018	Risk: **IG policies and procedures** are not up to date/do not cover all relevant areas. Procedures are not aligned to relevant national policies. Consequence: Lack of clarity in terms of how the UHB expects its staff to work to in order for relevant accountabilities to be discharged.	DT			0	Update: Controlled document framework requirements delayed due to resource constraints - Integrated IG policy is live and covers a number of existing policies.		4	3	12			Restructuring of IG department will increase amount of expert resource. Investment in training will also increase available expertise to support the review of policies. A formal review of policies and procedures is underway as per risk #7. **May 2022: Controlled documents are reviewed and action plans for refresh or updates are routinely captured and reported on at each DHIC meeting.**	Head of IG & Cyber Security				0		
	8	02/02/2018	**Governance arrangements** for overseeing and challenging NWIS are weak. There is insufficient transparency, blurred lines of accountability and they lack a clear set of priorities Consequences: The significant resource we provide to NWIS is not optimally used to support the UHB in delivering its statutory obligations nor in supporting us to deliver our strategic objectives as identified in "Shaping Our Future Wellbeing"	DT			0	UHB is engaged with WG and NHS peers to take forward the recommendations of the WAO review of NWIS with a view to addressing the numerous risks identified in the report.		3	4	12			CAV involvement in National programme activities and Governance review**.** Opportunity to influence the new SHA replacing NWIS via the consultation exercise which has commenced (Sept 20). Jan 2021: Feedback submitted to WG in response to the new SHA consultation document launched in Nov 2020. May 2021: DHCW committed to quarterly stakeholder Exec to Exec meetings to share plans and strategic ambitions (initial meeting held in May 21) Jan 2022: Regular DHCW execs to exec meetings scheduled for 2022 **May 2022: Exec to Exec meeting held in May 2022, agreed regular director level engagement and collaboration meetings in diaries.**	Head of IG & Cyber Security				0		

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	8	28/09/2015	Risk: **Accessibility of data**: UHB does not have an ability to access and use the data it requires to carry out its full range of statutory obligations and enable delivery of our strategy and IMTP. . Specific risks - lack of access to GP data and the UHB's data residing in NWIS supplied applications (e.g. WCRS, WRRS) Consequence - Inability to deliver strategic UHBs, namely - Supporting people in choosing healthy behaviours, - Encouraging self management of conditions, - Enabling people to maintain or recover their health in or as close to home as possible, - Creating value by enabling the achievement of outcomes and experience that matter to people at appropriate cost, - Enable and accelerate the adoption of evidence based practice, standardising as appropriate	DT			0	Approach identified to work with C&V GPs to share data across care sectors to inform improvement and to gain a better understanding of need, demand and the capacity available to meet it. National data repository programme will provide access to tools and expertise		3	4	12			National Architectural design group and interoperability group being set up in line with Once for Wales agreement and WG Informatics statement of intent should provide medium term solution. HB taking forward data acquisition programme in line with the development of the electronic care record. May 2021: in support of information sharing outside of direct care purposes, agreement has been reached with WAST and Cardiff Council (Social Services) for data to be shared; a similar request to include GP data is currently being considered by the Wales GPC/DHCW. **May 2022: Data sharing between CAV UHB, WAST and Cardiff Council's social services being piloted following successfyl test. GP data remains out of scope pending WG review of governance for cross-setting information sharing.**	Head of IG & Cyber Security				0		
	8	28/09/2015	**Outcome Measures:** Risk: Unavailability of full, consistent care delivery information results in an inability to ascertain outcomes of care we provide, and commission, plan and improve services accordingly. Consequence - Low assurance on safety, quality and effectiveness of services and satisfaction with services, sub optimal decision making, inability to execute policy and strategy, reputational damage.	DT			0	Analysis and wider engagement and communication of outcome and audit data, triangulated with efficiencies and effectiveness data as part of Medical Director led programme established. UHB and national investment in data repositories and clinical forms will support programme		3	4	12			Acceleration of programme. This will be addressed via the Digital Strategy enablers programme and clinician and analyst channels programme boards (Oct 2020). Jan 2021: both channel programme boards established and will drive the programme.	Head of IG & Cyber Security				0		
A4/0024	8	29/01/2021	**The Welsh Pathology Information management system (WLIMS)** implementation has taken longer than envisaged. As a result of this all Health Boards will not have migrated off their legacy pathology systems (Telepath) by end of March 2018, which is when their current telepath contracts will expire (contract currently in extension).	DT			0	The UHB engaged with NWIS and other Health Boards to evaluate options available to mitigate this risk.		5	2	10			It has been agreed to upgrade Telepath Hardware and Software to mitigate risks. Telepath application software has been upgraded to latest version - Hardware has been installed - System has now been configured by DXC - final testing/validation now complete - **Went live 23rd Nov 2019** May 2021 : WLIMS continues to fall short of the full range of functionality. Therefore Telepath system will need to continue in use and be monitored providing mitigation to the new LINC system in the future. 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 **May 2022 update: HW and SW contract extended to end of 2025**	Head of Operations				0		
A3/0104	8	13/12/2013	**End of Life Infrastructure (access devices)** Each year a number of access devices (PC's , laptops, netbooks etc.) fall in to the category of being end of life. The Health Board's clinical and business needs requires continued and expanding use access devices. This infrastructure has a maximum lifespan of typically 5 years and then requires replacement.	DT			0	There is an impact to Business and Clinical Systems because of the age of the hardware and clinical/business application software - replacement relates to the availability of resources and departmental agreement/priorities.		3	3	9			The UHB recognises that it is necessary to ensure appropriate capital and revenue funding is made available to address this risk on an ongoing basis as outlined on the UHB corporate Risk Register. Over recent years significant progress has been made with capital investment. Jan 2021: The UHB is utilising WAG Digital investment to implement the address the MS Windows 10 migration programme. Non compliant devices will be upgraded or replaced to ensure devices are Cyber compliant using the Win10 operating system. The UHB is also leading with NWIS in undertaking a review of National Infrastructure requirements as part of the plans to significantly increase Digital investment in Wales going forwards. Although the commencement of the project has been delayed because of COVID, the period has been used address technical issues which are now complete. The rollout has commenced, a Windows 10 Programme manager has commenced in post and a prioritised rollout plan has been presented to the January Digital Capabilities Programme Board. Additional agency staff have also been appointed to help the programme. May 2021: significant progress achieved with Win10 roll out programme. Jan 2022 update: Significant progress has been made in this area with over 8500 new devices recently procured. **May 2022 - The CAV UHB workstation estate (11,000+ devices) have been replaced, upgraded or removed as part of the Windows 10 Programme.**	Head of Operations				0		
	8	28/09/2015	**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. Consequence is unsupported clinical decision-making, introducing patient harm and/or disadvantage and failure to meet NHS Wales digital strategy	DT			0	UHB architectural design to be reviewed to consider local data repository for bringing together in a usable way clinical information held in numerous clinical systems. UHB working through a programme to implement once for Wales requirements for data and technical interoperability standards.		3	3	9			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. **Jan 2022: NDR Programme Board re-established with a smaller focussed group. CAV represented via Director of Digital & Health Intelligence**	Head of IG & Cyber Security				0		

Mohamed-Sarah
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A4/0025	8	10/07/1905	**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. Consequence: Delayed milestones, poor quality deliverables and ultimately delayed realisation of benefits. Critical deliverables are being held up, including: local business case; delivery of full functionality against the Statement of Requirements; delivery of essential product enhancements; infrastructure, system configuration, service management, ongoing support, integration with other national systems, testing, data migration.	DT			0	Update 18/11/2019: Temporary posts have been funded from regional ICF monies, including 2 Business Analyst posts, regional technical , programme and project lead resources. Implementation in the UHB remains dependent on delivery of extensive functional enhancements, for which there is currently no delivery roadmap.		4	2	8			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 redcution in ICF funding available for 2021/22 without adversely impacting ability to support the programme. 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. 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.**	Senior Programme Manager				0		
A5/0013	8	13/12/2013	**Software End of Life Implications** The UHB is at risk because its PCs require upgrading to Windows 10 due to support ending for Windows 7 in January 2020. There are potentially significant issues with compatibility with applications systems in use both Nationally and within the HB specifically. The UHB has circa 11,000 devices (laptops and PCs) that require operating systems upgrade; of these, 5,500 will additionally require either replacement or physical hardware upgrade.	DT			0	update 02/08/19: Microsoft will offer extended support on Windows 7 as part of the all Wales MS 065 contract recently negotiated and in place for all NHS organisations in Wales. This will provide support for Windows 7 PCs, beyond 2020.		4	2	8			The Firepower Firewalls have been configured to stop ALL Internet access, if/when a possible serious virus attack is identified and will implemented immediately. Microsoft Windows 10 security support has been extended to March 2021. Jan 2021: The UHB is utilising WAG Digital investment to implement the address the MS Windows 10 migration programme. Non compliant devices will be upgraded or replaced to ensure devices are Cyber compliant using the Win10 operating system. The UHB is also leading with NWIS in undertaking a review of National Infrastructure requirements as part of the plans to significantly increase Digital investment in Wales going forwards. Although the commencement of the project has been delayed because of COVID, the period has been used address technical issues which are now complete. The rollout has commenced, a Windows 10 Programme manager has commenced in post and a prioritised rollout plan has been presented to the January Digital Capabilities Programme Board. Additional agency staff have also been appointed to help the programme. May 21 Update: Significant progress has been made and plans are now in place to scale up and accelerate further to aim to achieve completion within 8 months. Additionally the UHB has further invested in Infrastructure such that the proportion of devices to be completely replaced has increased greatly providing a platform for a step change in modernising Digital Infrastructure. Sept 21 -Windows 10 deployments continues at CAVUHB. We have deployed 6,900 workstations so far with an additional 1,200 devices deployed by the Community team. There are approximately 3,000 devices left to upgrade/replace with an estimated completion date early 2022. 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. **May 2022 - The CAV UHB workstation estate (11,000+ devices) have been replaced, upgraded or removed as part of the Windows 10 Programme.**	Head of Digital Operatins				0		

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Report Title:	**Development, procurement and implementation of national and local IM&T systems – Update Report**				Agenda Item no.	3.4
Meeting:	**Digital and Health Intelligence Committee**		Public	x	Meeting Date:	7 June 2022
			Private			
Status *(please tick one only):*	Assurance	x	Approval		Information	x
Lead Executive:	**Director of Digital and Health Intelligence**					
Report Author (Title):	**Director of Digital and Health Intelligence**					

Main Report
Background and current situation:

This paper provides details on the high priority programmes within CAV UHB's IT Delivery Plan.

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

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

High level issues to report to the DHIC meeting:

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

Taking the opportunity to modernise the communications between Local Authority and Health Board for Looked after Children 'health assessments', CaV D&HI have established a cross organizational working team drawn from the UHB, from Cardiff LA and from Vale of Glamorgan. This team has made use of our regional Data Repository (the LDR) to transit CP8 requests (these are requests for healthcare assessment of a LAC placement address) between our agencies via the LDR capability. Very much as a proof of concept for both technology and cross agency ways of working, this initiative delivered its scope in just 12 weeks (a functional e-care record system to system interface via LDR) between September 2021 and January 2022.

To build on this collegial and trusting working relationship, the next steps for the programme are to deliver an Information Governance/Data Sharing protocol, to cover further initiatives utilizing the LDR capability.

Works will also commence to deliver the following additional capabilities within the LAC scope:

- Front-end viewing tool to present LAC e-record within the UHB Emergency Unit (Q3 2022).
- Operational Adoption of the new process has identified process variation within Cardiff Local Authority, which is being re-engineered to improve record accuracy and record flow between the agencies. This suite of improvements went live on Wednesday 25th May.

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The Regional Partnership Board (RPB) took forward a 'Digital Care Region' (DCR) bid against Welsh Government DPIF funds, however this was unsuccessful due to a reduction in funding to DPIF within WG.

Alternate sources of funding are being sought to maintain DCR in 2022/23, and work continues to establish the change governance, regional IG and practitioner assurance mechanisms for cross organizational Digital change across the Cardiff and Vale region.

Ivanti, Projects and ITIL training for staff.

ITIL training has been delivered to the majority of the Service Desk staff now. Over 90% of the staff have sat their associated exams and they are ITIL v4 Foundation accredited. The first advanced course ITIL course completed in April with staff planning to continue their learning and sit the exam in the coming months. Additional ITIL v4 Foundation and Advanced training is planned for September and October 2022, with further training planned as when required.

As previously documented the CAVUHB new Service Desk went “Soft Live” in March 2022, allowing the internal staff to become accustomed to the system. Improvement and customisation enabled deployment of the Self-Service portal to all CAVUHB staff in early May. So far, the Service Desk team have processed in excess of 4,000 incidents and over 1,000 Service Requests using Ivanti. Adoption of the Self-Service Portal for all staff is incrementally increasing, as staff become aware and used to using the new system. A set of key indicators and measures to demonstrate service availability and response time are being developed and will be shared routinely from June 2022 onwards.

An example of the executive summary dashboard is attached as Appendix 1.

PARIS (Community health system) Expansion of service delivery:

Physiotherapy outpatient rollout of the PARIS e-record delivered within ‘Neuro Outpatients’, ‘Pelvic Health’, and ‘Pre-habilitation’, with 2022 Go-Lives planned within ‘Neuro Community’, ‘Early Support Discharge’, ‘Back in Action’, ‘Bone Marrow transplant’, ‘Hemophilia’, ‘Lymphoedema’, ‘respiratory’, and ‘Rheumatology’.

Further CD&T rollouts planned within COVID Rehab, Speech and Language Therapy (Adult), and Weight Management within the coming months.

Data to knowledge programme:

The UHB’s Data Warehouse has several new data acquisition projects for delivery over the coming year. These include the Cancer Tracking Module (PMS), Radiology (Radis) and Endoscopy (CWM) which will all be linked to the delivery of analytics and reporting of Cancer Pathways. Work will also be undertaken to warehouse the data collected in the new EU Whiteboards, RATZ and the new Datix system so that this data can be made available within the BIS dashboards.

Our corporate Business Intelligence System continues to be developed to provide an analysis and reporting platform. Most recently dashboards have been developed for Major Trauma and the soon to be published Ministerial Measures, SOS/PIFU and enhancements to the Theatres dashboard to extend visualization to CEPOD. A proof of concept use of BIS (IBM Cognos Analytics) is also being planned with the Finance Costing Team who will build BI products to analyse and visualize a wealth of costing data. Integration of advanced analytics using Python forecasting and modelling passed back to BIS for visualization is being reviewed by the Analysis Team during June.

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The Signals from Noise (SfN) Delivery Group continues to work with Lightfoot on their delivery of informatics products in SfN. Products to provide analysis of regional pathways and quality and safety are expected soon.

Welsh Community Care Information System

The strategic review of the national programme has now completed and the recommendations within the review report have been accepted in their entirety. The recommendations include a move to a platform agnostic approach, descoping some functions of the programme to a wider Welsh Government portfolio, and formalizing service management arrangements for the existing platform within DHCW.

As such, much of the work of the national programme remains focused on the single platform adopted across 2/3rds of Welsh local authorities, and in a minority of services in some health boards. Funding identified against the WCCIS programme has been extended for 6 months while the implications of the strategic review are considered.

Capital Digital Funding Programme 2020/21

An unprecedented Digital Capital Investment Procurement Programme was undertaken during 2021/22. Five significant Digital Capital Allocations were made (many late in the year) including:

- The original Digital Discretionary allocation
- An additional internal capital slippage allocation
- Two Welsh Government slippage allocations
- An allocation from the Digital Priorities Investment fund (DPIF)

The allocations were all procured successfully by the end of the Financial year on target. Rollout will continue through this year as part of Digital plans. Capital Digital Procurements are outlined below:

1. Infrastructure Backlog
2. Data Network
3. Wifi
4. Virtual and Physical Server replacement
5. Back up
6. Storage
7. PC and End User Devices
8. Server Room Migration
9. Switchboard
10. Data Centre Environment
11. PMS Upgrade – High Availability environment
12. Video conferencing suites project
13. SIP Telephony Project
14. Single Sign on Project
15. Network Stock
16. Paging system replacement
17. Device stock in support of Cap / Rev Transfer
18. Access devices to support rollout of Welsh Nurse Care Record and Welsh Digital Medicines Portfolio (Electronic Prescribing and Medicines Administraion) Project (inc COW, Laptops, Tablets)
19. Equipment to support National Electronic Test project in Radiology – (COWS, laptops and Tablets)
20. UHB PROMS Platform and devices
21. Imprivata single sign on system for medicine and surgery
22. Digital Server Storage System

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In addition, a **10-year Digital Requirements investment plan** has been submitted to Welsh Government in conjunction with all other NHS organisations in Wales outlining the Capital and Revenue implications in the following areas for planning purpose:

- Infrastructure
- Digital Roadmap requirements
- Implementation of National Applications

Recurring Revenue

As DHIC members will be aware, work carried out during 2020/21 identified the need for an uplift in recurrent funding for both revenue and capital, as part of the overall investment case made to the UHB. This was based on the Digital directorate's estimates of what is needed on a recurring basis to deliver the wide range of digital solutions to support development and transformation across the UHB.

