

Digital & Health Intelligence Committee

Tue 30 May 2023, 09:00 - 11:00

Agenda

09:00 - 09:10
10 min

1. Standing Items

David Edwards

1.1. Welcome & Introductions

1.2. Apologies for Absence

1.3. Declarations of Interest

1.4. Minutes of the Committee Meeting held on 14 February 2023

 1.4 Draft Public DHIC Minutes FebMD.pdf (11 pages)

1.5. Action Log following the Committee Meeting held on 14 February 2023

 1.5 Draft DHIC Public Action Log - MayMD.pdf (3 pages)

1.6. Chair’s Action taken since the Committee Meeting held on 14 February 2023

09:10 - 10:30
80 min

2. Items for Review and Assurance

2.1. Digital Transformation and Digital Strategy Progress Report

David Thomas

 2.1 Digital Strategy update May 2023 DT1.pdf (7 pages)

 2.1a Appendix A Digital Strategy.pdf (7 pages)

2.2. Joint IMT & IG Corporate Risk Register

David Thomas


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

 2.2a - Appendix 1 - DHI Combined Risk Register.pdf (4 pages)

 2.2b - Appendix 2 - BAF - Digital Strategy Roadmap.pdf (3 pages)

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

James Webb

 2.3 IG Data & Compliance.pdf (6 pages)

2.4. Digital Services Key Performance Indicators

David Thomas

Mohamed Sarah
19/05/2023 16:45:27

- 📄 2.4 Digital Services Key Performance Indicators DT1.pdf (3 pages)
- 📄 2.4a - Appendix 1 - Ivanti Executive Scorecard.pdf (2 pages)
- 📄 2.4b - Appendix 2 - Incident Management for 2023.pdf (2 pages)
- 📄 2.4c - Appendix 3 - Ivanti Automation Request.pdf (2 pages)

2.5. Framework Policies, Procedures & Controls Update

David Thomas

- 📄 2.5 Framework Policies Procedures and Controls PUBLIC DHIC.pdf (3 pages)

2.6. Committee Self Effectiveness Survey

James Quance

- 📄 2.6 Committee self effectiveness survey response report.pdf (3 pages)
- 📄 2.6a Digital Health Intelligence Self Assessment Survey Response.pdf (6 pages)

2.7. Welsh Government Digital Strategy for Health & Social Care Refresh

David Thomas

- 📄 2.7 Welsh Government Digital Strategy cover.pdf (3 pages)
- 📄 2.7a Appendix 1- Welsh Government refresh Digital Health and Social Care Strategy v1.43.pdf (43 pages)
- 📄 2.7b Appendix 2 - Philip Bowen Welsh Gov 21 04 23 DT1.pdf (2 pages)

2.8. BREAK - 10 Mins

10:30 - 10:35 3. Items for Approval / Ratification 5 min

3.1. Policies (Verbal Update)

David Thomas

10:35 - 10:40 4. Items for Noting and Information 5 min

4.1. Digital Directors Peer Group Minutes

David Thomas

- 📄 4.1 Digital Directors Peer Group Cover.pdf (3 pages)
- 📄 4.1a Appendix 1 - DRAFT Notes 15 February 2023 Directors of Digital Peer Group Meeting.pdf (4 pages)
- 📄 4.1b Appendix 2 - DRAFT Notes 7 March 2023 Directors of Digital Peer Group Meeting.pdf (4 pages)
- 📄 4.1c Appendix 3 - DRAFT Notes 4 April 2023 Directors of Digital Peer Group Meeting.pdf (3 pages)
- 📄 4.1d Appendix 4 - DRAFT Notes 2 May 2023 Directors of Digital Peer Group Meeting.pdf (5 pages)

10:40 - 10:40 5. Agenda for Private Digital & Health Intelligence Meeting 0 min

5.1. Minutes from the Private DHIC Meeting held on 14 February 2023

5.2. Digital Budget and Investment and Digital Strategy Case for Investment

5.3. Caldicott Guardian Requirements (Confidential paper – contains personal data)

5.4. Cyber Report including: Performance Measures (Confidential paper)

Mohamed, Sarah
19/05/2023 16:15:27

5.5. Health Board Financial Position – IT Implications (Confidential paper)

10:40 - 10:40 6. Any Other Business 0 min

10:40 - 10:40 7. Items to bring to the attention of the Board / Committee 0 min

David Edwards

10:40 - 10:40 8. Review of the Meeting 0 min

David Edwards

10:40 - 10:40 9. Date & Time of next Meeting: 0 min

Tuesday 15th August 2023 at 9am via MS Teams

10:40 - 10:40 10. Declaration 0 min

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

Mohamed Sarah
19/05/2023 16:15:27

**Unconfirmed Minutes of the Public Digital & Health Intelligence Committee Meeting
Held On 14 February 2023 at 9 am
Via MS Teams**

Chair:		
David Edwards	DE	Independent Member - Digital
Present:		
Michael Imperato	MI	Independent Member - Legal
Sara Moseley	SM	Independent Member – Third Sector
Keith Harding	KH	Independent Member - University
In Attendance:		
Suzanne Rankin	SR	Chief Executive Officer
James Quance	JQ	Interim Director of Corporate Governance
Angela Parratt	AP	Director of Digital Transformation
David Thomas	DT	Director of Digital & Health Intelligence
James Webb	JW	Information Governance Manager
Bruce Johnson	BH	IT Project Manager
Mark Wardle	MW	Consultant Neurologist
Observers:		
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Marcia Donovan	MD	Head of Corporate Governance

Item No	Agenda Item	Action
DHIC 14/02/001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the Public meeting and confirmed the meeting was quorate.	
DHIC 14/02/002	Apologies for Absence Apologies for absences were noted. The Committee resolved that: a) The apologies were noted.	
DHIC 14/02/003	Declarations of Interest The Committee resolved that: a) No Declaration of Interest were noted.	
DHIC 14/02/004	Minutes of the Meeting Held 4 October 2022 The Committee Resolved that:	

	a) The Minutes of the Meeting held on the 4 October 2022 were confirmed as a true and accurate record.	
DHIC 14/02/005	Action Log – Following the Meeting held on 4 October 2022 The Action Log was received. The Committee Resolved that: a) The Action Log was discussed and noted.	
DHIC 14/02/006	Chair’s Action taken since the Committee Meeting held on 4 October 2022 The Committee Resolved that: a) There were no Chair’s Action.	
Items for Review and Assurance		
DHIC 14/02/007	Digital Transformation Progress Report The Director of Digital Transformation (DDT) presented the Report and highlighted the following: <u>Shaping Our Future Digital Services</u> <ul style="list-style-type: none"> • The Digital and Health Intelligence team (the team) had completed an exercise with the Future Hospitals team. • The team had met with the New Hospital Programme Leads in England, including the Digital Director. • The team had also spoken to hospitals which were in cohort 3 of a new hospital programme in England. Those were a mixture of organisations, of similar size to the Health Board, which were working towards a new hospital build and which also needed digital capability. • That exercise had shown the following: <ul style="list-style-type: none"> - Each organisation had a “legacy”. - Each organisation had different start points and different approaches. - Each organisation had or was replacing an existing Electronic Patient Records (EPR). - Sometimes “legacy” could impact upon the capability of new facilities. 	

The consistent message was that digital services were central to transformation.

Some key learnings from the exercise included:

- SMART was the digital hospital of the future. Hospitals should be designed to operate and not just be designed to build.
- It was important to have principles that aligned to a physical SMART building to ensure interoperability and connectivity.
- Data at the centre of everything to improve patient care was also key.

UHW2 Digital SoC

- The aim was to move from a digital hospital to a SMART hospital.
- That meant bringing data from patients, buildings, systems all along the patients' pathway.

Next steps

- There were dependencies on the following strategies: Shaping Our Future Communities, including at Home and Shaping our Future Hospital.
- The team was awaiting funding to be approved by Welsh Government. That funding would allow for more learning from the wider healthcare system, seek expertise and look for innovation.
- A strategic outline case which set out what digital services were needed and how to get them was also required.

EA Update

- The Enterprise Architecture work was going very well. The senior management team was very engaged and was contributing to that piece of work.
- Deeper dives had been done in specific areas and there had been a lot of added value.

The Independent Member for Third Sector (IMTS) queried how much of that was applicable to neighbouring organisations. Also, what did it mean for pace and collaboration with clinicians.

The Director for Digital & Health Intelligence (DDHI) stated that regional work was taking place to establish

how regional services would be implemented. The Welsh Government's (WG) Digital Strategy, which was currently unpublished, also included a national picture of what the WG wanted to achieve as a nation. The New Chief Digital Officer had visited the Health Board recently and the team had shared plans and aspirations with him. A major challenge was how those plans/aspirations would be resourced.

The Independent Member – University (IMU) queried whether there was any intention to work with Cardiff University. There was a big initiative in Cardiff University to create a data nation accelerator.

The IMU also added that he had previously completed a 4-year contract with Singapore, where the creation of electronic medical records across the whole country had been considered. It would be useful to look into international collaborations.

The DDT responded that there was a link on the slides that showed 300 very good exemplars. There were examples in Singapore, America and Norway. The team was hoping to work with the organisations in those countries.

The DDHI responded that he had recently met with Roger Whittaker from Cardiff University. He had put him in touch with individuals such as Pete Burnap who was heading up the new Cyber Centre. The team was keen to make connections and work closely together with Cardiff University.

The Committee Chair (CC) queried whether the team had looked at organisations outside of the NHS to obtain additional learning.

The DDT responded that the team had looked at what other sectors are doing in relation to digital transformation.

The CC emphasised that digital transformation needed to be embedded within the Health Board's main strategy. Every Executive Director should feel as responsible for digital transformation as the DDHI.

The DDHI stated that digital transformation was for the benefit of the patient. The team had also engaged with all of the Shaping Our Future programmes to ensure that.

Mohamed Sarah
19/05/2023 16:15:27

	<p>The DDHI added that the UHB Chair had requested that the Board should be advised on digital transformational matters at least twice a year.</p> <p>The Committee Resolved that:</p> <p>a) The Digital Transformation Progress Report was noted.</p>	DDHI/IDCG
DHIC 14/02/008	<p>Digital Strategy Update</p> <p>The DDHI stated that the Digital Strategy item had been covered in the previous agenda item and he suggested that the Digital Strategy and Digital Transformation be a combined in future committee meetings.</p> <p>The Committee Resolved that:</p> <p>a) The update within the paper was noted.</p>	DDHI/IDCG
DHIC 14/02/009	<p>Joint IMT & IG Corporate Risk Register</p> <p>The DDHI presented the Joint IMT and IG Corporate Risk Register Paper.</p> <p>It was noted that this standing item detailed the risks on the risk register. The entries had been updated since the last meeting. Cyber Security continued to be the highest risk on the register. A more detailed discussion regarding that risk would take place in the Private session.</p> <p>The DDHI advised that the other risks were being mitigated. However, the lack of investment resources and lack of people was making it more difficult to achieve.</p> <p>The IMTS queried the data quality risks.</p> <p>The DDHI responded that a Data Improvement Group had been established. The aim of that group was to map out and understand the gaps and the quality of the data. That was also very important from a patient safety perspective.</p> <p>The Interim Director of Corporate Governance (IDCG) advised that the description was slightly out of date and should be updated.</p> <p>The DDHI responded that he would change the name.</p> <p>The Committee Resolved that:</p> <p>a) Progress and updates to the Risk Register report were noted.</p>	

Mohamed Sarah
19/05/2023 16:15:27

<p>DHIC 14/02/010</p>	<p>IG Data & Compliance (Sis, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)</p> <p>The Head of Information Governance and Cyber Security (HIGCS) presented the Report and highlighted the following:</p> <ul style="list-style-type: none"> • Between September 2022 and December 2022, the Information Governance Department had reviewed a total of 245 information governance related incidents. That was consistent with the number of incidents reviewed during the last period. • One of these breaches had met the threshold to be reported to the Information Commissioner's Office (ICO). The details of that breach would be outlined in the Private session of the Committee. • The number of Freedom of Information (FOI) requests received during the last 12 months had increased to 52 requests per month and the average compliance rate had remained at 86%. • The Subject Access Requests for medical records compliance rate had risen above the data reported to the last Committee. However, concerns still remained regarding the overall compliance, with only just half of requests having been responded to within one month. • The new digital Subject Access Request system, which was discussed at the last Committee, had now been built and was in the testing phase. • It was anticipated that would be available to patients before the end of the financial year. The purpose was to streamline the process and to manage performance and report figures more easily. <p>The IMTS stated that it may be helpful to understand where the Health Board stood amongst other Health Boards and to understand whether or not it was an outlier.</p> <p>The HIGCS responded that information was gathered on an ad hoc basis. He would be able to share further information at the next Committee meeting.</p> <p>The IMU queried whether trajectories could be set.</p> <p>The DDHI responded that they would set an improvement target and monitor/report against that.</p> <p>The CC stated that it was not expected that organisations would achieve 100% compliance. However, the Committee should discuss the risks and</p>	<p>HIGCS</p> <p>HIGCS</p>
---	--	---

Mohamed Sarah
19/05/2023 16:15:27

	<p>understand what steps were being taken to deal with those risks.</p> <p>The Committee Resolved that:</p> <p>a) A series of updates relating to significant Information Governance issues was received and noted.</p>	
<p>DHIC 14/02/011</p>	<p>Digital Services Key Performance Indicators</p> <p>The DDHI presented the Digital Services Key Performance Indicators Report.</p> <p>It was noted that the implementation of the new service desk tool, Ivanti, had continued to be embedded within the Digital Operations service.</p> <p>The self-service portal was released in Autumn 2022 and was now fully functional for the effective management of the full range of IT service desk functions.</p> <p>The intention was to bring regular dashboards to future Committee meetings.</p> <p>The IT Project Manager (IPM) gave a demonstration of the system to show what was possible and highlighted the following:</p> <ul style="list-style-type: none"> - The plan was to move to Power BI. - The idea was that it would allow people to open reports at any time without needing to ask anyone. - There had been an improvement in the length of time in which requests had remained open. <p>The DDHI added that SLA targets were also being prepared by the team.</p> <p>The CC stated that whilst the graphs were useful, it would be helpful to also highlight items that were of interest to the Committee.</p> <p>The Committee Resolved that:</p> <p>a) The progress since the last update on the Ivanti service desk tool in relation to KPIs were noted.</p>	
<p>DHIC 14/02/012</p>	<p>Framework Policies, Procedures & Controls</p> <p>The DDHI presented the Framework Policies, Procedures & Controls Paper.</p>	

	<p>The following procedures and guidance had been reviewed and updated:</p> <ul style="list-style-type: none"> – Disposal of IT Equipment Guidance – IM&T Equipment Procurement Guidance – IT Security Business Continuity Guidance – IT Security Code of Connection Guidance – Security of Assets Guidance – Software Licensing Procedure – Use Your Own Device Procedure <p>In addition to these, the following Standard Operating Procedures (SOPs) had been developed:</p> <ul style="list-style-type: none"> – Cyber Incidence Response – Patch and Vulnerability Management <p>It was noted that there was an internal Tech and Cyber Group that met on a monthly basis to ensure that the Health Board was working as safely as possible.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) Progress against the Framework Policies, Procedures & Controls was noted. 	
<p>DHIC 14/02/013</p>	<p>Clinical Coding Update</p> <p>The DDHI presented the Clinical Coding Performance Data Paper.</p> <p>It was noted that Clinical Coding would move to the Quality, Safety and Experience Committee.</p> <p>The HIGCS advised that the compliance level had dropped below the Welsh Government target and national target. That was a result of not allowing staff members to work from home.</p> <p>The IML queried whether that was a pan Wales problem.</p> <p>The HIGCS responded that it was an issue across Wales. The Health Board could not allow Clinical Coding staff to work from home because of the reliance of paper records.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) The performance of the UHB's Clinical Coding Department was noted. 	
<p>DHIC 14/02/014</p>	<p>Board Assurance Framework – Digital Risk</p>	

