

# Digital & Health Intelligence Committee

Tue 03 October 2023, 09:00 - 10:10

MS Teams

## Agenda

---

09:00 - 09:10    **1. Standing Items**  
10 min

**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 15 August 2023**

David Edwards

 1.4 Draft Public DHIC Minutes Aug.pdf (7 pages)

**1.5. Action Log following the Committee Meeting held on 15 August 2023**

David Edwards

 1.5 Draft DHIC Public Action Log - Oct.pdf (1 pages)

**1.6. Chair’s Action taken since the Committee Meeting held on 15 August 2023**

David Edwards

---

09:10 - 10:05    **2. Items for Review and Assurance**  
55 min

**2.1. Digital Transformation and Digital Strategy Progress Report including:**

15 minutes                  David Thomas

- Financial challenges

 2.1 Digital Strategy update October 2023.pdf (5 pages)

**2.2. Joint IMT & IG Corporate Risk Register**

10 minutes                  David Thomas

 2.2 Joint IMT IG Risk Register Cover (1).pdf (3 pages)

 2.2a - DHI Combined Risk Register.pdf (4 pages)

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

Saunders Nathan  
26/09/2023 09:13:16

10 minutes

James Webb

2.3 IG Compliance DHIC Oct 2023 DT1.pdf (6 pages)

## 2.4. Digital Services Key Performance Indicators

10 minutes

David Thomas

2.4 Digital Services Key Performance Indicators Cover.pdf (2 pages)

2.4a - Appendix1 - 2.4 DHI Key Performance Indicators.pdf (11 pages)

## 2.5. Framework Policies, Procedures & Controls Update

10 minutes

David Thomas

2.5 Framework Policies Procedures and Controls.pdf (2 pages)

2.5a Controlled Documents Schedule Oct '23 DA.pdf (2 pages)

---

### 10:05 - 10:05 3. Items for Approval / Ratification

0 min

No items

---

### 10:05 - 10:10 4. Items for Noting and Information

5 min

#### 4.1. Minutes: Digital Directors Peer Group

5 minutes

David Thomas

4.1 Digital Directors Peer Group Cover (1).pdf (3 pages)

4.1a - Appendix 1 - 20230801 DRAFT Notes Directors of Digital Peer Group Meeting.pdf (3 pages)

4.1b - Appendix 2 - 20230905 DRAFT Notes Directors of Digital Peer Group Meeting.pdf (3 pages)

---

### 10:10 - 10:10 5. Agenda for Private Digital & Health Intelligence Meeting

0 min

- i. Minutes from the Private DHIC Meeting held on 15 August 2023
- ii. Digital Budget and Investment and Digital Strategy Case for Investment (Confidential paper)
- iii. Caldicott Guardian Requirements (Confidential paper – contains personal data)
- iv. Cybersecurity Update (Confidential paper)

---

### 10:10 - 10:10 6. Any Other Business

0 min

---

### 10:10 - 10:10 7. Items to bring to the attention of the Board / Committee

0 min

David Edwards

---

### 10:10 - 10:10 8. Review of the Meeting

0 min

David Edwards

---

### 10:10 - 10:10 9. Date & Time of next Meeting:

0 min

Tuesday 13th February 2023 at 9am via MS Teams

Saunders, Nathan  
26/09/2023 09:13:16

---

10:10 - 10:10  
0 min

## 10. Declaration

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

Saunders Nathan  
26/09/2023 09:43:16

**Unconfirmed Minutes of the Public Digital & Health Intelligence Committee Meeting  
Held On 15 August 2023 at 9 am  
Via MS Teams**

<b>Chair:</b>		
David Edwards	DE	Independent Member - Digital
<b>Present:</b>		
Akmal Hanuk	AH	Independent Member – Community
Michael Imperato	MI	Independent Member - Legal
<b>In Attendance:</b>		
Matt Phillips	MP	Director of Corporate Governance
Angela Parratt	AP	Director of Digital Transformation
Thomas Bott	TB	Digital Implementation Officer
David Thomas	DT	Director of Digital & Health Intelligence
James Webb	JW	Information Governance Manager
Bruce Johnson	BH	IT Project Manager
Suzanne Rankin	SR	Chief Executive Officer
Mark Cahalane	MC	Head of Digital Services Management
<b>Observers:</b>		
Adam Partlow	AP	Rehabilitation Engineering
<b>Secretariat</b>		
Sarah Mohamed	SM	Corporate Governance Officer
<b>Apologies:</b>		
Keith Harding	KH	Independent Member - University

Item No	Agenda Item	Action
<b>DHIC 15/08/001</b>	<b>Welcome &amp; Introduction</b>  The Committee Chair (CC) welcomed everyone to the Public meeting and confirmed the meeting was quorate.	
<b>DHIC 15/08/002</b>	<b>Apologies for Absence</b>  Apologies for absences were noted.  <b>The Committee resolved that:</b>  a) The apologies were noted.	
<b>DHIC 15/08/003</b>	<b>Declarations of Interest</b>  <b>The Committee resolved that:</b>  a) No Declaration of Interest were noted.	
<b>DHIC 15/08/004</b>	<b>Minutes of the Meeting Held 30 May 2023</b>  <b>The Committee Resolved that:</b>	

	a) The Minutes of the Meeting held on the 30 May 2023 were confirmed as a true and accurate record.	
<b>DHIC 15/08/005</b>	<b>Action Log – Following the Meeting held on 30 May 2023</b>  The Action Log was received.  <b>The Committee Resolved that:</b>  a) The Action Log was discussed and noted.	
<b>DHIC 15/08/006</b>	<b>Chair's Action taken since the Committee Meeting held on 30 May 2023</b>  <b>The Committee Resolved that:</b>  a) There were no Chair's Action.	
	<b>Items for Review and Assurance</b>	
<b>DHIC 15/08/007</b>	<b>Digital Transformation Progress Report</b>  The Digital Transformation Progress Report was presented and the following was highlighted:  <u>2023/24 IMTP</u> <ul style="list-style-type: none"> <li>• The emphasis was on national Welsh Government (WG) programmes with the exception of common demographics store.</li> <li>• As reported to DHIC in May 2023, the common demographics store would need to come from within existing resources unless an investment case was successful. However, day to day and operation requests prohibited this at the moment.</li> <li>• The main constraint in the pace of delivery was limited resource availability, which was diverted to meeting organisational priorities and operational needs.</li> <li>• Mitigations were established recently which included the following: <ul style="list-style-type: none"> <li>- Setting up a Digital Advisory Board</li> <li>- Setting up a Project Management Office</li> <li>- Having the Digital Front Door.</li> </ul> </li> </ul> <u>Shaping our Future Digital Services</u>	

Saunders, Nathan  
26/09/2023 09:43:16

	<ul style="list-style-type: none"> <li>• The teams have now held over 60 gathering intelligence conversations with colleagues in other organisations undergoing similar programmes to Shaping our Future Hospitals and Shaping our Future Clinical Services as well as the National Hospital Programme in England.</li> <li>• A workshop took place with a mixture of clinical, nursing, AHP, clinical scientist, innovation and operational colleagues.</li> <li>• The National Hospitals Programme in England and Leeds Teaching Hospitals NHS Trust who had undergone a similar journey in regards to new hospital build, transforming clinical and digital services attended on the day.</li> </ul> <p><u>New Digital &amp; Health Intelligence Structure</u></p> <ul style="list-style-type: none"> <li>• A presentation on the Digital Services Management Structure was presented to the Committee.</li> <li>• For an extensive period, there was a gap between digital delivery and the customer base.</li> <li>• The Digital Service Management department embedded digital co-ordinators into clinical boards to help reduce the gap.</li> </ul> <p><b>The Committee Resolved that:</b></p> <ol style="list-style-type: none"> <li>a) The progress report was reviewed.</li> <li>b) The proposed Governance model was commented on.</li> </ol>	
<b>DHIC</b> <b>15/08/008</b>	<p><b>Joint IMT &amp; IG Corporate Risk Register</b></p> <p>The Joint IIMT and IG Corporate Risk Register Paper was presented and the following was highlighted:</p> <ul style="list-style-type: none"> <li>• There were 14 risks identified in the directorates risk register.</li> <li>• The highest risk was cyber security. This would be discussed in the private session.</li> <li>• The remaining risks were scored between 7 and 12.</li> <li>• Two risks were moved from amber to yellow. This included non-compliance with data protection legislation and governance framework.</li> <li>• The DDHI proposed that the effective resource utilisation risk was reduced due to the Digital Advisory Board being set up to support where resources could be spent.</li> </ul>	

	<p><b>The Committee Resolved that:</b></p> <p>a) Progress and updates to the Risk Register report were reviewed and noted.</p>	
<p><b>DHIC 15/08/009</b></p>	<p><b>IG Data &amp; Compliance (Sis, Data Protection, GDPR, FOI, SARs, Staffing &amp; Mandatory Training)</b></p> <p>The IG Data &amp; Compliance Report was presented and the following was highlighted:</p> <ul style="list-style-type: none"> <li>• Between May 2023 and June 2023, the Information Governance Department had reviewed a total of 112 information governance related incidents reported via Datix.</li> <li>• Of these breaches reviewed, two breaches met the threshold to be reported to the Information Commissioner's Office (ICO).</li> <li>• A third breach had been reported to the ICO since that period.</li> <li>• Details of the breaches would be outlined in the private meeting of this committee.</li> <li>• In response to the breach in Ireland by a FOI disclosure, the team had reviewed all disclosure logs since 2020.</li> <li>• The average number of FOIs received during the last 12 months had increased marginally to 53 requests per month and the average compliance had slightly dropped to 84%.</li> <li>• There had been a steady drop in compliance in health records requests since February 2023. The total number of monthly requests remained high. The average compliance over the last rolling 12 months was 63%.</li> <li>• A total of 17 subject access requests submitted for non-health records were received from April 2023 to May 2023. 16 requests (94%) were complied with, within the legislated timeframe.</li> <li>• Since January 2022, the Health Board had sent out a total of 750 letters to staff who had been identified by the National Intelligent Integrated Audit Solution (NIIAS), based on a process approved by Management Executive.</li> <li>• The Health Boards Information Governance training compliance was currently 74%. This represented a further 2% increase in overall completeness since figures were last provided to the Committee.</li> </ul> <p>The CEO advised that human errors did happen especially under pressure. However, the same importance needed to be given as drug rounds as this hugely impacted patient safety.</p>	

Saunders, Nathan  
26/09/2023 09:43:16

	<p><b>The Committee Resolved that:</b></p> <p>a) A series of updates relating to significant Information Governance issues was received and noted.</p>	
<p><b>DHIC</b> <b>15/08/010</b></p>	<p><b>Digital Services Key Performance Indicators</b></p> <p>The Digital Services Key Performance Indicators Report was presented and the following was highlighted:</p> <ul style="list-style-type: none"> <li>• The Digital and Health Intelligence team were looking to report on KPIs for activity in the following workstreams:</li> <li>- Service Requests – Requests for information or advice and assistance, as well as general requests.</li> <li>- Incidents – Notifications of failures of systems or equipment.</li> <li>- Change Requests – Requests for an adjustment to an existing specialist system, primarily used for PARIS and other clinical systems.</li> <li>• A gateway was required. However, this was managed by DHCW. Discussions were taking place to develop a SOP to open that gateway.</li> <li>• The administrative portal was presented to the Committee. It was noted that the team were looking to provide an online reporting service for management colleagues using Power-BI.</li> </ul> <p>Appendix 1 showed the Workflow reporting for Digital &amp; Health Intelligence through Ivanti. The latest live data pulled from the Ivanti system was presented to the Committee.</p> <p>The CC requested an update on how the KPI statistics were starting to make a difference to the Health Board.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The progress made since the last update on the Ivanti service desk tool in relation to KPIs was reviewed and noted.</p>	<p><b>RK</b></p>
<p><b>DHIC</b> <b>15/08/011</b></p>	<p><b>Framework Policies, Procedures &amp; Controls</b></p> <p>The Framework Policies, Procedures &amp; Controls Paper was presented and the following was highlighted:</p> <ul style="list-style-type: none"> <li>• A number of policies and procedure documents were out of date and needed to be reviewed and updated.</li> </ul>	



	<ul style="list-style-type: none"> <li>Since the last meeting in May 2023, the following procedures and policy documents had been reviewed which included <ul style="list-style-type: none"> <li>Records Management Policy (UHB 142)</li> <li>Records Management Procedure (UHB 326)</li> <li>Information Governance Transportation of Case Notes and Personal Identifiable Information (PII) Procedure (UHB 262).</li> </ul> </li> </ul> <p><b>The Committee Resolved that:</b></p> <p>a) The progress made in updating the priority policy and procedure documents was noted.</p>	
	<b>Items for Approval / Ratification</b>	
<b>DHIC 15/08/012</b>	<p><b>Policies</b></p> <ul style="list-style-type: none"> <li><i>i. Records Management Policy (UHB 142)</i></li> <li><i>ii. Records Management Procedure (UHB 326)</i></li> </ul> <p><b>The Committee Resolved that:</b></p> <p>a) The records management policy and supporting procedure document were approved.</p>	
	<b>Items for Noting and Information</b>	
<b>DHIC 15/08/013</b>	<p><b>Minutes: Digital Directors Peer Group</b></p> <p>The following Minutes were received by the Committee:</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Minutes of the Digital Directors Peer Group of the meetings held on 6 June 2023 and 4 July 2023 were received and noted.</p>	
<b>DHIC 15/08/014</b>	<b>Agenda for Private Digital &amp; Health Intelligence Meeting</b>	
	<ul style="list-style-type: none"> <li><i>(i) Minutes from the Private DHIC Meeting held on 30 May 2023</i></li> <li><i>(ii) Digital Budget and Investment and Digital Strategy Case for Investment (confidential paper)</i></li> <li><i>(iii) Caldicott Guardian Requirements (Confidential paper – contains personal data)</i></li> <li><i>(iv) Cyber Report including: Performance Measures (confidential paper)</i></li> </ul>	
<b>DHIC 15/08/015</b>	<p><b>Any Other Business</b></p> <p>No Other Business was discussed.</p>	

<b>DHIC 15/08/016</b>	<b>Items to bring to the attention of the Board / Committee</b>  No Items were brought to the attention of the Board / Committee.	
	<b>Date &amp; Time of next Meeting:</b>  Tuesday 3 <sup>rd</sup> October 2023 at 9am via MS Teams	

Saunders, Nathan  
26/09/2023 09:43:16

**Action Log**  
**Following the Digital Health & Intelligence Committee**  
**Held on 15<sup>th</sup> August 2023**  
(For the 3<sup>rd</sup> October 2023 meeting)

Minute Ref	Subject	Agreed Action	Lead	Date	Status
<b>Complete Actions</b>					
DHIC 30/05/005	Clinical board attendance	To discuss Clinical Board attendance at the next meeting.	David Thomas	15.08.2023	<b>COMPLETED</b> <b>Updated on 15 August 2023</b>  David to raise at the Digital Advisory Board meeting on 28th June, which should have representation from all Clinical Boards and see whether they can provide nominations to attend the Digital Health & Intelligence Committee.
DHIC 30/05/011	Records Management Policy	To be approved at the next Committee meeting.	David Thomas	15.08.2023	<b>COMPLETED</b> <b>Updated on 15 August 2023</b>  Agenda item 3.1
<b>Actions in Progress</b>					
DHIC 15/08/010	Digital Services Key Performance Indicators	To explain how the KPI statistics are starting to make a difference to the Health Board.	Russell Kent	03.10.2023	<b>Update in October</b>  <i>Update to be given at October Committee meeting.</i> <b>Agenda item 2.4</b>
<b>Actions referred from another Committee</b>					
<b>Actions referred to the Board / Committees of the Board</b>					

Report Title:	Digital Transformation Progress Report - Financial challenges			Agenda Item no.	2.1
Meeting:	Digital and Health Intelligence Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	3 <sup>rd</sup> October 2023
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	Director of Digital and Health Intelligence				
Report Author (Title):	Director of Digital Transformation				

Main Report  
Background and current situation:

**Background and current situation:**

**1 2023/24 IMTP**  
Progress continues to be made on delivery of IMTP priorities, most of which are Welsh Government funded national programmes.

As previously advised, an existing resource has had to be diverted from other activity in order to facilitate work on the Common demographics service/store. Whilst this has the effect of reducing resource available for other programmes of work, this is necessary to complete as it will support a number of the major programmes.

Planning has started for 2024/2025 IMTP and meetings are being arranged with clinical board leads so that as a function, Digital and Health Intelligence (D&HI) has better sight of plans and priorities we may be asked to support in the next financial year.

Risks for this year remain as previously reported - the main constraint in pace of delivery is limited resource availability. Our capacity is diverted to meeting organisational priorities and operational needs.

Mitigations

- A digital advisory board (DAB) was established in June to help ensure digital resource is aligned with organisational programme and project priorities
- A PMO has been established and is carrying out an assessment of available resource to create a more agile resource pool, consolidating all available resource
- The digital front door to manage requests into D&HI continues to mature, as reported upon at the last meeting.

**2 Pressures arising from the current financial context**

D&HI has been reporting the function as under-resourced and under-invested since Q4 2020. This is unlikely to change in the near term given national statements acknowledging the funding challenges faced by the public sector.

Like all parts of the organisation, D&HI needs to play its' part responding to financial pressures which will mean difficult decisions such as reviewing all current and future vacancies as we seek to reshape, reducing spend wherever possible with the inevitable consequence that our ability to improve our digital maturity is further diminished.

Demand in the health and care system continues to rise. Of necessity there is much focus on decreasing the backlog and managing increases in demand at the front door (ED) and referrals for outpatient attendance. Inevitably responding to the needs of the system means prioritisation for D&HI and having to choose what activity will be focused upon and what will need to be de-prioritised and therefore have to wait. This is the value of the DAB as priorities that we work on are aligned to the needs of the organisation.

To improve our digital maturity, we have the route-map, just not the capacity as all resources are engaged in supporting the organisation to respond to its challenges. CAVUHB has an ambitious strategy in Shaping Our Future Wellbeing which includes reshaping / redesigning clinical pathways. These new pathways require Digital, Data and Technology (DDaT) in order to be achievable.