Discussion is on-going internally to review and prioritise investment requirements, based on risk and impact.

Windows 10 upgrade programme:

The Windows 10 upgrade programme was successfully completed before 31st March 2022.

MS Office 0365 Programme:
A paper is being taken to the Board and Finance Committee to confirm the UHB's support of the all-Wales renegotiated Microsoft Enterprise Agreement. This contract will make available a suite of further features as part of the Microsoft suite, and give assurance on stability of pricing for the coming 5 years.

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 underway. Timescales to complete are under review, pending the rate of transfer of data to Office 365 services.

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.

1. End of year spend saw the purchase of several hundred android devices, and also the procurement of 550 iPads to support the rollout of Welsh Nursing Care Records system.
2. Devices are being configured in a multi-use mode, allowing multiple staff to use any given device, but also allowing the use of a device for multiple purposes, including WNCR, Digital Dictation and Perfect Ward

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.

1. Multiple applications are now provisioned through AppProxy and the UHB is in the process of decommissioning the BlackBerry Access infrastructure that supported similar functionality previously.

Phase 2 – Windows Virtual Desktop Proof of concept (Paris)

2. On hold pending completion of AppProxy work and a strategic approach to virtualised desktop services being identified.

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

1. Completed 28 SharePoint sites to date.
2. Commence work on the A-Z Index:
    1. A-D indexes complete; E sites in progress.

Flash reports/Digital Dashboards:

The Digital directorate is committed to ensuring that regular updates are produced and shared in an improved, visual overview manner. The flash report template attached as Appendix 2 will be used to capture updates and report progress against key projects and programmes. This will be shared with Management Executive, the channel programme boards and at DHIC and other committee meetings where appropriate.

Developed to support reporting on delivery of the IMTP, these flash reports will be expanded to include a standard approach for progress-reporting and completion of all major digital workplans and schemes.

Recommendation:

The Committee is 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

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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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SERVICE DESK EXECUTIVE REPORT

Scorecard for Incidents and Service Requests

From 01/01/2022 00:00:00

To 30/05/2022 08:20:31

Productivity Metrics	Target	Actual	%-age
Average Response Time	5	1	1%
Average Resolution Time	120	9	0%
Average service request resolution time with %-breach		13	1%
Number of agent-less incident resolutions		0	0%
Number of incidents logged without agent		410	9%

Quality Metrics	Target	Actual	Deviation
Response Time Compliance	95.0%	96.9%	144
Resolution Time Compliance	95.0%	88.4%	543
Customer Satisfaction rating for all Services	4.9	4.251213	
Mis-classified Incidents		10	

Financial Metrics	Target	Actual
Average cost per incident	$43.80	$0.00
Average time spent per incident	120	0
Average Cost per Service Request		$11.83
Average cost per end-user		$0.00
Average time spent per end-user		0

Operational Metrics	Incidents	Service Requests
Service Requests/Incidents logged	4683	1436
Service Requests/Incidents resolved	3550	436
Service Requests/Incidents closed	3614	857
Incident Resolution Stats		
First call resolutions (Target: 65.00%)	1973	42.1 %
Incidents resolved by LEVEL-1 team	0	0 %
Incidents resolved by LEVEL-2 team	0	0 %
Incidents resolved by OTHER teams	7164	100 %

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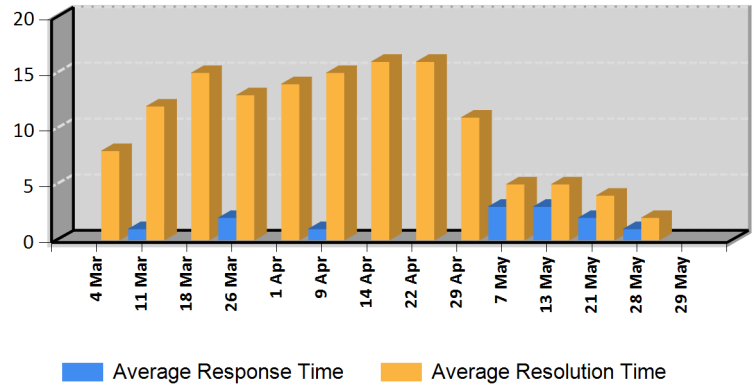
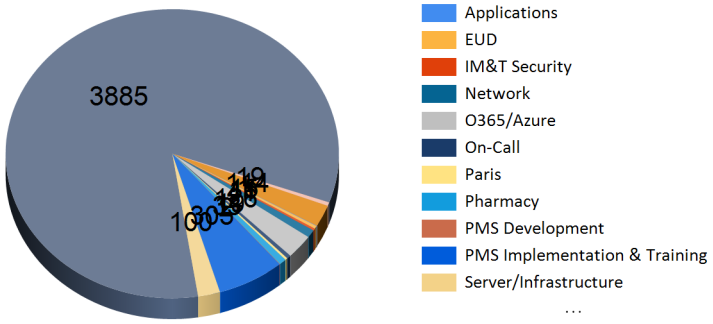
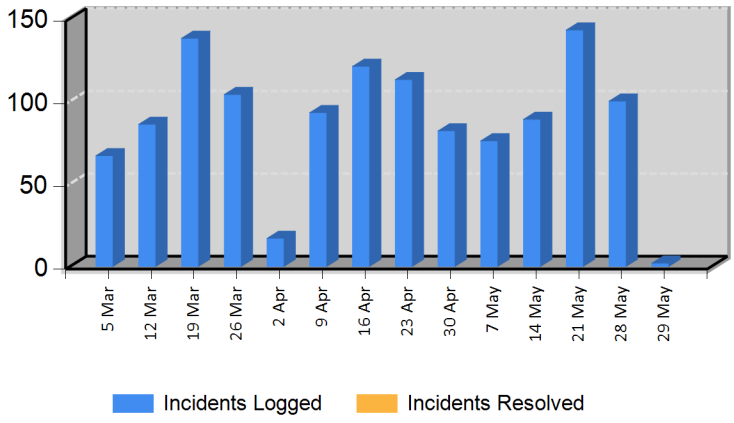
Average Incident Response/Resolution Time (hrs) - Last 3 months



Incident Load by Team



Agentless Incident Creation and Resolution - Last 3 months



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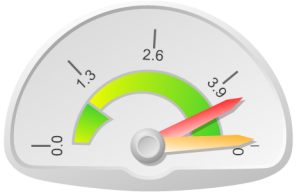
Scorecard for Incidents and Service Requests

From 01/01/2022 00:00:00

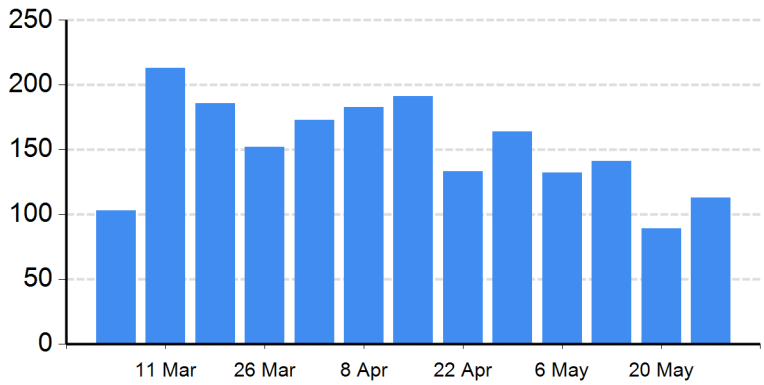
To 30/05/2022 08:20:32



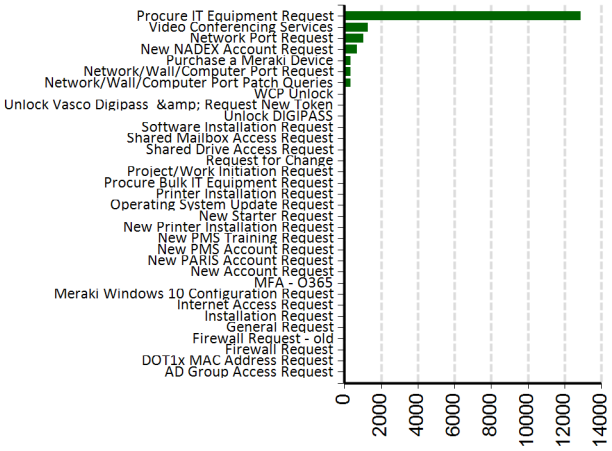
Target Customer Satisfaction Rating	4.9

Actual Customer Satisfaction Rating	4.3

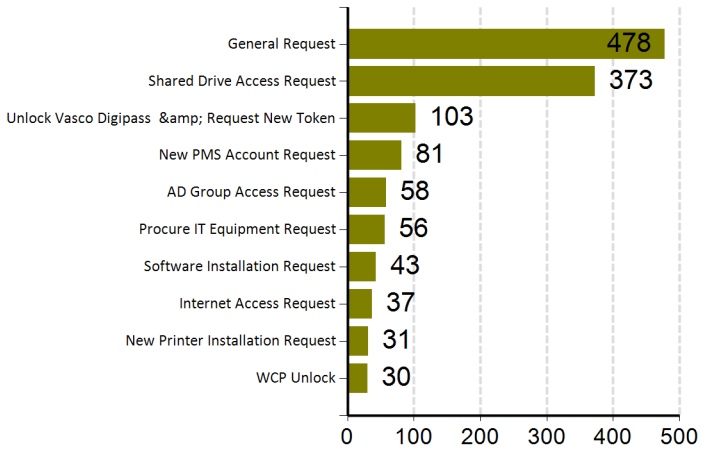
First Call Resolution - Last 3 Months



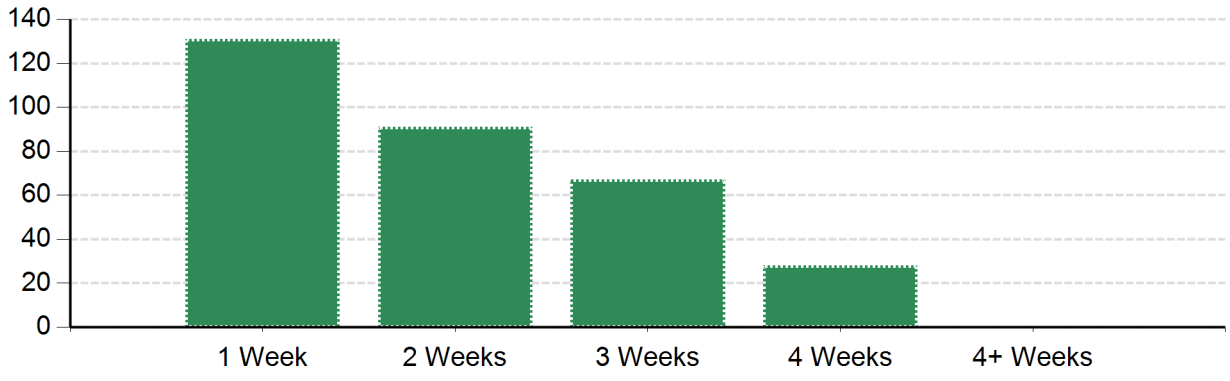
Top 10 Service Requests by Total Cost



Most Frequently Requested Services



Open Service Requests - Aging Summary



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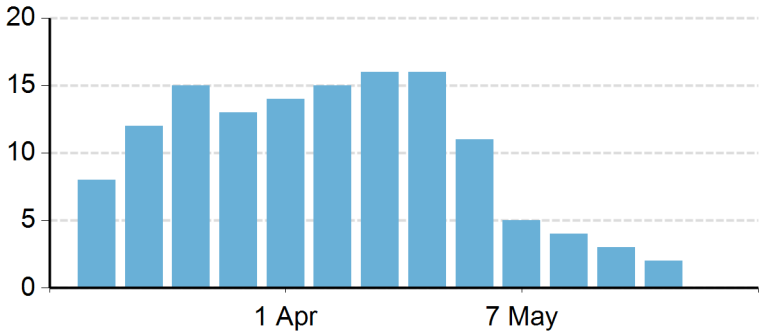
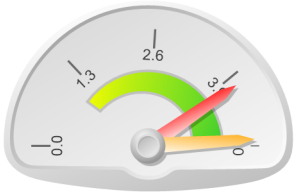
Scorecard for Incidents and Service Requests

From 01/01/2022 00:00:00

To 30/05/2022 08:20:32

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





Target Customer Satisfaction Rating	4.9

Actual Customer Satisfaction Rating	4.0

Mohamed,Sarah
05/30/2022 16:48:38

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2022 – 2025 CARDIFF AND VALE INTEGRATED MEDIUM TERM PLAN

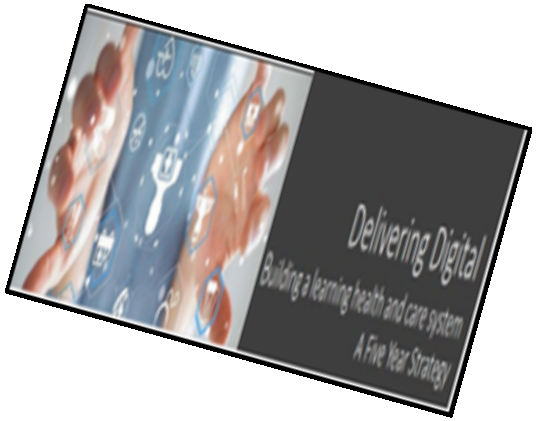
Delivery Report:

Mohamed Sarah
05/30/2022 16:48:38

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

Digital Infrastructure – Context and information

The UHBs digital infrastructure is set within the IMTP as being recognised as being a key enabler for the UHB.



The 22-25 IMTP set a number of delivery ambitions across a range of key areas which included;

- Electronic patient record
- Digital front door
- E-consent
- Patient facing content
- Digital communications – choose and book
- DSPP
- PROMs
- Shared health and care records
- Self-directed enquiry management
- Outpatient transformation
- Community, Mental Health and PCIC services
- Digital dictation and transcription
- TR radiology & GPeTR
- Clinical / speciality applications
- Interoperability
- Scan4Safety
- Vein2Vein transfusion (all Wales
- Signals from Noise and power BI

This areas of priority have been colour coded as per in the IMTP to give an indication as to the expected level of pace at which they will be progressed.

FUNDED & PRIORITY 1
UNFUNDED PRIORITY 1- *Solutions continue to be sought at time of plan submission*
UNFUNDED PRIORITY 2- *Solutions continue to be sought at time of plan submission*
OUTSIDE OF CAV CONTROL

Mohamed Sarfraz
05/12/2022 16:48:18

Digital Infrastructure – *Programme Update*

Overall Programme Report					
Programme Lead	David Thomas	**Programme Status**		**Next Major Milestone:**	

What we said we would do in last Quarter:	What's actually been undertaken in last Quarter:	Targets for next Quarter;

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:

Mohamed,Sarah
05/30/2022 16:48:38

Report Title:	**Digital Strategy Refresh**				Agenda Item no.	**3.5**	
Meeting:	**Digital and Health Intelligence Committee**		Public	X	Meeting Date:	7 June 2022	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		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

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

The D&HI directorate are committed to delivery of the digital strategy as the supporting road map is developed. A key issue has been the continued focus and efforts to support the UHB during the on-going Covid19 pandemic response including the Recovery and Response programmes as well as addressing the more strategic issues associated with the organisation's ambitions for digital maturity. These are set out more broadly in the Shaping our Future strategic programmes, all of which require digital input and support as critical enablers.

Implementing the digital strategy

Since September 2020 following approval of the CAVUHB Digital Strategy (https://cavuhb.nhs.wales/files/publications/cardiff-and-vale-uhb-digital-strategy/), the D&HI directorate team has been focused on responding to the pandemic as well as delivering on a high-level roadmap designed to set the scene to create the Learning Health and Care System. Progress on roadmap initiatives is described under Agenda Item 3.1.

Even though we have ongoing funding and resource challenges, progress is being made with planned items for 21/22 albeit slower than original plans. Year-end funding helped to accelerate some work that otherwise could not have been started or would not be completed. These projects are saving clinical time and improving patient safety.

- Examples include support to virtual inpatients in the ED which can be extended to support a virtual hospital which should improve flow; the national electronic test requesting for blood solution where over 80% of paper request forms are now obsolete, to upgrading the infrastructure so that clinical colleagues can use WIFI phones meaning they no longer need to wait for a callback on the desktop phone a bleep call was initiated from- the phone can be carried allowing clinicians to be more mobile.

Roadmap items sit alongside an existing backlog of work that built up during Covid, exacerbated by staff vacancies which are dependent upon the additional investment that has been requested of the organization. At the same time, the organization is focused on managing day to day pressures as well as plans for Recovery. These require the digital resources that we have to continue to pivot away from planned work to unplanned work.