	<p>The IDCG presented the Board Assurance Framework – Digital Risk.</p> <p>It was noted that the Board Assurance Framework (BAF) contained one risk at 15 - Digital Strategy and Road Map.</p> <p>There was a risk that the Digital Strategy and Roadmap would not be implemented, due to lack of resources, resulting in a deficit in infrastructure, applications and informatics capability.</p> <p>The Committee Resolved that:</p> <p>a) The attached risks in relation to the Digital Strategy and Road Map were reviewed.</p> <p>b) Assurance would be provided to the Board on 30th March 2023 on the management /mitigation of those risks.</p>	
	Items for Approval / Ratification	
DHIC 14/02/015	<p>Committee's Annual Work Plan and Terms of Reference for 2023/24</p> <p>The IDCG presented the Committee's Annual Work Plan and Terms of Reference for 2023/24.</p> <p>It was proposed, based on previous discussions, that clinical coding performance would be reported to the Quality, Safety and Experience Committee from 2023/24.</p> <p>It was noted that the Committee met 3 times a year and it was queried whether it should meet more often.</p> <p>The IDCG confirmed that he would take this away for further consideration.</p> <p>The Committee Resolved that:</p> <p>a) the Terms of Reference and work plan 2023/24 for the DHIC were reviewed;</p> <p>b) the Terms of Reference and work plan 2023/24 for the DHIC were ratified; and</p> <p>c) the changes to the Terms of Reference and work plan 2023/23 were recommended to the Board for approval on 30th March 2023.</p>	IDCG
DHIC 14/02/016	<p>Digital & Health Intelligence Committee Annual Report – 2022/23</p> <p>The IDCG presented the Digital & Health Intelligence Committee Annual Report – 2022/23.</p>	

	<p>It was to provide members of the Committee with the opportunity to discuss the attached draft annual report before it was submitted to the Board for approval by the end of March 2023.</p> <p>It was noted that the Report would be updated following today's meeting.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) The draft Annual Report 2022/23 of the Digital and Health Intelligence Committee was reviewed. b) The draft Annual Report was recommended to the Board for approval. 	
<p>DHIC 14/02/017</p>	<p>Policies – Verbal Update</p> <p>The DDHI stated that no policies were presented to the Committee for approval.</p> <p>The DDHI would need to sit down with the IDCG to discuss the policies which were out of date.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) No Policies were noted. 	
<p>DHIC 14/02/018</p>	<p>Minutes: Digital Directors Peer Group</p> <ul style="list-style-type: none"> • 8.11.22 • 6.12.22 • 10.01.23 <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) The Minutes of the Digital Directors Peer Group of the meetings held on 8 November 2022, 6 December 2022 and 10 January 2023 were received and noted. 	
<p>DHIC 14/02/019</p>	<p>Agenda for Private Digital & Health Intelligence Meeting</p> <ul style="list-style-type: none"> (i) <i>Minutes from the Private DHIC Meeting held on 4 October 2022</i> (ii) <i>Cyber Security Update (Confidential discussion)</i> (iii) <i>Digital Budget and Investment (Confidential discussion)</i> (iv) <i>Caldicott Guardian Requirements (Confidential paper – contains personal data)</i> <i>All Wales IM Digital Network Highlight Report (Confidential document)</i> 	

DHIC 14/02/020	Any Other Business No Other Business was discussed.	
DHIC 14/02/021	Items to bring to the attention of the Board / Committee No Items were brought to the attention of the Board / Committee.	
	Date & Time of next Meeting: 30 May 2023 via MS Teams	

Mohamed Sarah
19/05/2023 16:15:27

Action Log
Following the Digital Health & Intelligence Committee
Held on 14 February 2023
(For the meeting 30 May 2023)

Minute Ref	Subject	Agreed Action	Lead	Date	Status
Complete Actions					
DHIC 04/10/007	Digital Transformation Progress Report	The DDT would present projects that were both on track and off track.	Angela Parratt	14.02.2023	Completed
DHIC 04/10/010	Processes and Systems for Data, Information Management Report	To issue information regarding the new Ivanti system to staff via CAV Connects.	Russel Kent	14.02.2023	Completed
DHIC 04/10/012	Framework Policies, Procedures & Controls	The DDHI would present an update on the out of date policies that were being worked through.	David Thomas	14.02.2023	Completed
DHIC 04/10/014	Clinical Coding Performance Data	Discussion to be held with CEO/Executive Medical Director to determine which is the most appropriate Board Committee to receive assurance re clinical coding.	David Thomas/James Quance	14.02.2023	Completed
DHIC 14/02/015	Committee's Annual Work Plan and Terms of Reference for 2023/24	The IDC to consider whether the Committee should meet more often than 3 times a year.	James Quance	30.05.2023	Completed Meeting for 15 th August 2023 has been added.

Minute Ref	Subject	Agreed Action	Lead	Date	Status
Actions in Progress					
DHIC 14/02/007	Digital Transformation Progress Report	The Board should be advised on digital transformational matters at least twice a year at the request of the UHB Chair.	David Thomas/ James Webb	30.05.2023	Update on 30 May 2023.
DHIC 14/02/010	Subject Access Requests (SAR) for medical records	The HIGCS would bring data to showcase where the Health Board stood amongst other Health Boards and to understand whether they were an outlier or not. Trajectories would be set for the SAR medical records.	David Thomas/ James Webb	30.05.2023	Update to be provided in the May meeting. - Agenda item 2.3
Actions referred from another Committee					
AAC 8/11/22 007	Digital Strategy Audit	Internal Audit re the Health Board's Digital Strategy recommended that it was good practice to have Clinical Board attendance at the DHIC Committee meetings.	James Quance	14.02.2023	Completed New terms of reference for the Committee would include clinical board attendance.
Actions referred to the Board / Committees of the Board					
AAC 6/9/22 008	IT Service Management	Standing reports regarding the Ivanti System are to go to the Digital Health Intelligence Committee	David Thomas	7.02.22023	Completed Internal Audit Final report on the Ivanti system (the new IT service desk system) was presented to the Audit Committee on 7 February 2023.
DHIC 04/10/007	Digital Transformation Progress Report	To share with the Board's the Committee's concerns with regards to the level of limited resources and the	Committee Chair/ Nicola Foreman	24.11.2022	Completed Board Members were made aware of this via the DHIC Committee

Minute Ref	Subject	Agreed Action	Lead	Date	Status
		impact this has on progressing a number of projects.			Chair's Report which was presented to the Board at its meeting on 24 November 2022.

Mohamed Sarah
19/05/2023 16:15:27

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

Main Report

Background and current situation:

Background and current situation:

This report is supported by a slide presentation shown at Appendix A

2022/23 IMTP - slide 2 of Appendix A

- Good progress has been made with what we set out to achieve in the year 22/23 even with resource challenges

2023/24 IMTP - slide 3 of Appendix A

- Emphasis is on national WG programmes

Risks to plans

- The main constraint in pace is limited resource availability which is diverted to meeting organisational priorities and operational needs

Mitigations

- A digital advisory board to be established to ensure digital resource is aligned with organisational programme and project priorities
- Assessment of capacity undertaken, there are some resource gaps (difficulty recruiting the right skills and expertise which is a wider challenge than just for this UHB)

Governance - slides 4 & 5 of Appendix A

Following meetings in October 2022 and in April 2023 presentation to senior leadership board (SLB), a revised governance model is being developed. The previous model served us in absence of anything prior. We are aiming for greater transparency and shared decision making with the organization so that we make best use of the limited resources we have, to ensure

- activity is aligned to operational needs
- today's activities are concurrent with strategic direction and intentions
- what we do has a strong clinical voice

This proposal has been informed by a senior management team assessment of capacity over and above business as usual (excluding O365 team and Operations) highlighting that:

- We continue to carry a number of vacancies (this is not unique to CAV digital)
- The capacity we do have is over committed
- We have a growing backlog of requests

The proposal under discussion also recognizes the new WG Chief Digital and Innovation Officer role as direction will be provided on things such as standards for interoperability, WG digital priorities

Roles and responsibilities and how we will process work requests are still being discussed. Once a proposal is firm the intention is to take it to SLB for ratification.

Shaping our Future Digital Services

As referenced in previous meetings, we have held over 40 gathering intelligence conversations with colleagues in commensurate organisations undergoing similar programmes to Shaping our Future Hospitals and Shaping our Future Clinical Services.

This work informs our plans. We have amassed a knowledge base of articles and artefacts including what good can look like, benefits we can expect to realise through digitisation, different approaches, lessons to learn etc

AS IS – current state

Enterprise architecture (EA)

The first phase of work has completed. This is part of determining our baseline in terms of where we are and what we need to do in the next 18 or so months as well as some key decisions we will need to take in order to progress our digital maturity journey. The work has delivered the required outputs including:

- Enterprise Architecture diagrams
- Target Operating Model
- Viewpoints e.g. of the data stack, infrastructure, system suppliers etc
- List of standards
- A route-map that captures ideas for further discussion and key decisions we need to take
- A report with recommendations

This gives us a place to start and we must now learn to use the EA and take up the recommendations made. The EA will be governed by the Technical Design Authority chaired by the CCIO once the new governance structure is in place (target is end June).

HIMSS¹ assessment of digital maturity – Slide 6 of Appendix A

CAV has undergone an assessment of its digital maturity using the globally recognised HIMSS (Healthcare Information and Management Systems Society) Electronic Medical Record Adoption Model (EMRAM) standard which measures clinical outcomes, patient engagement and clinician use of EMR technology to strengthen organizational performance and health outcomes across patient populations for acute settings.

This recognized standard is what a modern health care system must aspire to. It describes 7 Levels (0 to 7) of maturity where Levels 6 and 7 are the most digitally advanced acute Trusts globally. Only 8 UK NHS Trusts (all in England) have achieved these levels². However, HIMSS EMRAM is not a whole system assessment, it only assesses the digital maturity of our main hospitals and doesn't yet take account of community services.

CAVUHB has been assessed as achieving Level 1. The NHSE minimum stated requirement is Level 5. For CAV to progress to the next Level depends upon having an Electronic Patient Record system in place which can be a system or capability.

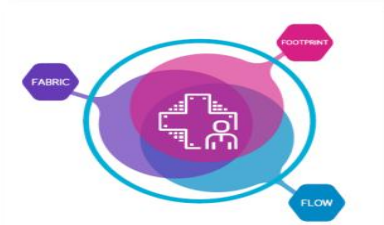
TO BE – future state – Slide 7 of Appendix A

A key piece of intelligence we have gathered is to use *the Health Infrastructure plan – a Blueprint for Digitally Advanced Hospital* produced by NHS Digital and ATOS in 2020 (309 pages) as a model to identify the technologies and capabilities we may include for our 'to be' state.

This is being used by a number of hospitals that are part of the National Hospitals Programme in England. It describes the capabilities needed for an Intelligent hospital and proposes choices on technologies that support and underpin clinical transformation. This would lead to Intelligent hospitals, however we are an integrated health and care *system* and so our digital solutions and capabilities must support the entirety of the patient journey from beginning to end, spanning primary, community, secondary, tertiary care.

¹ HIMSS is a non-profit global advisor, thought leader and member-based society committed to reforming the global health ecosystem through the power of information and technology. Members include nearly 120,000 individuals, 430+ provider organizations, 500+ nonprofit partners and 550+ health services organizations and they have recently signed a memorandum of understanding with WHO-Europe to work together to bring paperless healthcare to the 53 member states of the WHO's European region

² See slide 6 of Appendix A



In September 2020 the Department of Health and Social Care released the 'Health Infrastructure plan - A Blueprint for Digitally Advanced Hospital'

The blueprint guide was released to help support organisations to make wise and future-proofed choices on technology and guide digital design aspirations.

It offers advice and guidance and lessons learned offered to all HIP sites embarking on their digitally advanced hospital projects

It gives a structured approach to developing principles, down to individual implementation considerations for each technology which ensures all new hospitals work to similar standards.

The components of this digital Blueprint are broken down into three fundamental categories:

- the **fabric** of the building
- the **footprint** of the establishment
- the **flow** of the operating model

Components of Fabric

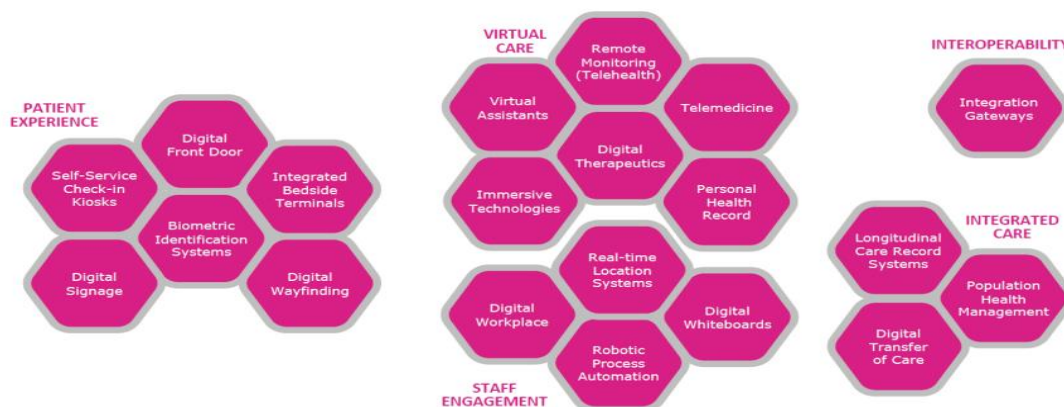


Fabric deals with delivering resource-efficient and sustainable buildings providing personalised experiences to staff, patients and their carers.

This is through provision of planning for digital during construction phase and stack consisting of Internet of Building Things, network infrastructure, internet and transmission-based protocols, integrated communications network, edge processing, edge/cloud-based analytics and Robotics and Artificial intelligence (AI) to support building operations - all bundled into a single (on-premises or cloud-based) Integrated Platform.

The stack would be aligned to deliver against ecologically sound principles from an energy and carbon impact perspective.

Components of Footprint



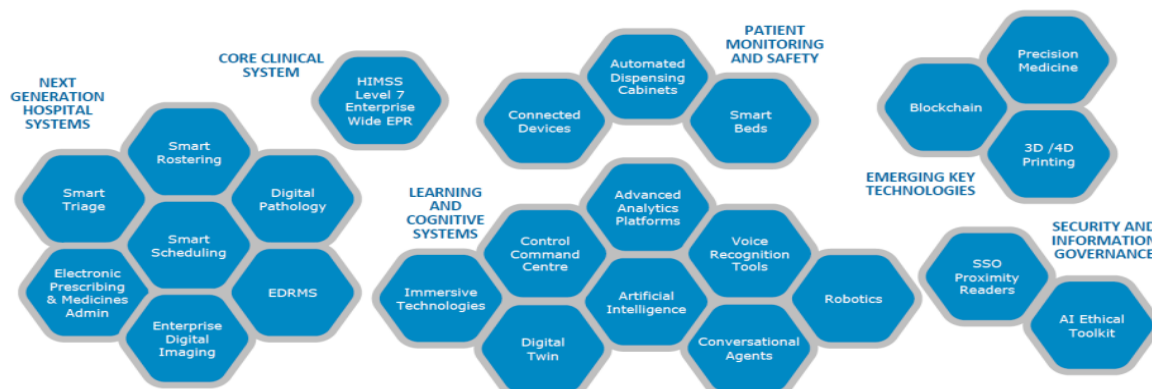
Footprint deals with interaction of the new build(site) with the wider care ecosystem, including interaction of the new site with other sites belonging to that organisation for provision of care and its interactions with other care settings including social care to support integrated care.

Footprint includes home care, supporting provision of care to individuals at home through monitoring of physiological and emotional signs and through observations and assessments by healthcare workers.

Footprint also deals with ability of non-clinical staff working remotely to support in building staff and patient care.

NB – note that achieving Level 7 HIMSS is only one of the components of the Blueprint, shown under Flow.

Components of Flow



Flow deals with the operating model of establishment to describe the clinical pathways and governance surrounding it.

This includes the design and operations of clinical pathways and capture of digital information associated with every step in the pathway starting from admission and check-in of the patient to discharge or transfer of patient.

Flow incorporates the core clinical digital capabilities that have been demonstrated by the GDE and LHCRE programmes.

Intelligent to SMART

NHP is developing a revised blueprint for new hospitals which our intelligence says will be a move from Intelligent to SMART. For us, this means we need a SMART healthcare system.