An investment case for the next 3 to 5 years is being prepared for submission in quarter 4 which will give the organisation the information it needs on what investments need to be made, in what order and for what benefit to build the foundations to support advance in clinical service redesign.

These digital foundations will support improvement in the staff experience which in turn supports and enables patient care and will include improvements in quality and safety, operational efficiency and ultimately the patient experience.

A brief presentation on the investment case being developed will be shared at the DHIC meeting on 3<sup>rd</sup> October.

3 Current state

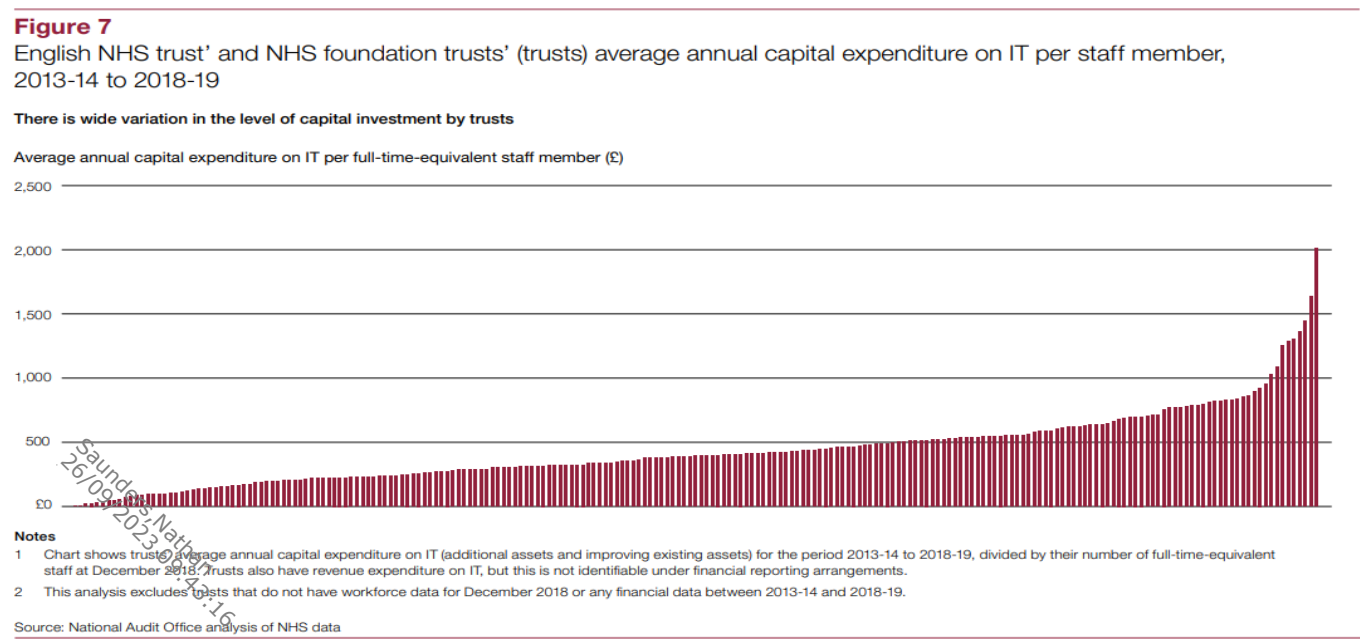
Investment in DDaT has been running at less than c1.5% of turnover for many years. It is well understood by the committee that we have legacy as a consequence of this.

1.5% is significantly less than industry norms which were determined to be nearer to 5% by the Wanless Report in 2001, upon which the National Programme for IT In England was predicated.

A 2019 [National Audit Office report Digital transformation in the NHS](https://www.nao.org.uk/wp-content/uploads/2019/05/Digital-transformation-in-the-NHS.pdf) (<https://www.nao.org.uk/wp-content/uploads/2019/05/Digital-transformation-in-the-NHS.pdf>) (England) stated ...

*At a local level, trusts' expenditure on IT varies widely and collectively they spend less than the recommended level: NHSE&I estimates that less than 2% of trusts' expenditure is on technology, compared with a recommended 5%*

If CAVUHB were to benchmark using a staff number provided of 14,557 employees and the annual discretionary capital allowance of £500k, compared to all England we place at the very bottom of the scale in Figure 7<sup>1</sup> created by NAO England.



3.1 Evidence to support additional investment

no our staff numbers are all CAVUHB FTE whereas the NAO report is acute only – this information is not currently available

There is an overwhelming body of evidence in support of investment in digital including:

the Wanless report (<https://www.yearofcare.co.uk/sites/default/files/images/Wanless.pdf>) in 2001

The Wachter review

([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/550866/Wachter\\_Review\\_Accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/550866/Wachter_Review_Accessible.pdf)) 2016

World Health organisation Global Strategy on digital health (<https://www.who.int/docs/default-source/documents/g4dhdaa2a9f352b0445bafbc79ca799dce4d.pdf>) 2020-2025,

The Topol Review (<https://topol.hee.nhs.uk/wp-content/uploads/HEE-Topol-Review-2019.pdf>) 2019,

A digital health and social care strategy for Wales (<https://www.gov.wales/sites/default/files/publications/2019-03/informed-health-and-care-a-digital-health-and-social-care-strategy-for-wales.pdf>) 2015 and the 2023 update (<https://www.gov.wales/digital-and-data-strategy-health-and-social-care-wales.html>) to reference a few.

To achieve the organisations vision in Shaping Our Future Wellbeing as well as our Digital Strategy vision to become a learning health and care system, it is recognised that investment in digital must be increased. Simply put, we will not be best in digital class without best-in-class investment and consequently will be unable to deliver the patient and organisational benefits that underpin the ambitions in Shaping our Future Wellbeing and the necessary clinical transformation.

#### **4 Shaping our Future Digital Services**

Without investment we can make some iterative change and improvement but not the quantum of change needed to support (for example) redesigned clinical pathways.

An assessment of progress against our 2020, 2021 and 2022 digital roadmaps has shown (as previously reported) that strategic activity is generally paused in favour of tactical requirements.

The 3 to 5 years investment case will describe the digital foundations necessary to make progress, delivering digital capabilities such as electronic clinical note taking as we go.

The roadmap will be revised to reflect the priorities in this case and then monitored and reported on for progress once investment has been secured. The digital strategy will also be slightly revised to reflect how our aims have expanded to include Intelligent Hospitals and facilities and becoming a SMART health and care system.

#### **5 Tactical Activity Update on work programme since August 2023**

##### **Digital Service Management Team – Key Updates**

- Continued gathering of workload into agreed PMO tooling (IVANTI and the 'Project Prioritisation Spreadsheet' (to be replaced with MS Project Accelerator).
- A review of the 'Projects' tool of choice for D&HI (by the DSM management Team) has determined that 'M.S Project Accelerator' is the most apt and cost-effective job. Licensing will cost c£3k/year for the entire DSM team and offer benefits including innate interaction with the MS365 Power BI suite.
- The DSM team have undertaken their first skills build session, with a Learning Tree International day session on Benefits Management. A 2<sup>nd</sup> session focussed upon 'Risk Management' is scheduled for November, with a 3<sup>rd</sup> on Requirements gathering scheduled for February'24.
- Recruitment to the two vacancies within the team (retiring senior managers for WCP and Training) have been delayed in scrutiny. There is risk of not filling these roles in 23/24, as advert can only go out to internal candidates.
- Katherine Roscoe – Programme Lead for DSM commenced post full time from September'23.

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

The Digital & Health Intelligence team continue to deliver a wide range of initiatives to support the organisation's strategic ambitions and current organisational pressures. Demand continues to outstrip capacity and we have changed our governance to support us to manage this in the context of CAVUHB priorities.

The Committee is asked to note that D&HI remains challenged in terms of human resources and investment to transform digitally. The Committee is also asked to recognize that digitization is one of the ways in which the organisation can achieve operational efficiency.

We remain committed to developing plans and securing investment to achieve our digital objectives in support of the UHB aims to transform clinical service delivery.

## Recommendation:

The Board / Committee are requested to:

1. **REVIEW** the progress report and note the planned investment case being developed.

## 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: No

Safety: No

Financial: Yes

Benefits realisation from smarter working practices using digital solutions

Workforce: Yes

Supports our contribution for our digitally enabled workforce

Legal: Yes/No	
Reputational: Yes	
Supports our ability to manage our resources and data effectively	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: Yes	
Improved use of digital solutions – this reduces travel by staff and patients (home working and virtual appointments)	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders, Nathan  
26/09/2023 09:43:16



Report Title:	Joint IMT & IG Corporate Risk Register			Agenda Item no.	2.2
Meeting:	Digital and Health Intelligence Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	3 <sup>rd</sup> October 2023
		Private	<input type="checkbox"/>		
Status (please tick one only):	Assurance <input type="checkbox"/>	Approval <input type="checkbox"/>	Information <input checked="" type="checkbox"/>		
Lead Executive:	Director of Digital and Health Intelligence				
Report Author (Title):	Director of Digital and Health Intelligence				
Main Report					
Background and current situation:					
The joint IMT Risk register is a combined register consisting of digital / Information Governance and Information / Performance risks.					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>There are currently 13 joint IMT/IG risks identified on the report:</p> <p>1 x Risk remains in red status with a score of 20 which is:</p> <ul style="list-style-type: none"> <li>Cyber Security</li> </ul> <p>3 x Risks have remained in amber status with scores between 10 and 12 which are:</p> <ul style="list-style-type: none"> <li>Server Infrastructure</li> <li>Outcome Measures</li> <li>WLIMS</li> </ul> <p>8 x Risks remain in yellow status with scores between 8 and 9 and these are:</p> <ul style="list-style-type: none"> <li>Data Quality</li> <li>Data availability (Accessibility of Data)</li> <li>Clinical Records Incomplete</li> <li>Insufficient Resource – Capital &amp; Revenue</li> <li>UHB Standard Data Processing</li> <li>Governance framework (IG policies and procedures)</li> <li>Non-Compliance with data protection legislation</li> <li>WCCIS Local team not resourced</li> </ul> <p>1 x Risk remains in yellow status with a score of 4</p> <ul style="list-style-type: none"> <li>Effective resource utilisation</li> </ul> <p>1 x Risk was discussed and agreed to be removed at the August DHIC meeting:</p> <ul style="list-style-type: none"> <li>NWIS Governance Arrangements</li> </ul>					
Recommendation:					

The Board / Committee are requested to:

NOTE progress and updates to the Risk Register report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

Impact Assessment:

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

Risk: Yes/

As outlined in the risk register

Safety: Yes

Financial: Yes

Non-compliance and less efficient ways of working

Workforce: Yes

Impacts on ways of working

Legal: Yes

Compliance with regulatory requirements

Reputational: Yes

Trust of staff and patients/service users

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes

Green IT and digital solutions that support greater virtual working

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Saunders, Nathan  
26/09/2023 09:43:16

			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	<b>Cyber Security</b> - Due to prevailing national and international Cyber Security threats there is a risk that the Health Board's IT infrastructure could be compromised resulting in prolonged service interruption and potential impacts on the safety of patients due to an inability to access electronically stored data.	Director of Digital and Health Intelligence	5	4	20	The UHB has in place a number of Cyber security precautions. These include the following:  - The implementation of additional VLAN's and/or firewalls/ACL's - Segmenting and an increased level of device patching. - The use of Monitoring and Vulnerability Softare - Health Board wide Mandatory Cyber Security Training and Phishing Campaigns.  - at fortnightly Operational Cyber Group Meetings - at monthly Cyber Security Meetings - at each private and public Digital Health and Intelligence Committee  An Assessment of the Health Board's Cyber Assessment Framework was undertaken in January 2022 with 4 Critical Priority Areas and 6 Significant/Moderate Priority Areas recommended.	Regular Cyber Security updates that review the Health Board's preparedness for a cyber attack and the controls in place are undertaken in the following forums:  - at fortnightly Operational Cyber Group Meetings - at monthly Cyber Security Meetings - at each private and public Digital Health and Intelligence Committee	5	4	20	Additional resources is required to fully implement recommended areas of best practice.  Completion of mandatory Cyber Security training is below the required level.		The requirements to address the resourcing of Cyber Security Management have been acknowledged in an approved but unfunded UHB Business Case. (May 2022: Successful business case bid made to BCAG to ensure appointment of dedicated Cyber resources. Roles are currently being advertised and recruited to. Global cyber threat increase in response to events in Ukraine. Implementation of NIS Regulations provides powers to WG to penalise organisations who are non-compliant with fines up to £17m or 4% of turnover.  Continued efforts need to be made to improve compliance with the Health Board's Cyber Security Mandatory Training and to increase awareness of and engagement with the Health Board's Phishing Campaigns.  Compliance with/completion of Cyber Resilience Unit Recommendations. September 2022 : Two of the 4 roles have been appointed to. The remaining posts are in the recruitment process. Jan 2023 - We have successfully appointed a Cyber Security Manager and we anticipate a start date mid February. One of their main priorities will be to implement the improvement action plan  May 2023 update - Cyber Security Manager post to be re-advertised. Second phishing simulation email sent to all staff in March 2023. New malware incident SOP developed.  July 2023 update: IT Security Officer appointed and due to commence in post August 2023. This post will support the UHB with its NIS compliance and allow the cyber analysts to prioritise security monitoring. Further work is being done to the Cyber Security Manager role to achieve a higher banding before re-advertising  September 2023 update: IT Security Officer in post. This allows the Cyber Security Analysts to concentrate on proactive monitoring. A number of Cyber Security awareness sessions delivered by the IT Security Manager have been presented to a number of platforms, including HIF and Digital Coordinators groups.	Head of IG & Cyber Security	August 2022  Ongoing	5	3	15	01/07/2022	Digital Health Intelligence Committee

Saunders Nathan  
26/09/2023 09:43:16

A3/0110	8	13/12/201	<b>Server Infrastructure</b> 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		4	3	12		Jan 2023: Servers, racking and UPS devices have all been purchased. We are waiting for electrical work to be completed in Woodland House and UHL to implement. This action is currently sat with CAV CEF. May '23: Installation of the new additional Disaster Recovery locations is pending. This is due to Capital, Estates and Facilities electrical work still being outstanding. This work is planned for June and July 2023. When complete there will be DR Infrastructure located at UHL and Woodland House. July 2023: Electrical work has been completed within CRI and Woodland with UPS devices and new racks comissioned. UHL is planned for mid Aug due to complexity. The first DR and secondary production equipment is planned to be installed in Woodland House in late Aug 23. <b>Sept 2023: Woodland House electrical work completed, planned network connectivity upgrades in Oct will allow the DR/Backup site to be used. UHL electrical work and UPS installation delayed by CEF due to other comitments. Planned for completion by the end of Sept 2023.</b>	Head of Digital Operations				0	
	8	28/09/2015	<b>Outcome Measures:</b> 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		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. September 2022: Digital Strategy seen as a key enabler to support the UHB's wider strategic programmes. Raodmap and investment plan shared withg Execs, SLB and Board. Jan '23 - Data Improvement Group established by Director of Digital and Health Intelligence Director and Director of Finance; initially baselining of patient data that is captured across the UHB - will then focus on completeness and quality of the data. May '23: It's been agreed to focus on 4 specialities to do a deep dive into their use of systems to collect and report/analyse data - a model that can be applied to other areas. Jul '23. Interviews have been arranged with Endoscopy, Physio, Orthopaedics, General Surgery and PCIC between 19-Jul-23 and 31-Jul-23. Interview responses will be analysed and brought back to the next data improvement meeting on the 08-Aug-23 for discussion and agreeing next steps. <b>Sept '23: Following the data improvement interviews a common theme is that many services are validating their waiting lists. There is an opportunity to develop a tool to reduce this admin burden. Several additional data improvement interviews have been arranged to ensure we are capturing the requirements of the services.</b>	Head of Architecture and Analytics and Head of Business Intelligence				0	
A4/0024	8	29/01/2021	<b>The Welsh Pathology Information management system (WLIMS)</b> 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		5	2	10		May 2022 update: HW and SW contract extended to end of 2025 Sept 2022: Risks associated with the LINC programme ability to deliver have been raised at national CEO level. May '23: LINC programme changes agreed with new plan and timescales being worked up (Sept '23) <b>Jul '23: CAV Digital Operations are actively working with AWMGS to move the current LIMS environment out of its isolated DMZ and onto the Cymru domain. In parallel to this the Server operating systems and LIMS application are being upgraded. This work is planned to be completed mid-August 2023.</b>  <b>Sept 2023: An agreed solution has been found. The SCC Servers have been moved onto the NHS Wales Domain after AV, Patching and Security checks. This work is due to be completed by Mid/late Sept 2023.</b>	Head of Operations				0	
	8	19/02/2018	<b>Data Quality</b> 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		3	3	9		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. September 2022: Data Quality as part of the Data Strategy is being addressed at UHB level comprising baseline position of info/data by November 2022 and a complete audit by March 2023. Jan '23 - CAV UHB position made clear in a written response to the Senedd's sub committees relating to the adoption of the WCCIS' system May '23: Little progress with data strategy writing however, data quality should begin (and can be done in parallel) at the point of collection e.g. systems need to have checks in place when recording data (system enhancements) July '23: Data Improvement Group has wide representation across the Clinical Boards and is focussing on completion of full baseline to identify all data sources <b>Sept '23: The Data Improvement Group have setup interviews with people who can help document known data quality issues and potential improvements. This will form part of the data improvement roadmap.</b>	Head of Architecture and Analytics				0	
	8	28/09/2015	Risk: <b>Accessibility of data:</b> 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		3	3	9		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. September 2022: Information sharing between CAV UHB, Cardiff Council and WAST established. Additionally, the Digital Care Record Group has been established reporting to the RPB Board. Jan '23 - Digital Care Record Group scoped out a work plan for delivering the sharing of information - initially for the "Looked After Children" utilising the LDR May '23: Digital Care Region has scoped out a work plan to create a patient identity management service to enable the safe sharing of patient records between health and social care. A proof of concept was recently developed and is now in the testing phase. Jul '23. DHCW have released in beta 2x APIs (for testing) to access their national documents repository and consumption of their reference data service. The Regional Partnership Board (Digital Care Region) have approached a company called Blackpear who can facilitate the accessing of GP data. Prehab to rehab team and Local Data Resource team are in talks with ViPC to facilitate the accessing of GP data. <b>Sept '23: To date DHCW have released a total of four national beta APIs 1) reference data 2) demographics 3) documents 4) diagnostic results for review and testing by HBs. The Regional Partnership Board Digital Care Region Shared Cared Record continues to make progress with testing to be complete end of September. There will also be several months effort to work through the IG considerations of sharing the data.</b>	Head of Architecture and Analytics				0	