Our most important strategic work this year is:

- A new relationship with the organisation, building on our digital strategy core principle of co-production

- 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 – we have been working on this where time and resource allows since 2021. We are now ready to test our thinking, explore the market further, undertake more extensive user research, learn from others and build an outline business case. Our approach to EPR will be as an enterprise, reflecting that we are an integrated health and care system.
    - We will need support form partners in Wales including DHCW so that data can be made available within the EPR via APIs (application programmable interfaces*), to be surfaced for our clinical colleagues at the point of need.

The critical objective remains to secure the appropriate funding for staffing and solutions - this is work underway jointly between D&HI and finance colleagues.

A more detailed update is provided in the slide-pack as an appendix to this paper and which will be presented at the meeting.

Visual explanation of APIs

Picture credit: Cyber security Hub

Mohamed Daoh
05/30/2024 16:48:3

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

The UHB recognizes the importance of adequately investing in the digital and health intelligence functions 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.

Very positive discussions have taken place with finance colleagues to better understand and develop the requirements, culminating in a set of internal business cases to support the priority areas for additional investment; these include resourcing the IT support resources (service desk, server, network and telecoms functions) to reflect the scale and complexity of the estate and increased user base, dedicated Wi-Fi team to implement and manage adequate wi-fi coverage across the entire UHB estate and a dedicated Office 365 support team to maximise the return on the Microsoft Enterprise licensing agreement investment and making transformation sustainable and fully supported. These cases are being considered at BCAG in early June. Additionally, work is on-going with the DoF and senior finance colleagues to understand the longer-term roadmap and associated investment requirements so that plans can be developed to ensure adequate recurring resources are identified and can be put in place to support these ambitions.

We have also completed a 10-year investment plan request by WG, initially as part of a capital investment plan, subsequently tailored to focus on digital investment (capital and revenue) which will be shared with WG Minister for Health and Social Care. This will demonstrate the scale of investment needed by all NHS Wales organisations in fulfilling longer-term plans. This will also be useful in helping to inform the CAV UHB longer-term financial plan.

Work is also on-going to map out our digital strategic outline case in support of the UHW2 programme which, although separate, is a key dependency on any future new hospital plans.

Recommendation:

The Committee is requested to:

- NOTE the progress across the Digital programme refresh plans as described.

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

Mrs Mariam Sabri
31/5/2023 16:41:38

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	

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
Supports ability to manage our resources/data effectively
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:

Mohamed,Sarah
05/30/2022 16:48:38

Cardiff and Vale Digital Strategy

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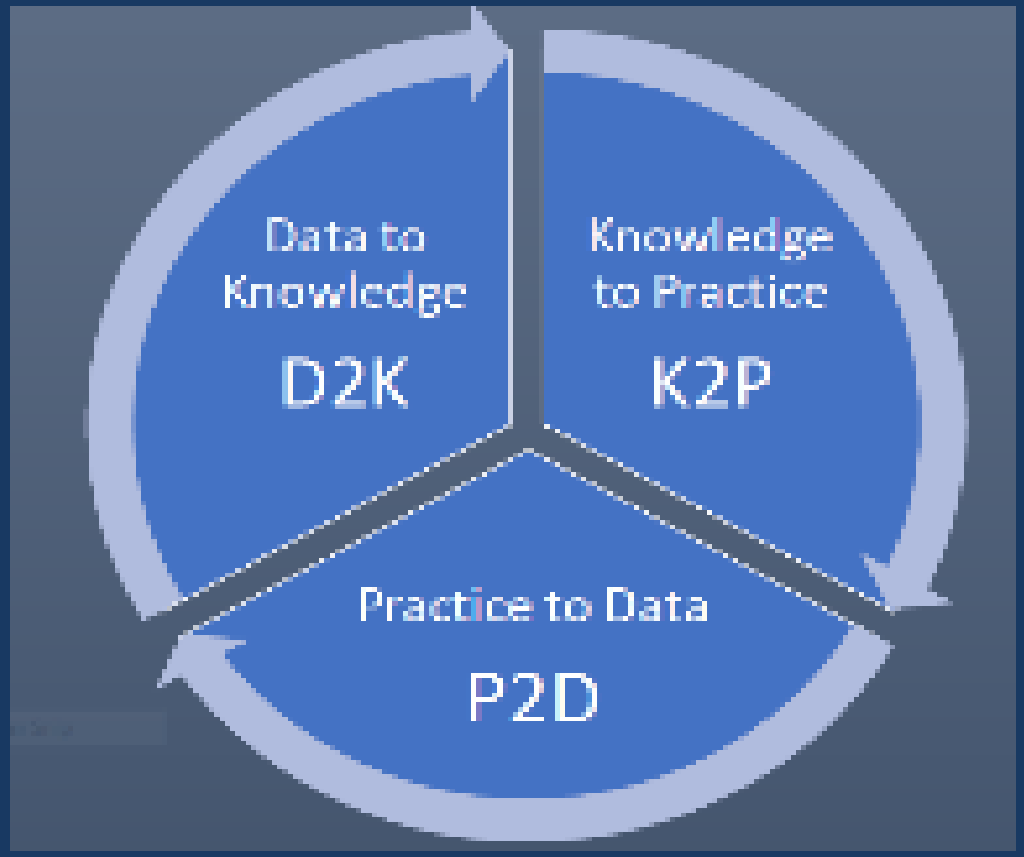
Shaping Our Future Digital Services



Mohamed,Sarah
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A learning health and care system

What Digital must do

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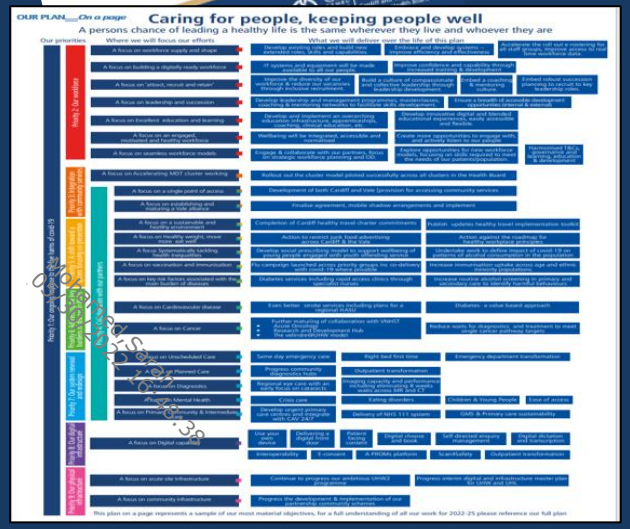
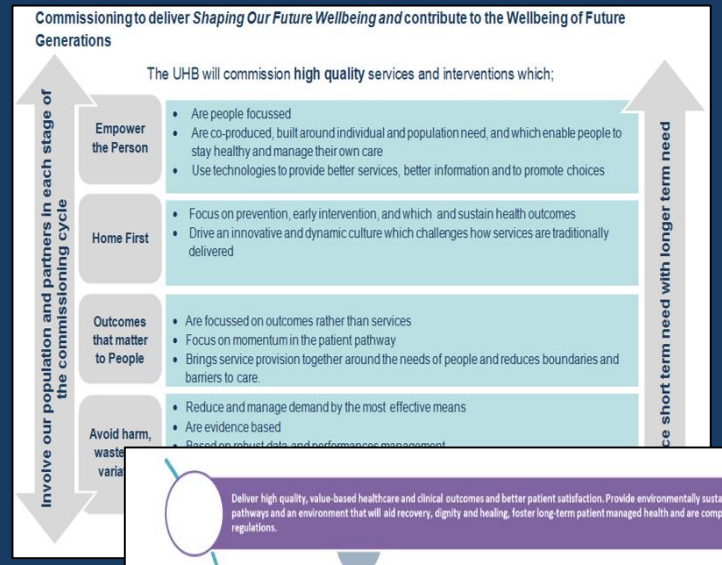
Shaping Our Future Digital Services

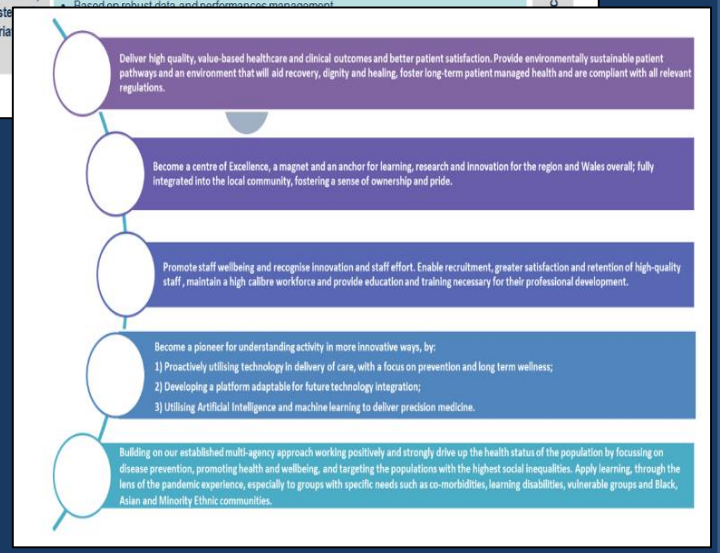
IMTP Plan



IMTP priorities

Commissioning intentions



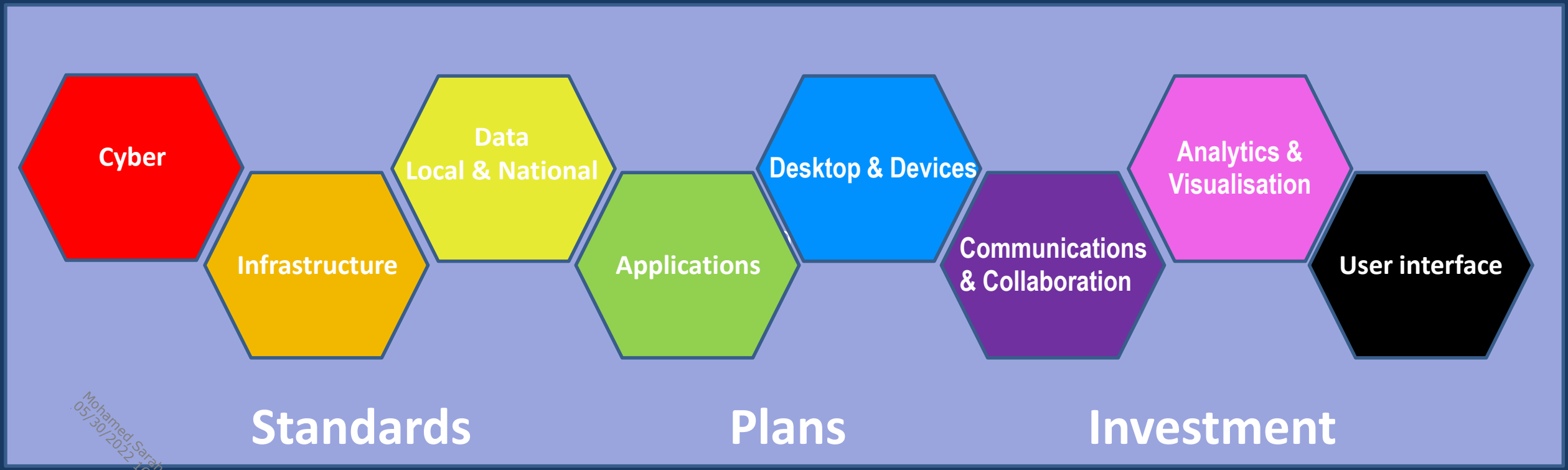


How we will do it

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

AIM

Patient information follows the patient and data is democratised



Mohamed.Sarah
05/30/2022 16:48:38

OBJECTIVE

Access the right information, any time, in any setting, anywhere in the patients journey, on any device

How we will do it

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

Our vision:
A Learning Health and Care System

High Level Aims

- Digital First for patients and carers
- Digital First for staff.
- Seamless information sharing across professional and organisational boundaries.

Principles

- Co-production through user-centred design
- Digital as the enabler, not digital as a goal in itself
- Iterative, agile design
- Innovation aligned to startegy
- Democratise data, democratise knowledge

Mohamed,Sarah
05/30/2022 16:48:38

Examples of co-production

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Shaping Our Future Digital Services

Electronic test requesting Radiology

Built in Powerapps
Temporary until national WCP solution ready

Mohamed, Sayan
05/30/2022 16:48:38

UEC and inpatients
Potential to reduce requesting time from 5m to 60m down to c90seconds

e-whiteboard replacing squeaky boards

Track referred patients
ED to medicine – LIVE
ED to SDEC – July
ED to all specialties – being planned

Gauge activity and demand, and manage workflow. There are also clinical uses around the handover of information

User research

Clinical & developer colleagues interviewed

Identify what can/should be improved
Inform application improvement plan
Information to inform EPR business case

A 'Digital Front Door' for CAV UHB

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

Why?

To help deliver our vision of a 'Learning Health and Care system'

Co-production to build the right things with, and for, users

Pursuing innovation aligned to organisation & technology strategy

Introducing agile practices to deliver greater value faster

Mohamed Sarah
05/30/2022 16:48:38

Managing work requests

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Shaping Our Future Digital Services

What's different

Pipeline - master list of work to be resourced

One entry point for digital service requests

Work intake will be qualified and prioritised

Mohamed,Sarah
05/30/2022 16:48:38

Greater transparency throughout work scoping and delivery

What's next - Enterprise Architecture (EA)

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Shaping Our Future Digital Services

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

Mohamed Farah
05/30/2022 16:48:38

… 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 …

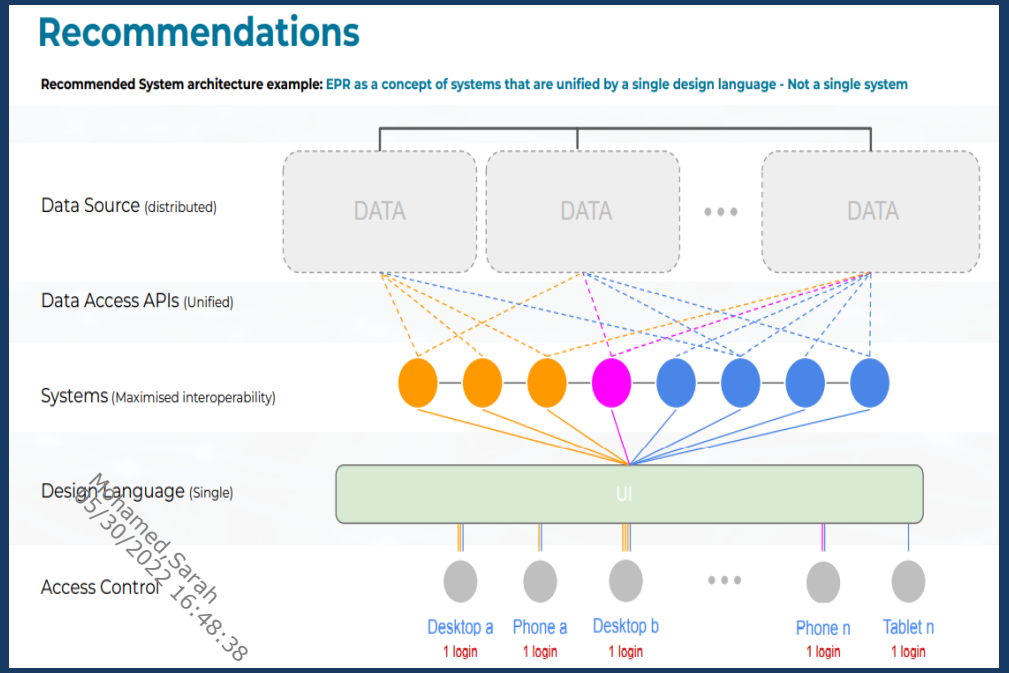
…enables the needs of the organization to be met with an integrated strategy which permits the closest possible synergies across the enterprise and beyond