This is using all of the data available to us, across the entirety of the patients journey from helping them plan their journey e.g. find lower carbon transport and parking, awareness of weather conditions and how this may affect their journey so that we have reduced DNAs to knowing before estate or plant fails that repair or replacement is needed, temperatures and air quality in clinical areas are appropriate to support planned activities meaning less unplanned downtime and reducing manual monitoring or interventions. This is in addition to what an Intelligent hospital / system will give us.

SMART - combine environment & patient data



This is complex work. A bid has been made to Welsh Government for some modest funds to create capacity to develop a Digital Strategic Outline Case in support of the Shaping our Futures programme (clinical services, hospitals, community service etc).

Notwithstanding, these are the works that need to be undertaken in order to progress our digital maturity and introduce the capabilities our clinical and non-clinical colleagues need.

Journey to Digital Maturity

Next 12 to 18 months

There are over 100 programmes and projects in train at any one time as the organization responds to operational needs and WG priorities. The revised governance structure will help digital with the prioritization of these works in a context of limited resources.

Next 5 years, 9 years and 10 years plus

Slide 7 in Appendix A indicates at high level the expected journey to becoming digitally mature, enabling new clinical pathways and models of care operation as well as in time, a SMART system facilitated by new hospital facilities.

Production of the Digital SoC as part of the SOFHs programme (subject to funding) is necessary to flesh out plans and then move to more detail in an Outline Business Case (OBC) and then Full Business Case (FBC).

Strategic focus in 23/24

The digital SoC will build upon our Digital Strategy ambition to be a learning health and care system and work towards becoming a SMART healthcare system to facilitate delivery of redesigned and reimagined clinical pathways, models of care and, in time, new hospital buildings.

The capabilities that will be delivered are what a modern healthcare facility and system should have at its disposal. The Digital SoC bid to WG is expected to bring some capacity and strategic advisory support as it's expected that clinical transformation will need to start before an OBC for SoFHs is approved. An assumption is that SoC to FBC could take up to 5 years before funding to invest in digital transformation would flow.

This means CAV will need to make some decisions on whether investment to support digitalisation can only happen after WG funding is available or if there is a case / an opportunity to invest over the first 5 years as clinical transformation should start within this timeframe

Tactical Activity Update on work programme over last 3 months

Analytics team

- Re-developing a health board wide generic demand and capacity forecasting tool in conjunction with the COO office for planning services
- Providing analytical support for the UHW2 SOC CSP plan
- Working with the COO office regarding bed capacity and forecasting scenario modelling
- Providing Genomics with demand and capacity simulation models to ascertain whether the correct WTE and equipment is in place to meet the national targets

LDR (Local Data Repository) team

- Supporting the Digital Care Region (DCR) Integrated Health and Social Care Record currently working on Patient Identity Management using real-time messaging and APIs
- Supporting the Welsh Referral And Patient Pathway Enterprise Repository (WRAPPER) using a request-response model using real-time messaging and APIs
- Will complete in the next quarter Fysicon (Cardiac Rhythm Monitoring) integration using real-time messaging, including standards integration and interoperability. Interoperable HL7 messages being used are 'Admissions, Discharges and Transfers (ADT), Order Entry (ORM), Scheduling Information Unsolicited (SIU)' and Observation Results (ORU)
- Providing Finance and Nursing with Staffing Roster (Allocate) data and investigating with the Development Team how it can be integrated into PMS modules

Digital Transformation – Development Team

- Further development of the Follow-Up algorithm to include greater accuracy in determining a patient's cancer status from multiple available sources and update the current rules. Implementation and automation of validation processes.
This will enable a true representation of demand for operational and reporting purposes. It benefits patients as we will know exactly which pathways are active and which are cancer related. It will also inform future developments to provide a more joined up cancer pathway in terms of data that can be used for alerts etc.
- PMS infrastructure that is the foundation of all major acute in-house developed applications is currently undergoing an upgrade to a high availability environment. This includes an upgrade to the PMS PAS system. This will support software and hardware upgrades as well as systems reliability.
- COM2 has the ability to capture SNOMED Diagnoses and Procedures. This is currently available in COM2 and EUWS. We will be implementing it in the EU module of PMS. There are other areas in EU where this will be implemented, as part of the new ED dataset.

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. Demand continues to outstrip capacity, therefore changing our governance model will support the process of sequencing a range of competing priorities.

To support our longer-term ambitions, we have developed a scope document which describes the Digital SOC's (Strategic Outline Case) aim for digitalisation and its' role in delivery benefits to be realised from shaping our Future Clinical Services as well as Shaping our Future Hospitals programmes.

Recommendation:

The Board / Committee are requested to:

1. REVIEW the progress report
2. COMMENT on the proposed Governance model

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

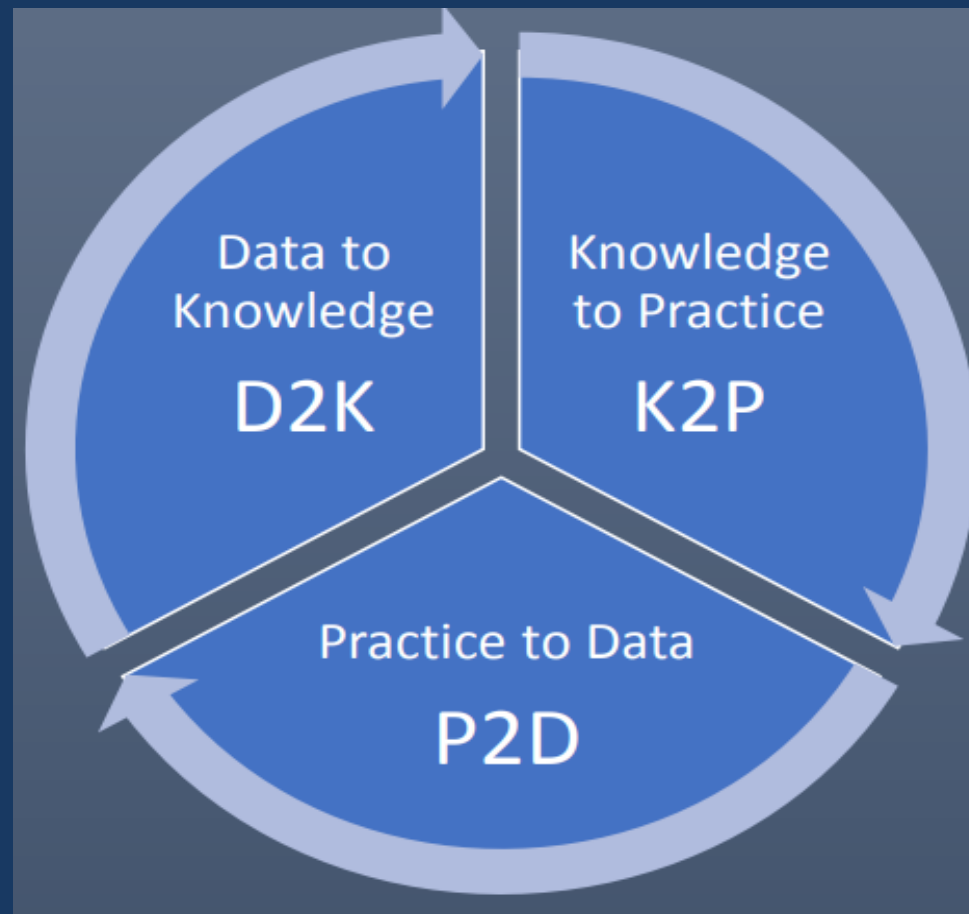
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver 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: <i>Please state yes or no for each category. If yes please provide further details.</i>									
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:				

Mohamed Sarah
19/05/2023 16:15:27



A learning health and care system

Mohamed Sarah
19/05/2023 16:15:27

Quarter 4 progress against IMTP 22/23 milestones

TARGET FOR LAST QUARTER

1. Digital Front Door
2. DSPP NHS Wales App – meetings between DSPP and suppliers
3. PROMS - Estimated - alignment with national PROMs ViH programme and target architecture
4. Shared health and care records using LDR – common demographics store
5. Outpatients transformation - application on PMS redesign tested and into Production
6. Rollout of WAP e-referral management within PARIS services (Community MH PCIC)
7. Digital dictation & Transcription re-procurement
8. eTR pathology - understand DHCW roadmap / look at local interim options
9. Clinical/specialty applications - Internal referrals work extended to all appropriate specialties
10. Interoperability - PMS & PARIS interoperability in test
11. Scan4Safety - Implementation in line with plan agreed Q4 2021/22

ACHIEVED TARGETS

1. Project STAMP in support of 6 Goals prioritized over other work in this area, all on track
2. Meeting being arranged by DSPP (national programme)
3. Not met –CAV working closely with ViH team to support
4. Not met, funding challenges. RPB has funded demographics link in TEST between PARIS and WDS, traversing LDR as a Proof of Concept
5. Delayed in favour of 6 Goals work – aiming for Q1 23/24
6. Resource constraints have delayed this work to Q1 - 90% complete
7. Delayed, lack of capacity
8. WCP requires work from DHCW who are working with CAV. GP radiology live, acute Inhouse developed etr radiology inpatients and UEC solution is supporting over 1,800 requests pwk
9. Displaced by major application implementations e.g. WNCr, ePMA
9. Progressing slowly WER as dedicated resource contract ended March
10. Good progress being made in cardiology

TARGET FOR NEXT QUARTER

- Major infrastructure projects - Install and Configuration
- Wales critical care information system (national programme) - Procure relevant infrastructure to support implementation. Clinical UAT of application
- WNCr (National application) - UHB Wide implementation
- UHW2 Digital SoC for SMART healthcare system – receive funding from WG, recruit resource; Research, Gathering intelligence & expertise
- Scan4Safety (National programme) - Cardiology Live; WiFi in all upcoming areas; complete stock audit SSU and SSSU ready for Go Live
- ePMA (National programme) - Procurement complete, Contract awarded to provider, WG bid for hardware, software & implementation team
- Common demographics store - Demographics Architecture documented and processes drafted
- PROMS – complete integrations, recruit, onboard new services, PROMS FIHR repository in place

IMTP PRIORITIES

UHW2
Digital SoC for a SMART healthcare system

Major infrastructure projects
ESSENTIAL WORKS

Wales critical care information system
NATIONAL PROGRAMME
DHCW

Welsh Nurse care Record
NATIONAL PROGRAMME
DHCW

Scan4Safety
NATIONAL PROGRAMME
NWSSP

ePMA
National DMTP portfolio, local purchase and implementation

Common demographics store
Local - Acute and Community

PROMS
VBHC, ViH

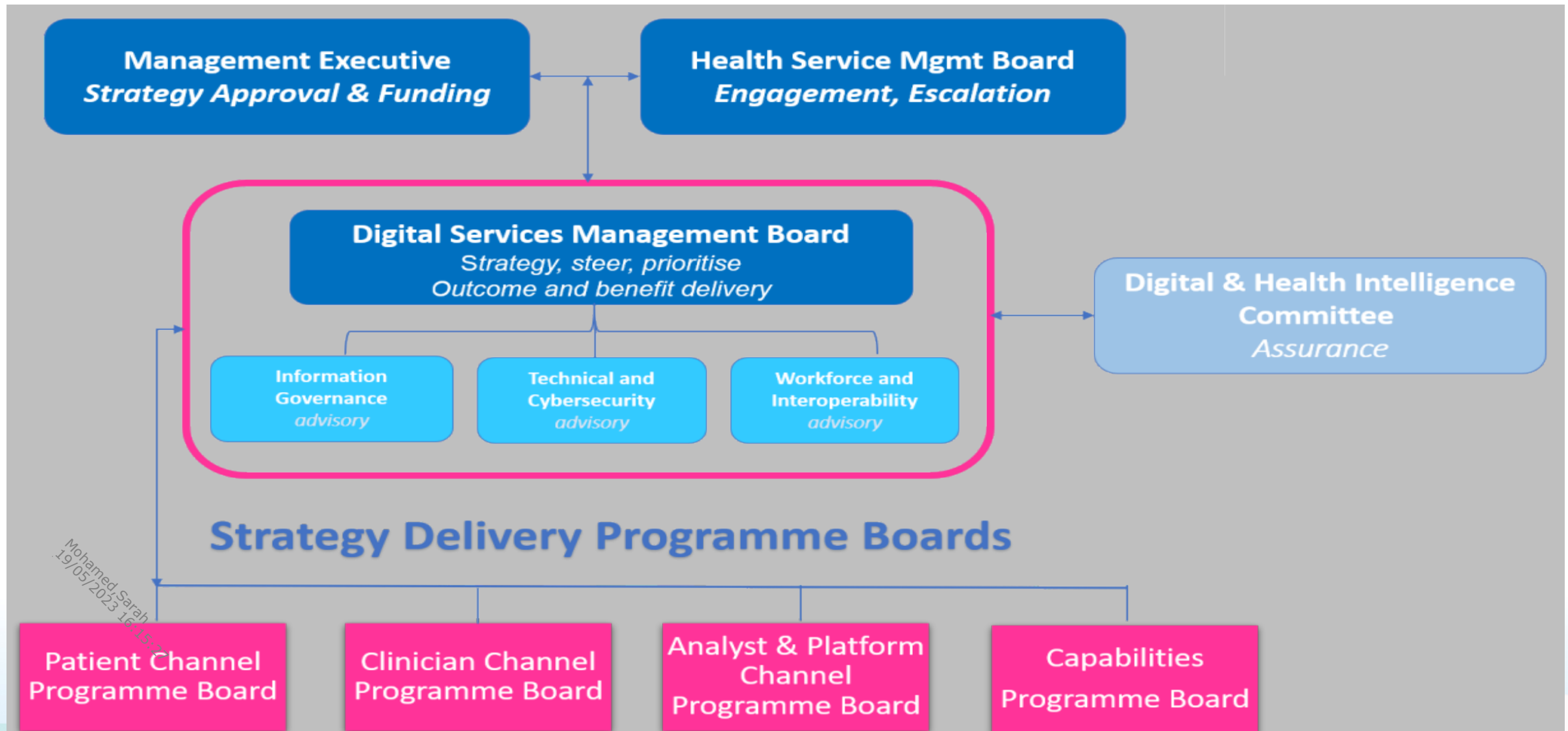
DSPP NHS Wales App – PROMS microservice
NATIONAL PROGRAMME
DSPP