Saunders Nathan  
26/09/2023 09:43:16

	8	28/09/2015	<p><b>Clinical Records Risk:</b> Clinical records are not joined up across disciplines, care settings or geographical boundaries resulting in incomplete and out of date patient information. Summary information is not routinely shared across systems. Differing local service models which are also going through a period of significant change mean access to appropriate data is an increasing need.</p> <p>Consequence is unsupported clinical decision-making, introducing patient harm and/or disadvantage and failure to meet NHS Wales digital strategy</p>	DT			0			3	3	9		<p>National prioritisation for NWIS to open up the national data repositories. Jan 2020: NDR &amp; CDR workshops to understand the technical roadmap this will be picked up via the national IT infrastructure review being undertaken in Feb / March 2020 . The new governance model supporting the Digital strategy delivery will address via the clinician channel programme board, which is being established in October 2020. Jan 2021: The clinician channel programme board has been established and will drive direction and priorities for the NDR/LDR in CAV. May 2021: All Digital strategy channel programme boards established and led by a senior clinician, overseeing the delivery of the CAV Digital Strategy roadmap plans.</p> <p>Jan 2022: NDR Programme Board re-established with a smaller focussed group. CAV represented via Director of Digital &amp; Health Intelligence.</p> <p>September 2022: CAV LDR plan being formalised.</p> <p>Jan '23: CAV LDR now live, data started to be ingested, albeit to support mostly operational reporting. Low head count in LDR stifling pace of delivery, in particular the development of a summary record shared across multiple domains.</p> <p>May '23: The LDR workload has been steadily increasing overtime to a point where customers are unhappy with the support and pace of delivery. Currently there are 28 projects WIP (1,620 days of effort to complete), 4 projects on-hold (120 days of effort to complete) and 41 projects on the backlog (1,980 days of effort to complete). The resource to carry out these projects are 2 x WTE and 2 x 0,5 WTE, which is impeding the pace of delivery and support</p> <p>Jul '23: A consultancy company that provides enterprise architecture services is helping to document and design the future UHB landscape. The data improvement group will be interviewing 5x services to determine how they use systems (or paper) in their daily workflows.Their responses will be analysed to determine the wider architectural work.</p> <p><b>Sept '23: The data improvement working group is supporting the mapping out of all patient data captured across the UHB in all formats. The output of this work will inform the enterprise architecture plans for supporting the timely sharing of data across different systems, services and organisations at a system wide level</b></p>	Head of Architecture and Analytics				0	
A2/0004	8	13/12/2013	<p><b>Insufficient Resource:</b> The delivery of the IM&amp;T Strategic Work plan is based on the UHB being able to ensure that the IM&amp;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)</p>	DT			0			3	3	9		<p>Jan 2021: Discretionary capital allocation for Digital has been restored to £500K for 20/21. The UHB is also actively engaged with Welsh Government in undertaking a review of National Infrastructure requirements as part of the plans to increase Digital investment in Wales. In addition the Digital infrastructure 5 year sustainability plan has been updated to ensure that highest priority risks are addressed first with any available funding. The D&amp;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.</p> <p>May 21 Update: Year end funding of in excess of £2m plus earlier allocations in support of COVID has allowed to HealTh Board to plan to enhance its Digital Device infrastructure. There is however a great deficit going forwards between the amount of Discretionary capital allocated to Digital and the requirements to sustain our infrastructure. This has been highlighted to Capital Management Group and included in the Digital services Case for Investment plan submitted to management executive in December 2020.</p> <p>Sept 21 - A staff gap analysis has been carried out in DH&amp;I. Significant shortfalls has been identified and formalised within the report being presented to CAV UHB Exec Board by the Director of DH &amp; I</p> <p>Jan 2022 update: A submission on resourcing was submitted to management Exec in November but was only funded on a non recurring basis to end of March. Further submissions are being prepared for consideration by the Business Case Assessment Group (BCAG)</p> <p>May 2022: D&amp;HI and Finance teams have reviewed current structures and cost base and developed a plan to resource priority areas already identified as critical ; these are under consideration by the DoF and likely to require business cases for submission to BCAG.</p> <p>Sept 2022: successful bids to BCAG have resulted in additional investment in the Digital Operational team, 365 team and WiFi team. Unfunded cases comprise of information and project/service delivery requirement resources. These will be reviewed and built into the longterm financial model work being led by the Director of Finance.</p> <p>Jan '23: Implementation of the Digital Strategies work plan (Road map) continues to be dependant on adequate resources; a process of prioritising organisational programmes of work is currently undertaken</p> <p>May '23: Digital investment challenges to be discussed in private session of DHIC on 30.05.23. Governance changes proposed to manage the process of sequencing to be in place by July 2023.</p> <p>July '23: Digital roadmap and Digital Information Programme proposals presented and discussed at Board on 27.07.23. Agreement that investment cases should feed into the long term financial plan (DDHI &amp; EDOF to action)</p> <p><b>Sept '23: outlined investment cases developed which will be presented to the UHB Investment Group in November 2023.</b></p>	Director of D&HI				0	
	8	16/02/2018	<p><b>UHB Standard Data Processing Risk:</b> obligations and accountabilities relating to the way data is handled are not formalised</p> <p>Consequence: the UHB could suffer detriment and/or have difficulties applying remedies against a third party if data is not handled appropriately</p>	DT			0			4	2	8		<p>Procurement are greatly assisting process by referring all issues involving data sharing to the corporate IG department.</p> <p>September 2022: Procedures improved via the IG Working Group whereby new data requests for data sharing are reviewed and actioned in a consistent manner.</p> <p>January 2023 update: IG Dept due to provide a presentation to the Procurement Dept January 2023 on requirements to ensure IG and cyber security are satisfied when third parties are enlisted.</p> <p>May 2023: No further update</p> <p>Jul '23: Digital Care Region has scoped out a work plan to create a patient identity management service to enable the safe sharing of patient records between health and social care. A proof of concept was recently developed and is now in the testing phase.</p> <p><b>Sept '23: No further update</b></p>	Head of Digital Services Management				0	
	8	16/02/2018	<p>Risk: <b>IG policies and procedures</b> are not up to date/do not cover all relevant areas.</p> <p>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.</p>	DT			0			4	2	8		<p>Restructuring of IG department will increase amount of expert resource. Investment in training will also increase available expertise to support the review of policies. A formal review of policies and procedures is underway as per risk #7. May 2022: Controlled documents are reviewed and action plans for refresh or updates are routinely captured and reported on at each DHIC meeting.</p> <p>September 2022 update: A third party has been enlisted to update existing policies and implement new SOPs were we are have identified gaps in our processes. This work is progressing with updates reported to DHIC.</p> <p>January 2023 update: A number of existing procedures have been updated and two new ones created. These will be presented to DHIC in February 2023.</p> <p>May 2023 update: 10 policies/procedures/guidelines updated and presented to Feb 2023 DHIC. A further two documents currently in the process of being reviewed/updated.</p> <p>July 2023 update: The Records Management Policy has been updated and is being brought to DHIC in August 2023. Additionally, the Records Management Procedure and Transportation of Casenotes and PII Procedure have been updated.</p> <p><b>September 2023 update: Records Management Policy ratified by DHIC in August 2023. Also approved were the Records Management Procedure and Transportation of Casenotes and PII Procedure.</b></p>	Head of IG & Cyber Security				0	

Saunders Nathan  
26/09/2023 09:43:16

	8	28/09/2015	<p><b>Risk:- Non compliance with Data Protection &amp; Confidentiality Legislation</b> - 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</p>	DT				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	2	8		<p>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.</p> <p>Sept 2021: Business case being presented to appoint further IG support to support with CB engagement.</p> <p>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.</p> <p>September 2022 update: Following a 6 month program of work, staff accessing their own records and family records has fallen by 76% and 65%, respectively. The UHB is required to ensure that it has appropriate security controls in place to protect patient data.</p> <p>January 2023 update: There continues to be a decrease following targetted comm in the number of staff accessing own and family records (80% &amp; 75% respectively)</p> <p>May 2023 update: Ongoing work tackling inappropriate access to clinical systems with access to own and family records reduced by 76% and 85%.</p> <p>July '23: IG Mandatory training for Cardiff and Vale staff continues to increase. NIAS compliance has improved as a result of awarness raising</p> <p><b>September 2023 update: IG Mandatory training now at 76% across the workforce. NIIAS monitoring continues with over &gt;750 letters sent to staff on behalf of the Caldicott Guardian regarding inappropriate access.</b></p>	Head of IG & Cyber Security				0	
A4/0025	8	10/07/1905	<p><b>WCCIS Risk:</b> The delivery and implementation of a single instance of national Mental Health, Community and Therapies System (WCCIS) requires significant local resource to co-ordinate work streams and implement key deliverables across the UHB.</p> <p>Consequence: Delayed milestones, poor quality deliverables and ultimately delayed realisation of benefits.</p> <p>Critical deliverables are being held up, including: local business case; delivery of full functionality against the Statement of Requirements; delivery of essential product enhancements; infrastructure, system configuration, service management, ongoing support, integration with other national systems, testing, data migration.</p>	DT				Update 18/11/2019: Temporary posts have been funded from regional ICF monies, including 2 Business Analyst posts, regional technical , programme and project lead resources. <p>Implementation in the UHB remains dependent on delivery of extensive functional enhancements, for which there is currently no delivery roadmap.</p>		4	2	8		<p>Jan '23 - In the absence of a future upgrade path for the WCCIS (CareDirector) system , the UHB is currently unable to adopt the WCCIS system as a digital platform for the scoped services. The UHB is partnering with its local authorities through the Regional Partnership Board (RPB) and has set up a Digital Care Region (DCR) Steering Group to own the governance foundations for record sharing between local health and social care organisations. This approach is consistent with, and supportive of the National and Local Data Resource (NDR, LDR) programme aims for the sharing of data, and guided by the National Digital Strategy 2021 in its aspirations to address RPB challenges through the delivery of data agility. Our approach, is to work towards ensuring that data within the PARIS system can be shared via appropriate interoperability which means that not all organisations have to use the same system in order to be able to share relevant data across systems.</p> <p>May '23 - Engagement of D&amp;HI team with National WCCIS Programme Team is limited, with no current opportunity to discuss or influence the direction of the ministerial options paper going to the ministry in early June 2023</p> <p>July '23: No update</p> <p><b>Sept' 23: WCCIS2 is being established and planned to move away from the current WCCIS solution (CareDirector) and move to a model for WCCIS2 of having a number of solutions (MH, Social Care, Community Care.</b></p>	Head of Digital Services Management and Director of Digital and Health Intelligence				0	
	8	04/10/2018	<p><b>Effective Resource utilisation</b> :With an increasingly restricted resource, the UHB requires assurance that digital effort is expended in the most benefits laden workload. Benefits based prioritisation requires robust and matured benefits tracking and a matured reprioritisation mechanism. This requires some changes of technique within the Digital department.</p>	DT				Establishment of a formalised corporate prioritisation mechanism based on benefits and corporate drivers for change.		4	1	4		<p>Jan 2023: A PM for the DFD project has been employed until Mar 23. The project has come to a partial completion awaiting recruitment of a dedicated staff member to assist with request triaging.</p> <p>May 2023: A new Head of Digital Services Management post has been created and new PMO team and function as well as process has been agreed by the CAVUHB Senior Digital Management team.</p> <p><b>July '23: Digital Advisory Board established as group representing all Clinical Boards focussed on prioritisation of work requests.</b></p> <p><b>Sept 2023: Change Management is currently being piloted by the Digital Operations teams (Starting with the Server Team) Sept 2023. Depolyment to the rest of Digital Operations is expected by Oct/Nov 2023.</b></p>	Head of Digital Operations				0	



Report Title:	IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, staffing and mandatory training)			Agenda Item no.	2.3	
Meeting:	Digital & Health Intelligence Committee	Public	X	Meeting Date:	3 <sup>rd</sup> October 2023	
		Private				
Status <i>(please tick one only):</i>	Assurance	X	Approval		Information	
Lead Executive:	Director of Digital & Health Intelligence					
Report Author (Title):	Head of Information Governance and Cyber Security					

Main Report  
Background and current situation:

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

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

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

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 remain stable but continue to find the current workload challenging.

The staffing structure is as follows:

- David Thomas, Director of Digital and Health Intelligence is the Senior Information Risk Owner
- Professor Meriel Jenney, Medical Director, is the Caldicott Guardian
- James Webb is the Data Protection Officer
- The Information Governance Department is currently resourced at 5 WTE.



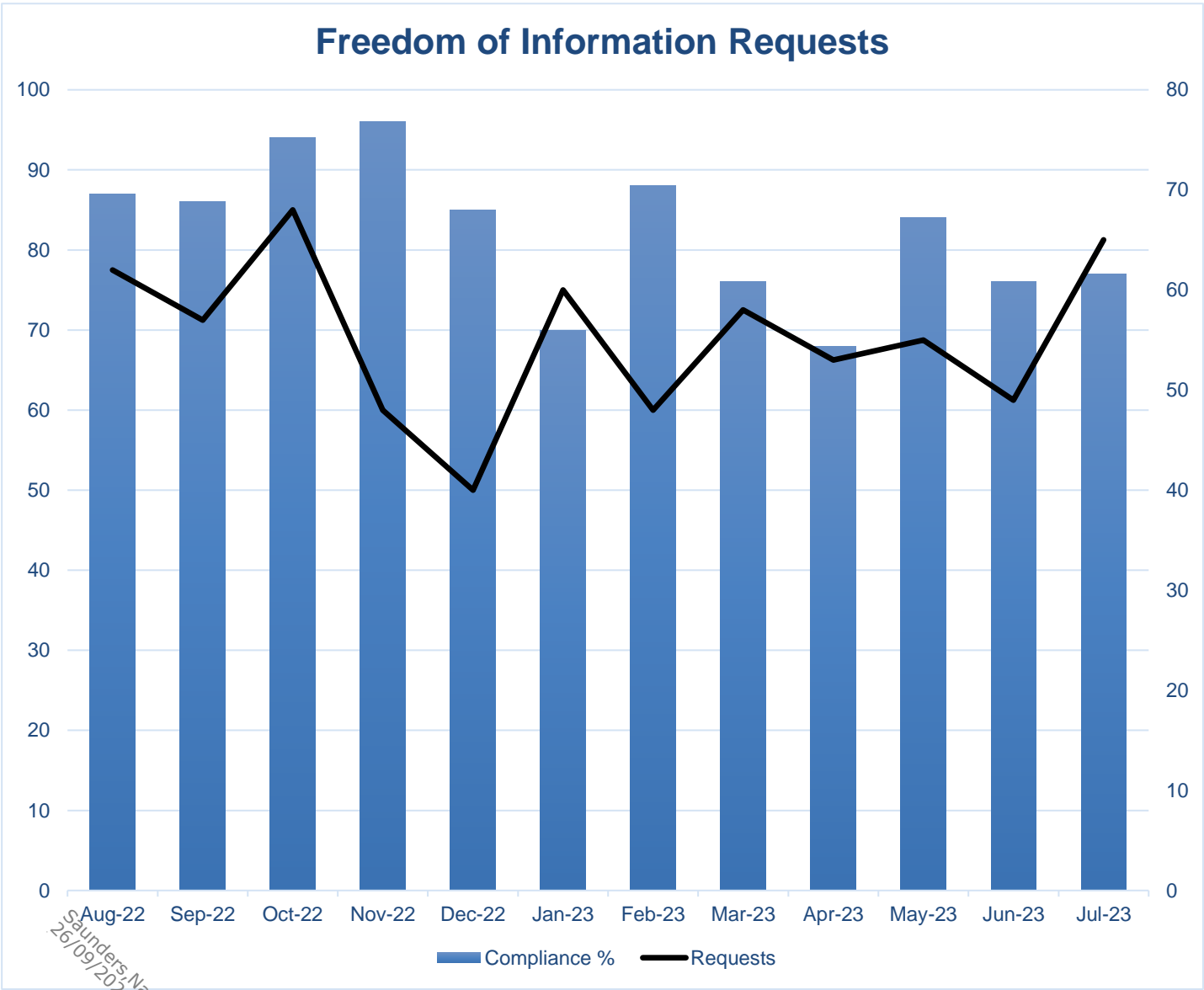
2. Data Protection Act – Serious Incident Report

Date reported: July 2023 to August 2023

Between July 2023 and August 2023, the Information Governance Department have reviewed a total of 100 information governance related incidents reported via Datix. On average, for the last 12 months, the IG Department reviews approximately 55 incidents per month. Of these breaches reviewed during this recent period, two of these breaches met the threshold to be reported to the Information Commissioner’s Office (ICO). The details of these breaches are outlined in the private setting of this committee.

3. Freedom of Information Act

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



Saunders, Nathan  
26/09/2023 09:43:16

The average number of FOIs received during the last 12 months has increased to 55 requests per month (from 53) and average compliance has slightly dropped to 82% (from 84%). FOI compliance for June 2023 and July 2023 was 76% and 77%, respectively.