Provided by THE Open GROUP

What's next - EPR business case

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

Hybrid
Test theory, test the market
Inform – more UR



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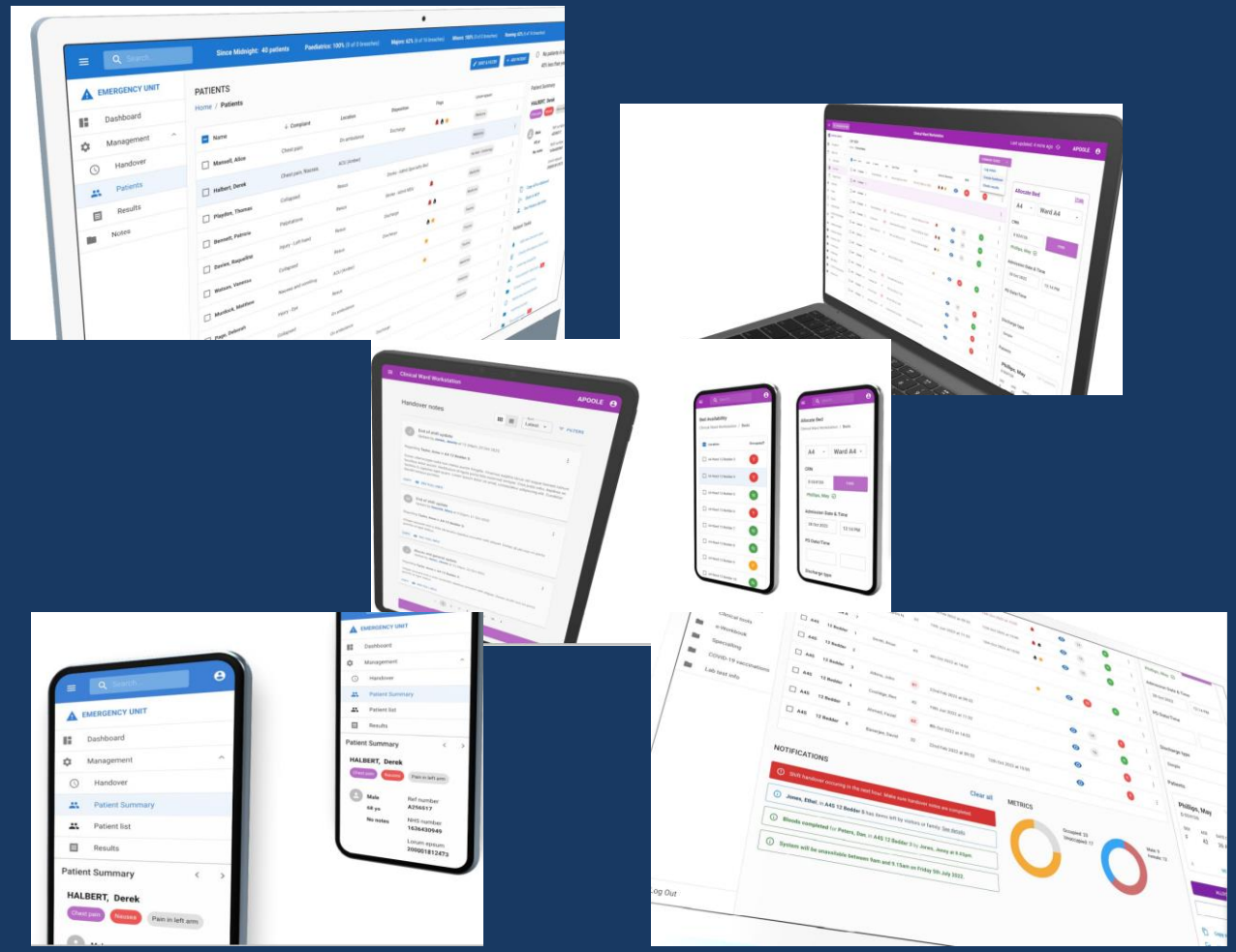

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What this means

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

New ways of working with the organisation
Clarity on business architecture e.g. SOFs
New governance models
Shared decision making

Mohamed,Sarah
05/30/2022 16:48:38

Co-production of our future digital state

Co-production – the case for investment

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Shaping Our Future Digital Services

Lippitt / Knoster change model

Vision	+	Shared Understanding	+	Skills	+	Resources	+	Incentives	+	Action Plan	= CHANGE
~~Vision~~	+	Shared Understanding	+	Skills	+	Resources	+	Incentives	+	Action Plan	= Confusion
Vision	+	~~Shared Understanding~~	+	Skills	+	Resources	+	Incentives	+	Action Plan	= Sabotage
Vision	+	Shared Understanding	+	~~Skills~~	+	Resources	+	Incentives	+	Action Plan	= Anxiety
Vision	+	Shared Understanding	+	Skills	+	~~Resources~~	+	Incentives	+	Action Plan	= Frustration
Vision	+	Shared Understanding	+	Skills	+	Resources	+	~~Incentives~~	+	Action Plan	= Resistance
Vision	+	Shared Understanding	+	Skills	+	Resources	+	Incentives	+	~~Action Plan~~	= Treadmill

Mohamed-Sarah 05/30/2022 16:48:38

Provided by box UK

Llunio ein
Gwasanaethau Digidol
i'r Dyfodol

Shaping Our Future
Digital Services

Q&A

Mohamed,Sarah
05/30/2022 16:48:38

Report Title:	**Framework Policies, Procedures & Controls**			Agenda Item no.	3.6
Meeting:	Digital and Health Intelligence Committee	Public		Meeting Date:	7th June 2022
		Private			
Status *(please tick one only):*	Assurance	x	Approval	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, up-dated.

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

At the last DHIC meeting, the following was approved:

- Information Governance Corporate Training Policy

In addition it was noted that procedures and guidance documents had been reviewed and updated and that these could be approved virtually as there were very few changes to content (name changes or different digital terminology):

- Transportation of Case Notes and Personal Identifiable Information.
- Information Risk Management Procedure
- Remote Working Procedure (formerly IT Security off-site computing procedures)
- Malicious Software Guidance (formerly Antivirus Guidance)
- IT Incident Guidance (formerly IT Security Breach Guidance)

In February 2022, due to resource constraints, CAV UHB commissioned an external review of a wider range of digital policies 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 CAV UHB.

A verbal update on the interim report and progress being made will be provided at the DHIC meeting.

Mohamed.Sarah
05/30/2022 16:

Recommendation:

The Committee is requested to:

- Note the progress made 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

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

Mohamed,Sarah
05/30/2022 16:16:38

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

Mohamed,Sarah
05/30/2022 16:48:38

Report Title:	Committee Self Effectiveness			Agenda Item no.	3.7
Meeting:	Digital and Health Intelligence Committee	Public	x	Meeting Date:	7 June 2022
		Private			
Status *(please tick one only)*:	Assurance	x	Approval		Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Corporate Governance				

Main Report
Background and current situation:

Routine monitoring of the effectiveness of the Board and its Committees is a vital part of ensuring strong and effective governance within the Health's Board's governance structure. Under its Standing Orders (SO 10.2.1), the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Further, and where appropriate, the Board may determine that such evaluation may be independently facilitated.

The Health Board undertook an annual review of the effectiveness of its Board and its Committees in April 2022 using survey questions derived from best practice guides, including the NHS Handbook, and using the following principles:

- the need for sub-Committees to strengthen the governance arrangements of the Health Board and support the Board in the achievement of the strategic objectives;
- the requirement for a Committee structure that strengthens the role of the Board in strategic decision making and supports the role of non-executive directors in challenging Executive management actions;
- maximising the value of the input from non-executive directors, given their limited time commitment; and
- supporting the Board in fulfilling its role, given the nature and magnitude of the Health Board's agenda.

For the 2021-2022 self-assessment, a survey was disseminated via Survey Monkey to all Board and Committee Members and Board and Committee attendees, enabling an efficient yet effective reflection on Board effectiveness and mirroring the method used for the Committees.

The purpose of this report is to present the findings of the Annual Board Effectiveness Survey 2021-2022, which relate to the Digital and Health Intelligence Committee (attached as **Appendix 1**). There were no areas identified for improvement.

Mohammed Sarah
05/30/2022 16:58:38

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

- The survey questionnaires for the annual Board/Committee Effectiveness Surveys 2021-2022 were issued in early April 2021 and attained a positive response rate overall.

- The overall findings are positive which provides an assurance that the governance arrangements and Committee structure in place are effective, and that the Committees are effectively supporting the Board in fulfilling its role.

To ensure effective governance the Board Effectiveness Survey is undertaken on an annual basis, in accordance with the provisions of the Standing Orders for NHS Wales.

The next self-assessment will be undertaken in March/April 2023 to coincide with the end of financial year reporting requirements of the Annual Governance Statement 2022-2023.

Recommendation:

The Committee is requested to:

a) **NOTE** the results of the Annual Board Effectiveness Survey 2021-2022, relating to the Digital and Health Intelligence Committee.

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	
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	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No

Mohamed,Sarah 6/30/2022 16:08:38

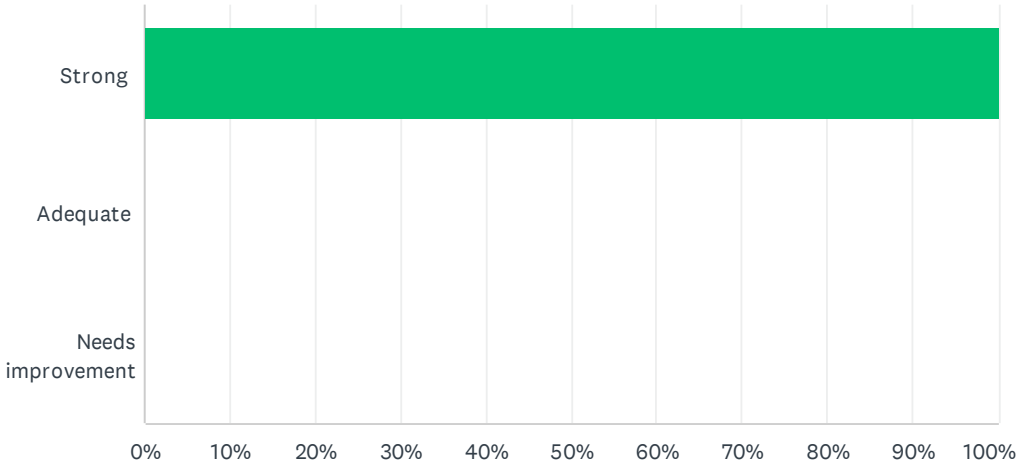
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Audit Committee	12th May 2022

Mohamed,Sarah
05/30/2022 16:48:38

Q1 The Committee terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities in accordance with guidance and have been approved by the committee and the full Board. NHS Handbook status: 1 - must do

Answered: 5 Skipped: 0

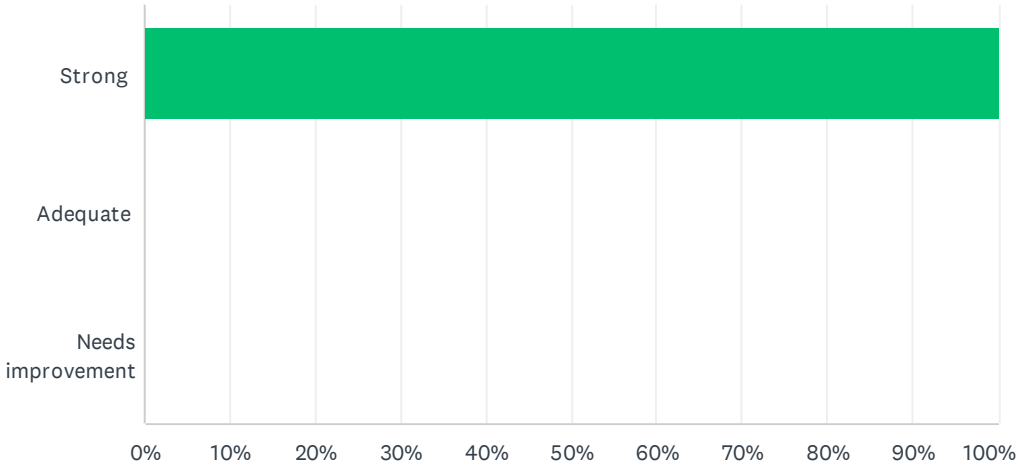


ANSWER CHOICES	RESPONSES	
Strong	100.00%	5
Adequate	0.00%	0
Needs improvement	0.00%	0
TOTAL		5

Mohamed,Sarah
05/30/2022 16:48:38

Q2 The Board was active in its consideration of Committee composition.NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

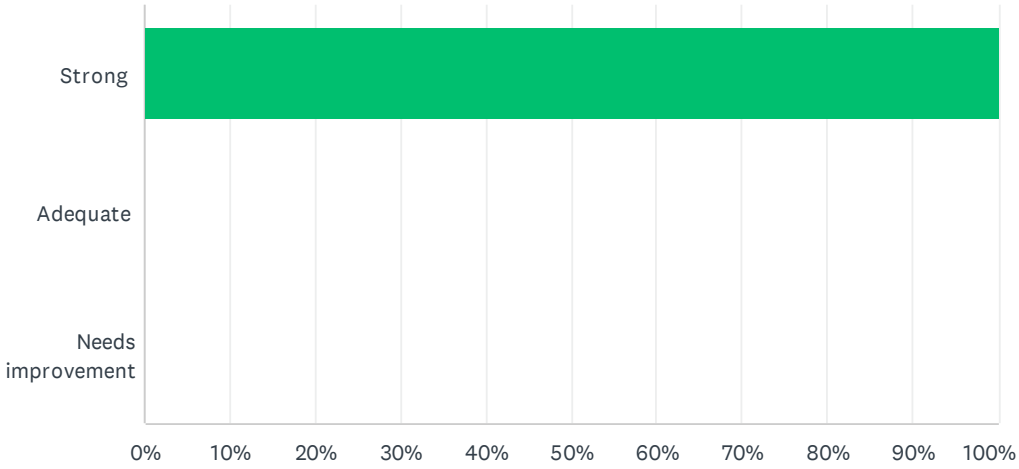


ANSWER CHOICES	RESPONSES	
Strong	100.00%	5
Adequate	0.00%	0
Needs improvement	0.00%	0
TOTAL		5

Mohamed,Sarah
05/30/2022 16:48:38

Q3 The Committee actions reflect independence from management, ethical behaviour and the best interests of the Health Board and its stakeholders.

Answered: 5 Skipped: 0

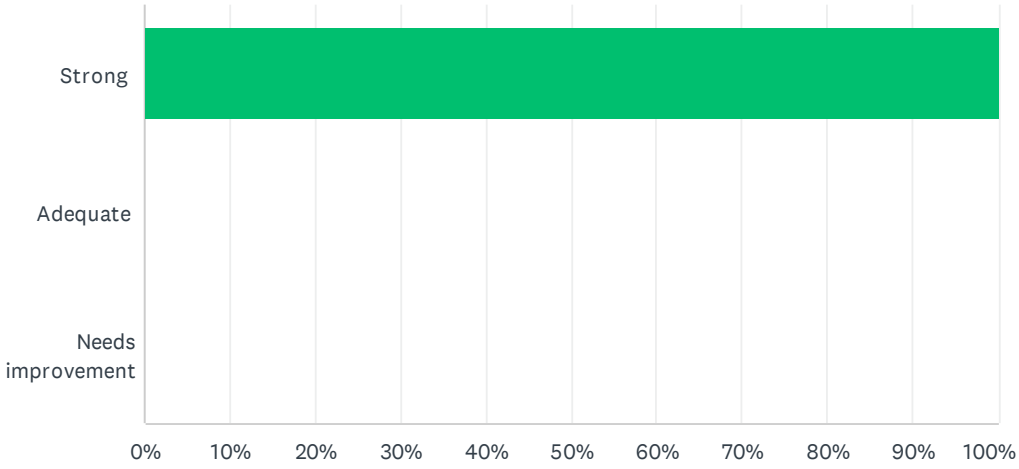


ANSWER CHOICES	RESPONSES	
Strong	100.00%	5
Adequate	0.00%	0
Needs improvement	0.00%	0
TOTAL		5

Mohamed,Sarah
05/30/2022 16:48:38

Q4 The Committee meeting packages are complete, are received with enough lead time for members to give them due consideration and include the right information to allow meaningful discussion. Minutes are received as soon as possible after meetings.NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

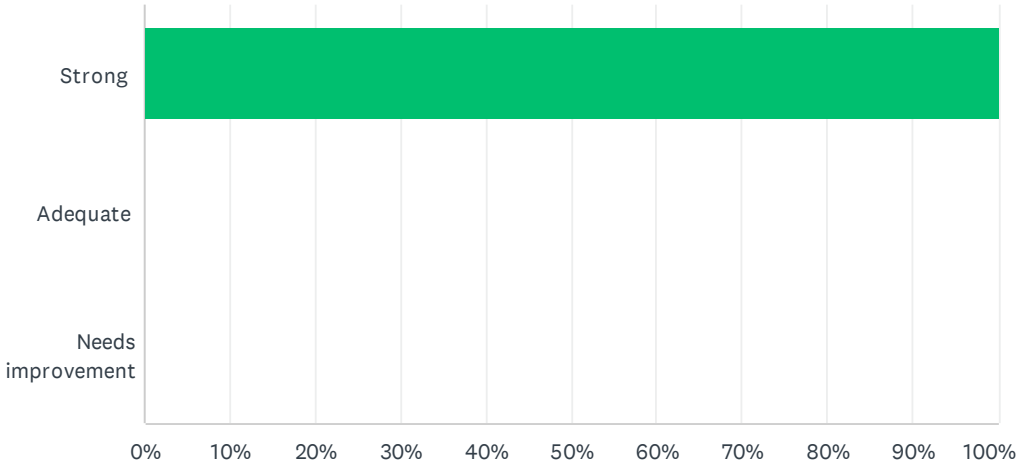


ANSWER CHOICES	RESPONSES	
Strong	100.00%	5
Adequate	0.00%	0
Needs improvement	0.00%	0
TOTAL		5