MILESTONES FOR NEXT QUARTER

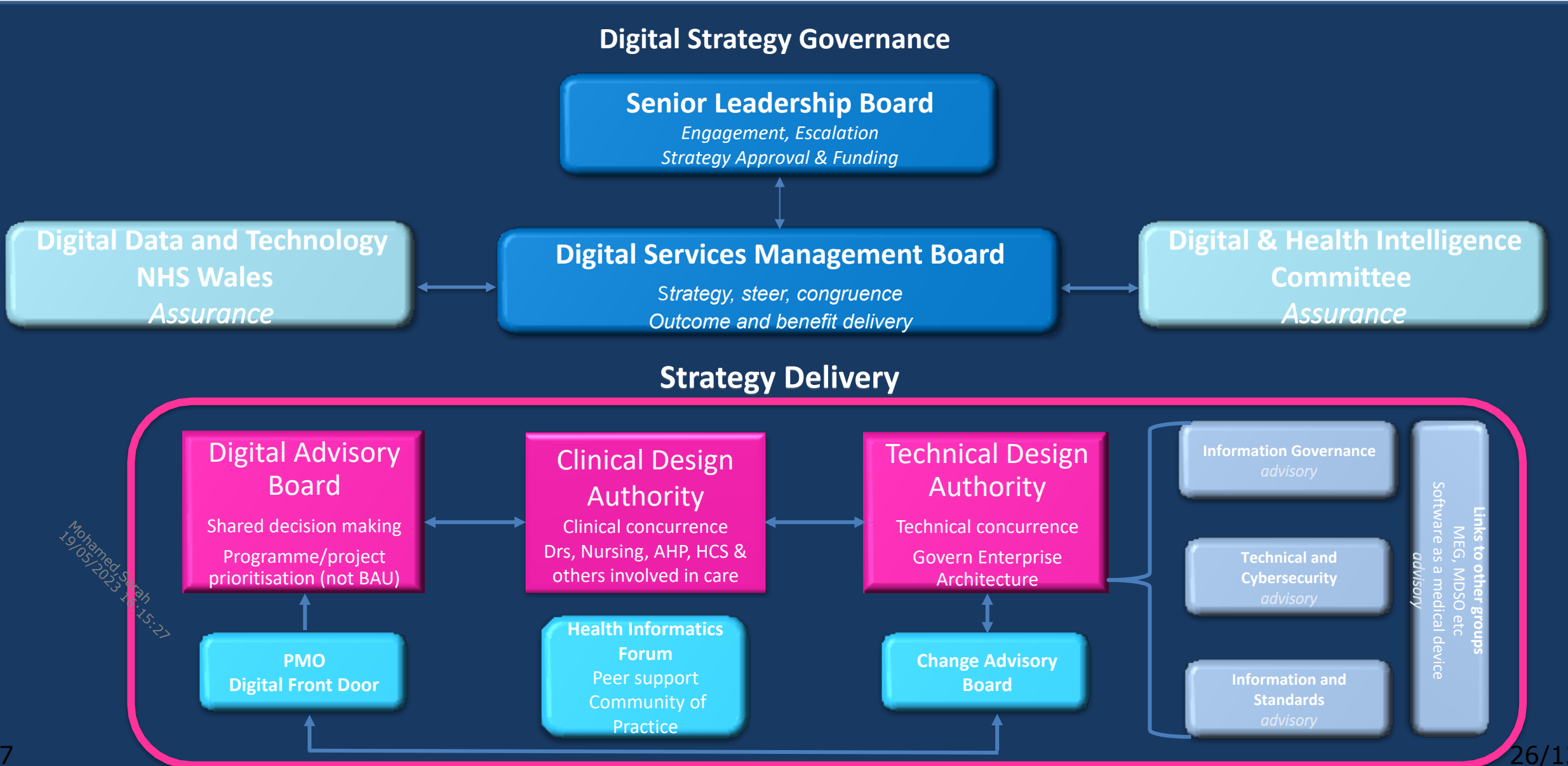
- UHW2 Digital SoC for SMART healthcare system – Research, Gathering intelligence & expertise (subject to funding)
- Major infrastructure projects - Install and Configuration
- Wales critical care information system (DHCW national programme) - Clinical UAT of application
- WNCR (DHCW national application) - UHB Wide implementation
- Scan4Safety (NWSSP national programme) - Cardiology Live; WiFi improvements, stock audits and SSSU ready for Go Live
- ePMA - Procurement complete, Contract awarded
- Common demographics store - Demographics Architecture documented and processes drafted
- PROMS – complete integrations, recruit, onboard new services, PROMS FIHR repository in place

Mohamed Sarah
19/05/2023 16:15:27

Governance Oct 2020 model v1.0



Proposed governance model v2.0 under discussion



Mohamed, Sarah
19/05/2023 15:15:27

HIMSS Level 6 and 7 UK hospitals



Who We Are

What We Do

Membership

Resources

News

Events

Sign In

Join



Overview

Digital Health Indicator

Maturity Models

DHTP Program

Achievement List

Filter Table Results

Facility Name	State	Country	Facility Type	Model	Score
Sunderland Royal Hospital (Hospital)	England	United Kingdom	Hospital	EMRAM	7
Alder Hey Children's Hospital (Hospital)	England	United Kingdom	Hospital	EMRAM	7
Cambridge University Hospitals NHS Foundation Trust (Hospital)	England	United Kingdom	Hospital	EMRAM	7
Great Ormond Street Hospital for Children (Hospital)	England	United Kingdom	Hospital	EMRAM	6
Newcastle upon Tyne Hospitals NHS Foundation Trust (Hospital)	England	United Kingdom	Hospital	EMRAM	6
Liverpool Heart and Chest Hospital (Hospital)	England	United Kingdom	Hospital	EMRAM	6
Oxford University Hospitals NHS Trust (Hospital)	England	United Kingdom	Hospital	EMRAM	6
Chase Farm Hospital (Hospital)	England	United Kingdom	Hospital	EMRAM	7

SOFW – journey to a SMART health and care system



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

Digital Hospital

0 – 5 years
Electronic, not Electric
e.g.
enter H+W, auto calc BMI

5 – 9 years
Digital SoC
Connected health & care system
Intelligent Hospitals

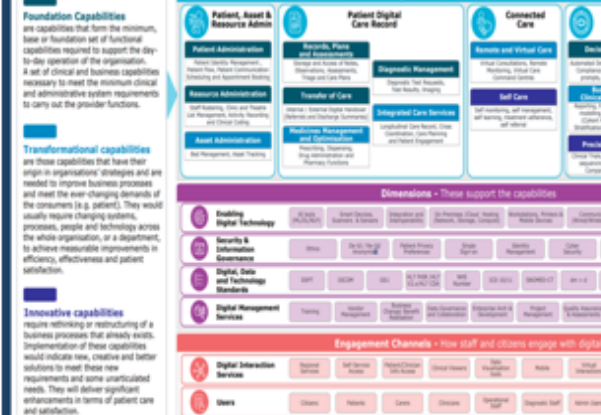
10 years + UHW2
A SMART Learning Health and
Care system with Intelligent
Hospitals

SMART - combine environment & patient data



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

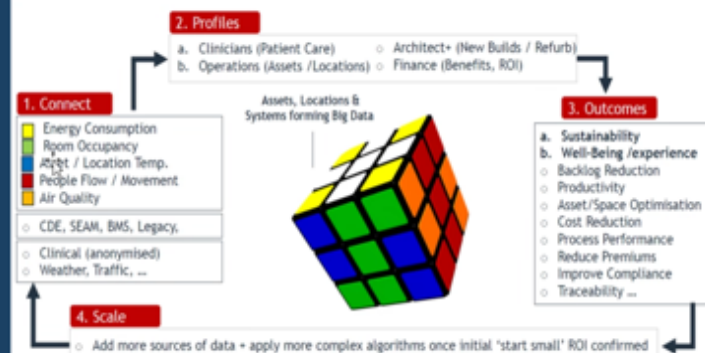
The Atos NHSX Digital Capability Model



Intelligent Hospital



All data re-usable for different profiles & outcomes



All data reusable

Re-imagine how we can
use all of the data available to us
in support of how we run our business
and deliver patient care

Whole system not just hospital

(really) Big Data

Karl Redmond

Mohamed Sarah
19/05/2023 16:15:27

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:	30 th May 2023
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance <input type="checkbox"/>	Approval <input type="checkbox"/>	Information <input checked="" type="checkbox"/>		
Lead Executive:	Director of Digital and Health Intelligence				
Report Author (Title):	Director of Digital and Health Intelligence				
Main Report					
Background and current situation:					
The joint IMT Risk register is a combined register consisting of Digital / Information Governance and Information / Performance risks.					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>There are currently 14 joint IMT/IG risks identified within the Risk Register document attached as Appendix 1:</p> <p>1 x Risk remain in red status with a score of 20:</p> <ul style="list-style-type: none"> Cyber Security <p>5 x Risks remain in amber status with scores between 10 and 12 which include:</p> <ul style="list-style-type: none"> Server Infrastructure Non-Compliance with data protection and confidentiality legislation Outcome Measures IG policies and procedures The Welsh Pathology Information Management System (WLIMS) <p>7 x Risks remain in yellow status with scores between 8 and 9.</p> <ul style="list-style-type: none"> Data Quality Accessibility of Data Clinical Records Insufficient Resource – Capital & Revenue UHB Standard Data Processing Effective resource utilisation WCCIS Local team not resourced <p>1 x Risk remains in yellow status but the score has reduced from 6 to 3 and is proposed to close this and remove from the Risk Register</p> <ul style="list-style-type: none"> Governance arrangement (NWIS) <p>Also attached as Appendix 2, is the updated Board Assurance Framework (BAF) document for Digital, which is regularly reviewed at each Board Meeting.</p>					

Recommendation:

The Board / Committee are requested to:

REVIEW AND 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:

Mohamed Sarah
19/05/2023 16:15:27

			RISK REGISTER TEMPLATE																				
			CLINICAL BOARD/CORPORATE DIRECTORATE:				CORPORATE																
			SPECIALITY/DEPARTMENT:					Digital & Health Intelligence															
Risk Ref.	Strategic Objective	Date risk added dd/mm/yyyy	Risk	Exec Lead	Initial Risk Rating			Controls	Assurances	Current Risk rating			Gaps in Control	Gaps in assurance	Actions	Who	When	Target Risk rating			Date of next review	Assurance Committee	
					Consequence	Likelihood	Total			Consequence	Likelihood	Total						Consequence	Likelihood	Total			
A4/0023	8	06/08/2011	Cyber Security - 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 Software - 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.	Head of IG & Cyber Security	August 2022 Ongoing	5	3	15	01/07/2022	Digital Health Intelligence Committee	

Mohamed Sarah
19/05/2023 16:15:27

A3/0110	8	13/12/201	Server Infrastructure The IM&T Department is actively implementing a vFarm infrastructure that significantly reduces costs whilst dramatically increasing resilience of Server Systems. However, the cost savings are to the Health Board as a whole and Service Departments in particular and come at an increased cost to IM&T specifically. This infrastructure requires core investment to complete and revenue based support to maintain. There is a requirement to also retain a minimal number of physical servers for those systems not capable of virtualisation.	DT				0		4	3	12			May 2022: The final 21/22 digital capital investment allocation total exceeded £6M and is being used to provide for significant improvements in resilience as infrastructure upgrades and replacements are implemented. Sept 2022: Additional server/communications racks, power distribution and electrical work has been requested, financed and in progress for two disaster recovery designated sites. These are located in Woodland House and UHL. This work is scheduled and planned to be completed by Oct/Nov 22. 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.	Head of Digital Operations					0		
	8	28/09/2015	Risk:- Non compliance with Data Protection & Confidentiality Legislation - the UHB's progress in taking forward the action plan to reduce the risk of non compliance following the ICO's assessment of our 'reasonable assurance' with the GDPR/ DPA is not sufficient to mitigate the risk of non compliance with Data Protection Legislation. Consequence: Mistrust of our population and other stakeholders resulting in their unwillingness to share / divulge essential information, significantly financial penalties - and increasing post BA case	DT				0		4	3	12			Restructuring of IG department will increase amount of expert resource. Resolution of long term absence will also increase available expertise and resource to support GDPR plan, and manage the operational requirements on the corporate department. Ongoing implementation of GDPR/ICO action plan. The Information Governance team have developed a work plan to review and update all outstanding policy and procedure documents in the CDF and these are scheduled to be complete by December 2020. Implementing the action plan will reduce the risk, May 2021: policies are being reviewed and an update will be reported to DHIC in June 2021. Sept 2021: Business case being presented to appoint further IG support to support with CB engagement. Jan 2022: Additional non-recurring funding made available until 31.03.22. Recurrent funding bids are being prepared for consideration by the Business Case Assessment Group (BCAG) May 2022: Review of all mandaorty training being done in June to ensure that IG and cyber training are prioritised. 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. January 2023 update: There continues to be a decrease following targetted comm in the number of staff accessing own and family records (80% & 75% respectively) May 2023 update: Ongoing work tackling inappropriate access to clinical systems with access to own and family records reduced by 76% and 85%.	Head of IG & Cyber Security					0		
	8	28/09/2015	Outcome Measures: Risk: Unavailability of full, consistent care delivery information results in an inability to ascertain outcomes of care we provide, and commission, plan and improve services accordingly. Consequence - Low assurance on safety, quality and effectiveness of services and satisfaction with services, sub optimal decision making, inability to execute policy and strategy, reputational damage.	DT				0		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. Roadmap and investment plan shared with 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.	Head of Architecture and Analytics and Head of Business Intelligence					0		
	8	16/02/2018	Risk: IG policies and procedures are not up to date/do not cover all relevant areas. Procedures are not aligned to relevant national policies. Consequence: Lack of clarity in terms of how the UHB expects its staff to work to in order for relevant accountabilities to be discharged.	DT				0		4	3	12			Restructuring of IG department will increase amount of expert resource. Investment in training will also increase available expertise to support the review of policies. A formal review of policies and procedures is underway as per risk #7. May 2022: Controlled documents are reviewed and action plans for refresh or updates are routinely captured and reported on at each DHIC meeting. 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. 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. May 2023 update: 10 policies/procedures/guidelines updated and presented to Feb 2023 DHIC. A futher two documents currently in the process of being reviewed/updated.	Head of IG & Cyber Security					0		
A4/0024	8	29/01/2021	The Welsh Pathology Information management system (WLIMS) implementation has taken longer than envisaged. As a result of this all Health Boards will not have migrated off their legacy pathology systems (Telepath) by end of March 2018, which is when their current telepath contracts will expire (contract currently in extension).	DT				0		5	2	10			May 2021 : WLIMS continues to fall short of the full range of functionality. Therefore Telepath system will need to continue in use and be monitored providing mitigation to the new LINC system in the future. Jan 2022 update- Telepath Contract was extended to end of 2020 (including Hardware refresh) but the Service are in discussion with the supplier to extend further to a date that will see C&V onto the new LINC system in 2023 May 2022 update: HW and SW contract extended to end of 2025 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)	Head of Digital Operations					0		
	8	19/02/2018	Data Quality High level risk - core business activities potentially compromised as a result of weaknesses in assurance framework in areas listed below: Absence of Standard Operating Procedures to administer patient activity, Low take up of staff training in Standard Operating Procedures to administer patient activity, Incorrect/incomplete/late recording of activity Absence of ISO 27001 certification. Consequences: Potential for poorer patient outcomes and experience, analysis and benchmarking flawed resulting in poor decision making, under recovery of income, inability to maximise potential of R&D	DT				0		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)	Head of Architecture and Analytics					0		

Mohamed Sarah
19/05/2023 16:15:27

	8	28/09/2015	<p>Risk: Accessibility of data: UHB does not have an ability to access and use the data it requires to carry out its full range of statutory obligations and enable delivery of our strategy and IMTP. . Specific risks - lack of access to GP data and the UHB's data residing in NWIS supplied applications (e.g. WCRS, WRRS)</p> <p>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</p>	DT			0		Approach identified to work with C&V GPs to share data across care sectors to inform improvement and to gain a better understanding of need, demand and the capacity available to meet it. National data repository programme will provide access to tools and expertise			3	3	9			<p>National Architectural design group and interoperability group being set up in line with Once for Wales agreement and WG Informatics statement of intent should provide medium term solution. HB taking forward data acquisition programme in line with the development of the electronic care record. May 2021: in support of information sharing outside of direct care purposes, agreement has been reached with WAST and Cardiff Council (Social Services) for data to be shared; a similar request to include GP data is currently being considered by the Wales GPC/DHCW.</p> <p>May 2022: Data sharing between CAV UHB, WAST and Cardiff Council's social services being piloted following successful test. GP data remains out of scope pending WG review of governance for cross-setting information sharing.</p> <p>September 2022: Information sharing between CAV UHB, Cardiff Council and WAST established. Additionally, the Digital Care Record Group has been established reporting to the RPB Board.</p> <p>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</p> <p>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.</p>	Head of Architecture and Analytics				0		
	8	28/09/2015	<p>Clinical Records Risk: Clinical records are not joined up across disciplines, care settings or geographical boundaries resulting in incomplete and out of date patient information. Summary information is not routinely shared across systems. Differing local service models which are also going through a period of significant change mean access to appropriate data is an increasing need.</p> <p>Consequence is unsupported clinical decision-making, introducing patient harm and/or disadvantage and failure to meet NHS Wales digital strategy</p>	DT			0		UHB architectural design to be reviewed to consider local data repository for bringing together in a usable way clinical information held in numerous clinical systems. UHB working through a programme to implement once for Wales requirements for data and technical interoperability standards.			3	3	9			<p>National prioritisation for NWIS to open up the national data repositories. Jan 2020: NDR & CDR workshops to understand the technical roadmap this will be picked up via the national IT infrastructure review being undertaken in Feb / March 2020 . The new governance model supporting the Digital strategy delivery will address via the clinician channel programme board, which is being established in October 2020. Jan 2021: The clinician channel programme board has been established and will drive direction and priorities for the NDR/LDR in CAV. May 2021: All Digital strategy channel programme boards established and led by a senior clinician, overseeing the delivery of the CAV Digital Strategy roadmap plans.</p> <p>Jan 2022: NDR Programme Board re-established with a smaller focussed group. CAV represented via Director of Digital & Health Intelligence.</p> <p>September 2022: CAV LDR plan being formalised.</p> <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>	Head of Architecture and Analytics				0		
A2/0004	8	13/12/2013	<p>Insufficient Resource: The delivery of the IM&T Strategic Work plan is based on the UHB being able to ensure that the IM&T Department is appropriately resourced to manage infrastructure and deliver projects. All 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		The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.			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&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&I. Significant shortfalls has been identified and formalised within the report being presented to CAV UHB Exec Board by the Director of DH & I</p> <p>Jan 2022 update: A submission on resourcing was submitted to management Exec in November but was only funded on a non recurring basis to end of March. Further submissions are being prepared for consideration by the Business Case Assessment Group (BCAG)</p> <p>May 2022: D&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>	Director of D&HI				0		
	8	16/02/2018	<p>UHB Standard Data Processing Risk: 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		Library of outline documents for sharing data available, with completion of these supported by corporate information governance department. Requirements to use and refer to are being emphasised within the training.			4	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>	Head of IG & Cyber Security				0		
	8	01/10/2018	<p>Effective Resource utilisation :With an increasingly restricted resource, the UHB requires assurance that digital effort is expended in the most benefits laden workload. Benefits based prioritisation requires robust and matured benefits tracking and a matured reprioritisation mechanism. This requires some changes of technique within the Digital department.</p>	DT			0		Establishment of a formalised corporate prioritisation mechanism based on benefits and corporate drivers for change.			4	2	8			<p>May 2022 - D&HI continue to prioritise infrastructure work based on the UHB Digital Strategies. These are also in conjunction with the National Infrastructure Management Board and All Wales Infrastructure Programme. A digital front door process has been developed and is being tested before launching in June 2022, utilising the new Ivanti IT service management tool.</p> <p>Sept 2022: Work continues on the Digital Front door. Late Aug 2022 has seen the soft launch of the Digital work request icon via the Ivanti Self Service portal. All work and project requests for Digital are going through this method, this in turn is providing improved workload visibility and planning benefits.</p> <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>	Head of Digital Operations				0		