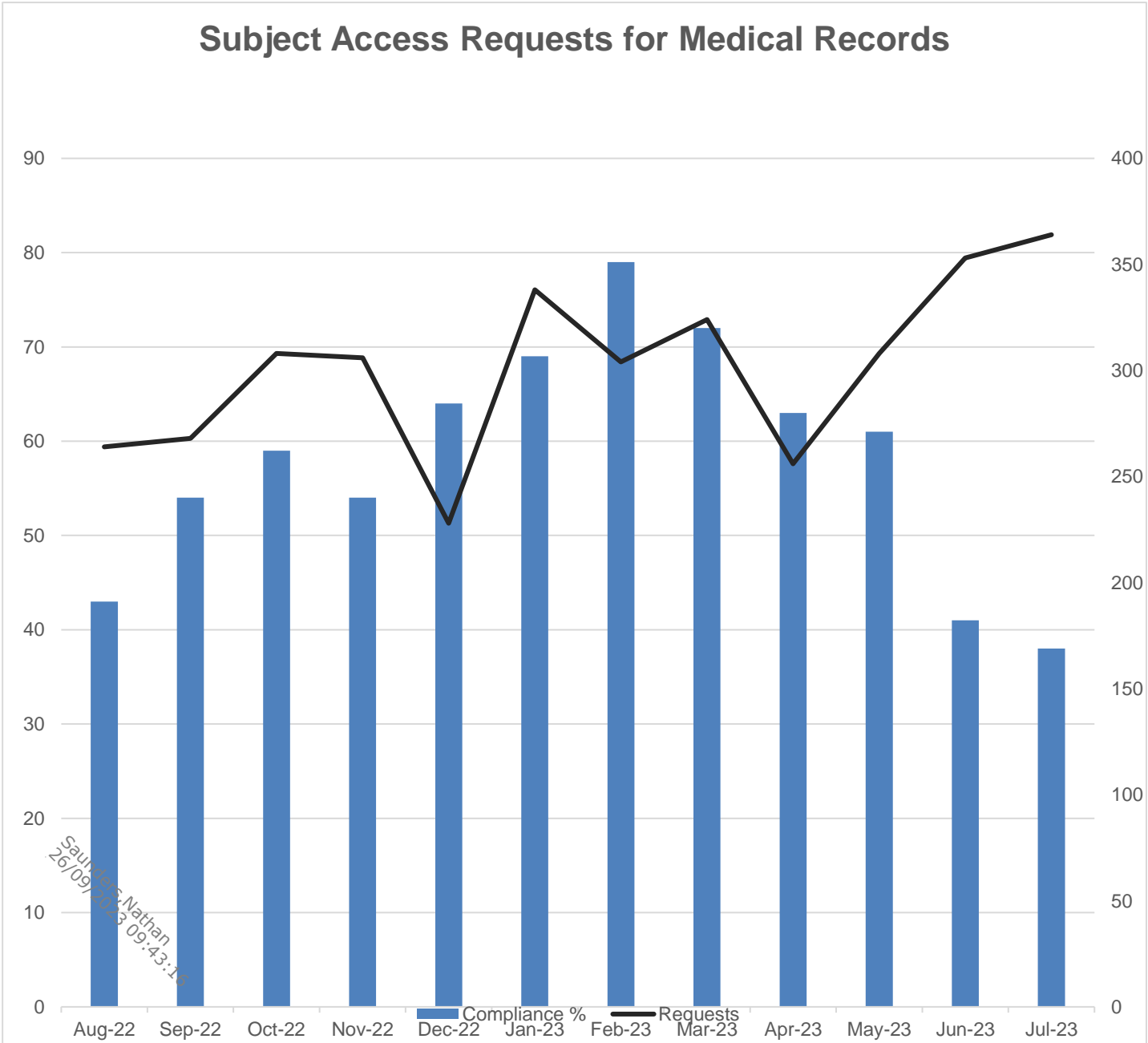
A link to the UHBs FOI disclosure log can be found below. This provides a link to every FOI the UHB publishes online. In the event that requests are made for the same information, the UHB is able to signpost requestors to this log.

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

4. Subject Access Requests Processed

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 has risen sharply over the last two months and compliance has correspondingly fallen. Average compliance over the last rolling 12 months is 60% (a drop from 63%) with an average of 302 requests submitted each month (an increase from 286)

The Subject Access Request Digital Front Door is currently live and the being piloted within Medical Records Department. There will be a phased roll out following a successful pilot.

4.2 Non-Health Records

A total of 17 subject access requests submitted for non-health records were received from June 2023 to July 2023. 14 requests (82%) were complied with, within the legislated timeframe.

5. Compliance Monitoring/NIIAS

Since January 2022, the UHB has sent out a total of 786 letters to staff who have been identified by the UHB’s instance of the National Intelligent Integrated Audit Solution (NIIAS), based on a process approved by Management Executive.

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

6. Information Governance Mandatory Training

Overall UHB Information Governance training compliance is currently 76% and is broken down by Clinical Boards as follows.

Org L4	Assignment Count	Achieved	Compliance %
001 All Wales Genomics Service	309	282	91%
001 Capital, Estates & Facilities	1406	1199	85%
001 Children & Women Clinical Board	2369	1891	80%
001 Clinical Diagnostics & Therapeutics Clinical Board	2584	2094	81%
001 Corporate Executives	1044	796	76%
001 Medicine Clinical Board	1898	1289	68%
001 Mental Health Clinical Board	1505	1030	68%
001 Primary, Community Intermediate Care Clinical Board	1141	908	80%
001 Specialist Services Clinical Board	2129	1608	76%
001 Surgical Services Clinical Board	2438	1692	69%
UHB	16823	12789	76%

These figures do not represent a change in overall completeness since figures were last provided to the Committee.

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

- Information Governance resource remains unchanged since the last committee meeting.

- 100 information governance related incidents reviewed from July 2023 to August 2023.
- 2 data breaches since the last committee have been reported to the Information Commissioner's Office.
- Freedom of Information compliance has dropped slightly over the last 12 rolling months to 82%.
- Requests for access to medical records has risen sharply over the last two months. Compliance has fallen to 60%.
- The Information Governance Department continues to send letters to staff who breach data access policy.
- Information Governance mandatory training remains at 76%.

### Recommendation:

The Board / Committee are requested to:

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

### Link to Strategic Objectives of Shaping our Future Wellbeing:

*Please tick as relevant*

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

### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant*

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

### Impact Assessment:

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

Risk: Yes

Compliance with legal and mandatory requirements

Safety: Yes

Supports patient and staff safety

Financial: Yes

Non-compliance

Workforce: Yes

Applies to entire workforce

Legal: Yes	
compliance	
Reputational: Yes	
Confidence in managing assets/supporting services	
Socio Economic: Yes/No	
Equality and Health: Yes/No	
Decarbonisation: Yes/No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders, Nathan  
26/09/2023 09:43:16

Report Title:	Digital Services Key Performance Indicators			Agenda Item no.	2.4
Meeting:	Digital and Health Intelligence Committee	Public	X	Meeting Date:	3 <sup>rd</sup> October 2023
Status (please tick one only):	Assurance	<input type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	Director of Digital and Health Intelligence				
Report Author (Title):	Director of Digital and Health Intelligence				

## Main Report

### Background and current situation:

The Service Desk tool “Ivanti” continues to be used by the D&HI team for a majority of sub teams to receive and manage; service requests, incident reports and change requests. This allows colleagues to inform the digital team of a variety of general and specialist needs. We continue to record the lag based metrics.

In the last DHIC meeting the power BI reporting was demonstrated showing a wide collection of data being gathered for lag based KPI reporting. The goal to provide this as a web mounted accessible report for key colleagues and to expand to management style information was expressed. This is currently being delayed significantly by the need to set up and develop a stable gateway between the data servers and the online Microsoft Office 365 environment. The team is working on establishing this gateway.

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

The digital self-service portal (Ivanti) is continuing to act as a front door to the D&HI services group for requests for support, development, equipment, resource and reporting of incidents.

Lag KPI’s continue to be readily available for reporting to show work flow changes. With the information being adjusted to help capture source of demand.

The D&HI team are currently reporting on KPIs for activity in the following workstreams:

**Service Requests** – Requests for information or advice and assistance, as well as general requests.

**Incidents** – Notifications of failures of systems or equipment

**Change Requests** – Requests for an adjustment to an existing specialist system, primarily used for PARIS and other clinical systems.

As have developed and can report on lag KPI’s for:

- Scale of incoming work numbers in comparison to closed work numbers.
- The current number of work requests that are open.
- The time required to reach certain percentages of completion similar to RTT 50% and 75% reporting
- For the majority of requests which clinical board is presenting the request at the front door stage.

Appendix 1 shows the Workflow reporting for Digital & Health Intelligence through Ivanti.

In the future, as we improve the reporting capacity around digital activity there will also be the ability to provide reporting and assurance on project works and large work programs: as well as the launch of the online reporting platform to allow colleagues to view this information live as and when needed.

**Recommendation:**

The Committee is requested to:

REVIEW and NOTE the progress since the last update on the Ivanti service desk tool in relation to KPIs.

**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		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	x
------------	--	-----------	--	-------------	--	---------------	---	-------------	---

**Impact Assessment:**

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

Risk: Yes

– service non-availability is reduced through faster logging and response times

Safety: No

Financial: Yes

– provides a more effective use of resources

Workforce: Yes

– provides more effective support to all users of Digital Services

Legal: No

Reputational: Yes

– enables the service to demonstrate performance against targets and to publish performance on a routine basis

Socio Economic: No

Equality and Health: No

Decarbonisation: No

**Approval/Scrutiny Route:**

Committee/Group/Exec

Date:

# D&HI Key Performance Indicators

Saunders Nathan  
26/09/2023 09:43:16





The following slides will show stationary screen shots of the data being captured from Ivanti and displayed in Power BI for the reporting of Lag Key Performance Indicators within DH&I.

Information for this report was pulled on the 8<sup>th</sup> of September 2023.

This will include

- Three slides in blue, showing Service Request information Yearly, Quarterly and Monthly.
- Three slides in purple, showing Incident Report information Yearly, Quarterly and Monthly.
- Three slides in orange, showing Change Request information Yearly, Quarterly and Monthly.

Key Items to Note

**Service request** - a dramatic increase in service requests received in august, rising from an stable ~2900 to 5800. Bringing quarter 3 to more service requests than quarter 2 with a month remaining.

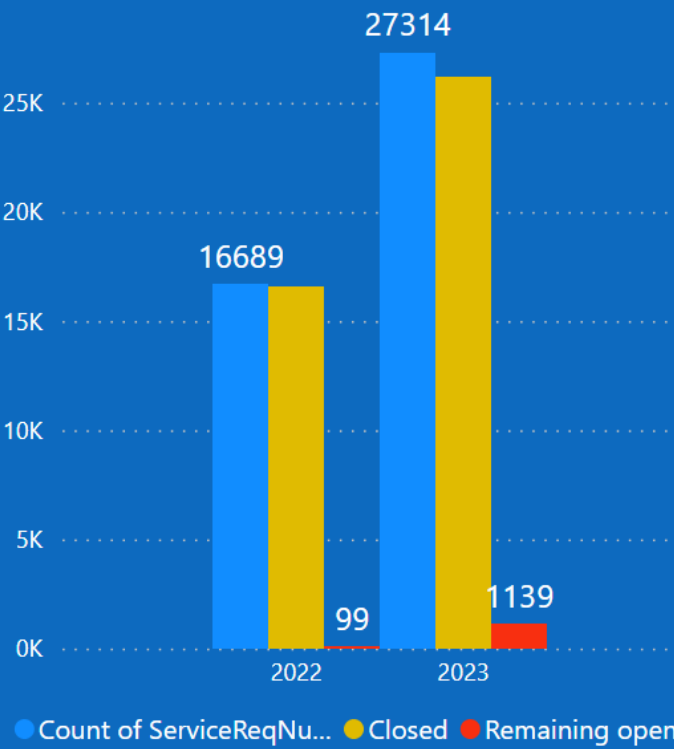
**Incident Reports** – have show a much smaller increase from an average of ~2900 to 3250, ~8%

Saunders Nathan  
26/09/2023 09:43:16

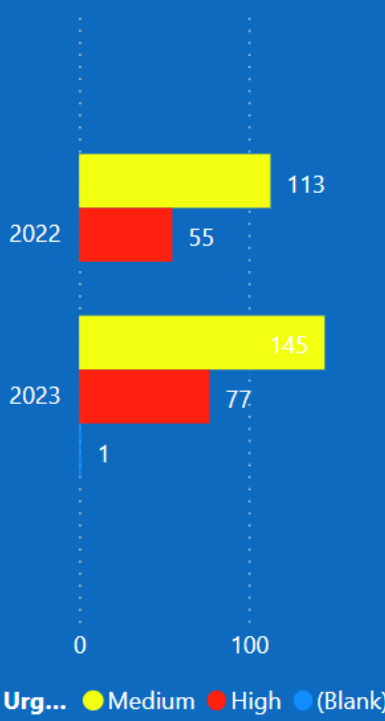


Service Request Details

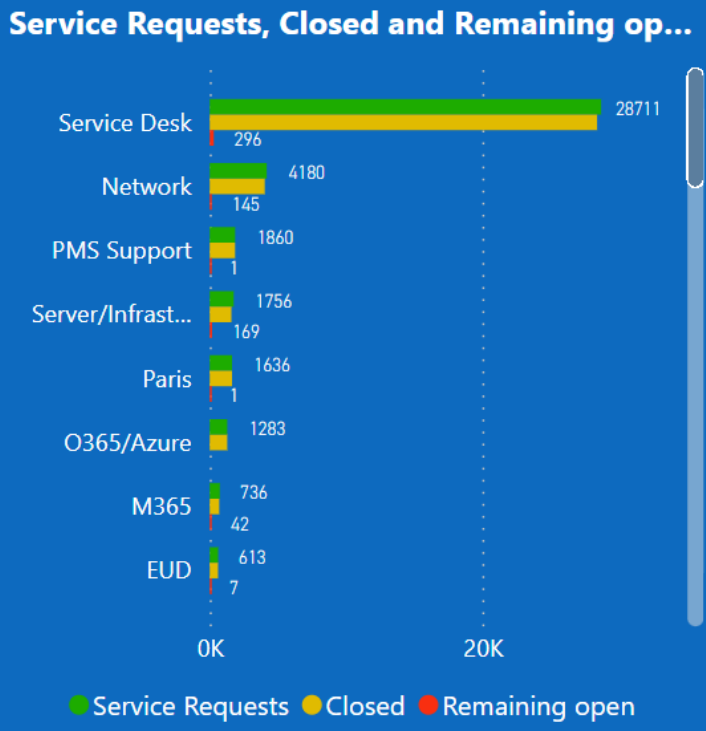
Service Requests Made, Closed and Remaining open