Mohamed,Sarah
05/30/2022 16:48:38

Q5 Committee meetings are well organised, efficient, and effective, and they occur often enough and are of appropriate length to allow discussion of relevant issues consistent with the committee's responsibilities.NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

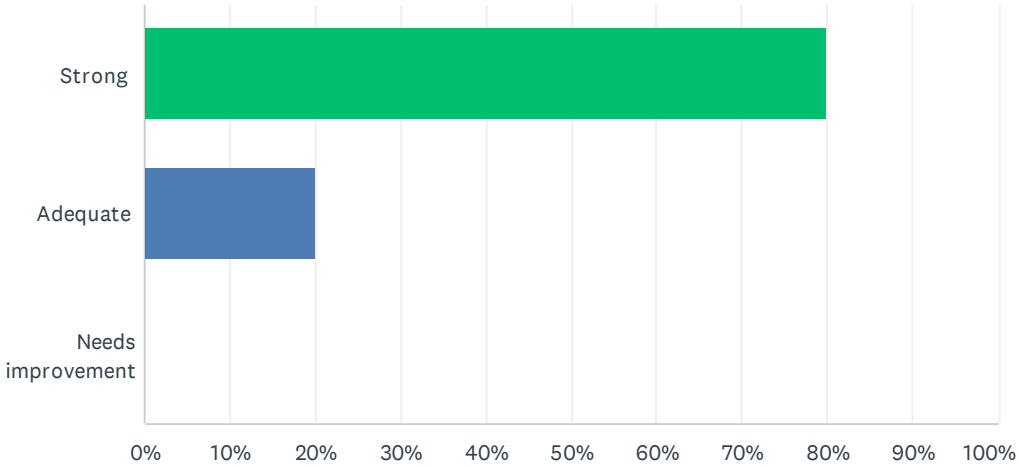


ANSWER CHOICES	RESPONSES	
Strong	100.00%	5
Adequate	0.00%	0
Needs improvement	0.00%	0
TOTAL		5

Mohamed,Sarah
05/30/2022 16:48:38

Q6 Appropriate internal or external support and resources are available to the Committee and it has sufficient membership and authority to perform its role effectively.NHS Handbook status: 1 - must do

Answered: 5 Skipped: 0

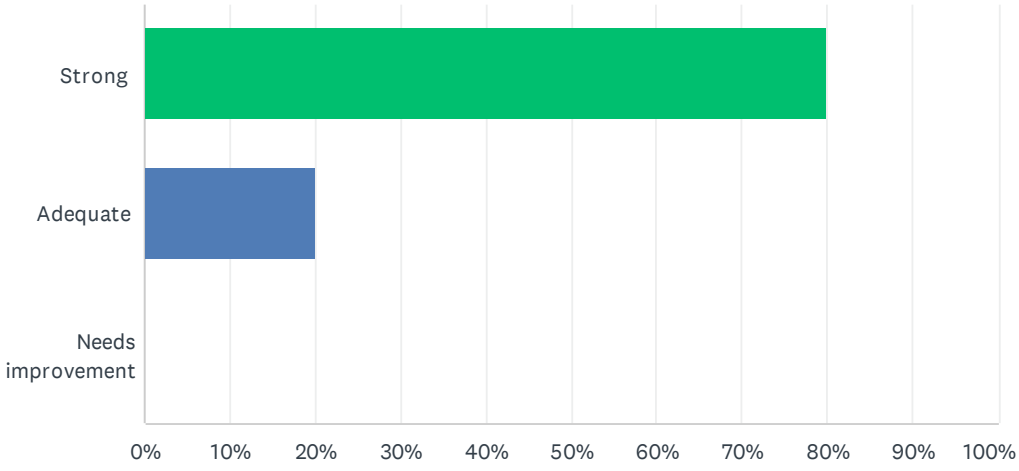


ANSWER CHOICES	RESPONSES	
Strong	80.00%	4
Adequate	20.00%	1
Needs improvement	0.00%	0
TOTAL		5

Mohamed,Sarah
05/30/2022 16:48:38

Q7 The Committee informs the Board on its significant activities, actions, recommendations and on its performance through minutes and regular reports and has appropriate relationships with other committees.NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

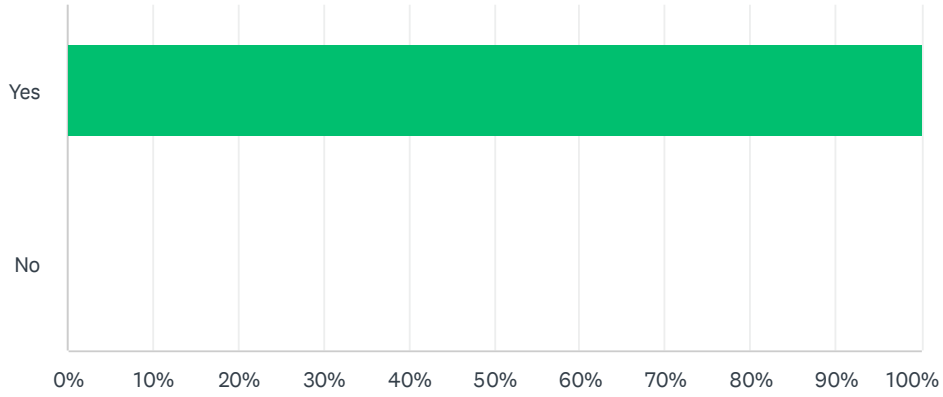


ANSWER CHOICES	RESPONSES	
Strong	80.00%	4
Adequate	20.00%	1
Needs improvement	0.00%	0
TOTAL		5

Mohamed,Sarah
05/30/2022 16:48:38

Q8 Are the terms of reference reviewed annually to take into account governance developments and the remit of other committees within the organisation?NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

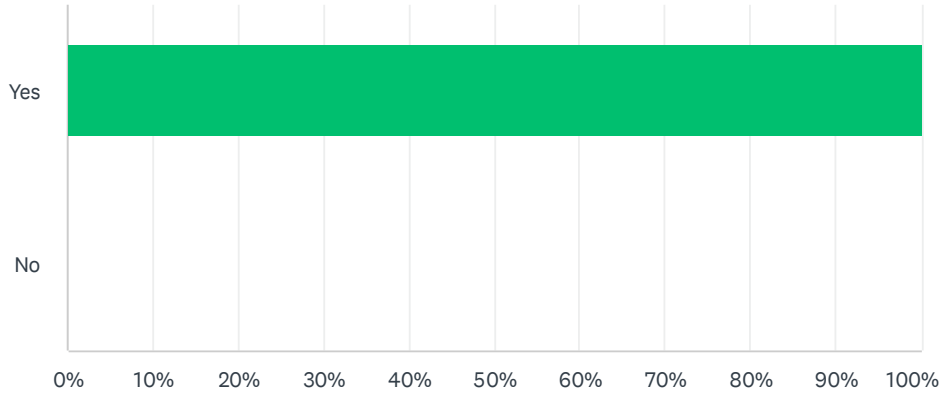


ANSWER CHOICES	RESPONSES	
Yes	100.00%	5
No	0.00%	0
TOTAL		5

Mohamed,Sarah
05/30/2022 16:48:38

Q9 Are changes to the committee's current and future workload discussed and approved at Board level?NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

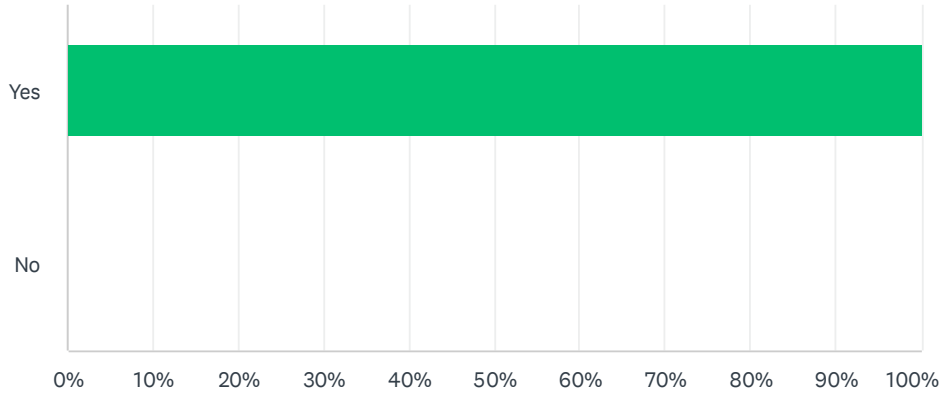


ANSWER CHOICES	RESPONSES	
Yes	100.00%	5
No	0.00%	0
TOTAL		5

Mohamed,Sarah
05/30/2022 16:48:38

Q10 Are committee members independent of the management team?NHS Handbook status: 1 - must do

Answered: 5 Skipped: 0

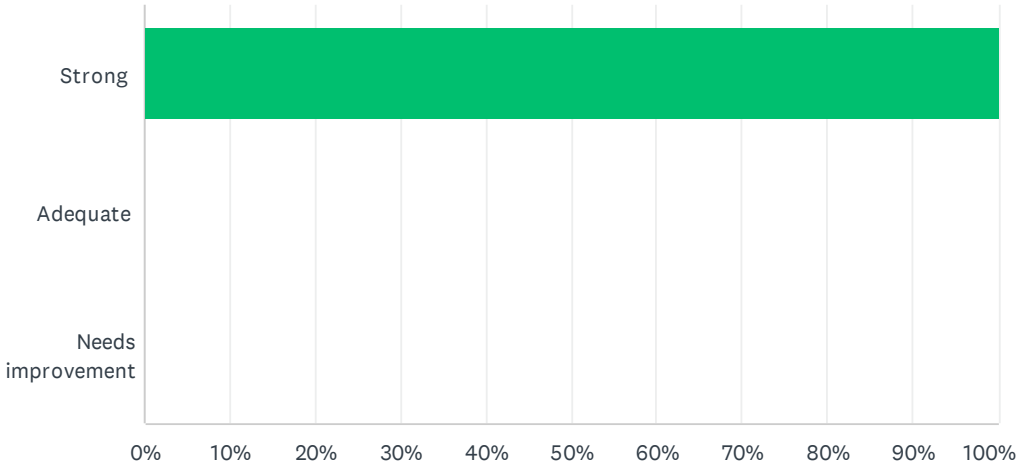


ANSWER CHOICES	RESPONSES	
Yes	100.00%	5
No	0.00%	0
TOTAL		5

Mohamed,Sarah
05/30/2022 16:48:38

Q11 The Committee agenda-setting process is thorough and led by the Committee Chair.NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

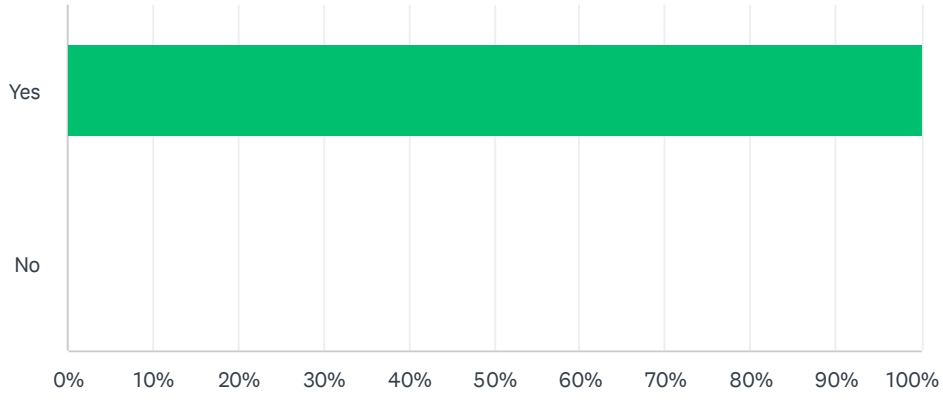


ANSWER CHOICES	RESPONSES	
Strong	100.00%	5
Adequate	0.00%	0
Needs improvement	0.00%	0
TOTAL		5

Mohamed,Sarah
05/30/2022 16:48:38

Q12 Has the Committee established a plan for the conduct of its work across the year?NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

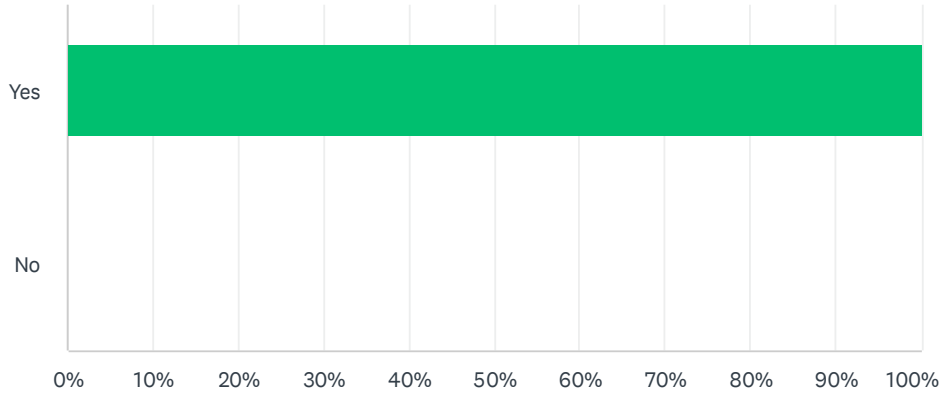


ANSWER CHOICES	RESPONSES	
Yes	100.00%	5
No	0.00%	0
TOTAL		5

Mohamed,Sarah
05/30/2022 16:48:38

Q13 Has the committee formally considered how its work integrates with wider performance management and standards compliance?NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

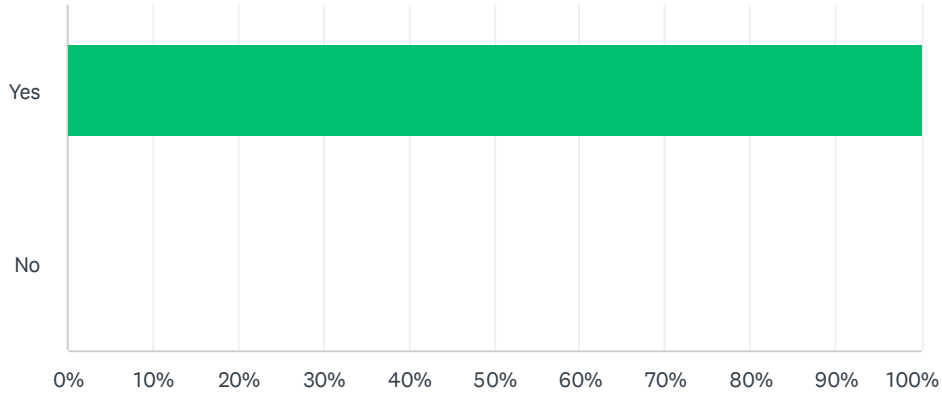


ANSWER CHOICES	RESPONSES	
Yes	100.00%	5
No	0.00%	0
TOTAL		5

Mohamed,Sarah
05/30/2022 16:48:38

Q14 Has the committee reviewed whether the reports it receives are timely and have the right format and content to ensure its responsibilities are discharged?NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

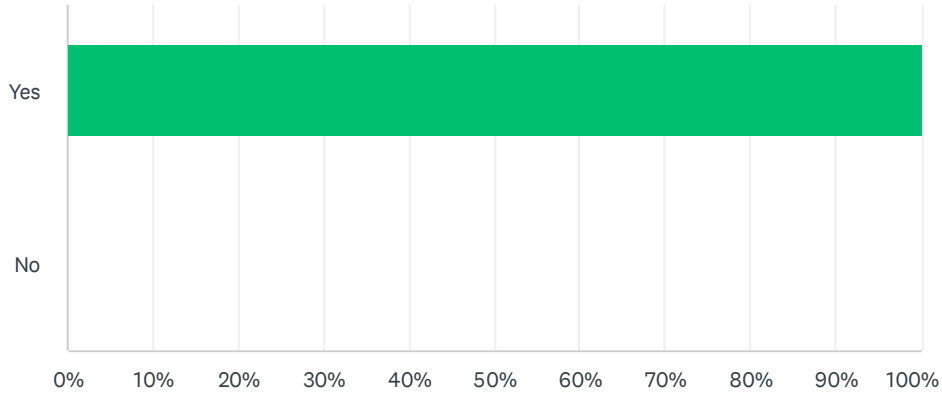


ANSWER CHOICES	RESPONSES	
Yes	100.00%	5
No	0.00%	0
TOTAL		5

Mohamed,Sarah
05/30/2022 16:48:38

Q15 Does the Board ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management on critical and sensitive matters?NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