Mohamed Sarah
19/05/2023 16:15:27

A4/0025	8	10/07/1905	<p>WCCIS Risk: The delivery and implementation of a single instance of national Mental Health, Community and Therapies System (WCCIS) requires significant local resource to co-ordinate work streams and implement key deliverables across the UHB.</p> <p>Consequence: Delayed milestones, poor quality deliverables and ultimately delayed realisation of benefits.</p> <p>Critical deliverables are being held up, including: local business case; delivery of full functionality against the Statement of Requirements; delivery of essential product enhancements; infrastructure, system configuration, service management, ongoing support, integration with other national systems, testing, data migration.</p>	DT			0	Update 18/11/2019: Temporary posts have been funded from regional ICF monies, including 2 Business Analyst posts, regional technical , programme and project lead resources.		4	2	8		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.	Head of Digital Services Management and Director of Digital and Health Intelligence				0	
	8	02/02/2018	<p>Governance arrangements for overseeing and challenging NWIS are weak. There is insufficient transparency, blurred lines of accountability and they lack a clear set of priorities. Consequences: The significant resource we provide to NWIS is not optimally used to support the UHB in delivering its statutory obligations nor in supporting us to deliver our strategic objectives as identified in "Shaping Our Future Wellbeing"</p>	DT			0	UHB is engaged with WG and NHS peers to take forward the recommendations of the WAO review of NWIS with a view to addressing the numerous risks identified in the report.		3	1	3		CAV involvement in National programme activities and Governance review. Opportunity to influence the new SHA replacing NWIS via the consultation exercise which has commenced (Sept 20). Jan 2021: Feedback submitted to WG in response to the new SHA consultation document launched in Nov 2020. May 2021: DHCW committed to quarterly stakeholder Exec to Exec meetings to share plans and strategic ambitions (Initial meeting held in May 21) Jan 2022: Regular DHCW execs to exec meetings scheduled for 2022. May 2022: Exec to Exec meeting held in May 2022, agreed regular director level engagement and collaboration meetings in diaries. September 2022: Regular DHCW/CAV meetings diarised at Director level. Jan '23 - Annual plan of digital programme agreed with DHCW, to be reviewed at Exec to Exec meeting in February 2023. May '23 -- Work programme agreed and reviewed via quarterly Exec to Exec review meetings between DHCW and CAV. Propose to close and remove from Risk Register. Rationale for proposal: stronger collaborative joint working arrangment now in place between CAV UHB and DHCW (exec level)	Director of D & HI				0	

Mohamed Sarah
19/05/2023 16:15:27

1. Digital Strategy and Roadmap – Director of Digital & Health Intelligence (David Thomas)

CAV UHB board approved a five-year Digital Strategy in 2020 which set out the vision for supporting the organisation, from a digital and data perspective, for the period 2020-2025. Development of the strategy was clinically led and was designed to support the UHB's Shaping our Futures' strategic programmes. To realise the benefits contained within the accompanying roadmap, which sets out what we will do and when, requires significant additional investment to bring the organisation up to a level of digital maturity that can support our agreed strategic objectives.

Risk	There is a risk that the Digital Strategy and Roadmap will not be implemented, due to lack of resources, resulting in a deficit in infrastructure, applications and informatics capability.
Date added:	04.10.22 (updated 10.05.23)
Cause	CAVUHB IT and digital services are known to have been historically underfunded resulting in a significant legacy deficit in infrastructure, applications and informatics capability that has built up over at least a decade (our PMS and the core module that sit on top for UEC, inpatients and outpatients were built c20 years ago). Colleagues need mobile, scalable, agile solutions which are unachievable whilst we are locked into legacy. There are some programmes and plans identified to rectify these issues however they are unachievable with the current resource allocation.
Impact	<p>We have capability in human resources but lack capacity for planning, management and execution of the activities needed to deliver the digital strategy and roadmap. Just to produce the case(s) for change requires capacity we do not have in the current circumstance</p> <ul style="list-style-type: none"> ○ Delivery on digital maturity would give capability to colleagues that will reduce inefficiency, release clinical time to care, improve safe practice, allow near real time data to be available to support clinical decision making at the point of care by moving from paper and analogue means of capturing and recording information to digital means where data flows seamlessly between settings <p>Recruitment remains a challenge requiring the use of interim agency support in key areas.</p> <p>Existing resources are consumed with tactical short-term fixes given the legacy so we are unable to prioritise those activities that take us forward – we don't have enough people and we don't have enough money to make the changes we want and need to see.</p> <p>There is a risk that the financial savings and improved staff and patient experience expected from the Digital Roadmap plans will not be fully realised, due to the lack of</p>

Mohamed Sarah
19/05/2023 16:45:27

resources, resulting in a deficit in IT infrastructure, applications and informatics capability and consequential adverse impacts.				
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)	
Current Controls	<ul style="list-style-type: none">Digital strategy approved by Board in 20/21 with roadmap for 21/22/23Digital components described in IMTPSome additional funding secured via the Business Case Advisory GroupIT infrastructure priorities developed and set out for 2022-2025			
Current Assurances	<ul style="list-style-type: none">D & HI have a number of business cases in development which require revenue investment ⁽¹⁾Risk register articulates the risks of not being able to deliver digital solutions to support delivery of healthcare ⁽¹⁾Internal audit report highlights the risk in delivering digital strategy citing the investment challenges that will prevent full implementation.			
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)	
Gap in Controls	<ul style="list-style-type: none">Current annual discretionary funding is insufficient to cover the maintenance upkeep of the core infrastructure.			
Gap in Assurances	<ul style="list-style-type: none">Unable to currently provide assurance that the finance will be provided			
Actions		Lead	By when	Update since November 22
1. Discussions with DoF to feed into Digital Financial Plan		DT	31.03.23	Complete
2. HIMSS assessment of our Digital maturity to be carried out in Qtr 4		DT	31.03.23	Complete
3. A ten-year investment request developed and submitted to WG outlining capital and revenue requirements.		DT	31.03.23	Complete
4. Additional investment request submitted to WG for Digital SOC development resources		DT	31.03.23	Complete
5. Detailed case for investment to be presented at private meeting of DHIC committee (Feb 22)		DT	14.02.23	Complete
6. External assessment of digital maturity of the acute service completed via site visit on 13/3		DT	31.03.23	Complete
7. Formal report on digital maturity to be published by HIMSS		DT	31.03.23	Complete
8. Cyber Assessment Framework update and response to Internal Audit report sets out mitigations and plans to manage cyber risks		DT	31.03.23	Complete
9. Further update on the investment case to be considered at DHIC		DT	31.05.23	New action
10. Final report on the UHB's HIMSS digital maturity to be shared and discussed at DHIC and a summary brought to Board		DT	31.07.23	New action
11. Cyber plans to be updated to reflect Audit recommendations and Cyber Assessment		DT	30.08.23	New action

Framework requirements from the WG Cyber Resilience Unit for 23/24.			
Impact Score: 5	Likelihood Score: 3	Target Risk Score:	15 (Extreme)

Mohamed Sarah
19/05/2023 16:15:27

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:	30 th May 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 the team continue to find the increased 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.

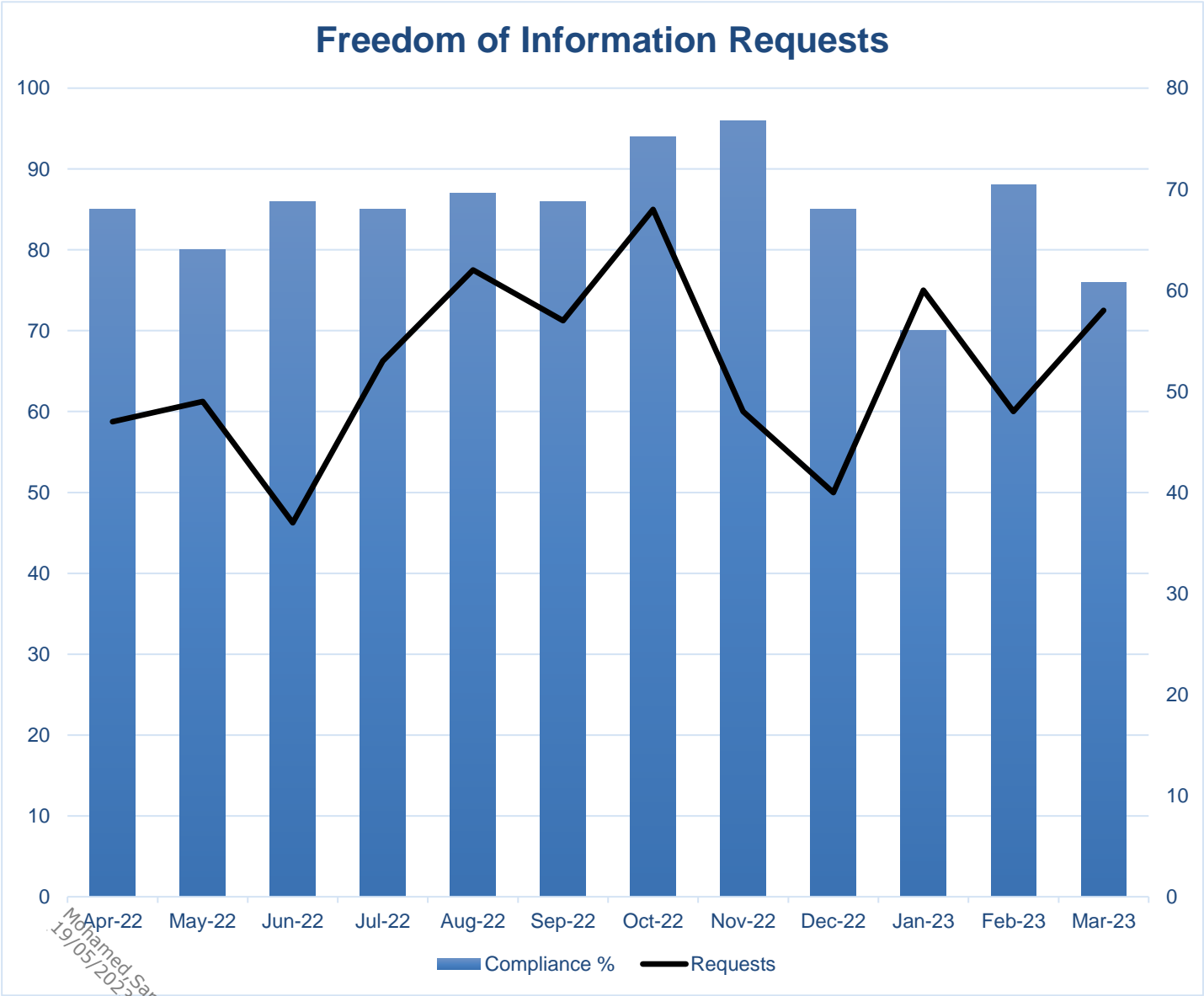
2. Data Protection Act – Serious Incident Report

Date reported: September 2022 to December 2022

Between January 2023 and April 2023, the Information Governance Department have reviewed a total of 185 information governance related incidents reported via Datix. This is 60 incidents fewer than the last quarter. Of these breaches reviewed, six of breaches met the threshold to be reported to the Information Commissioner’s Office (ICO). The details of these breaches, plus a complaint received from the ICO, are outlined in the private meeting 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:



Whilst the drop in January was anticipated, we were expecting this position to be recovered during February and March. The average number of FOIs received during the last 12 months has remained at 52 requests per month and average compliance has slightly dropped to 85%.

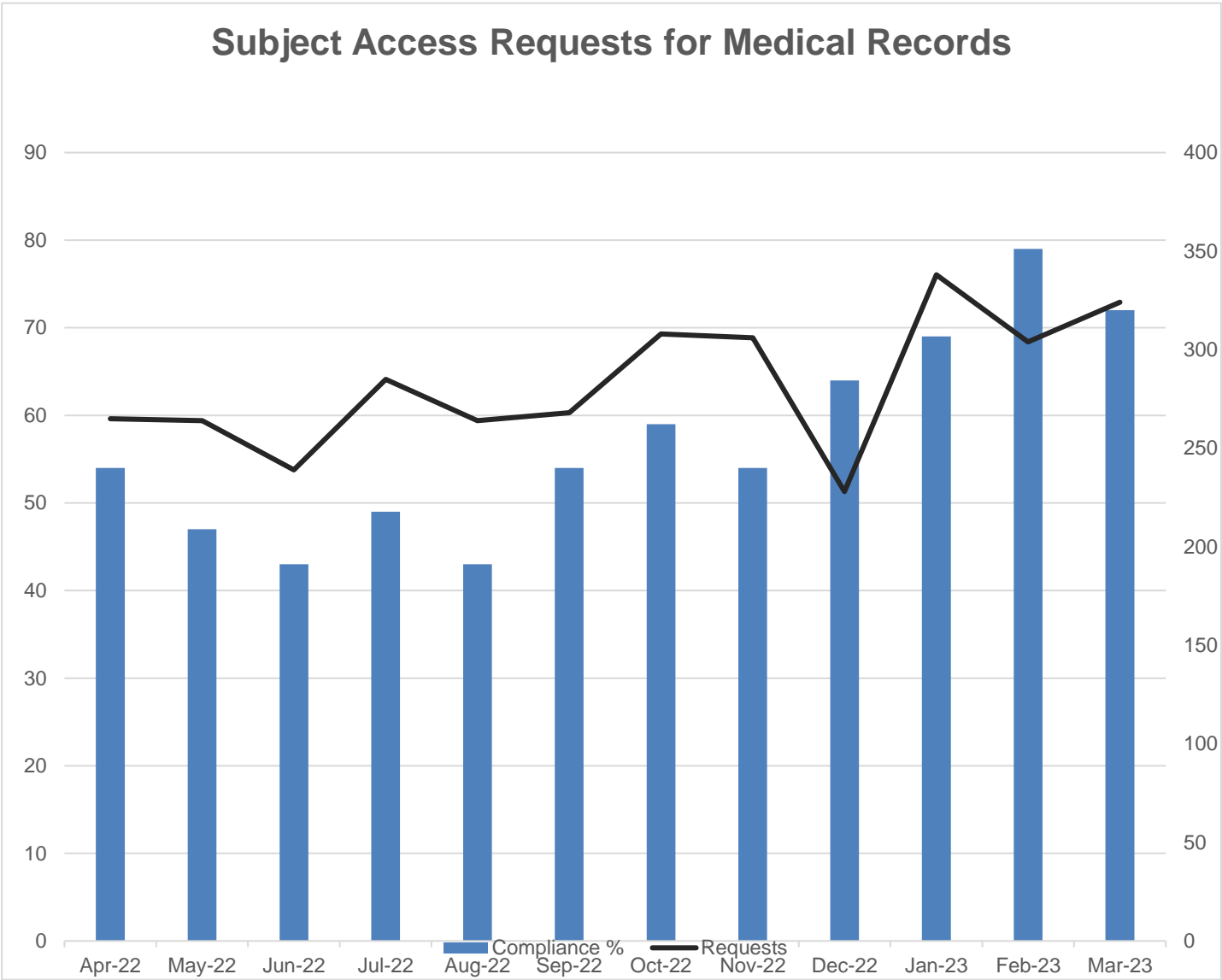
A link to the UHBs FOI disclosure log can be found below. This provides a link to every FOI the UHB publishes online. In the event that requests are made for the same information, the UHB is able to signpost requestors to this log.