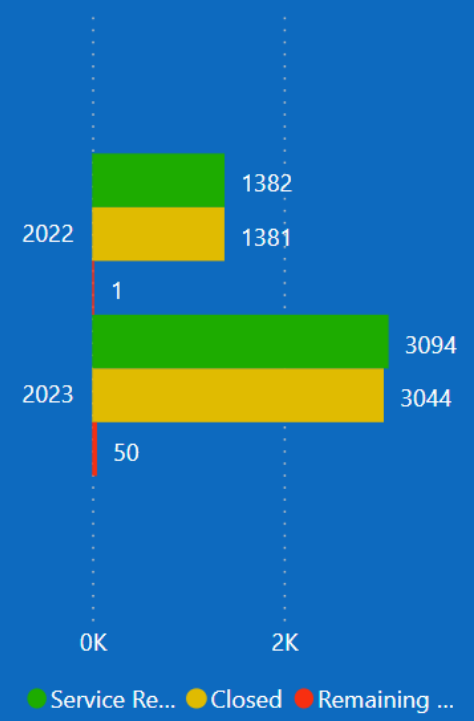
Displayed by Urgency



Displayed by Owner Team



Automation Supported Requests



Median Days to Complete SRs

5

Average Days to Complete SRs

13.37

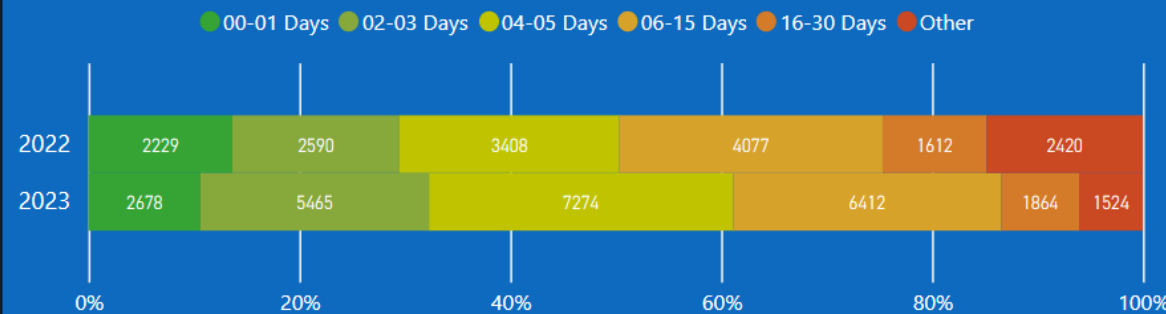
Longest Days to Complete SRs

461

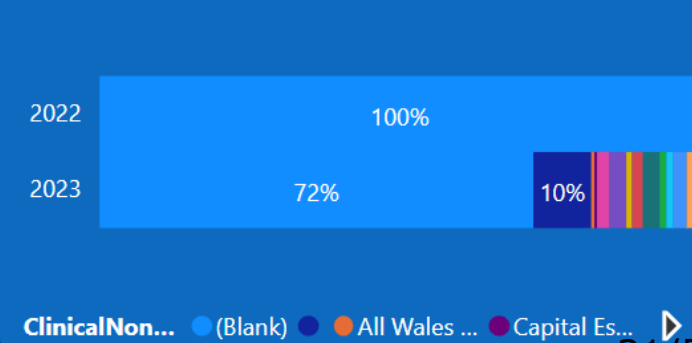
Current Open SRs

1238

Elapsed time to complete

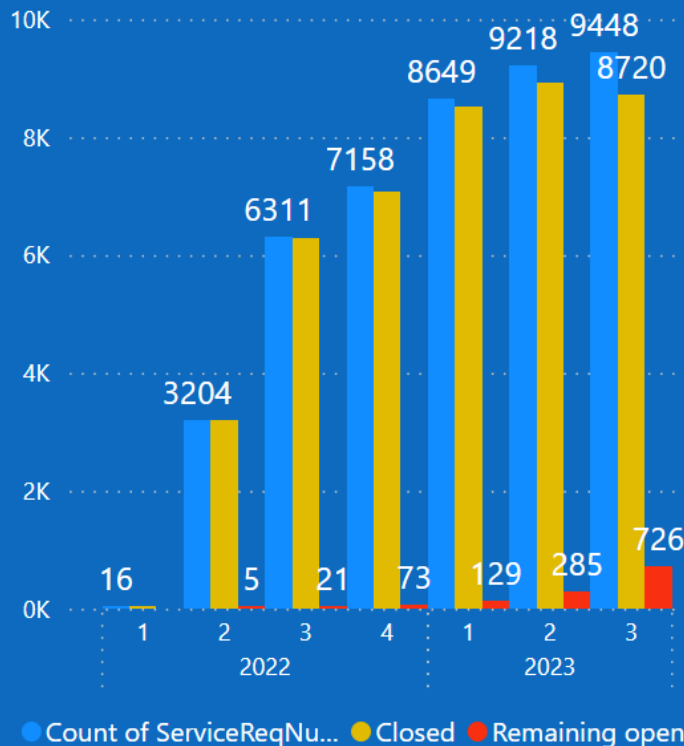


By Clinical Board

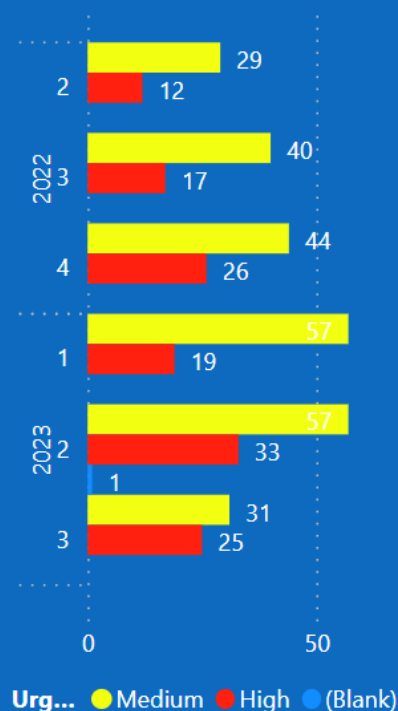


# Service Request Details

## Service Requests Made, Closed and Remaining open

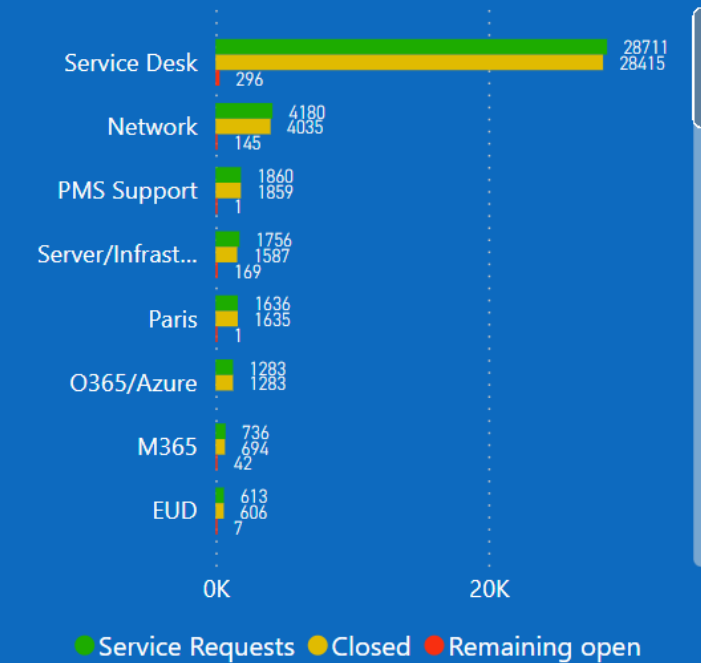


## Displayed by Urgency

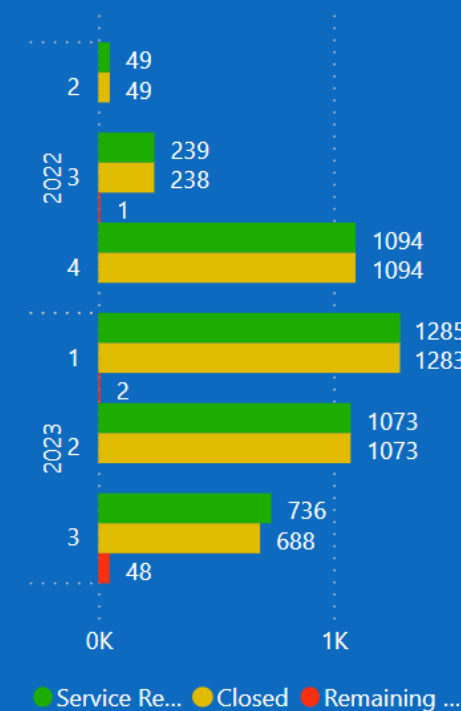


## Displayed by Owner Team

### Service Requests, Closed and Remaining op...



## Automation Supported Requests



Median Days to Complete SRs

5

Average Days to Complete SRs

13.37

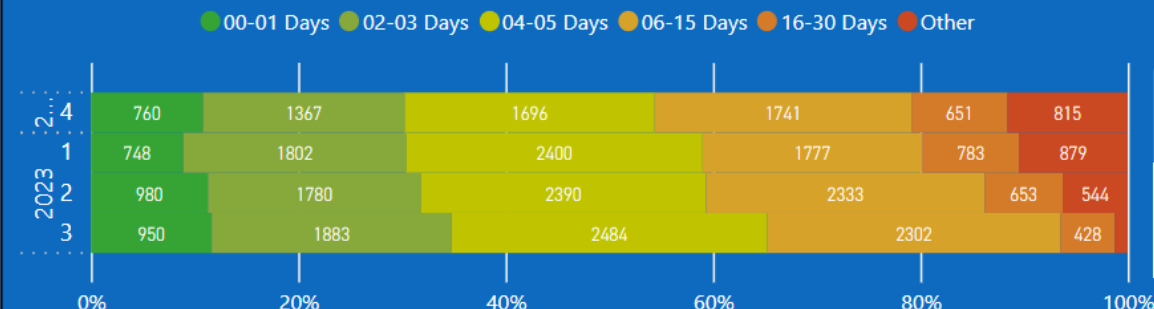
Longest Days to Complete SRs

461

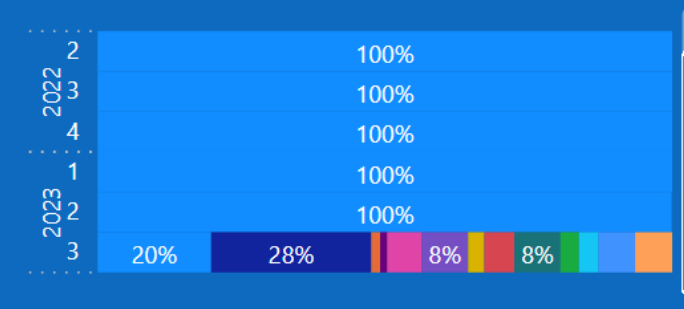
Current Open SRs

1238

## Elapsed time to complete

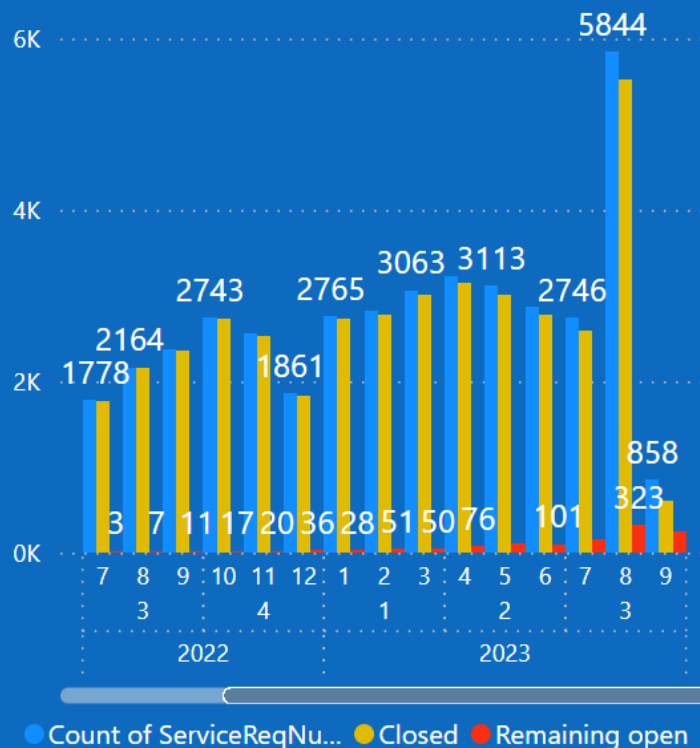


## By Clinical Board

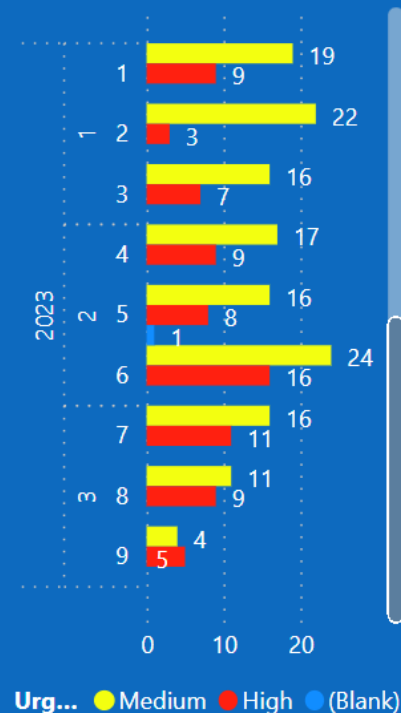


# Service Request Details

## Service Requests Made, Closed and Remaining open

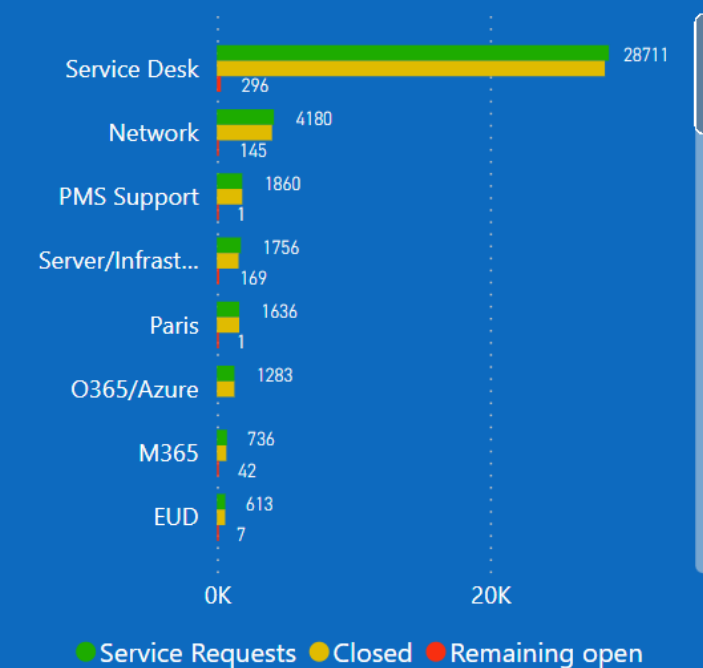


## Displayed by Urgency

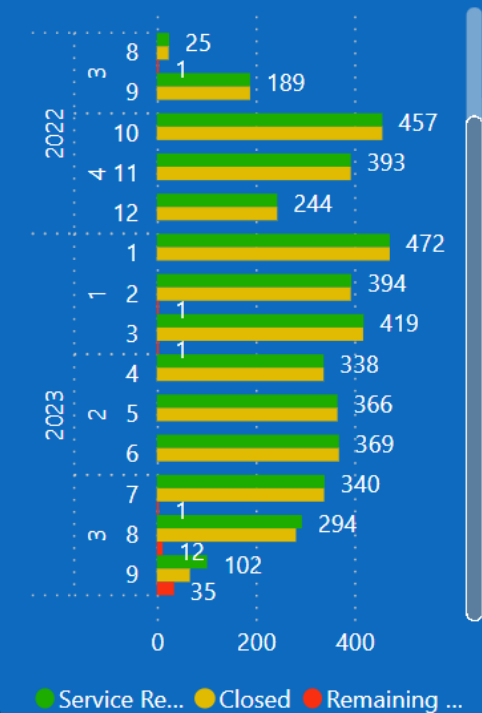


## Displayed by Owner Team

### Service Requests, Closed and Remaining op...



## Automation Supported Requests



Median Days to Complete SRs

5

Average Days to Complete SRs

13.37

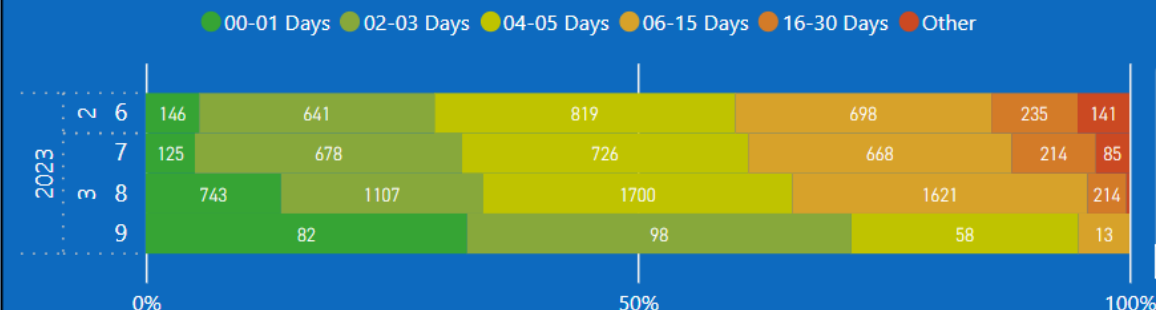
Longest Days to Complete SRs

461

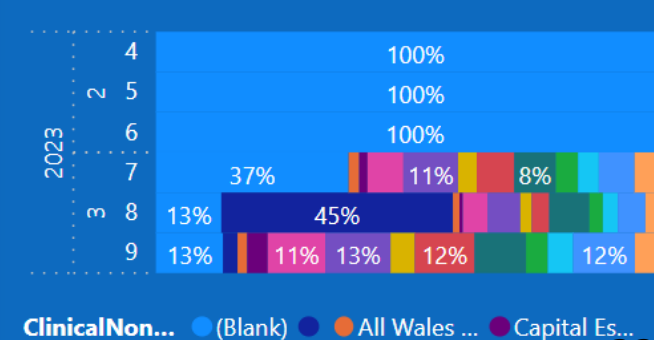
Current Open SRs

1238

## Elapsed time to complete

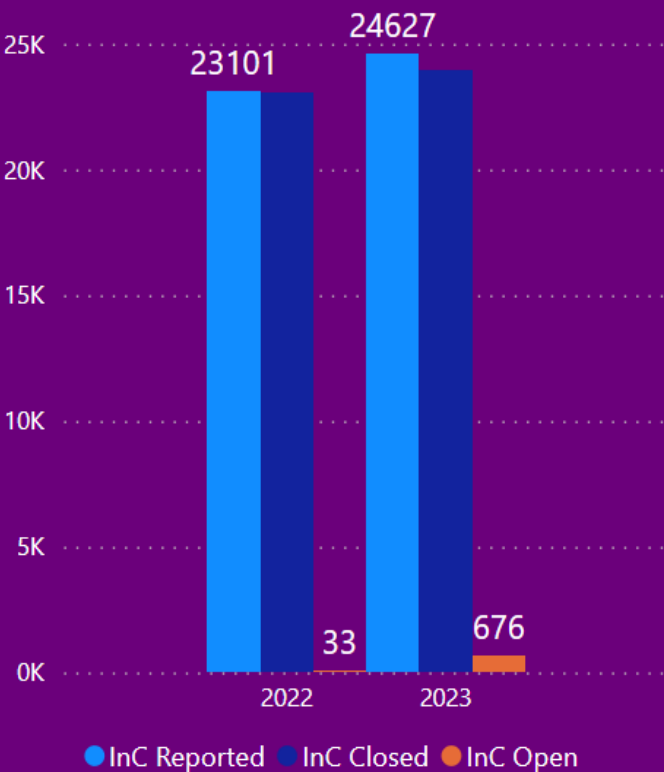


## By Clinical Board

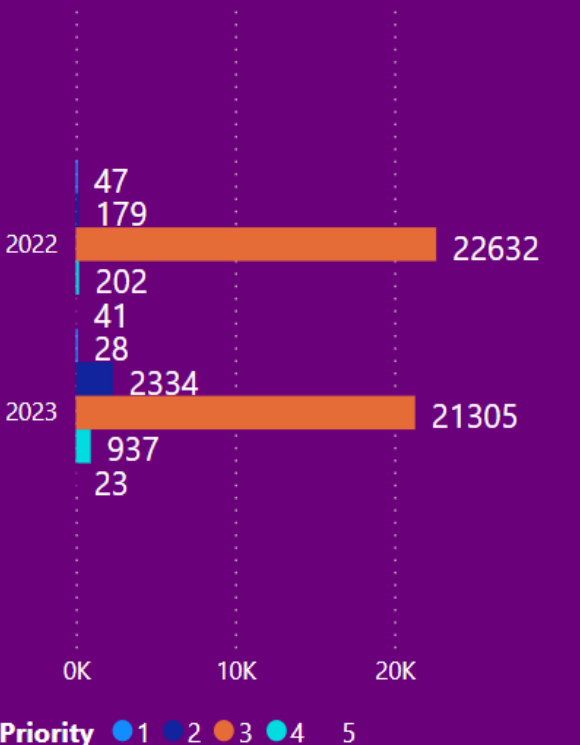


# Incident Reports Details

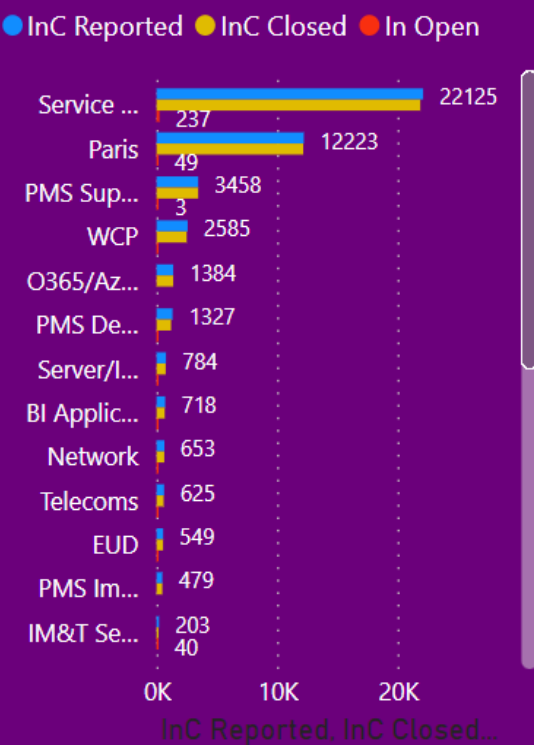
## Incidents Raised - Current All Time Status