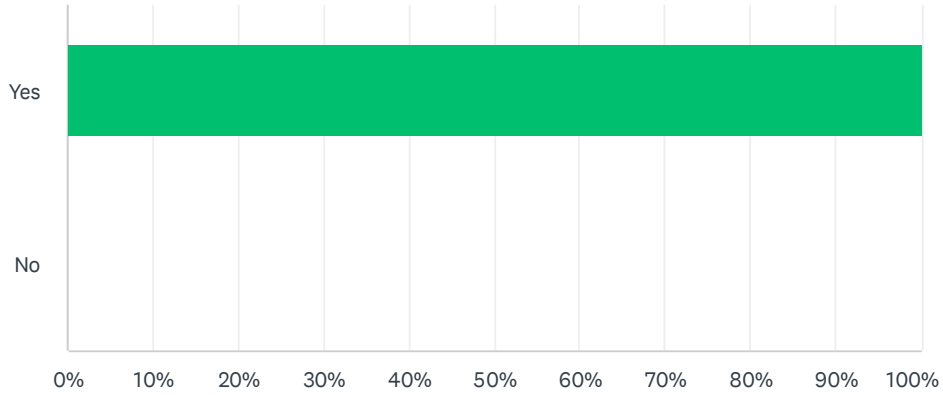


ANSWER CHOICES	RESPONSES	
Yes	100.00%	5
No	0.00%	0
TOTAL		5

Mohamed,Sarah
05/30/2022 16:48:38

Q16 Is the committee satisfied that the Board has been advised that assurance reporting is in place to encompass all the organisations responsibilities?NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

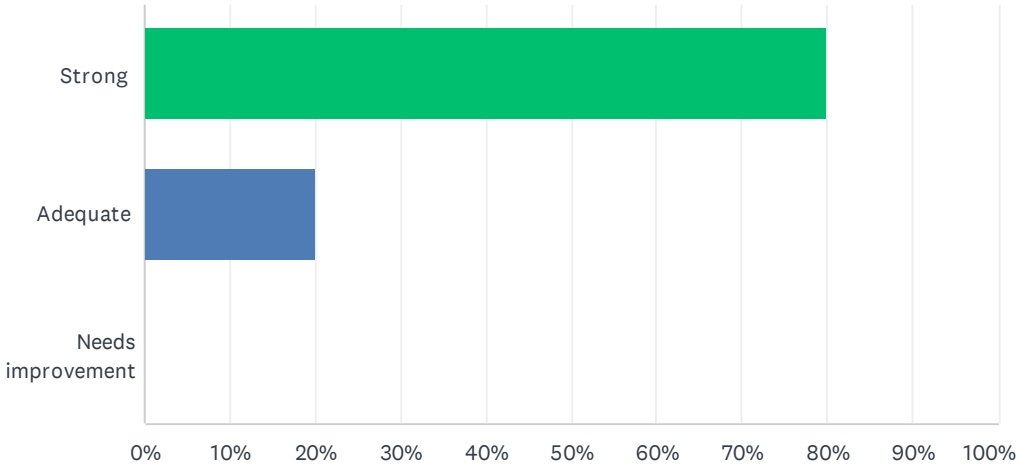


ANSWER CHOICES	RESPONSES	
Yes	100.00%	5
No	0.00%	0
TOTAL		5

Mohamed,Sarah
05/30/2022 16:48:38

Q17 The committee's self-evaluation process is in place and effective. NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

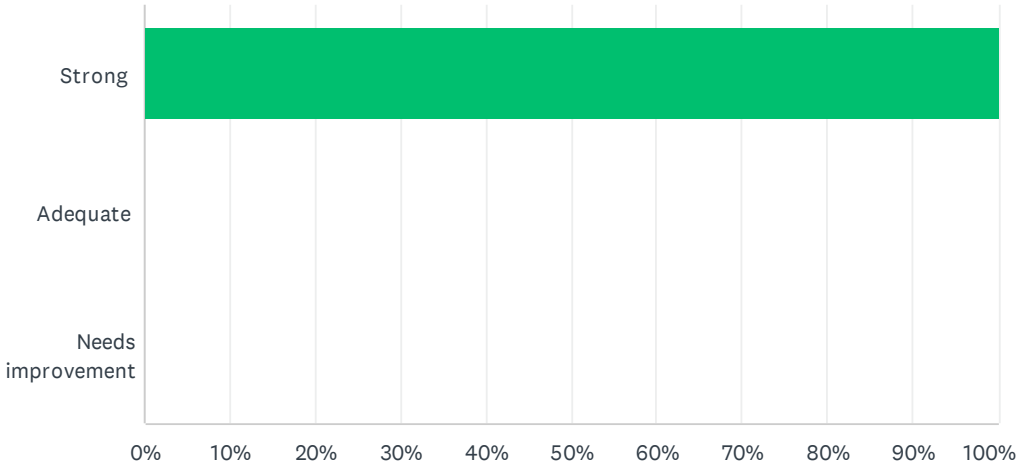


ANSWER CHOICES	RESPONSES	
Strong	80.00%	4
Adequate	20.00%	1
Needs improvement	0.00%	0
TOTAL		5

Mohamed.Sarah
05/30/2022 16:48:38

Q18 What is your overall assessment of the performance of the Committee?

Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strong	100.00%	5
Adequate	0.00%	0
Needs improvement	0.00%	0
TOTAL		5

Mohamed,Sarah
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Q19 Additional Comments

Answered: 0 Skipped: 5

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Q20 Name

Answered: 3 Skipped: 2

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Q21 Position

Answered: 3 Skipped: 2

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Report Title:	Clinical Coding Performance Data			Agenda Item no.	4.1
Meeting:	Digital & Health Intelligence Committee	Public	X	Meeting Date:	7th June 2022
		Private			
Status *(please tick one only)*:	Assurance		Approval		Information X
Lead Executive:	Director of Digital & Health Intelligence				
Report Author (Title):	Clinical Coding Manager				

Main Report
Background and current situation:

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

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

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

Results of an external audit completed in March 2022 are detailed below.

Code Type	Percentage Correct	Recommended Minimum %
Primary Diagnosis	95%	90%
Secondary Diagnosis	94%	80%
Primary Procedure	97%	90%
Secondary Procedure	97%	80%

Results show that in all measures, the UHB is far exceeding the WG minimum recommended targets.

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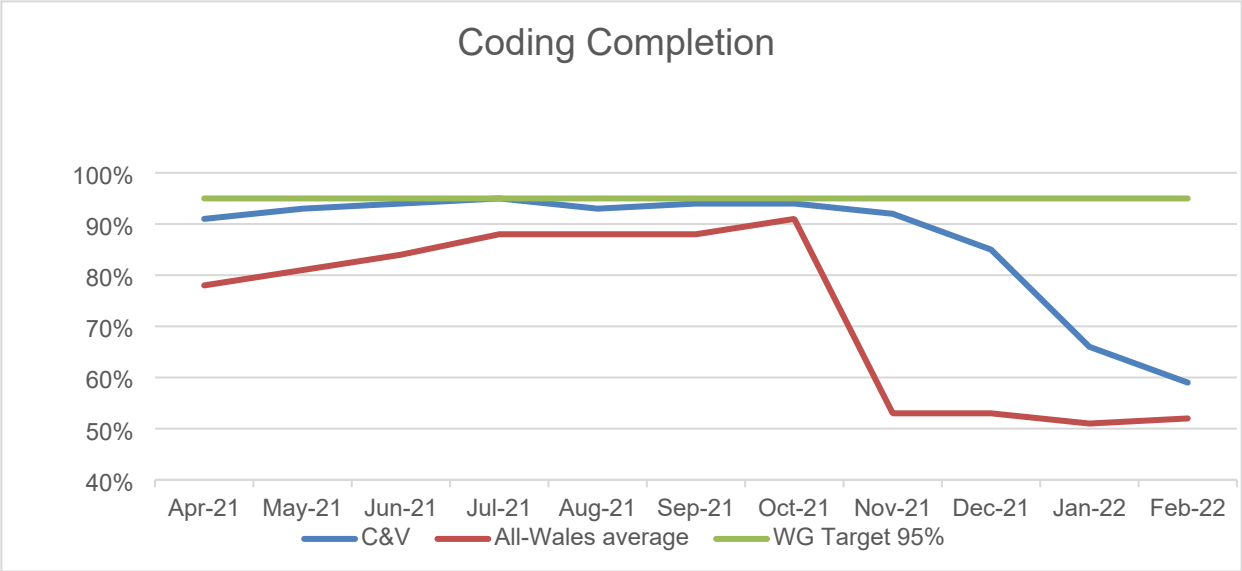
In relation to monthly coding completeness, the following graph demonstrates that whilst CAV UHB remains above the all Wales position, across Wales, completeness has fallen dramatically since October 2021. The UHB attributes its decline to a high turnover of staff since the start of the pandemic and the delays in recruitment and training.

Contract coding is being provided in the short term to ensure end of year submission is maintained but contractors are a premium across Wales.



In response to a Welsh Health Circular, the department is now prioritising all coding episodes relating to a positive COVID-19 result, which must now to be coded within one week of discharge. In addition, the department is also prioritising coding of deceased patients notes in order to ensure the UHB's Risk Adjusted Mortality Index (RAMI) score reflects a more representative level.

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

Coding accuracy continues to exceeded WG targets across both diagnosis and procedure. The draft document "Clinical Coding Audit Report – CAV UHB 2021/22" produced by DHCW is attached as Appendix A.

Due to continued staff shortages and difficulty in recruiting and retaining staff, coding completeness has dropped consistently with the position across Wales. The department has enlisted contract coders to provide support until permanent staff are appointed and fully trained.

Recommendation:

The Committee is 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

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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	

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:

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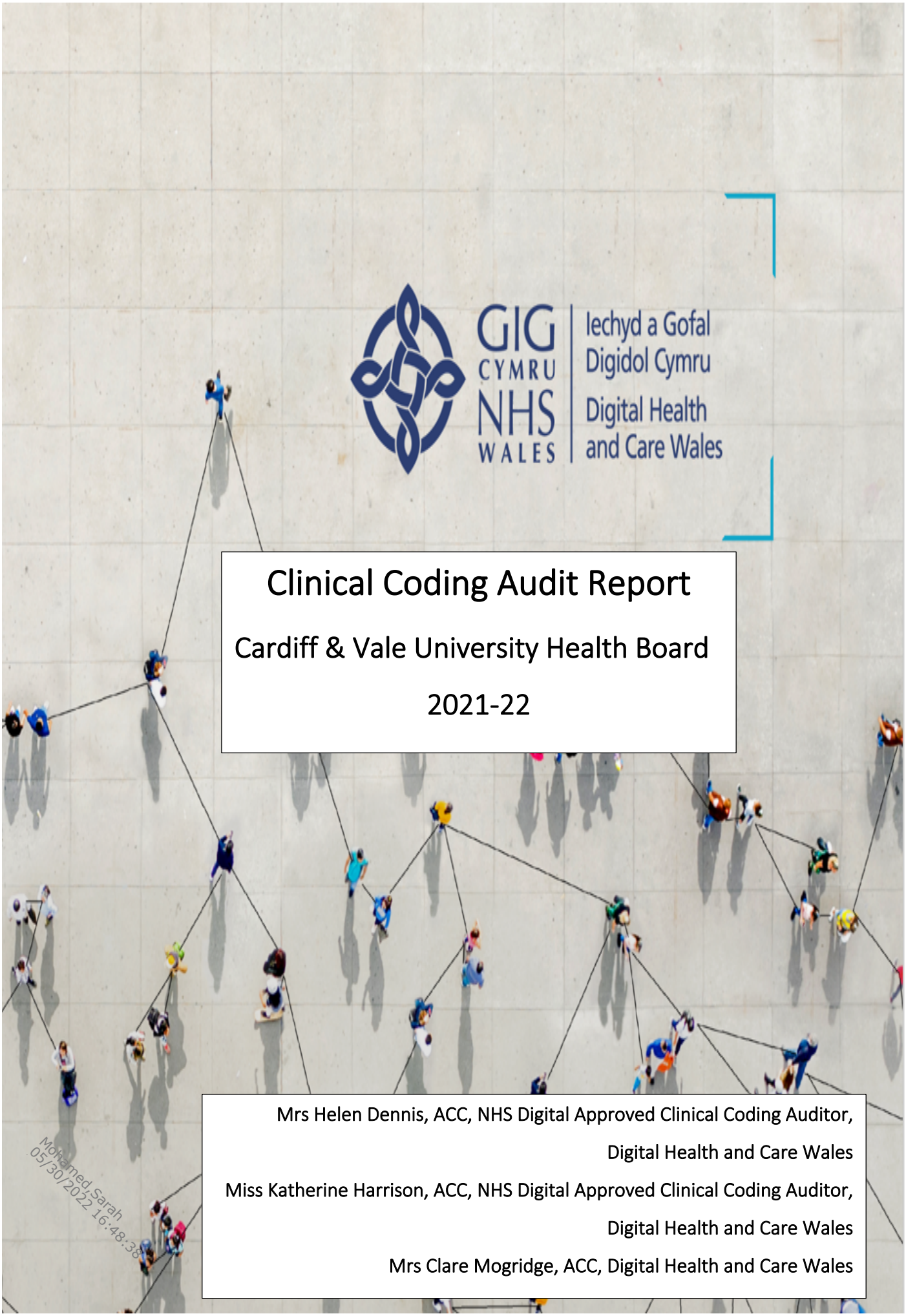

GIG CYMRU NHS WALES
Iechyd a Gofal Digidol Cymru
Digital Health and Care Wales

Clinical Coding Audit Report

Cardiff & Vale University Health Board

2021-22

Mrs Helen Dennis, ACC, NHS Digital Approved Clinical Coding Auditor, Digital Health and Care Wales

Miss Katherine Harrison, ACC, NHS Digital Approved Clinical Coding Auditor, Digital Health and Care Wales

Mrs Clare Mogridge, ACC, Digital Health and Care Wales

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Introduction

1.1 The Admitted Patient Care data set (APC ds), and the clinically coded data contained within, is arguably the single most important source of management information in use within NHS Wales. The availability of timely, complete, accurately coded APC data is an essential pre-requisite for numerous current and emerging decision support processes.

1.2 Welsh Local Health Boards (LHBs) and Velindre NHS Trust are mandated to clinically code the finished consultant episodes (FCEs) for every patient admitted to a Welsh LHB. Organisations are required to accurately code information relating to all diagnoses and procedures relevant to each individual episode of care experienced by a patient.

1.3 Welsh LHBs and Velindre NHS Trust are currently monitored against a Welsh Government (WG) performance measure for coding completeness. This target is that of 95% of all FCE's are clinically coded within one month of the episode end date.

1.4 Clinical coded data are used for a variety of uses and it impacts on a number of areas including:

- Healthcare planning (including service reconfiguration);
- Performance management (notably the production of Tier 1 and other WG performance indicators and measures);
- Health needs assessment;
- Evaluation of treatment and outcome analysis;
- Benchmarking;
- Chronic disease management (and the linkage of datasets);
- Provision of information for research;
- The production of official statistics and ad-hoc requests – Ministerial, Assembly Questions, Freedom of Information etc.;
- Financial costing and resource utilisation mapping;
- Identification of at risk populations;
- Identification of frequency and occurrence of disease;
- The monitoring of (often high cost) services provided by the Welsh Health Specialised Services Committee (WHSSC);
- Clinical coding data is central to a range of national information initiatives, such as the annual financial costing process and patient-level costing;

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1.5 It is current WG policy for healthcare data to be made more readily available to the general public, media etc. under its 'transparency' agenda. Where clinical coding information is being shared, this will further raise the importance of that data being accurate and the need for the Service to be assured that this is the case.

1.6 It is a therefore a requirement that clinical coded data are accurate, consistent, complete and coded in a timely fashion.

1.7 Clinical coding audit is currently the only means by which it is possible to assure the accuracy of the clinical codes assigned when using the full medical record.

1.8 This report outlines the findings and recommendations of Digital Health and Care Wales Clinical Classifications & Terminologies Standards Team's audit of clinical coding accuracy at Cardiff & Vale University Local Health Board. The audit was carried out between 28th February 2022 & 11th March 2022 and was undertaken by Mrs Helen Dennis ACC, NHS Digital Approved Clinical Coding Auditor, Digital Health & Care Wales, Miss Katherine Harrison, ACC, NHS Digital Approved Clinical Coding Auditor, Digital Health & Care Wales, and Mrs Clare Mogridge, ACC, Digital Health & Care Wales.

2 Aims

2.1 The aim of this audit was to assess the accuracy of the clinically coded data produced by Cardiff & Vale UHB by comparing the codes assigned by the Clinical Coding Department against national clinical coding standards.

2.2 This report aims to provide a benchmark that can be used by the Clinical Coding Department within Cardiff & Vale ULHB, to identify areas for improvement within the organisation and aid in the identification and planning of future training needs. Conclusions and recommendations based on areas of both good and poor practice found are provided to achieve this.

2.3 It also aims to evaluate the quality of the source documentation used by the coders and the local policies and procedures at Cardiff & Vale ULHB.

3 Objectives

3.1 The objectives for the audit include a range of measures.

3.2 To assess the clinical coding data against national clinical coding standards;

3.3 To identify and report areas of good and bad practice;

3.4 To review and assess the accuracy of the source documentation used for clinical coding;

3.5 To assess the level of clinical involvement with the Clinical Coding Department and to what degree this impacts on the coding process and coding accuracy;

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3.6 To make recommendations designed to support future improve in the accuracy of clinically coded data within the UHB.