<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:



Since August 2022, there has been a steady increase in monthly compliance, culminating in 79% compliance during February 2023. Similarly, since June 2022, the UHB has experienced a steady increase in the number of requests received. The overall compliance for the last 12 months is currently 58%. Nationally, the subject access compliance is mixed, ranging from an average of 43% in one UHB, to 87% in another. The UHB therefore isn't a performance outlier but compliance is still

a matter of concern. An incremental target has been raised with the operational team and this will be managed locally.

Comparing the number of requests made in June 2022 to March 2023, there has been a 35% increase. The total backlog of requests remains relatively low, given the high volume of requests received. For example, for January 2023, there are only 11 outstanding requests.

Whilst we had anticipated a go live date for the new digital subject access request system by the end of March, extensive testing has been undertaken. A soft launch will take place in May and June, with a view of rolling out to the public during the summer. The purpose is to streamline the requesting process and to be able to manage performance and report figures more easily.

4.2 Non-Health Records

A total of 34 subject access requests submitted for non-health records were received from December 2022 to March 2023. 31 requests (91%) were complied with, within the legislated time frame and 2 remain outstanding having appropriate extensions applied.

5. Compliance Monitoring/NIAS

Since January 2022, the UHB has sent out a total of 697 letters to staff who have been identified by the UHB's instance of the National Intelligent Integrated Audit Solution (NIAS), based on a process approved by Management Executive.

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

6. Information Governance Mandatory Training

Overall UHB Information Governance training compliance is currently 74% and is broken down by Clinical Boards as follows.

Org L4	Assignment Count	Achieved	Compliance %
001 All Wales Genomics Service	304	286	94%
001 Capital, Estates & Facilities	1384	1166	84%
001 Children & Women Clinical Board	2347	1804	77%
001 Clinical Diagnostics & Therapeutics Clinical Board	2614	2080	80%
001 Corporate Executives	1017	807	79%
001 Medicine Clinical Board	1921	1254	65.5%
001 Mental Health Clinical Board	1527	1047	69%
001 Primary, Community Intermediate Care Clinical Board	1139	892	78%
001 Specialist Services Clinical Board	2078	1488	72%
001 Surge Hospitals	1	0	0%
001 Surgical Services Clinical Board	2446	1655	68%
UHB	16778	12479	74%

Mohamed Salah
19/05/2023 16:55:27

This represents a further 4% increase 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.
- 185 information governance related incidents reviewed from January 2023 to April 2023.
- 6 data breaches since the last committee have been reported to the Information Commissioner's Office with a further complaint being received from the ICO.
- Freedom of Information compliance has dropped slightly in the last quarter again.
- Requests for access to medical records remains high. Compliance has progressively improved since August 2022.
- The Information Governance Department continues to send letters to staff who breach data access policy.
- Information Governance mandatory training have increased by a further 4% and edging towards an acceptable level.

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:

Mohamed Sarah
19/05/2023 16:15:27

Report Title:	Digital Services Key Performance Indicators			Agenda Item no.	2.4
Meeting:	Digital and Health Intelligence Committee	Public	X	Meeting Date:	30 th May 2023
		Private			
Status (please tick one only):	Assurance <input type="checkbox"/>	Approval <input type="checkbox"/>		Information <input type="checkbox"/>	X
Lead Executive:	Director of Digital and Health Intelligence				
Report Author (Title):	Director of Digital and Health Intelligence				
Main Report					
Background and current situation:					
<p>As reported at the last DHIC meeting, the Digital Operations team have implemented the new service desk tool, Ivanti. This has now been fully rolled out across the entire organisation.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>Implementing the Ivanti service desk tool enabled the creation of a digital self-service portal, which has allowed the service desk team to support requests and incidents more efficiently, providing users with an improved service. Prior to implementation, users would often be waiting upwards of an hour to log a service request or incident with large numbers of users waiting in the queue.</p> <p>Users can now log a call instantly for a standard service request and only have to spend a minute or two logging it. This has freed up the service desk phone-lines for more complex incidents with callers now waiting far less time to be able to speak to someone on the service desk.</p> <p>The Ivanti tool has enabled the service desk team to streamline call processes and automate calls so that they can be actioned faster and frees up time for colleagues to work on more complex requests.</p> <p>The reporting function supports identifying trends and areas for improvement.</p> <p>Attached as appendices, are examples of the performance data which the Ivanti tool provides:</p> <p>Appendix 1 – Service Desk Scorecard – provides details of all incidents and service requests by month or year.</p> <p>Appendix 2 – Incident Management for 2023 – provides details of performance by sources, calls resolved, incidents by service and by category. Further breakdown is possible via the filtering function.</p> <p>Appendix 3 – Automation Requests – provides a view of how many requests are received through the automation process for requesting specific services.</p> <p>These will be presented in more detail at the DHIC Meeting using the latest live data pulled from the Ivanti system.</p>					
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	
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:

Mohamed Sarah
19/05/2023 16:15:27

Ivanti Management Report

Item 2.4 – Appendix 1 – Executive Scorecard



[View in Power BI](#)

Last data refresh:
16/05/2023 08:23:19 UTC

Downloaded at:
16/05/2023 08:40:28 UTC

Modified: 19/05/2023 08:27

Executive Scorecard

Year 2022		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
23101 Incidents Opened	16689 Requests Opened	13036 Incidents Opened	13385 Requests Opened	2588 Incidents Opened	2821 Requests Opened
23004 Incidents Closed	15114 Closed Requests	12194 Incidents Closed	10890 Closed Requests	2541 Incidents Closed	2386 Closed Requests
97 Remaining Open	1575 Remaining Open	842 Remaining Open	2495 Remaining Open	47 Remaining Open	435 Remaining Open
6.09 Avg Duration (Days)	10.58 Avg Duration (Days)	2.94 Avg Duration (Days)	4.28 Avg Duration (Days)	4.23 Avg Duration (Days)	5.75 Avg Duration (Days)

Ivanti Management Report

Item 2.4 - Appendix 2 - Incident Management for 2023



[View in Power BI](#)

Last data refresh:
16/05/2023 08:23:19 UTC

Downloaded at:
16/05/2023 08:47:00 UTC

Mohamed Sarraf
19/05/2023 08:27

Date by Year

☐ 2022

☒ 2023

Date By Month

☐ January 2023

☐ February 2023

☐ March 2023

☐ April 2023

☐ May 2023

OwnerTeam

☐ BI Applications and Warehouse

☐ Business Intelligence & Informatics

☐ EUD

☐ IM&T Security

☐ ISM Admin

☐ Network

☐ O365/Azure

☐ On-Call

☐ Paris

☐ PCIC

☐ Pharmacy

☐ PMS Development

☐ PMS Implementation

☐ PMS Support

☐ Server/Infrastructure

☐ Service Desk

☐ Telecoms

13040

Incidents Opened

12195

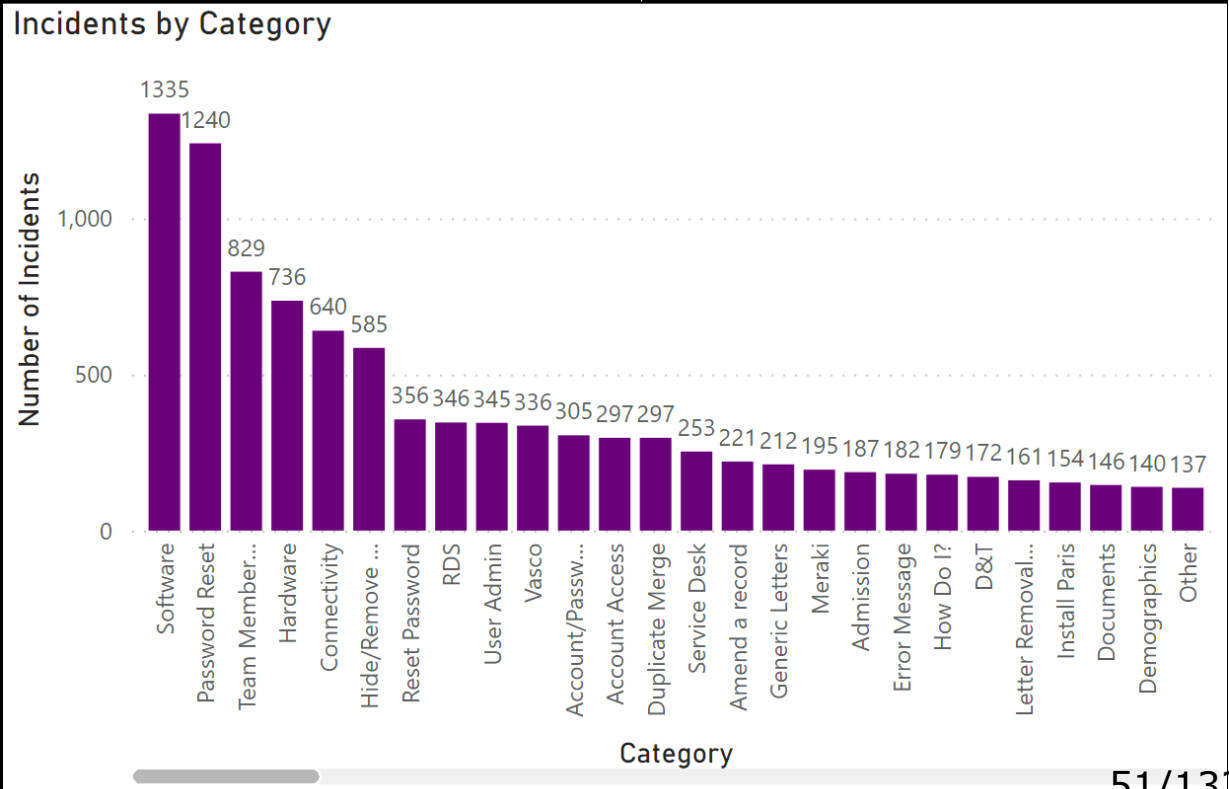
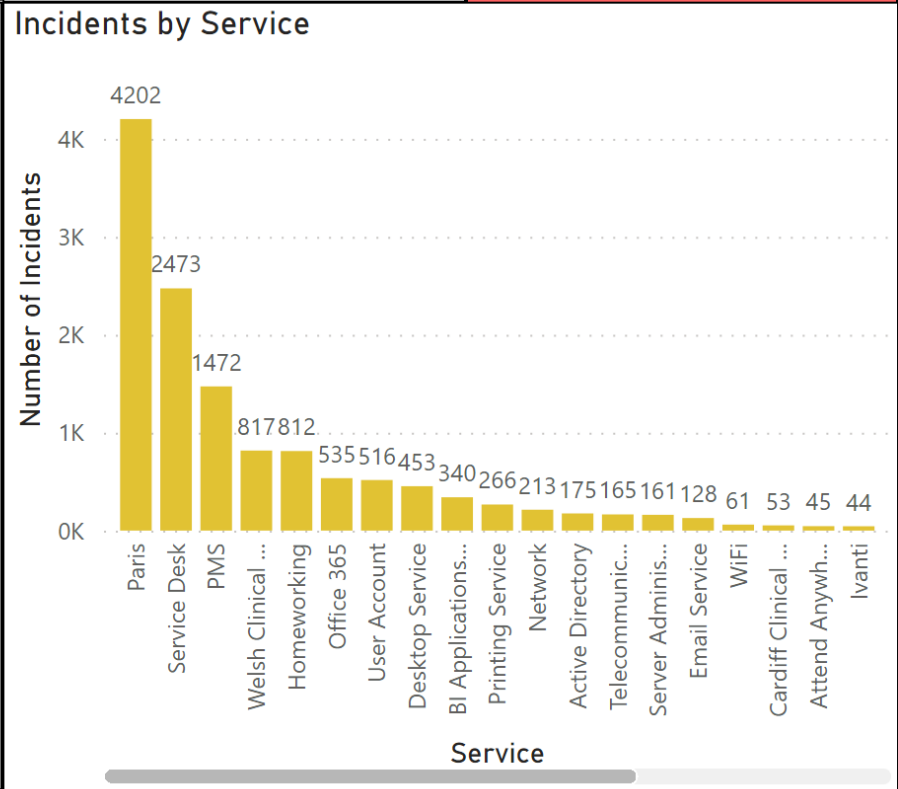
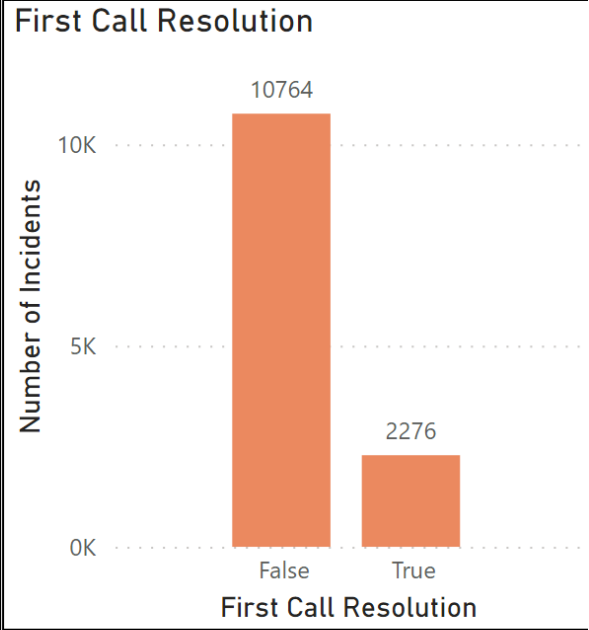
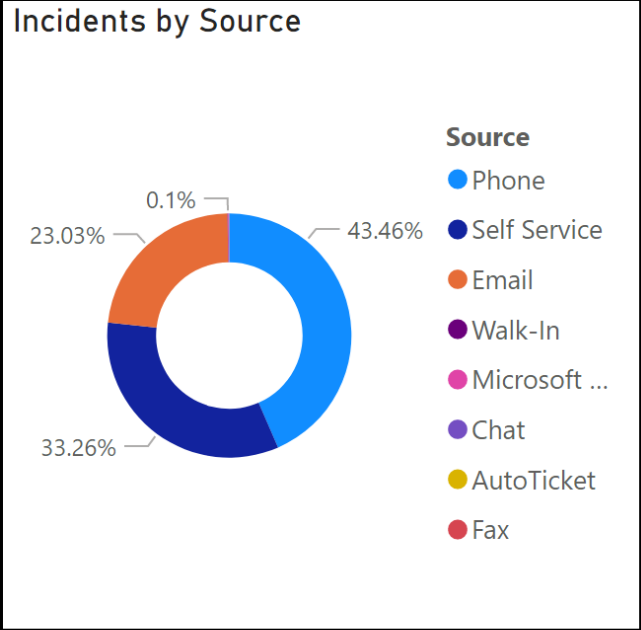
Incidents Closed

2.89

Avg Duration (Days)

845

Older then 30 Days



Ivanti Management Report

Item 2.4 Appendix 3 – Automation Requests



[View in Power BI](#)