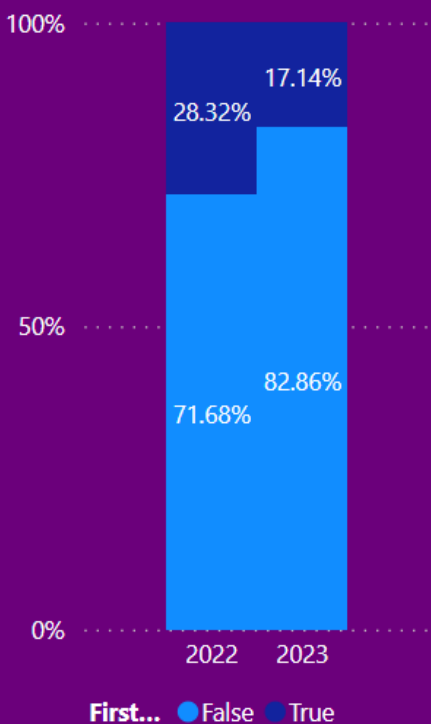
## Displayed by Priority



## Displayed by Team



## First Call resolution



Median Days to Complete

11

Average Days to Complete

15.96

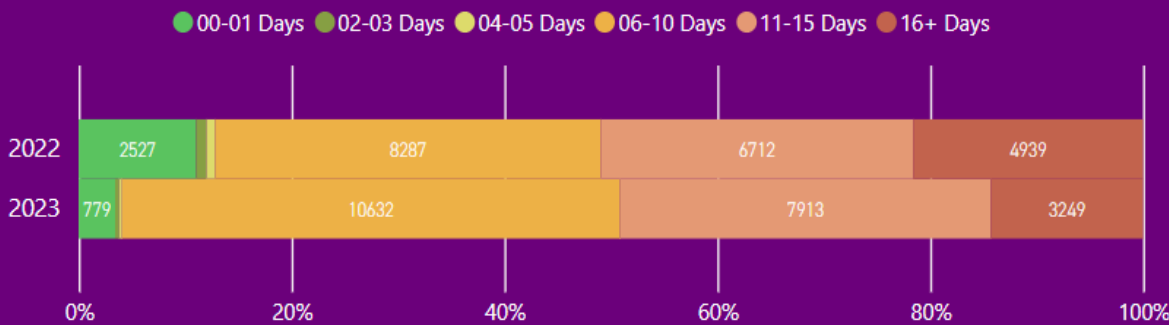
Longest Days to Complete

456

Current Total Live Incident Reports

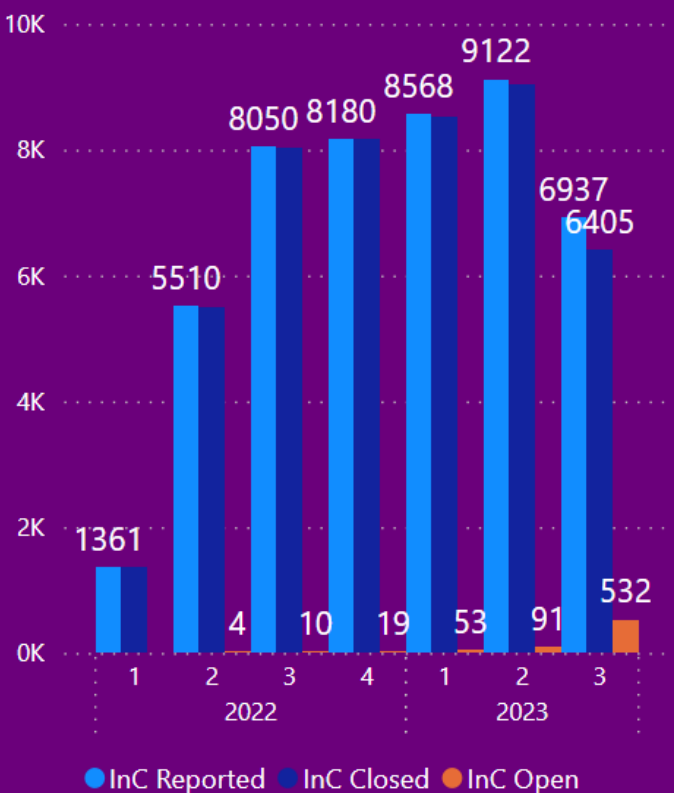
709

## Elapsed time to complete

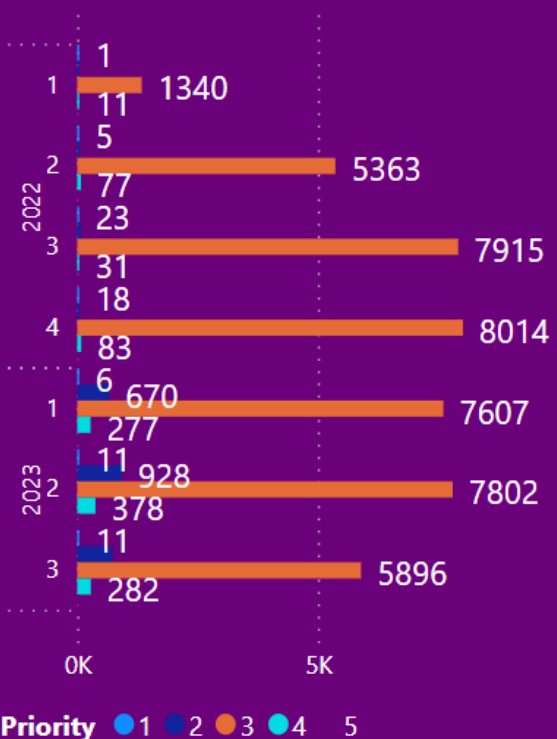


# Incident Reports Details

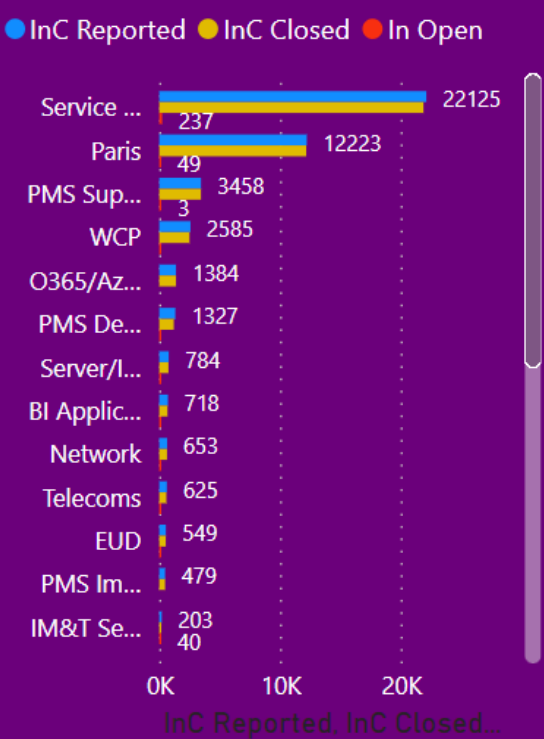
## Incidents Raised - Current All Time Status



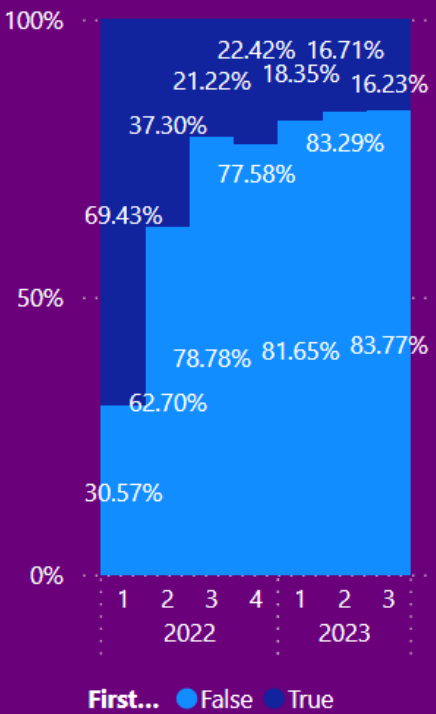
## Displayed by Priority



## Displayed by Team



## First Call resolution



Median Days to Complete

11

Average Days to Complete

15.96

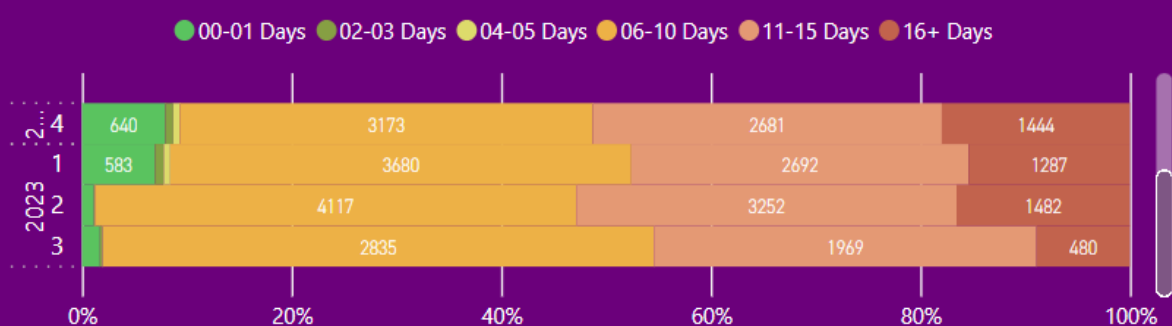
Longest Days to Complete

456

Current Total Live Incident Reports

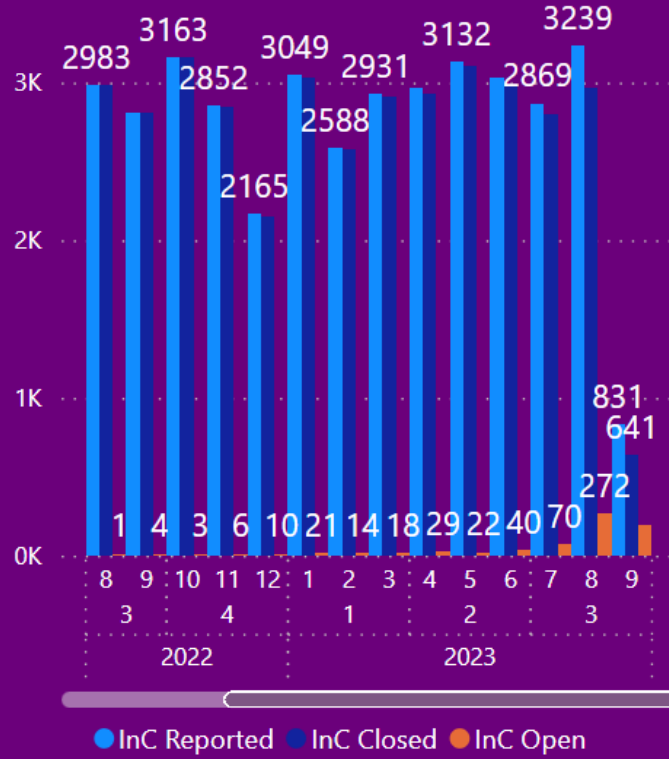
709

## Elapsed time to complete

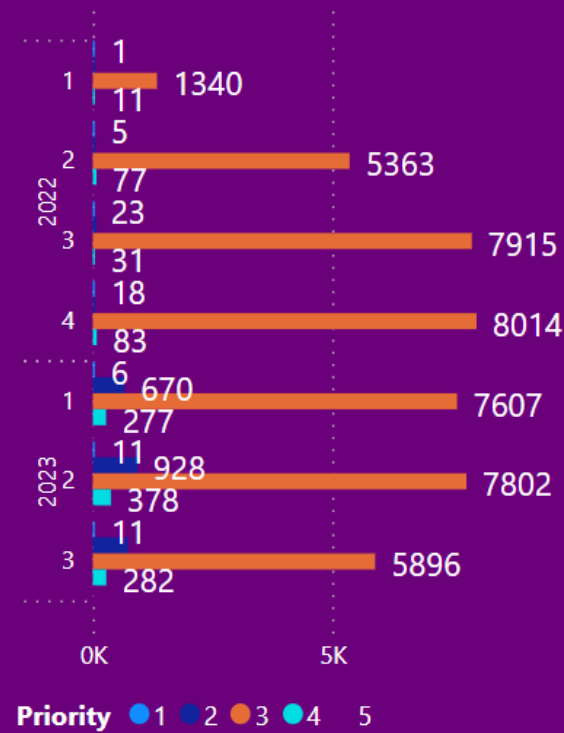


# Incident Reports Details

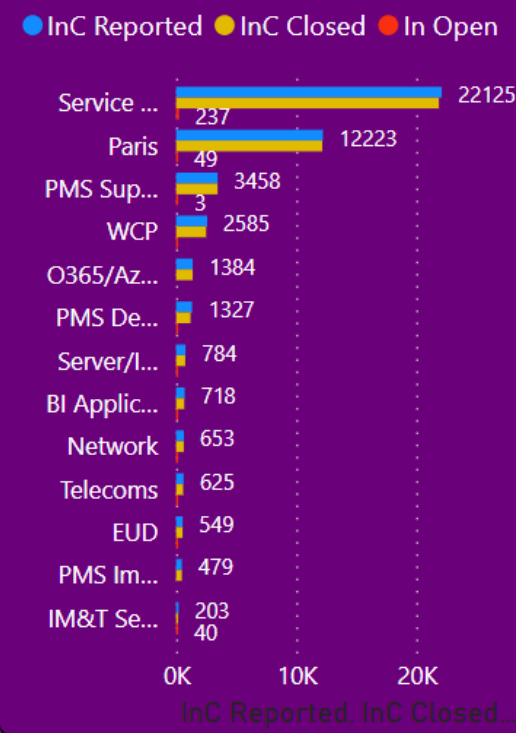
## Incidents Raised - Current All Time Status



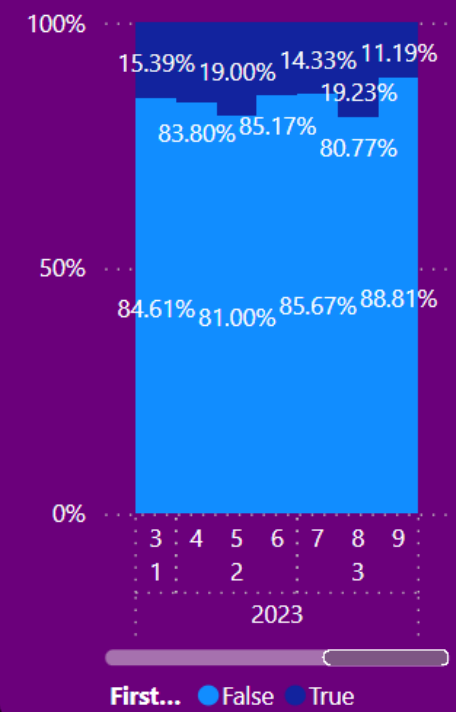
## Displayed by Priority



## Displayed by Team



## First Call resolution



Median Days to Complete

11

Average Days to Complete

15.96

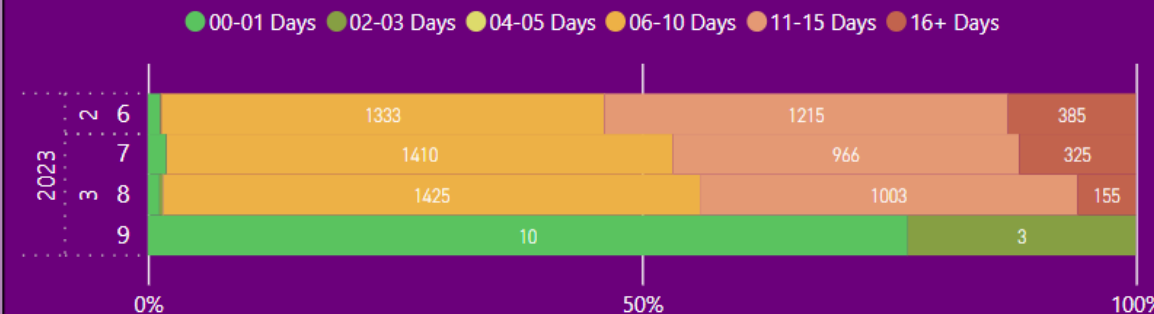
Longest Days to Complete

456

Current Total Live Incident Reports

709

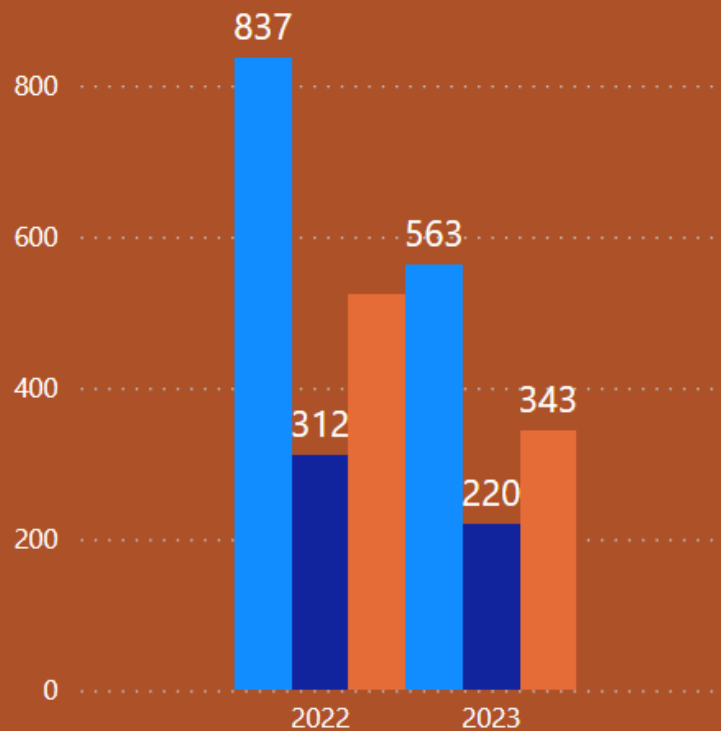
## Elapsed time to complete





# Change Requests Details

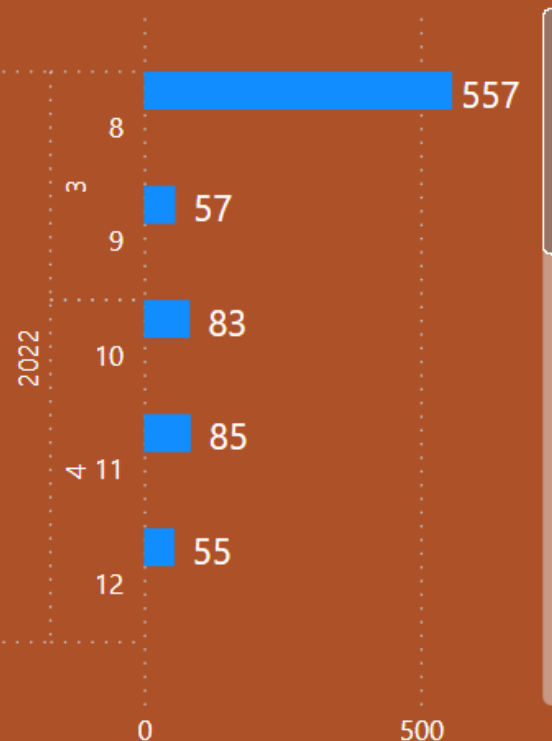
## Change Requests Made, Closed and Remaining open