3.7 To highlight training issues within the department.

3.8 The last external audit was carried out between 29th July 2019 and 9th August 2019 by the Digital Health and Care Wales Clinical Classifications & Terminologies Standards Team.

3.9 The recommendations from the previous report were:

- Cardiff and Vale ULHB clinical coding department should be applauded for the year-on-year improvement in the 3 areas of coding accuracy and ensure that they maintain and improve on the excellent standard of coding which this year's audit has evidenced.
- The Clinical management team should re-introduce the validation programme as soon as possible to ensure that the accuracy of the coded data doesn't drop over the coming financial year.
- The Clinical Coding Management team should continue to work with the managers of the Medical Records departments to ensure the continual improvement of the standard of completeness of documentation within the patients' medical records.
- As soon as possible the Clinical Coding Management Team should implement a training session to refresh the coding teams on code assignments for ICD-10 5th Edition Chapter IX Diseases of the circulatory system and ensure that all of the coding staff are aware of the importance of coding all co-morbidities that are identified by the responsible consultant as being relevant to the patient's care during the admission.
- The Clinical Coding Management Team should ensure that the coding staff make regular check on unreported pathology and radiology to ensure that all codes are updated without delay. To ensure all the patient's coded data is a true reflection of their diagnosis and treatment with in the relevant FCE.

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4 Methodology

4.1 The recommended minimum percentage of correct codes are:

- 90% for Primary Diagnosis and Primary Procedure;
- 80% for Secondary Diagnosis and Secondary Procedures.

4.2 The audit was conducted according to the directives in the Welsh Clinical Coding Audit Methodology, and the current NHS Digital Clinical Coding Audit Methodology 2021/22 V15.0. A brief summary is given below, but the full methodology is available at:

https://nhswales365.sharepoint.com/sites/DHC_CCT/SitePages/Clinical-Coding-Audit-Methodology.aspx

4.3 The sample audited was 300 Finished Consultant Episodes (FCEs), which were randomly generated from the activity data held within the Patient Episode Database for Wales (PEDW). The sample audited were selected from episodes from the month, 3 full months previous to the date of the audit, as set out below:

Figure I Period Examined

Site	Period Start	Period End
University Hospital of Wales	01/11/2021	30/11/2022
Llandough Hospital	01/11/2021	30/11/2022

4.4 The locally assigned classification codes were audited against national clinical coding standards using the information available in the patients' case notes and relevant electronic systems (e.g. RADIS). Full details on the Clinical Coding National Standards are available at:

https://nhswales365.sharepoint.com/sites/DHC_CCT/SitePages/NHS-Wales-Clinical-Classifications-Standards-Dictionary-Version-4.1.aspx

4.5 The auditors then assessed the locally coded data against the National Clinical Coding Standards and the Welsh Clinical Coding Standards using ICD-10 5th Edition and OPCS 4.9 classifications. Codes were audited as one of 4 types:

- Primary Diagnosis codes (i.e., the main condition treated);
- Secondary Diagnosis codes (including External Cause Codes).
- Primary Procedure codes.
- Secondary Procedure codes (including Chapter Z site codes).

4.6 A total of 306 episodes were examined.

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5 Findings

5.1 Total Percentages

5.1.1 The percentages of correctly assigned codes are given below:

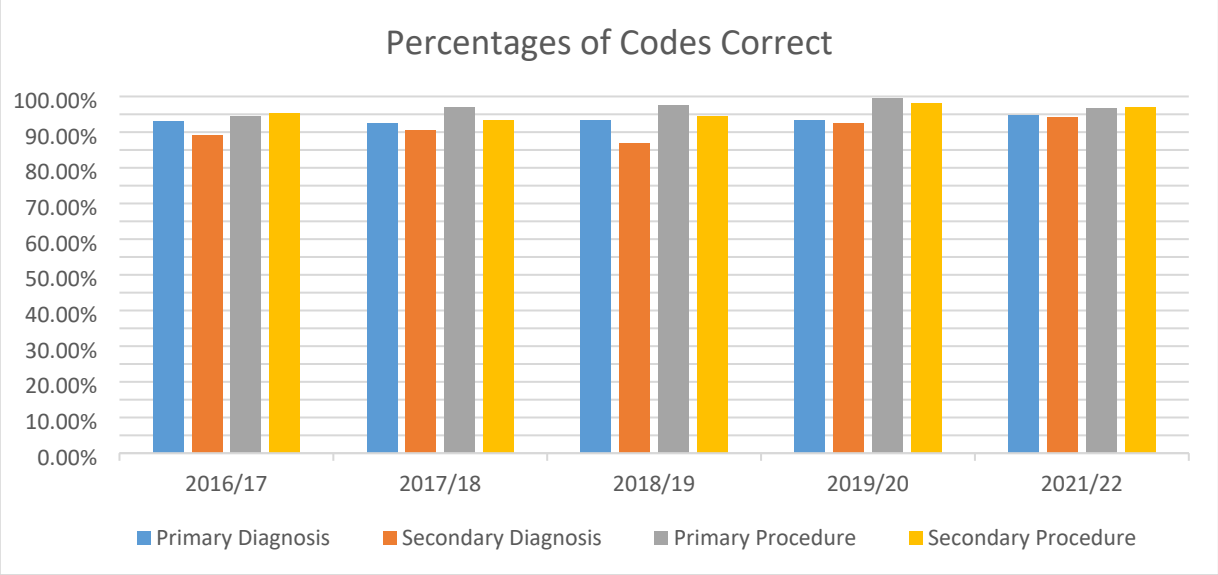
Figure II Percentage of Codes Correctly Assigned

Code Type	Total Number of Codes	Total Number of Correct Codes	Percentage Correct
Primary Diagnosis	300	284	94.67%
Secondary Diagnosis	1471	1383	94.02%
Primary Procedure	250	242	96.80%
Secondary Procedure	786	761	96.82%

5.1.2 The percentage of codes that were correct was above the recommended level in all 4 areas.

5.1.3 It should be noted that of the 300 episodes examined, 214 (71.33%), contained no errors in any position. A breakdown of the error types assigned is given below.

5.1.4 The table below shows these results compared to previous audits:



Please note there are no figures available for financial year 2020-2021. This is due to the cancellation of the Annual National Clinical Coding Audit Programme because of legal restrictions imposed by the Welsh Assembly Government in order to contain the SARS-CoV-2 (COVID 19) pandemic.

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5.2 Unsafe to Audit (UTA)

5.2.1 There were 6 episodes which were marked as UTA (1.96% of the total number of sets of case notes looked at). As per the methodology described above, they were removed from the audit and replaced.

5.3 Primary Diagnosis Codes

5.3.1 The primary diagnosis was correct in 94.67% of the episodes audited (284 of the 300 primary diagnoses). A breakdown of the errors in primary diagnoses by their associated error types is given below:

Figure III Primary Diagnosis Errors by Error Type

Error Type	Specific Error Key	Number of Errors	Percentage of FCEs with Error
Coder Error	PD3 PRIMARY DIAGNOSIS INCORRECT AT THREE CHARACTER LEVEL	5	1.67%
	PD4 PRIMARY DIAGNOSIS INCORRECT AT FOUR CHARACTER LEVEL	4	1.33%
	PDIS PRIMARY DIAGNOSIS INCORRECTLY SEQUENCED	3	1.00%
	PDO PRIMARY DIAGNOSIS OMITTED	3	1.00%
Non-Coder Error	PDI INFORMATION AVAILABLE AT THE TIME OF AUDIT NOT AVAILABLE AT THE TIME OF CODING	1	0.33%

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5.4 Secondary Diagnosis Codes Including External Cause Codes

5.4.1 The secondary diagnoses codes were 94.02% correct (1383 out of the total 1471 secondary diagnoses). A breakdown of the errors by their associated error types is given below:

Figure IV Secondary Diagnosis Errors by Error Key

Error Type	Specific Error Key	Number of Errors	Percentage of FCEs with Error
Coder Error	SD3 SECONDARY DIAGNOSIS INCORRECT AT THREE CHARACTER LEVEL	13	0.88%
	SD4 SECONDARY DIAGNOSIS INCORRECT AT FOUR CHARACTER LEVEL	7	0.48%
	SD5 SECONDARY DIAGNOSIS INCORRECT AT FIVE CHARACTER LEVEL	1	0.07%
	SDNR SECONDARY DIAGNOSIS NOT RELEVANT	30	
	SDO SECONDARY DIAGNOSIS OMITTED	46	3.13%
	ECI EXTERNAL CAUSE CODE INCORRECT	1	0.07%
	ECO EXTERNAL CAUSE CODE OMITTED	2	0.14%
Non-Coder Error	SDI INFORMATION AVAILABLE AT THE TIME OF AUDIT NOT AVAILABLE AT THE TIME OF CODING	15	1.02%
Documentation Issues	SDD SECONDARY DIAGNOSIS DOCUMENTATION ISSUE	3	0.20%

5.5 Primary Procedure Codes

5.5.1. There were 250 primary procedure codes assigned. The primary procedure was correct in 96.80% of the episodes audited (242 of the 250 primary procedures). A breakdown of the errors by their associated error types are shown below:

Figure V Primary Procedure Errors by Error Key

Error Type	Specific Error Key	Number of Errors	Percentage of FCEs with Error
Coder Error	PP3 PRIMARY PROCEDURE INCORRECT AT THREE CHARACTER LEVEL	4	1.60%
	PP4 PRIMARY PROCEDURE INCORRECT AT FOUR CHARACTER LEVEL	3	1.20%
	PPO PRIMARY PROCEDURE OMITTED	1	0.40%

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5.6 Secondary Procedure Codes

5.6.1 There were 786 secondary procedures codes assigned. These secondary procedure codes were 96.82% correct (761 out of the 786 secondary procedures). A breakdown of the errors by their associated error types are shown below:

Figure VI Secondary Procedure Errors by Error Key

Error Type	Specific Error Key	Number of Errors	Percentage of FCEs with Error
Coder Error	SP3 SECONDARY PROCEDURE INCORRECT AT THREE CHARACTER LEVEL	4	0.51%
	SP4 SECONDARY PROCEDURE INCORRECT AT FOUR CHARACTER LEVEL	3	0.38%
	SPNR SECONDARY PROCEDURE NOT RELEVANT	2	
	SPO SECONDARY PROCEDURE OMITTED	17	2.16%
Non-Coder Error	SPI INFORMATION AVAILABLE AT THE TIME OF AUDIT NOT AVAILABLE AT THE TIME OF CODING	1	0.13%

5.7 Health Record Findings

5.7.1 The auditors made the following observations concerning the source documentation used by the Clinical Coding Department at Cardiff and Vale ULHB.

5.7.2 Cardiff and Vale UHB experienced difficulties providing all the physical case notes for episodes of care identified for this audit. Unfortunately, even though the lead auditor attempted to mitigate this by auditing the endoscopy day case episodes using only electronic documents and auditing extra day case endoscopy episodes from the month of November which did not appear on the pulling list the auditors were still unable to reach the 330 episodes audited in previous years.

5.7.3 The physical case notes used in the audit were in good condition. However, the auditors found that were several issues with the electronic health records used at Cardiff and Vale. The electronic record is a system of saved scanned documents. Locating and visualising the documents associated to the episode of proved extremely difficult. The documents are usually ordered by date scanned, this means that is difficult and time consuming to identify the documents for a particular episode of care. In addition, when some errors were identified the Clinical Coding Manager was unable to ascertain what information had been available to the coders. This was due to a period of time when the scanners were not working.

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5.7.4 Episodes of care for Endoscopic procedures at Cardiff and Vale UHB are generally coded from documents held on their electronic health record system. The electronic endoscopy procedure sheet is problematic for coders as it does not contain a field for primary diagnosis. This has proved particularly difficult when coding episodes of care for the diagnosis of gastrointestinal bleed. The clinicians regularly interchange the clinical statements gastrointestinal bleed (GI bleed) and rectal or anal bleed since these statements have different ICD10 codes it is extremely difficult for the coder to ascertain the primary diagnosis. This problem has been raised with the clinicians and their advice was to code all the statements in the same order that the clinician had documented them. A similar problem applies to a presenting complaint of GI bleed when haemorrhoids are then diagnosed but the clinician fails to document that the cause of the GI bleed is the haemorrhoids.

5.8 OTHER ADDITIONAL FINDINGS

5.8.1 It should be noted that the SARS-CoV-2 (COVID 19) pandemic has had a significant effect on the clinical coding service in NHS Wales, including the Clinical Coding staff at Cardiff and Vale UHB. Many clinical coders were required to relocate to different areas within the hospital sites or to working from home. There was a great deal of stress and anxiety regarding the transmissibility of the virus within the hospital and some clinical coders were required to shield due to their own vulnerability. There were worries about the possibility of virus particles being transmitted via the physical case notes. Also, the emotional stress caused by reading the detailed and often distressing accounts of patients who were Covid positive and were extremely ill or dying has taken an emotional toll on all staff.

5.8.2 During the last year the clinical coding department at Cardiff and Vale UHB have experienced staffing difficulties. They have lost both their assistant managers and 8 experienced / qualified coders, 4 of these posts have been replaced by trainee coders. Trainee clinical coders employed at Cardiff and Vale are placed on Band 3 of the Agenda for Change pay scale. During their training they are required to attend and pass the NHS Digital Clinical Coding Standards Course. In addition, the clinical coding manager ensures that they are mentored, and their work is checked for accuracy. Once the clinical coding manager is happy with the quality of the individuals clinical coding although they remain on the Band 3 pay scale until they attain the National Clinical Coding Qualification their work is no longer checked, and they are no longer referred to as a trainee.

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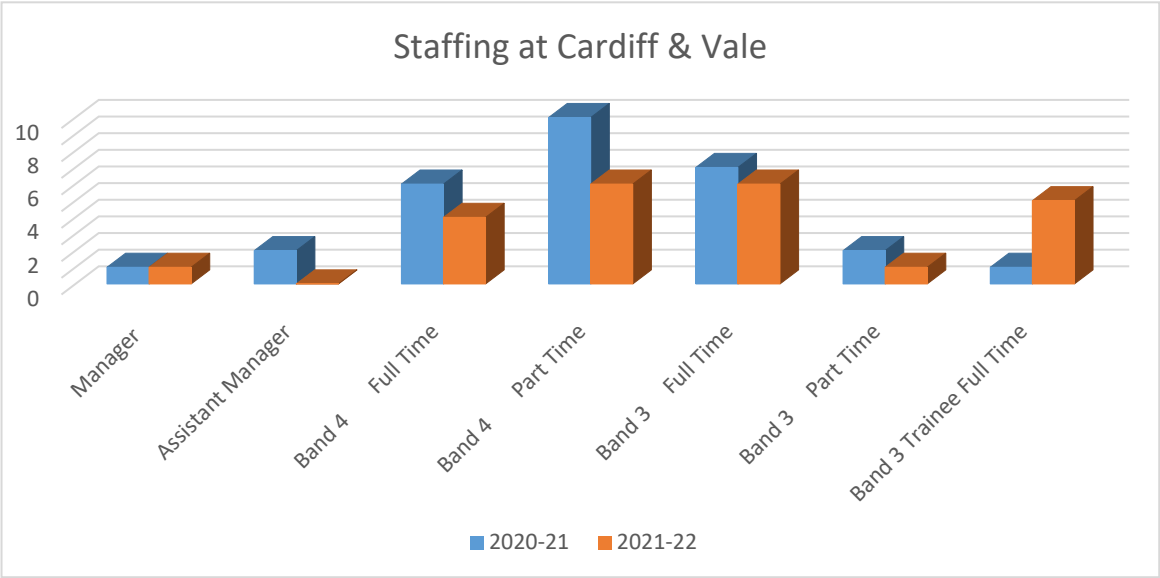
Chart showing change in staffing levels at Cardiff and Vale clinical coding department from 2020 to 2022



6 Conclusions

6.1 The overall results of this audit confirm that the clinical coding staff at Cardiff and Vale UHB have achieved above the recommended accuracy for primary diagnosis, secondary diagnosis, primary procedure, and secondary procedure coding.

6.2 Compared to the previous audit results the clinical coding department at Cardiff and Vale UHB has increased the quality of primary diagnosis coding by 1.34%. The quality of secondary diagnosis coding has also increased by 1.57%. There has been a decrease of 2.76% in the quality of primary procedure coding and a decrease of 1.18% in quality of secondary procedure coding abet from previous extremely high levels.

6.3 Compared to the previous audit results the number of episodes that were completely correct has decreased by 5.54%.

6.4 Some of the errors that were identified by this audit were due to a combination of clinical coders failing to abstract all the required information to assign correct classification codes and/or failure to follow the full four step coding process.

6.5 Forty-six (52.23%) of the eighty-eight secondary diagnosis errors were omissions. This is generally a sign of the clinical coders rushing the clinical coding process. The significant reduction in the staffing levels in the clinical coding department at Cardiff and Vale UHB is likely to have had a bearing on this.