Last data refresh:
16/05/2023 08:23:19 UTC

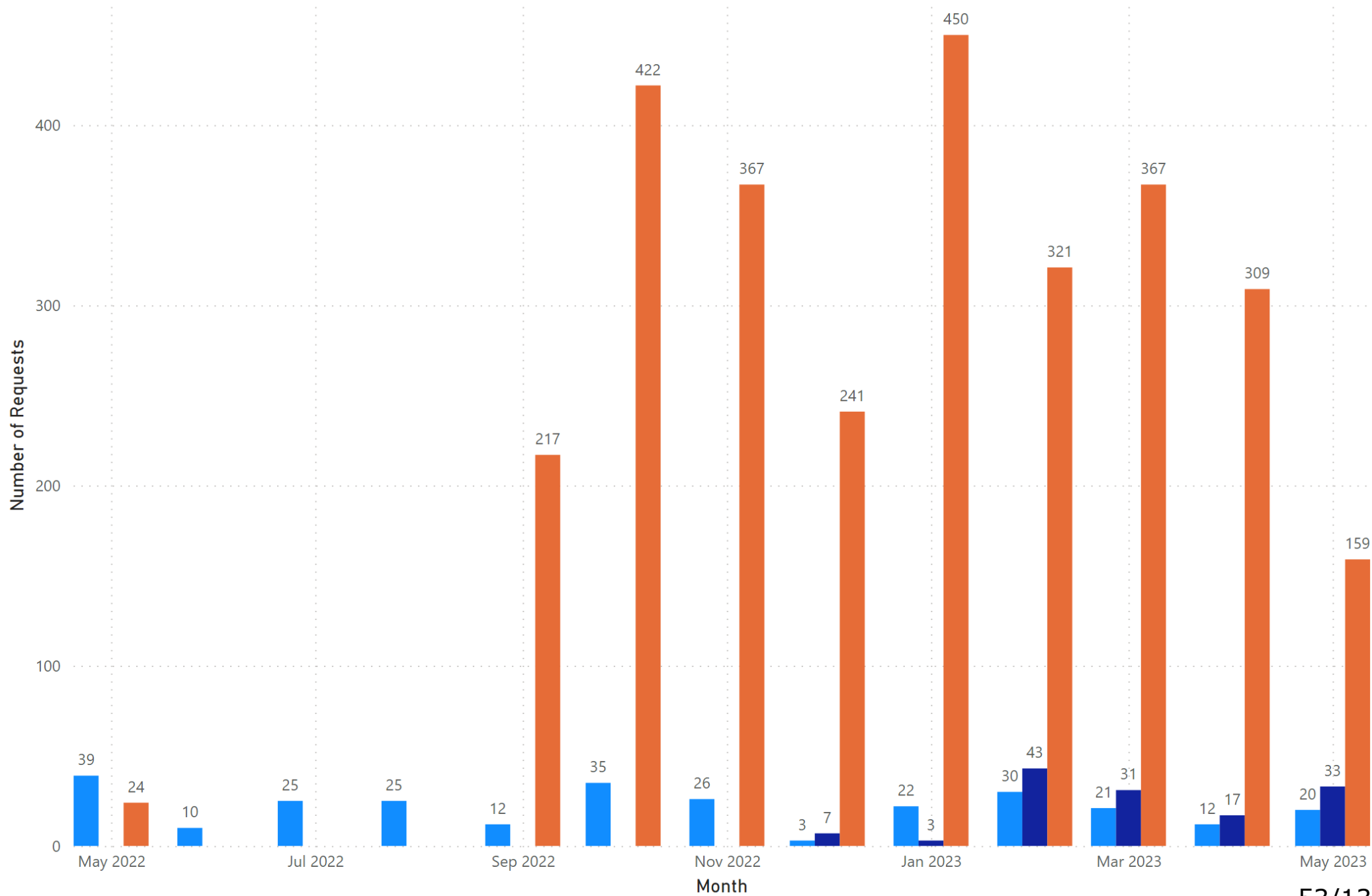
Downloaded at:
16/05/2023 08:51:16 UTC

Mohamed-Sarraf
19/05/2023 08:51:27

Automation Requests

Automation Requests Summarised

- Internet Access Request
- New Mailbox Request
- New NADEX Request



Mohamed Sarah
19/05/2023 16:15:27

Report Title:	Framework Policies, Procedures & Controls			Agenda Item no.	2.5
Meeting:	Digital and Health Intelligence Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	30 th May 2023
		Private	<input type="checkbox"/>		
Status (please tick one only):	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	Director of Digital and Health Intelligence				
Report Author (Title):	Head of Information Governance and Cyber Security Information Governance Manager				

Main Report

Background and current situation:

As reported at the last DHIC meeting, a number of policies and procedures documents are out of date and need to be reviewed.

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.

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

Since the last meeting in February 2023, the following procedures and policy documents have been under review with our external Contractors, IT Governance.

- **Records Management Policy**

This policy sets out overall commitment of the UHB to comply with relevant legislation for handling all the records it creates and is responsible for. It will do this by ensuring all staff are informed of the importance attached to the way in which records are managed and the relationship of records management to assist in achieving the overall business strategy of the organization.

- **Records Management Procedure**

This procedure supports the above policy and the good practice recommendations in the Records Management Code of Practice for Health and Care 2022, issued by Welsh Government last year.

- **Information Governance Transportation of Casenotes and Personal Identifiable Information Procedure**

This procedure defines the transportation arrangements, management organisation and responsibilities of staff, when transporting PII.

These documents are in the process of internal review and are expected to be completed and updated to the corporate register of controlled documents for publishing to our internal sharepoint site by June 2023.

Recommendation:

The Board / Committee are requested to:

The Committee are requested to:

- Note the progress in updating the priority policy and procedure documents.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

Impact Assessment:

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

Risk: Yes

Adherence to appropriate policies will further reduce risks

Safety: Yes

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:

Mohamed Sarah
19/05/2023 16:15:27

Report Title:	Committee Self Effectiveness Survey			Agenda Item no.	2.6	
Meeting:	Digital and Health Intelligence Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	30 May 2023	
		Private	<input type="checkbox"/>			
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information	<input type="checkbox"/>
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Head of Corporate Governance					
Main Report						
Background and current situation:						
<p>Routine monitoring of the effectiveness of the Board and its Committees is a vital part of ensuring strong and effective governance within the Health's Board's governance structure. Under its Standing Orders (SO 10.2.1), the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Further, and where appropriate, the Board may determine that such evaluation may be independently facilitated.</p> <p>The Health Board undertook an annual review of the effectiveness of its Board and its Committees during February to March 2023 using survey questions derived from best practice guides, including the NHS Handbook, and using the following principles:</p> <ul style="list-style-type: none"> the need for Committees to strengthen the governance arrangements of the Health Board and support the Board in the achievement of the strategic objectives; the requirement for a Committee structure that strengthens the role of the Board in strategic decision making and supports the role of non-executive directors in challenging Executive management actions; maximising the value of the input from non-executive directors, given their limited time commitment; and supporting the Board in fulfilling its role, given the nature and magnitude of the Health Board's agenda. <p>For the 2022-2023 self-assessment, surveys were disseminated via Microsoft Forms to all Board and Committee Members and Board and Committee attendees, enabling an efficient yet effective reflection on Board effectiveness and mirroring the method used for the Committees.</p> <p>The purpose of this report is to present the findings of the Annual Board Effectiveness Survey 2022-2023, which relate to the Digital and Health Intelligence Committee (attached as Appendix 1).</p> <p>The results of the surveys relating to the Board and the Health Board's Committees of the Board were presented to the Audit and Assurance Committee on 11 May 2023 along with an action plan to address any areas of improvement required.</p>						
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:						
<ul style="list-style-type: none"> The survey questionnaires for the annual Board/Committee Effectiveness Surveys 2022-2023 were issued during February to March 2023. 						

- The individual findings of the Annual Board Committee Effectiveness Survey 2022-2023 relating to the Digital and Health Intelligence Committee are presented at Appendix 1 for information. There were no areas identified for improvement.
- Overall the findings were positive and that provides an assurance that the governance arrangements and Committee structure in place are effective, and that the Committee is effectively supporting the Board in fulfilling its role.

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

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

The next self-assessment will be undertaken in March/April 2024 to coincide with the end of financial year reporting requirements of the Annual Governance Statement 2023-2024.

Recommendation:

The Committee is requested to:

a) Note the results of the Annual Board Effectiveness Survey 2022-2023 relating to the Digital and Health Intelligence Committee.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		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	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

Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Safety: No

<p>Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</p>	
<p>Financial: No</p>	
<p>Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</p>	
<p>Workforce: No</p>	
<p>Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</p>	
<p>Legal: No</p>	
<p>Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)</p>	
<p>Reputational: No</p>	
<p>Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</p>	
<p>Socio Economic: No</p>	
<p>The Socio-Economic Duty is designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.</p> <p>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES</p> <p>(If this has been addressed in the main body of the report, please confirm)</p>	
<p>Equality and Health: No</p>	
<p>Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so.</p> <p>Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)</p> <p>(If this has been addressed in the main body of the report, please confirm)</p>	
<p>Decarbonisation: No</p>	
<p>Has consideration been given to the delivery of proposals in accordance with NHS Wales Decarbonisation Plans. If so, please confirm the detail of issues considered and plans made.</p> <p>(If this has been addressed in the main body of the report, please confirm)</p>	
<p>Approval/Scrutiny Route:</p>	
Committee/Group/Exec	Date:
Audit and Assurance Committee	11 May 2023

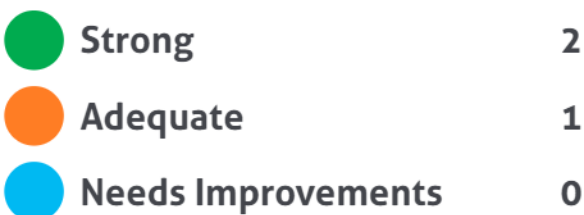
Mohamed, Sarah
19/05/2023 16:15:27

Annual Board Effectiveness Survey

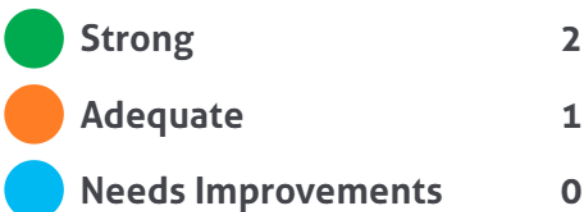
Digital Health Intelligence - Appendix 1

Response: 3

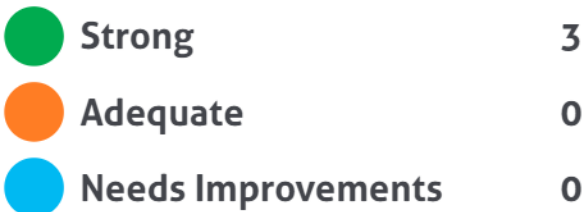
1. The Committee terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities in accordance with guidance and have been approved by the Committee and the full Board.



2. The Board was active in its consideration of Committee composition.



3. Are the terms of reference reviewed annually to take into account governance developments and the remit of other committees within the organisation?



Mohamed, Sarah
19/05/2023 16:15:27

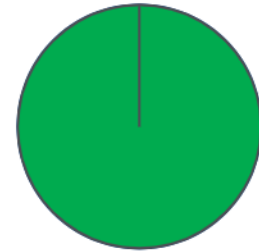


GIG
CYMRU
NHS
WALES

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

4. Has the Committee reviewed whether the reports it receives are timely and have the right format and content to ensure its responsibilities are discharged?

● Yes	3
● No	0
● Unsure	0



5. Does the Board ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management on critical and sensitive matters?

● Yes	2
● No	1
● Unsure	0



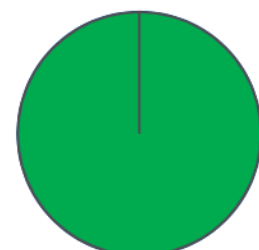
6. The Committee terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities in accordance with guidance and have been approved by the Committee and the full Board.

● Strong	2
● Adequate	1
● Needs Improvements	0






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

● Strong	3
● Adequate	0
● Needs Improvements	0






Mohamed, Sarah
19/05/2023 16:15:17

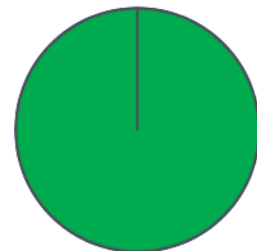
8. The Committee meeting packages are complete, are received with enough lead time for members to give them due consideration and include the right information to allow meaningful discussion. Minutes are received as soon as possible after meetings.

 Strong	2
 Adequate	1
 Needs Improvements	0






9. Committee meetings are well organised, efficient, and effective, and they occur often enough and are of appropriate length to allow discussion of relevant issues consistent with the Committee's responsibilities.

 Strong	3
 Adequate	0
 Needs Improvements	0



10. Appropriate internal or external support and resources are available to the Committee and it has sufficient membership and authority to perform its role effectively.

 Strong	1
 Adequate	2
 Needs Improvements	0



11. The Committee informs the Board on its significant activities, actions, recommendations and on its performance through minutes and regular reports and has appropriate relationships with other committees.

● Strong	1
● Adequate	2
● Needs Improvements	0



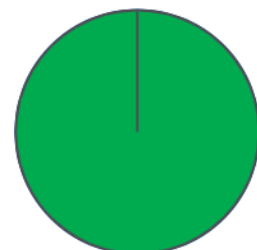
12. Are changes to the Committee's current and future workload discussed and approved at Board level?

● Yes	2
● No	0
● Unsure	1



13. Are Committee members independent of the management team?

● Yes	3
● No	0
● Unsure	0






14. The Committee agenda-setting process is thorough and led by the Committee Chair.

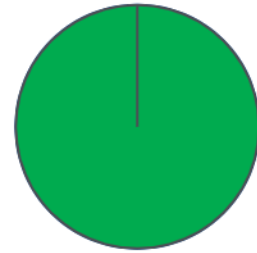
● Strong	2
● Adequate	1
● Needs Improvements	0






Mohamed Sarah
19/05/2023 16:15:27

15. Has the Committee established a plan for the conduct of its work across the year?

 Yes	3
 No	0
 Unsure	0




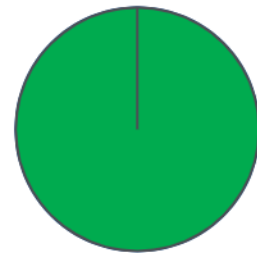
16. Has the Committee formally considered how its work integrates with wider performance management and standards compliance?

 Yes	2
 No	1
 Unsure	0






17. Is the Committee satisfied that the Board has been advised that assurance reporting is in place to encompass all the organisations responsibilities?

 Yes	3
 No	0
 Unsure	0



18. The Committee's self-evaluation process is in place and effective.

 Strong	2
 Adequate	1
 Needs Improvements	0



Mohamed Sarah
19/05/2023 16:15:27

19. What is your overall assessment of the performance of the Committee?

- DHIC maintains a good overview and receives assurance on a wide range of topics under the Digital and Health Intelligence umbrella.
- To the subject matter covered by this committee is crucial to the success of the organization. We are actively considering how to strengthen this.
- The Committee has the appropriate expertise to provide adequate scrutiny and support. The relationship between IMs and Executives is collegiate but with appropriate independence to provide professional scrutiny. Given the increasing importance of digital and IT in operational matters and strategic goals, the committee has identified that digital and IT matters need greater visibility at the Board level.