Count of ChangeN... Total Open Total Closed

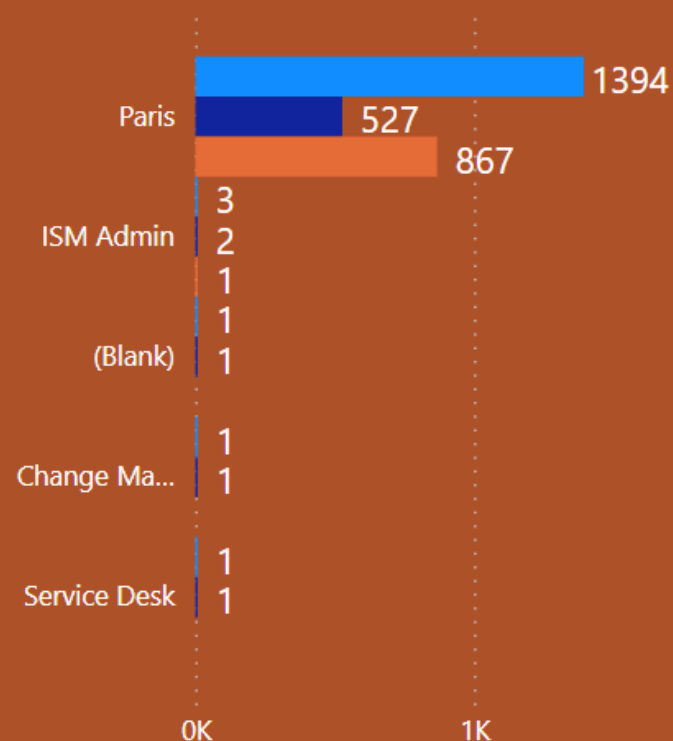
## Displayed by Priority

Priority 3 4 5



## Displayed by Team

Count of ChangeN... Total Open Total Closed



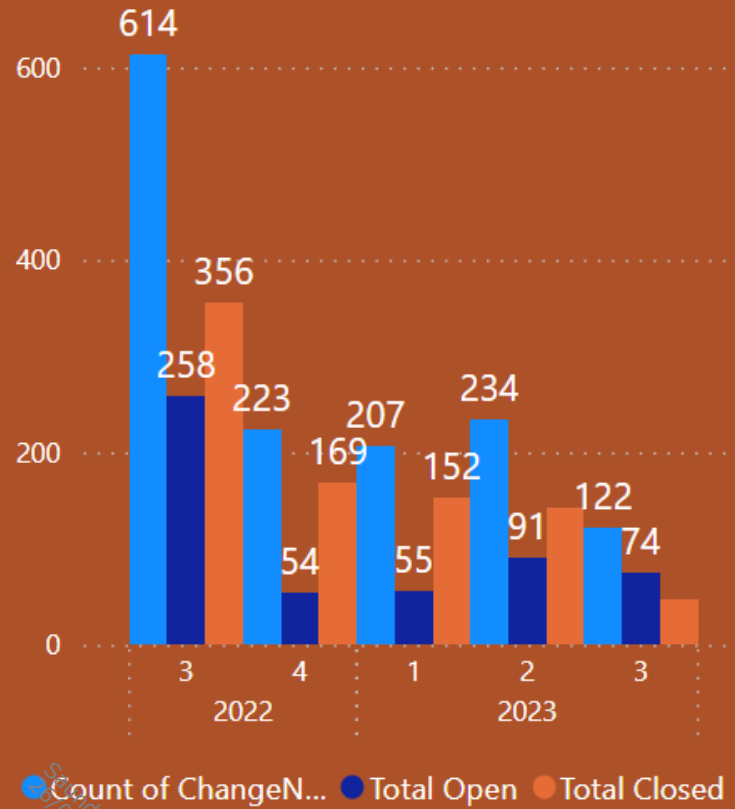
Current Total Live  
Change Requests

532

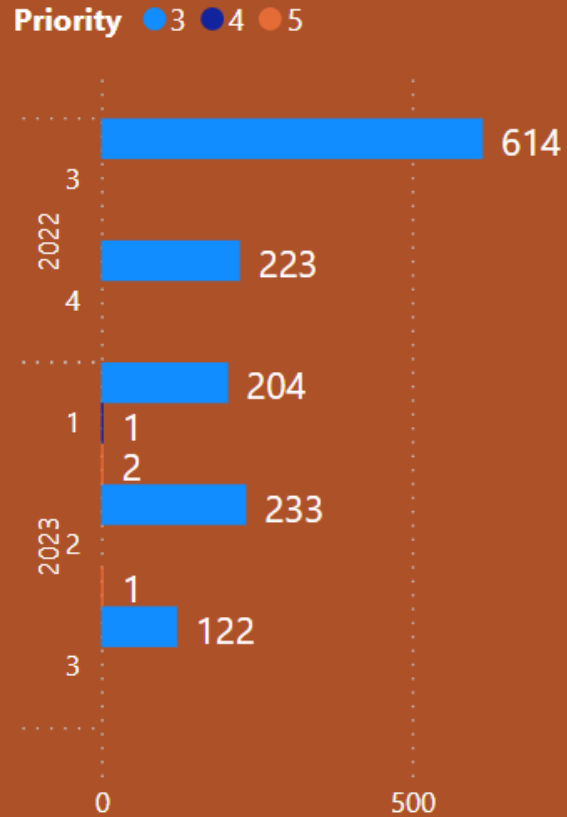


# Change Requests Details

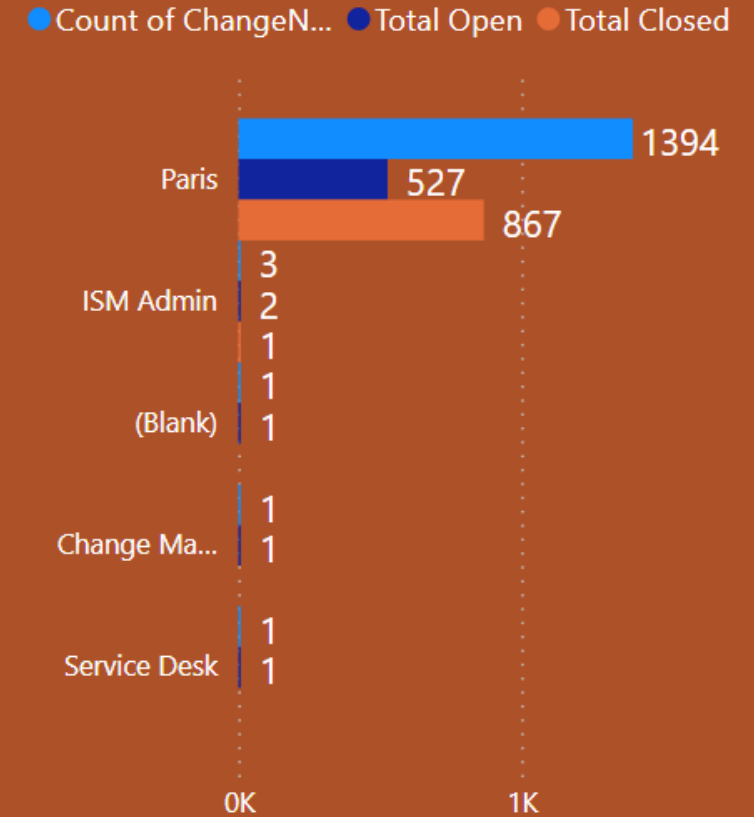
## Change Requests Made, Closed and Remaining open



## Displayed by Priority



## Displayed by Team

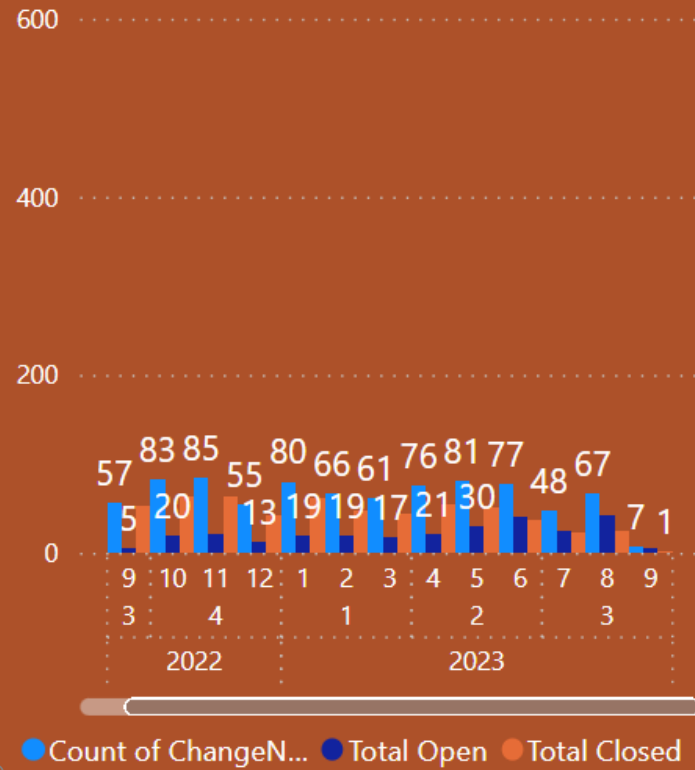


Current Total Live  
Change Requests

532

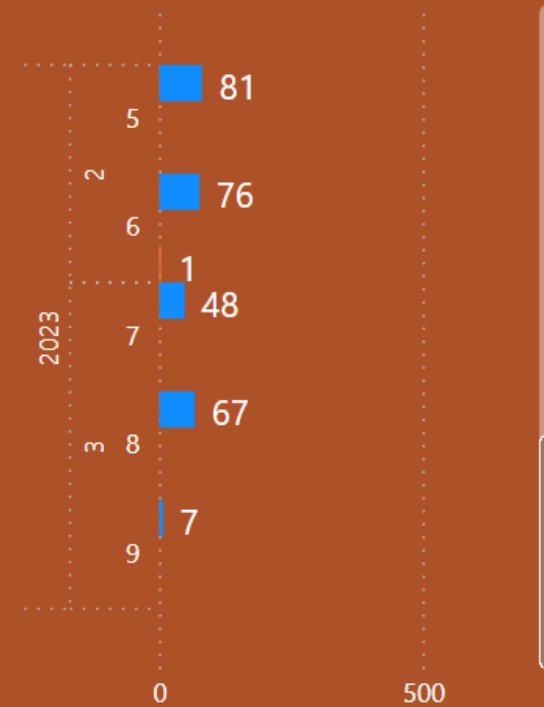
## Change Requests Details

### Change Requests Made, Closed and Remaining open



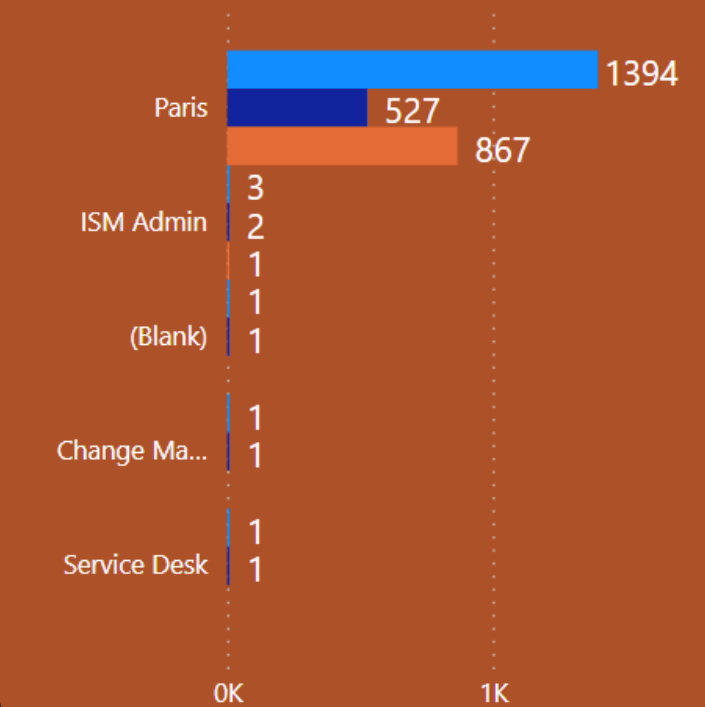
### Displayed by Priority

Priority 3 4 5



### Displayed by Team

Count of ChangeN... Total Open Total Closed



Current Total Live  
Change Requests

532

Report Title:	Framework Policies, Procedures & Controls			Agenda Item no.	2.5
Meeting:	Digital and Health Intelligence Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	3 <sup>rd</sup> October 2023
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Information <input type="checkbox"/>	<input type="checkbox"/>
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:					
<p>As reported at the last DHIC meeting, a number of policies and procedures documents are out of date and need to be reviewed and updated.</p> <p>As previously stated, the focus over the past twelve months has been to review and update those procedures and guidance documents that support our cyber security and IT security plans, as these have been deemed to be the highest priority.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>UHB 246 – Information Governance Policy will be reviewed in November 2023. The following documents will be incorporated within this policy to create a single point of reference and guidance for IG Governance –</p> <ul style="list-style-type: none"> <li>• UHB 207 Performance Management Framework</li> <li>• UHB 002 Data Protection Act Policy</li> <li>• UHB 350 Data Act Procedure</li> </ul> <p>UHB 246 – Information Governance Policy will be brought to February 2024 DHIC meeting, for review and approval.</p> <p>UHB 286 – Information Governance Corporate Training Policy will be brought to February 2024 DHIC for review and approval.</p> <p>The full Document Schedule is attached as Appendix 1.</p>					
Recommendation:					
<p>The Board / Committee are requested to:</p> <p>The Committee are requested to:</p> <ul style="list-style-type: none"> <li>• Note progress</li> </ul>					
Link to Strategic Objectives of Shaping our Future Wellbeing: <i>Please tick as relevant</i>					
1. Reduce health inequalities		<input type="checkbox"/>	6. Have a planned care system where demand and capacity are in balance		<input type="checkbox"/>

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

Patient safety supported by good governance arrangements

Financial: No

Workforce: Yes

All staff need to be aware of their role in using and accessing personal/patient identifiable data

Legal: Yes

Policies set out compliance against IT security and information governance requirements

Reputational: Yes

Compliance with GDPR and Information Governance requirements

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes/No

#### Approval/Scrutiny Route:

Committee/Group/Exec

Date:


Salenders, Nathan  
26/09/2023 09:43:16

Controlled Documents Schedule

UHB Ref Number	Title of Document	Type of Document	Last review date	New review date	Current Status	Comments
UHB 006	Data Protection Guidance For Researchers’	Guidelines	07-Dec-2015	07-Dec-2018	Review to be scheduled	
UHB 007	Remote Access Software	Protocol	29-Sep-2010	11-Jan-2012	Review to be scheduled	
UHB 048	Internet and E-mail Monitoring, administration and Reporting Protocol	Protocol	26-Apr-2011	01-Apr-2014	Review to be scheduled	
UHB 263	Transportation of Personal Identifiable Information	Procedure	26-Feb-2015	26-Feb-2018	To be noted by DHIC on 15th August 2023	Reviewed and noted at DHIC on 15.08.23
UHB 286	Information Governance Corporate Training Policy	Policy	42206	43302	To be reviewed and approved at February 2024 DHIC	
UHB 287	Information Risk Managment Procedure	Procedure	18-Sep-2015	18-Sep-2018	Review to be scheduled	
UHB 288	Data Quality Management Procedure	Procedure	15-Sep-2015	15-Sep-2018	Review to be scheduled	
UHB 289	Information Asset Procedure	Procedure	22-Jun-2015	22-Jun-2018	Review to be scheduled	
UHB 290	Personal Information use and Disclosure of and the Duty to Share Guidance	Guidelines	22-Jun-2015	22-Jun-2018	Review to be scheduled	
UHB 298	Data Quality Policy	Policy	15-Sep-2015	15-Sep-2018	Review to be scheduled	
UHB 301	Information Goverance Operational Management Responsibilities Procedure	Procedure	19-Jan-2016	19-Jan-2019	Review to be scheduled	
UHB 326	Records Management Procedure	Procedure	08-Aug-2017	08-Aug-2020	To be reviewed by DHIC on 15th August 2023	Complete - Records Management Policy and supporting procedures were approved at DHIC on 15.08.23
UHB 142	Records Management Policy	Policy	30-Jan-2021	30-Jan-2022	To be reviewed by DHIC on 15th August 2023	Reviewed and noted at DHIC on 15.08.23
UHB 356	Contractual Clauses and Arrangements Procedure	Procedure	22-Jun-2015	22-Jun-2018	Review to be scheduled	
UHB 357	Clauses within Employment Contracts Procedure	Procedure	22-Jun-2015	22-Jun-2018	Review to be scheduled	
UHB 421	Remote Working Procedure	Procedure	18-May-2021	tbc	Review to be scheduled	
UHB 422	Malicious Software Guidance	Guidelines	18-May-2021	tbc	Review to be scheduled	
UHB 424	IT Business Continuity Guidance	Guidelines	08-Aug-2017	08-Aug-2020	Reviewed/Completed	Previously noted by DHIC - see key
UHB 427	IT Security Equipment Procurement Guidance	Guidelines	20-Sep-2016	20-Sep-2019	Reviewed/Completed	Previously noted by DHIC - see key
UHB 428	IT Security Incidents (Breach) Guidance	Guidelines	20-Sep-2016	20-Sep-2019	Review to be scheduled	
UHB 429	IT Security Software Licensing Procedure	Procedure	20-Sep-2016	20-Sep-2019	Reviewed/Completed	Previously noted by DHIC - see key
UHB 246 - N	Information Governance Policy - UHB 207 Performance Management Framework - UHB 002 Data Protection Act Policy - UHB 350 Data Act Procedure	Policy	43784	44596	Review to be scheduled November 2023	UHB 207, UHB 002 and UHB 350 will be incoporated into UHB 246, when reviewed in November 2023
UHB 288	Data Quality Management Procedure	Procedure		15-Sep-2018	Review to be scheduled	
UHB 420	IT Security Disposal of Equipment Guidance	Guidelines		08-Aug-2020	Reviewed/Completed	Previously noted by DHIC - see key
UHB 423	Bring your own Devices Local Procedure	Procedure		08-Aug-2020	Reviewed/Completed	Previously noted by DHIC - see key
UHB 430	IT Security Assets Guidance	Guidelines		08-Aug-2020	Reviewed/Completed	Previously noted by DHIC - see key
UHB 431	IT Security Code of Connection Guidance	Guidelines		08-Aug-2020	Reviewed/Completed	Previously noted by DHIC - see key
Key			Policy	Procedure/Guideline		
For Information - For Board to note for information purposes only						
Review Period (Min 28 Days 1st Consultation + 10 Days Review 1 + 5 Days Review 2 *to include EHIA (EQIA) review)						

Final Draft Approved via relevant Steering Group.

Provided to DHIC for noting, adopted by CAV and do not require further approval

Saunders Nathan  
26/09/2023 09:43:16

Report Title:	Digital Directors' Peer Group			Agenda Item no.	4.1	
Meeting:	Digital & Health Intelligence Committee	Public	X	Meeting Date:	3 <sup>rd</sup> October 2023	
		Private				
Status <i>(please tick one only):</i>	Assurance	<input type="checkbox"/>	Approval	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>
Lead Executive:	Director of Digital & Health Intelligence					
Report Author (Title):	Director of Digital & Health Intelligence					
Main Report						
Background and current situation:						
<p>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&amp;T issues nationally.</p> <p>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.</p> <p>Assurance is provided by the discussion and exchange of views and updates on a wide range of digital related issues via the regular monthly meetings comprising board-level leads for digital from across all NHS Wales organisations, including Welsh Government's Chief Digital Officer and members of DHCW's executive team.</p>						
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:						
<p>The attached minutes of the last two meetings held in August and September 2023 provide an update on the scope and range of discussions on digital matters impacting on all NHS Wales organisations.</p> <p>CAV UHB is represented by the Director of Digital and Health Intelligence (the Director of Digital Transformation acts as deputy when necessary).</p>						
Saunders, Nathan 26/09/2023 09:43:16						
Recommendation:						

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

- Minutes of Meeting – 8<sup>th</sup> August 2023 (Appendix 1)
- Minutes of Meeting – 5<sup>th</sup> September 2023 (Appendix 2)

#### 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	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: Yes

Financial: No

Workforce: Yes

Legal: No

Reputational: Yes

Socio Economic: Yes

Equality and Health: Yes

Decarbonisation: No



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

Saunders,Nathan  
26/09/2023 09:43:16

## Directors of Digital Peer Group Meeting Draft Notes

<b>Date of Meeting</b>	Tuesday 8 August 2023
<b>Time of Meeting</b>	2.00pm – 5.15pm
<b>Meeting Venue</b>	MS Teams
<b>Chair</b>	Iain Bell

<b>PRESENT:</b>		<b>APOLOGIES:</b>	<b>GUESTS:</b>
Paul Solloway ABUHB	PS	Dylan Roberts BCUHB	Helen Hughes BCUHB
Sion Jones BCUHB	SJ	Stuart Morris CTMUHB	Sally May CTMUHB
Karen Winder CTMUHB	KW	Alison Ramsey NWSSP	Sian Phillips CTMUHB
David Thomas CVUHB	DT	Pete Hopgood PTHB	John Collins DHCW
Ifan Evans DHCW	IE	Mike Emery WG	Gareth Cooke DHCW
Sam Lloyd DHCW	SL		Grant Griffiths DHCW
Claire Osmundsen-Little DHCW	COL		Carwyn Lloyd-Jones DHCW
Helen Thomas DHCW	HT		Alison Maguire DHCW
Anthony Tracey HDUHB	AT		Michelle Sell DHCW
Sian Richards HEIW	SR		Jillian Haynes NWSSP
Neil Jenkins NWSSP	NJ		Angela Williams PHW
Iain Bell PHW	IB		Hywel Pullen PTHB
Vicki Cooper PTHB	VC		Mike Ogonovsky TEC Cymru
Matt John SBUHB	MJ		Matthew Bunce VNHST
Carl Taylor VNHST	CT		Rebecca Andrews WG
Leanne Smith WAST	LS		Ryan Perry WG
Philip Bowen WG	PB		
Larissa Brock WNHSC	LB		

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
1. Welcome & Apologies, Meeting Notes and Matters Arising (Chair)	<p>IB welcomed the group, apologies were noted as above and the Action Log updated. DT agreed that the SIRO action for inactive mailboxes could be closed off.</p> <p>Previous meeting notes were approved.</p>	
2. RISP Programme Update (Alison Maguire, Michelle Sell, Sian Phillips, Helen Hughes)	<p>Presentation shared. Alison Maguire explained the scope and timelines of the programme and associated risks. The Master Services Agreement (MSA) and Central Deployment Order (CDO) have not yet been signed which means Philips cannot commence work and the project is now in delay.</p> <p>Sian Phillips explained the benefits of the new procured system and Helen Hughes elaborated on the significant clinical impact if risks are not mitigated. Michelle Sell proposed 3 possible resolution options following recent contract discussions with Fuji. A follow up meeting with them is scheduled for this Friday.</p> <p>There was group discussion around collectively agreeing the way forward, what agreement could be made with Fuji, whether migration dates could be scheduled for later and what steps were needed to sign a contract with Philips.</p>	

	<p>It was noted that when the service goes live, support costs will be allocated across all NHS organisations proportionately. John Collins pointed out that these costs were not new and had been included in the original order.</p> <p>There was a difference of opinion across LHBs over extending future implementation dates, with some lack of confidence expressed in the combined Philips/DHCW integrated plan for delivery. HT agreed that DHCW could share progress with LHBs in terms of the integration work that would be needed and invited organisations to raise any concerns they have as soon as possible, in order that the national Delivery Order could be signed to prevent further delay/risk.</p> <p>Alison/Michelle agreed to circulate costings for each suggested option so that LHBs could review and respond appropriately. <b>ACTION All LHBs to respond to Alison/Michelle regarding their preferred Fuji option as soon as possible.</b></p>	<b>01 – All LHBs</b>
3. Plans for National Programme Delivery (All organisations)	<p>HT introduced the item and IE shared a Joint Plans on a Page presentation, including the main national solutions in scope across NHS Wales organisations, their proposed timelines and the levels of confidence in their implementation.</p> <p>IE requested feedback from the group and the following comments were made:</p> <ul style="list-style-type: none"> <li>-Helpful high level layout.</li> <li>-Need to consider impact of these programmes on workforce.</li> <li>-How do we show what keeps getting delayed and not prioritised?</li> <li>-Need to ensure other major programmes of work/business as usual/cyber resilience programmes are included that also require local digital resources.</li> <li>-If one organisation moves their milestones that can have a significant impact on other organisations.</li> <li>-The Level of Confidence key (red/amber/green) needs further clarification (ie does it relate to finance/workload/dates?)</li> <li>-How do we find a way of efficiently managing the evident bottlenecks?</li> </ul> <p><b>ACTION IE agreed to circulate slides to the relevant contact in each organisation for all to update and send back.</b></p> <p>A summary of work priorities and timelines was then shared by Digital Directors from the various NHS organisations in Wales. Possible consolidation of the delivery schedules was suggested if roll out dates are not considered achievable.</p> <p>Mike Ogonovsky added that a review has been undertaken by TEC Cymru confirming that overall use of virtual wards has declined, with varying feedback from stakeholders. MO expressed concern over whether investment should continue at the same pace given that there were other priorities needing focus/resource.</p> <p>The group agreed that clinicians could not be forced to adopt virtual wards but the inconsistent usage across organisations needed to be addressed and the advantages emphasised, including a reduction in carbon emissions.</p>	<b>02 – IE/All</b>

Saunders, Nathan  
26/09/2023 09:43:16

	MO added that the strategic review and SRO letter would be sent to WG colleagues shortly and feedback would then be shared with the peer group.	
4. AOB	<p><u>Financial Challenge (Claire Osmundsen-Little)</u></p> <p>COL emphasised the need for consistency around the messaging of the value of digital as a benefit not just a cost. HT added that the Health Minister is very aware of the importance of digital priorities in managing the significant system pressures both now and in the future.</p> <p>IB offered collaborative support by way of additional peer group meetings if needed.</p>	
	End of meeting.	
<p><b>Next Meeting: Tuesday 5 September In-Person at DHCW, Cardiff</b>  <b>9.30pm Peer Group Meeting</b>  <b>1.30pm Strategy Session</b></p>		

Saunders, Nathan  
26/09/2023 09:43:16

## Directors of Digital Peer Group Meeting Draft Notes

<b>Date of Meeting</b>	Tuesday 5 September 2023
<b>Time of Meeting</b>	9.30am – 1.15pm
<b>Meeting Venue</b>	Board Room, DHCW, Cowbridge Road East, Cardiff / MS Teams
<b>Chair</b>	Iain Bell

<b>PRESENT: V=Virtual</b>		<b>APOLOGIES:</b>	<b>GUESTS:</b>
Paul Solloway ABUHB	PS	Claire Osmundsen-Little DHCW	Alexander Vaughan-Morris 111 Programme
Dylan Roberts BCUHB	DR	Sian Richards HEIW	Meirion George DHCW
Stuart Morris CTMUHB	SM	Alison Ramsey NWSSP	Griff Williams DHCW
David Thomas CVUHB V	DT	Vicki Cooper PTHB	Ian Williams DHCW
Ifan Evans DHCW	IE	Pete Hopgood PTHB	John Rayner HIMSS
Sam Lloyd DHCW	SL	Carl Taylor VNHST	Rebecca Andrews WG
Mark Cox DHCW	MC		Gareth Ashman WG
Helen Thomas DHCW	HT		Natasha Dunkley WG
Anthony Tracey HDUHB	AT		Ryan Perry WG
Neil Jenkins NWSSP	NJ		
Iain Bell PHW	IB		
Matt John SBUHB	MJ		
David Mason-Hawes VUNHST	DMH		
Leanne Smith WAST V part	LS		
Mike Emery WG	ME		
Larissa Brock WNHSC	LB		

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
1. Welcome & Apologies, Meeting Notes and Matters Arising (Chair)	Iain Bell welcomed the group, apologies were noted as above and the Action Log updated.  Previous meeting notes were approved.	
2. Welsh Government Update (Mike Emery, Gareth Ashman, Rebecca Andrews, Ryan Perry, Natasha Dunkley)	Mike Emery informed the group that Philip Bowen is changing roles in WG.  Gareth Ashman advised that last week the AI Commission met with key stakeholders from the health and social care sector. At that meeting it was agreed that clear direction is needed, especially in regulating the use of AI in diagnostics and the use of AI tools to support delayed transfers of care. The Algorithmic Transparency Standards developed by the Centre for Data Ethics and Innovation have received broad support in the UK and Digital Directors agreed that it would be more efficient to base standards for Wales on these, rather than create new ones.  Welsh Government are setting up a working group involving various stakeholders to map out interdependencies and agree final standards and best practice. This topic was added to the forward planner and Gareth Ashman agreed to circulate the Terms of Reference for the working group to Digital Directors.	

	Natasha Dunkley then updated the group on a ransomware attack that took place in June at the University of Manchester, which resulted in some Welsh patient data from the Trauma Audit and Research Network TARN database being extracted. ND agreed to notify Darren Lloyd and the peer group commented that an agreed strategy for data standards involving supply chain/third parties was needed.	
3. Budget Deficit and DPIF (Mike Emery WG)	<p>Mike Emery advised that DPIF governance changes are ongoing, with work underway on the accountability of roles and the establishment of a National Portfolio and Leadership Board. Cabinet is meeting next week to consider all the budget lines and how to address the NHS Wales budget deficit.</p> <p>There was group discussion around the medium and long-term consequences of budget cuts and comments made that a consistent message was needed across LHBs with a unified approach. In addition, the suggestion was made for Primary Care representation to be included on the Board.</p>	
4. RISP Programme and the Digital Portfolio (Dylan Roberts BCUHB)	<p>Dylan Roberts introduced the item, mentioning the associated risks and extra costs relating to the RISP programme. There was group discussion around possible reprofiling of the digital portfolio due to unrealistic expectations around delivery and the extra costs that will be incurred due to changes in scope.</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> <li>-How can we counteract senior leaders' concept of digital as a cost?</li> <li>-It's important to gain a reputation for delivering digital programmes effectively and saving LHBs money in the longer term.</li> <li>-There is a need to standardise programme delivery, governance, workforce costs etc to what is achievable.</li> <li>-There are too many projects in the pipeline which means timelines and costs will likely increase from the original plan.</li> <li>-We need to carefully consider what we can afford to deliver and possibly adopt a more 'one size fits all' approach across Wales instead of adjusting scope to meet every request from clinicians which in the past has become unfeasible to roll out.</li> </ul> <p>The peer group agreed to dedicate the face to face November afternoon strategy session to this discussion, aligning with IMTP planning and establishing what is achievable with the resources available. <b>ACTION ME, IE and DR to submit workshop proposal at October meeting.</b></p>	01 – ME, IE, DR
5. 111 Integrated Information Solution – SALUS (Leanne Smith, Alexander Vaughan-Morris)	<p>Leanne Smith introduced the item. AVM advised the group that the SALUS product is made up of 3 components and unfortunately there have been challenges with all of the solutions, especially the non-delivery of the CMM product which means that the go-live November date cannot be achieved. A contingency planning group is being set up by Mike Ogonovsky to review what delivery options are available and decisions will be made in the coming weeks as to how to proceed.</p> <p>There was discussion around the cost of possibly running Adastra alongside the new solution and who would cover this. Further</p>	

	engagement is needed with LHBs. It was agreed an update would follow at the next meeting and LB added the item to the forward planner.	
6. DHCW Integration Service (Sam Lloyd, Meirion George, Ian Williams)	<p>Sam Lloyd explained the significant pressures on DHCW due to an integration backlog build up and the need to modernise the service. Meirion George shared a presentation on Integration Reference and Terminology IRAT - the historical position, prioritisation process and next steps to include a deep dive, financial modelling, engagement with Directors of Digital and Finance and work on a replacement for Fiorano.</p> <p>Ian Williams shared a diagram explaining the integration hub architecture and future plans, including moving to Cloud deployment and a new data analytics platform.</p> <p>There was a positive response from the peer group with questions asked regarding method of prioritisation. MG responded that it would depend on each organisation's strategic direction and requested further feedback in future to inform a collective view.</p>	
7. API Platform Roadmap (Ian Williams, Griff Williams)	<p>Slides were shared on the vision for flexible architecture, DHCW API Platform Team goals and responsibilities, operating model, beta approach to API onboarding and engagement products overview. The aim is to go live in November with beta partners and there is a need to work through governance arrangements with all NHS organisations.</p> <p>The peer group were enthusiastic about the work and expressed thanks to the team.</p>	
8. HIMSS – Continuity of Care Maturity Model (John Rayner)	<p>John Rayner shared slides on the CCM model development, governance, compliance and assessment processes. There was discussion around the need to promote multi-agency buy-in and the need for evidence of improved outcomes following implementation.</p> <p>Anthony Tracey expressed a willingness to implement this in HDUHB with the Regional Partnership Board taking ownership. After discussion, the group agreed that roll-out in one LHB would helpfully indicate the point that NHS organisations have reached in the other Welsh regions and this would give a baseline position. The CCMM online survey would be undertaken, followed by HIMSS workshops to obtain results and then a comprehensive report would be constructed. AT agreed to discuss further with JR offline.</p> <p>Helen Thomas requested case studies of more mature communities from JR, who agreed to check permissions with the relevant organisations before sharing.</p>	
9. AOB	No further items were raised.	
	End of meeting.	
<b>Next Meeting: Tuesday 3 October 2pm-5pm - MS Teams</b>		

J. Saunders, Nathan  
 26/09/2023 09:43:16