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6.6 The clinical coders at Cardiff and Vale assign classification codes prior to the availability of the histology report. They are then instructed to regularly check until the histology report is available. However, four (25%)

of the sixteen primary diagnosis errors were due to the clinical coders failing to check the histology result and /or failing to update the classification code assigned.

6.7 With regarding to the deficiencies in the documentation on the procedure sheet for endoscopic procedures although no error keys could be assigned the auditor recognises that this is causing inaccuracies in the clinical coded data at Cardiff and Vale UHB.

7 Recommendations

7.1 The clinical coding staff at Cardiff and Vale University Health Board should be congratulated on the results of this audit, especially considering the difficulties encountered during the last 24 months due to the SARS-CoV-2 pandemic.

7.2 The clinical coding staff at Cardiff and Vale University Health Board are advised that they should continue to attend regular training courses to retain and refresh their skills. The clinical coding managers at Cardiff and Vale University Health Board are advised to continue to support and encourage their clinical coding staff to attain the National Clinical Coding Qualification.

7.3 To further improve the quality of the clinical coding data the clinical coders at Cardiff and Vale UHB are advised to ensure they take enough time to abstract the information required to accurately assign classification codes and ensure they constantly follow the full four step coding process and follow current clinical coding rules and standards.

7.4 The clinical coding staff at Cardiff and Vale UHB must ensure that they check the histology results and when required revise the ICD 10 code previously assigned.

7.5 The clinical coding manager at Cardiff and Vale are advised to investigate the reason behind the staff losses at the clinical coding department at Cardiff and vale and endeavour to replace the lost staff.

7.6 The clinical coding manager at Cardiff and Vale UHB is advised to revisit the deficiencies in the documentation provided on the procedure sheet for endoscopies, Further discussions with clinicians and the persons responsible for the electronic form are advised with the purpose of adding a primary diagnosis field to this form.

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Report Title:	**Digital Directors' Peer Group**			Agenda Item no.	4.2
Meeting:	Digital & Health Intelligence Committee	Public	X	Meeting Date:	7th June 2022
		Private			
Status *(please tick one only):*	Assurance		Approval		Information 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 compromising 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 March and April 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 – 7th March 2022
- Minutes of Meeting – 4th April 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	

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

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

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Directors of Digital Peer Group Meeting
Draft Notes Version 0.2

Date of Meeting	Monday 7 March 2022
Time of Meeting	2.00pm – 4.45pm
Meeting Venue	MS Teams
Chair	Andy Haywood

PRESENT:	**APOLOGIES:**	**GUESTS:**
Andy Haywood WAST (Chair)	Alison Ramsey NWSSP	Gartner Consulting:
Mike Ogonovsky ABUHB	Stuart Morris CTMUHB	Emma Gillies
Phil Corrin BCUHB	Pete Hopgood PTUHB	Emma Christie
Dylan Roberts BCUHB	David Thomas CVUHB	Isy Bangurah
Helen Thomas DHCW	Claire Osmundsen-Little DHCW	Dicky Gray
Mark Cox DHCW		
Anthony Tracey HDUHB		
Sian Richards HEIW		
Neil Jenkins NWSSP		
Iain Bell PHW		
Vicki Cooper PTHB		
Matt John SBUHB		
Philip Bowen WG		
Ifan Evans WG		
Ryan Perry WG		
Larissa Brock WNHSC		

ITEM	DISCUSSION	ACTION
1. Welcome & Apologies (Chair)	Andy Haywood chaired the meeting. Apologies were noted as above.	
2. New Chair and Governance (Chair)	Stuart Morris was confirmed to be the new Chair of the peer group with immediate effect and it was stated that links from the group with the NHS Chief Executives would become more formal. There was discussion around the need to finalise reporting lines from the group into Welsh Government and future accountability mechanisms.	
3. Financial Settlement (Mark Cox)	MC led this item on behalf of Claire Osmundsen-Little and shared a presentation on the Microsoft offer. There was discussion around possible risks due to the reduction in capital expenditure and the need to prepare a statement on the impact of the financial settlement at local and national level. **ACTION MC AND HT to discuss with CO-L and prepare a paper to submit to Chief Executives following input from the group at the next meeting.** Group comments made: • We need to push Microsoft for the best deal possible. • AT would like to see Teams Voice included. • VC pointed out that additional licence upgrades should also be negotiated along with possible consultancy time.	01 - MC, HT

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	• HT commented that if there is no flexibility on price we could negotiate more benefits within the package. • The existing cyber security product will expire soon so a one-off payment is proposed to cover us until June 2023. • Software licensing cost increases are significant. • We need to think strategically with more SLAs set up. • There may be opportunity to consolidate some costs under the umbrella of national services rather than via each individual HB (eg Office 365, Cloud) and therefore benefit from economies of scale. • AT pointed out that Eye Care needed adding to the list of digital programmes.	
4. Cyber Resilient Unit (CRU) Reports (Anthony Tracey)	AT led a discussion on the importance of knowing where our weakest link is across NHS organisations in Wales at Board level in order to mitigate risk. IE advised the group that the CRU guidance was that reports should be sent to each organisation separately due to the sensitivity of the information. The group agreed that an analysis of the overall risks is important and should be presented to the NHS Leadership Board. **ACTION HT to discuss this further with Carwyn Lloyd-Jones with an aim to compile a list of the issues to bring to the next peer group meeting.** WAST are doing cyber resilience tests this week based on 3 scenarios and AH offered to share these with the group. **ACTION LB to ensure Cyber Resilience is added to the planner as a standard agenda item and compile a list of everyone's mobile numbers in case of emergency.**	02 - HT 03 - LB
5. Health and Social Care Digital Strategy (Emma Gillies and colleagues)	IE introduced Gartner Consulting who shared a presentation on the strategy which covers 6 missions (and replaces the previous Informed Health and Care Strategy). They are aiming to complete the document in April using a variety of input from 1 to 1/group meetings including with digital leads, NHS Clinical Information Forum, National Service Management Board, cyber leads and SROs. Dicky Gray made amendments to the strategy document as points were raised during the discussion. Group comments made: • Need to amend the digital inclusivity wording – some patients are unable to access digital services. • Not every project can benefit the Welsh economy. • Need to reference Value Based Health Care. • Need to emphasise making the NHS sustainable in the face of a growing and aging population. • Need to make the health context clearer. • Need to add increasing wellbeing and the prevention agenda (PHW). • How does it map to the National Clinical Framework and A Healthier Wales? • What would be a measurable description of maturity to monitor progress?	

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	• What can patients/service users expect from the health and care system as a result? • Suggestion to link it to what the services would like. • Need to include patient/public input and user feedback. Dicky Gray is compiling a set of appropriate questions for the other executive peer groups before initiating discussions with them. The Digital Directors were encouraged to send further input to Emma.Gillies@gartner.com The peer group thought further discussion was needed and suggested having a 1-hour meeting in 2-3 weeks' time to discuss. **ACTION AH to ask SM to organise this.**	04 – AH, SM
6. Welsh Government Digital Priorities Investment Fund (Philip Bowen)	PB explained the Welsh Government's commitment to capital and revenue funding. This year the capital expenditure will be slightly over budget due to a surplus elsewhere. For revenue expenditure we are in the uncomfortable position of handing back about £30 million due to challenges in relation to infrastructure and a national shortage of digitally skilled workers. Confirmation of funding allocation has been received later than planned and funding for the next 3 years is lower than what was bid for: FY 22-23: £10m capital, £50m revenue FY 23-24: £20m capital, £50m revenue FY 24-25: £20m capital, £50m revenue Checks will be made regarding these figures to ensure they are watertight before they are submitted to the Minister. **ACTION PB to bring another update at the April meeting to include prioritisation for group discussion. All HBs need to be in attendance for this discussion.** Group comments made: • It needs to include a pipeline element for items planned in the future. • RISP and LINC will cost over £20m just for those 2 items. • There may be delays in paying for staffing due to the time it takes to onboard them. • Concern there is a cycle of overcommitment followed by underspend. • Concern at the lack of qualified resource available in the UK to draw on for recruitment. • An All Wales approach would be helpful. • Discussion around email from Nicola Powell asking for detail on 10-year priorities.	05 - PB
7. Development Day – 9 May (Chair)	Suggestion for the group to meet up in person for a development day on Monday 9 May and input was sought from the group. It could involve analysts, 'softer' topics such as team building, a product-based approach, a guest speaker who has done what we are trying to do and learned from the experience, as well as	

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	discussions around sustainable finance, current risks, new ways of working etc. Suggestion to also have a meal together. Gartner have offered to facilitate the meeting **ACTION ALL to consider ideas for the day and forward to Stuart Morris.** **ACTION LB add calendar placeholder for 9 May.**	06 – All 07 - LB
8. Forward Planning (All)	A list of items on the forward planner was shared. The group agreed to contribute more as necessary: • Electronic Test Requesting • Regional working • Digital CCIO quarterly networking • E-whiteboards • WG Digital Priority Investment Fund updates	
9. AOB	<u>Lung Function Test Equipment (Ifan Evans)</u> IE informed directors that the Respiratory Health Implementation Group would like to ensure all organisations are using Vyaire equipment which is standard compliant for testing lung function. **ACTION IE to email the peer group with details of costings to ask for their agreement.** <u>Electronic Test Requesting (Helen Thomas)</u> HT advised that ETR needs to be added to the IMTPs for all organisations to help reduce reliance on paper. <u>Recruitment process at DHCW (Helen Thomas)</u> • IE starts in his new post the first week of April. • The new Director of Workforce and OD starts in May (Sarah Jane Taylor). • The Director of Operations role is re-available as the previous candidate has pulled out for family reasons. • The job description for Directory of Primary, Community and Mental Health Digital Services has been submitted to WG for approval - a brand new role to be advertised shortly. End of meeting.	08 – IE
Next meeting: Monday 4 April 2022 at 2.00pm.		

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Directors of Digital Peer Group Meeting
Draft Notes Version 0.3

Date of Meeting	Monday 4 April 2022
Time of Meeting	2.00pm – 5.00pm
Meeting Venue	MS Teams
Chair	Stuart Morris

PRESENT:	**APOLOGIES:**	**GUESTS:**
Stuart Morris CTMUHB (Chair)	David Thomas CVUHB	Matt Cornish DHCW
Mike Ogonovsky ABUHB		Stephen Frith DHCW
Nicola Prygodzicz ABUHB		Carwyn Lloyd-Jones DHCW
Dylan Roberts BCUHB		Shikala Mansfield DHCW
Angela Parratt CVUHB		Myra Hunt CDPS
Mark Cox DHCW		Henry Holms CDPS
Ifan Evans DHCW		Kim Morley CDPS
Claire Osmundsen-Little DHCW		Andrew Griffiths FedIP
Helen Thomas DHCW		
Anthony Tracey HDUHB		
Sian Richards HEIW		
Neil Jenkins NWSSP		
Iain Bell PHW		
Vicki Cooper PTHB		
Pete Hopgood PTHB		
Matt John SBUHB		
Andy Haywood WAST		
Philip Bowen WG		
Ryan Perry WG		
Larissa Brock WNHSC		

ITEM	DISCUSSION	ACTION
1. Welcome & Apologies (Chair)	Stuart Morris chaired the meeting. Apologies were noted as above. Acknowledgement was given for the work that Liam Morrissey did for NHS Wales prior to him passing away and thanks were expressed to the group for their kind comments.	
2. Previous Minutes Approval & Matters Arising/ Action Log (Chair)	Notes of the previous meeting were approved. <u>Vyaire Lung Function Equipment Update</u> – (Further to his previous role at WG) Ifan Evans informed the group that a £205k capital spend had been committed for equipment and licences for an all-Wales roll out. Suggestion by MO that there should be clear governance set up for the roll out.	
3. Digital Services for Patients & Public (DSPP) and the NHS Wales App (Stephen Frith, Matt Cornish)	Stephen Frith introduced Matt Cornish to the group and explained the DSPP DSPP programme. Main points to note: - The app is due to go live at the end of May/early June, to include the Welsh language. - About Me' bi-directional data will be useful for patients transferring to/from different parts of the service or into social care.	

	- APIs will sit in a management service that third party suppliers can then access (eg WNCR), providing an audit trail and allowing patients to see when their record has been accessed by clinicians. - Hoping to add GP appointment booking, subject to GP approval, as well as vaccinations and test results in future. - Around 200 possible functionality additions have been identified. Very positive response from the group. The importance of clarity on who will have access to the data in addition to the patient was highlighted.	
4. Financial Plans (Claire Osmundsen-Little)	In most cases Directors of Finance have finalised their IMTPs; a difficult process due to exceptional costs relating to National Insurance, energy, O365 negotiations, 20% reduction on capital and reduced DPIF allocation for the year. The National Programme Board are reviewing the Microsoft deal. Presentation shared on costings, including £11.7m saving on Microsoft licensing over 3 years. Local resources will be needed to maximise the national investment. There was broad group support for the figures listed, with the suggestion that resource funding could be raised from £112k and that people should be trained in-house where possible. The paper is on the next Directors of Finance meeting agenda. An overview of the NHS 10 Year Infrastructure Plan was given. Rachel Fudge will be working with organisations to complete any gaps. Claire OL agreed to recirculate the template as some were unaware of the revenue request. The group agreed it would be good to have a strategic discussion on the role of digital and Value Based Health Care. **ACTION SM and CO-L to discuss adding this to away day agenda in May.**	**01 – SM, COL**
5. The Centre for Digital Public Services (CDPS): Introduction of the Digital Landscape Review (Myra Hunt, Henry Holms & Kim Morley)	CDPS gave an overview of their research into digital activity in Wales. Thanks were expressed to colleagues who have attended for training to date. Main points from discussion: -HBs are keen to engage. -IE expressed the need to establish how the NHS can benefit from the added value of working with the CDPS. -The CDPS are already involved in the DSPP/NHS Wales app programme board.	
6. FedIP Workforce Review (Andrew Griffiths, Shikala Mansfield)	Andrew Griffiths expressed thanks to the group for their responses within a tight timeline. A presentation was shared on the analysis of what the digital workforce is predicted to look like over the next 10 years and the first draft of the report is almost ready for sharing. It will include how we address recruitment, retention, retraining and redeployment.	

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	Positive response from the group. Main points from discussion: -SFIA has been mapped against the DDaT roles. -There may be underinvestment in the English workforce numbers. -We need to be clear on projected areas of growth in our own HBs. -We need to understand the variation of opportunities within Wales and feed the information to WG for future planning. -We need a coordinated campaign to fill vacancies. -Suggestion to discuss further at the session on 16 May.	
7. Cyber Discussion (Carwyn Lloyd-Jones, Jamie Graham)	Presentation shared on preparation for protection against a cyber attack - a security poll was carried out which flagged areas needing improvement. Discussion around the difference between disaster recovery and business continuity plans organisation-wide which need to be in place should IT systems go down for days or weeks. Main points from discussion: -We need a position statement around this and to join it up with the CRU work. -Important to have a plan of authority delegation/emergency telephone contacts detailing who will do what in case of a potential attack. -We should summarise the report results with a key message for immediate action. Jamie Graham informed the group of plans for a cyber incident test for NHS Wales to see how it would impact each organisation. A table-top exercise can be done with leads from each area. The group agreed that emergency planners needed to set up a blueprint of escalation procedures and business continuity plans. **ACTION CLJ and JG to develop plan and report back to the group.**	**02 – CLJ, JG**
8. Digital Plans for Mental Health (Sian Richards)	Paper shared. HEIW are proposing the development of a Clinical Digital Champions Network for Mental Health across NHS Wales organisations. SR requested peer group feedback on the report by Tuesday 19 April. Details of the model and costings can then be submitted to WG. **ACTION ALL to read report and send over comments.**	**03 - ALL**
9. Digital Strategy Update (Philip Bowen)	Progress is ongoing following consultations led by Gartner. A draft version has been shared with steering group members and is being amended after consultation with social care colleagues. Further update to be submitted to this group for feedback. The strategy will then be discussed by Chief Executives and Nick Wood on 19 April and be submitted to the Health Minister for final approval. PB agreed to ensure the issues raised at this meeting were included, such as workforce, financial pressures and cyber resilience.	
10. AOB	<u>In Person Development Session Monday 16 May</u> Thanks were expressed to DHCW who have agreed to fund the lunch. Location will be: Seminar Room 3, Education Centre, Princess of Wales Hospital, Coity Road, Bridgend.	

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	<u>Rep for Cancer Informatics Programme</u> Stuart Morris confirmed he was happy to attend, group agreement was given and Mike Ogonovsky volunteered should more representation/deputy be required. <u>Rep for National Clinical Framework Steering Group</u> Iain Bell volunteered, group agreement was given. <u>Rep for RISP Programme Board</u> Matt John is Chair of the group but another digital lead is required. Rob Jones was suggested. **ACTION MJ to follow up with RJ.**	**04 - RJ**
	End of meeting.	
Next meeting: In person development session with lunch on Monday 16 May at 12pm, Princess of Wales Hospital, Bridgend.		

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