Mohamed Sarah
19/05/2023 16:15:27

Report Title:	Welsh Government Digital Strategy for Health & Social Care Refresh			Agenda Item no.	2.7	
Meeting:	Digital & Health Intelligence Committee	Public	X	Meeting Date:	30th May 2023	
		Private				
Status <i>(please tick one only):</i>	Assurance	x	Approval		Information	
Lead Executive:	Director of Digital & Health Intelligence					
Report Author (Title):	Director of Digital & Health Intelligence					
Main Report						
Background and current situation:						
<p>A refreshed digital strategy has been developed by Welsh Government over the last 12 months, building on the strategic direction in their 2015 strategy, which was a key enabler of “A Healthier Wales” published in 2018.</p> <p>This digital strategy for Health and Social Care aims to provide a clear direction of travel in support of the digital transformation journey whilst setting out a number of key aims and missions for the next 5 years.</p> <p>The final draft strategy document has been added to by Mike Emery who was appointed earlier this year to the new dual role of Director of Technology, Digital and Innovation directorate, Welsh Government and Chief Digital and Innovation Officer for NHS Wales.</p> <p>The final draft of the digital strategy for health and social care in Wales is shown as Appendix 1.</p>						
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:						
<p>The final draft strategy was shared with NHS Chairs, NHS Digital Directors and local authority digital leads, focusing on implementation challenges.</p> <p>In response to a request for final comments by Welsh Government, feedback was sought and received from CAV UHV Senior Leadership Board. These local responses are captured in the response letter shown as Appendix 2 and are currently being considered for inclusion or collation within the final version of the strategy.</p> <p>Welsh Government are planning a soft launch of the digital strategy in mid-June and their website will provide an ongoing digital presence of the refreshed digital strategy, delivery plans and links to digital programmes/achievements.</p>						

Mohamed, Sarah
19/05/2023 16:15:27

Recommendation:														
The Committee are requested to REVIEW the response submitted on the Welsh Government Digital Strategy for Health and Social Care refresh document.														
Link to Strategic Objectives of Shaping our Future Wellbeing:														
<i>Please tick as relevant</i>														
1. Reduce health inequalities		x		6. Have a planned care system where demand and capacity are in balance				x						
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														
<i>Please tick as relevant</i>														
Prevention			Long term	x		Integration	x		Collaboration	x		Involvement	x	
Impact Assessment:														
<i>Please state yes or no for each category. If yes please provide further details.</i>														
Risk: No														
Safety: No														
Financial: No														
Workforce: No														
Legal: No														
Reputational: No														
Socio Economic: No														
Equality and Health: No														

Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Mohamed Sarah
19/05/2023 16:15:27



A Digital Strategy for Health and Social Care in Wales

(Month TBC) 2023

Mohamed Sarah
19/05/2023 16:15:27



Llywodraeth Cymru
Welsh Government

Table of Contents

Ministerial Foreword 3

Executive Summary 4

Introduction 7

Background 9

Our vision for Welsh Health and Social Care 11

 Three Key Aims to Help Wales get Ready for Digital..... 13

 Collaboration and New Ways of Working 15

Aim 1 — Transform Digital Skills and Partnerships 16

 Mission 1 — Digital Skills..... 16

 Mission 2 — Digital Economy 18

Aim 2 — Building Digital Platforms fit for Wales 20

 Mission 3 — Data Use and Collaboration 20

 Mission 4 — Digital Infrastructure and Connectivity..... 22

Aim 3 — Make Services Digital First 25

 Mission 5 — User-Centred Services..... 25

 Mission 6 — Digital Inclusion..... 27

Strategy Implementation 28

**Annex A Comparison between 2015 and 2023 Digital Strategies including
record of delivery achievement resulting from the former 30**

Annex B Digital Transformation in Wales.....35

Mohamed Sarah
19/05/2023 16:15:27



Ministerial Foreword

To be drafted by WG officials

Mohamed, Sarah
19/05/2023 16:15:27

Executive Summary

This sets out the Welsh Government approach to digital and data through its Digital Strategy for Health and Social Care. It is a refreshed document that builds on the strategic direction set out in our 2015 strategy which has been a key enabler of A Healthier Wales. It is designed to deliver our core vision to help people in Wales to lead happier, healthier and longer lives through user-centred digital services built upon better digital skills, partnerships, data and platforms.

It is in response to a number of strategic challenges

- Ongoing recovery of the NHS and social care post-pandemic pressures
- Raising demographics across our population and more complex co-morbidities
- Financial constraints for citizens and organisations driven by cost-of-living crisis
- Raising expectations by citizens for digital services but increased risk of digital exclusion
- A competitive market for the digital and data workforce.

But we have the opportunity to respond to the challenges through

- Using technology to optimise and standardize to reduce variation in health and social care provision and outcomes
- Taking advantage of emerging technologies and sciences like Artificial Intelligence and genomics
- Enabling our digital workforce to drive forward change in health and social care delivery
- Continuing our journey to improve how we share information across health and social care provider settings
- Utilizing and curating data to underpin population health management and demonstrate the value and benefit of our investments.

We are building on the successes of our first all-Wales Informed Health and Care: A Digital Strategy for Health and Social Care through

- Establishment of Digital Health and Care Wales that has supported transforming the way digital health and social care services are delivered using digital technology, data, and standards.
- Development of the National Data Resource Strategy and Programme which is intended to bring clinical information together at the right time for the right people
- Digital Services for Patients and the Public Programme is coordinating the delivery of digital solutions and health and social care applications for patients and service users across Wales, including the NHS App.
- The Welsh Nursing Care Record that allows nurses in adult in-patient settings to complete online patient assessments in real time

Mohamed, Sarah
19/05/2023 16:15:20

- The successful digitisation of the medicines management journey in primary and secondary care that is now known as the Digital Medicines Transformation Portfolio (DMTP)
- A new RIS (Radiology Information System) and PACS (Picture Archiving and Communication System) was deployed to give clinicians secure digital access to images, irrespective of the originating organisation
- The Welsh Clinical Portal was extended to provide a shared view of individuals' digitally held record, accessible across the boundaries of organisations and settings to support safe, effective care.

The core aims of our Digital Strategy for Health and Social Care are to

- Transform our digital skills and partnerships
- Build digital platforms that meet the needs of Wales
- Focus on making services digital-first.

Our delivery plans will be delivered around six missions

- Digital Skills. Developing our workforce to have the skills and confidence they need to make the most of digital services and improve care
- Digital Economy. Partnership with health and social care providers, academia and the private sector to create added value, accelerate innovation and strengthen the economy of Wales
- Data and collaboration. Working to ensure high-quality data is available to inform every part of health and social care delivery and support digital services
- Digital Infrastructure and Connectivity. Developing a secure, stable and sustainable foundation for seamless sharing of health and social care data in support of agile, digital services
- User-Centred Services. Deliver high quality digital services designed around the needs of the citizen, professionals and the services
- Digital Inclusion. Equip users with the access, skills and confidence to engage with digital health and social care services based on their specific needs or preferences.

Key delivery actions that underpin our strategy include

- Launch and ongoing development of NHS Wales Application to support citizens management of their health
- Accelerate delivery of national data resources so they are accessible and usable for all health and social care bodies
- Wider roll-out of centres of excellence to create a digital ready workforce
- Continued roll-out of electronic prescribing and medicines across health and care
- Implement and embed standards across digital health for data, interoperability and procurement

Mohamed Sarah
19/05/2023 16:15:27

Underpinning this will be a focus on:

- An open, interoperable and more resilient infrastructure
- Standardisation and optimising how we work
- Identifying opportunities to modernise infrastructure to support further transformation
- A user-centred approach to development of services
- Co-development and partnership working to implement digital strategies.

To deliver our strategy across Wales we will

- Work with colleagues from across local authorities, health boards, academia, and the private sector
- Work to develop funding models that will support a more sustainable investment framework
- Strengthen governance to ensure a coordinated portfolio approach to managing our programmes of work
- Work with colleagues across the UK, and internationally, to lead and grasp the potential of digital and data technology for better health and care outcomes.

We will know we will have delivered our Vision when we can confidently say that

- Citizens feel more empowered to manage their own health through improved digital tools
- Our workforce has the right information at the right time to deliver better care
- Clinicians are spending less time on administrative tasks and more time with patients
- We understand the value delivered by digital and technology investments
- Data is used to deliver insights to support delivery of a learning health and care system

Wales is in a strong position to continue to build on its work over the last decade that has allowed it to respond effectively to the pandemic challenges. This refreshed Strategy is designed to support the ongoing pressures across health and social care post-pandemic and to respond to these challenges.

Mike Emery

Chief Digital and Innovation Officer for Health and Social Care

Mohamed, Sarah
19/05/2023 16:15:27

Introduction

The ambition of '[A Healthier Wales](#)', published in 2018, and the supporting National Clinical Framework, is to deliver a whole system approach to health and social care in which services are only one element of supporting people to have better health and well-being throughout their whole lives. It will be a 'wellness' system, which aims to support and anticipate health needs, prevent illness, and reduce the impact of poor health. We aim to bring health and social care services together and to ensure they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and well. In 2022 that goal remains as relevant as ever. Events and the impact of the COVID-19 pandemic have demonstrated the benefits and need for digital transformation across health and social care. **To date, Welsh Government and our NHS and Social Care delivery partners have made excellent progress in beginning to realise this ambition through the 2015 [A Digital Health and Social Care Informed Health and Care; A Digital Health and Social Care Strategy for Wales \(gov.wales\)](#)** (for additional information, please see *Annex A Comparison between 2015 and 2023 Digital Strategies including record of delivery achievement resulting from the former*).

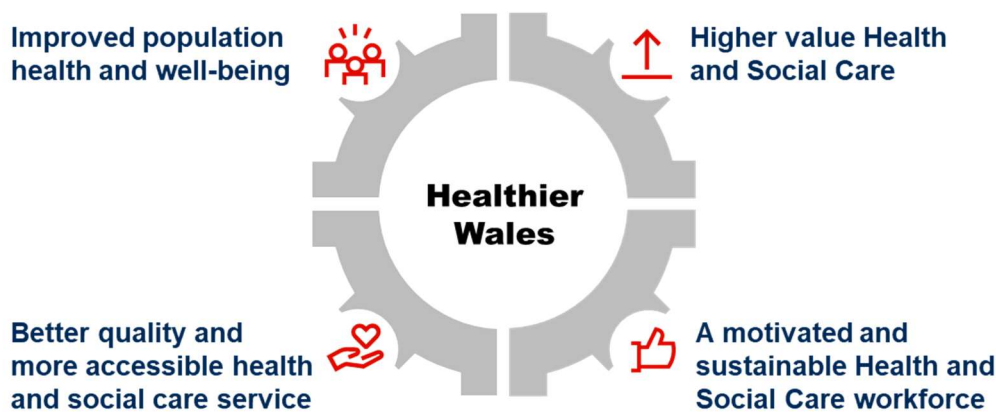
During this realisation it is recognised that our system of delivering joined-up health and social care across the country needs further change to be achieved. Improvements in data quality, accessibility, inclusion, and standards require further development and more collaboration if we are to deliver on our ambition.

Accordingly this refreshed digital strategy has been written to support and accelerate the transformation laid out in 'A Healthier Wales', **successful delivery of the 2015 Strategy** and also to align with the clear direction set out in 2021 '[A Digital Strategy for Wales](#)'. **We have developed this refreshed Digital Strategy for Health and Social Care in collaboration with stakeholders and delivery partners across the systems to further build upon what has already been achieved, to support organisations and programmes, and to provide a clear direction of travel of the digital transformation journey. Furthermore,** aligning the aims of this strategy with National Clinical Framework plans will also put the people of Wales's needs above organisational interests and help deliver prudent, value-based healthcare. Specifically, this strategy will help improve population health, well-being and deliver better quality of interventions. It will help make services more accessible, secure and centred on people and their needs by optimising the use of digital services and health and social care data.

The successful implementation of this strategy directly supports the quadruple aims outlined in 'A Healthier Wales'. Firstly, it will leverage digital to advance the quality of our health and social care services and improve the experience of users and patients. We will achieve this aim by designing our digital services together with patients, social care users and providers, and clinicians. Secondly, the strategy will empower people to manage their own health and prevent disease through inclusive

and user-centred digital services and strengthening our infrastructure and connectivity. This will help the people of Wales prevent disease and improve population health and wellbeing. Thirdly, we will achieve higher value health and social care by fostering innovation and rapid improvements: using agile and product approaches and facilitating data sharing across the system to harness the power of data. Finally, we will use digital services to support and take pressure off our workforce. We will work closely with clinicians and non-clinical staff to design services tailored to their needs and build a 'digital ready workforce' with the skills and confidence to make the most of these services.

Figure 1: The quadruple aims outlined in Healthier Wales



The strategy is designed to provide a clear sense of direction for leaders and their delivery teams across health and social care in Wales. It brings together the collective efforts of local authorities, special health authorities, academia and commercial partners, community health councils¹, health boards and trusts, education providers, the third sector and social partnerships.

Delivered well, digital services will put the people in Wales at the heart of all our health and social care services. It will help us move toward a system of personalised, co-designed services with a focus on prevention. The strategy will improve the collection and use of high-quality data which underpins digital services. This will enable informed and transparent decisions with clear accountability. The modern technology to deliver the data through the systems will enable a more accessible, safe, responsive, and intelligent system of health and care.

Our digital services will be designed and delivered with the aim of maximising social benefit. We will use agile based approaches with open architecture. Wherever feasible we will adopt open-source building blocks and cloud-based technologies.

¹ To be replaced by the new Citizen Voice Body from 1 Apr 2023.

Our strategy will also underpin the digital skills development in Wales in an inclusive, intelligent way optimising academic thinking and learnings from other nations globally.

Digital services in health and social care will be vital in supporting health and social care interactions through the creation of a data-enriched information network. This will include providing timely information and feedback channels to people, clinical and care delivery teams, and decision-making organisations. In turn, this will allow us to measure the outcomes that matter most to individuals and identify where to allocate resources to achieve them.

Background

Digital health and social care is about adopting and developing digital technologies to improve care workflows so that people can be treated faster, safer, and as close to home as possible. Digital health and social care is designed to give professionals more time by streamlining processes and to improve people's experience. When digital services are developed with people, patients, and users as the priority they will significantly improve health and social care outcomes. Digital includes digital methodologies and approaches, such as agile delivery and user-centred design.

Our focus will continue to be on transformation, innovation, and best practice implementation — knowing that our current health and social care system has a strong foundation to build on. Since 2015, we have made significant progress and investment in our workforce, organisations, infrastructure, and architecture. For example:

- We have set a strong policy direction with 'A Healthier Wales', which will be strengthened further through the appointment of a **Chief Digital Officer (CDO) for Health and Social Care** within the Welsh Government and NHS Wales and the establishment of his Office. This Office of the Chief Digital Officer has a 'whole system' remit to encourage, champion, and support digital transformation across health and social care in Wales. It will advise Welsh Government on strategy implementation, lead the digital profession in health and social care, and be a champion for digital health and social care in Wales.
- We established **Digital Health and Care Wales (DHCW)**: a new NHS Wales organisation focused on transforming the way digital health and care services are delivered using digital technology, data, and standards.

We continue to establish a portfolio of national and local programmes focused on reviewing and improving our data and infrastructure. Each of these will help us roll out digital health and social care services more efficiently and deliver better care outcomes faster. Some of our key national programmes, to date, include:

- The **National Data Resource (NDR)** programme — This is a strategic initiative to help transform health and social care in Wales through a more connected and collaborative use of data.
- The **NHS Wales Cyber Resilience Unit**, hosted by DHCW —This provides assurance and guidance for operators of essential services across Wales. It also provides specialist support and guidance to Welsh Ministers in relation to the Network and Information Systems (NIS) Regulations 2018.
- The **Digital Services for Patients and the Public (DSPP)** programme established in March 2021 is helping to coordinate the rapid delivery of digital solutions and health and social care applications for patients and service users across Wales, including the development of the NHS Wales App.
- The **Welsh Nursing Care Record (WNCR)** went live in 2021 across several Welsh health boards and trusts. It allows nurses in adult inpatient settings to complete an online assessment form at a patient's bedside.
- The **Welsh Patient Administration System (WPAS)** and the **TEC Cymru and Cross Border Pathways** programmes have all improved the implementation of new technologies, functionality and data sharing across care organisations.
- **Microsoft Office 365 Centre of Excellence** – supporting our workforce by modernising ways of working in security and collaboration across health and care settings.
- The **Digital Medicines Transformation Portfolio (DMTP)** will make the prescribing, dispensing and administration of medicines everywhere in Wales, easier, safer, more efficient and effective through digital transformation and functionality.

There is also continued and ongoing investment in infrastructure and digital capabilities across Wales, from delivery organisation capability through to datacentres, networks and devices. We will build on the findings from:

- The **Digital Architecture Review (DAR)** — This was a major review of digital delivery in Wales that made wide-ranging and inter-dependent recommendations requiring a phased approach to changes.
- The **All-Wales Infrastructure Programme (AWIP)** — Which aims to develop common standards and principles across NHS Wales for all aspects of digital infrastructure such as the use of cloud, digital identity management and digital networks.

In line with Welsh Government's transition from pandemic to endemic and ongoing management of COVID-19, we must continue to learn from the experience of our pandemic response as well as other global organisations and adopt lessons

Mohamed, Sarah
19/05/2023 16:15:27

identified². We will feed these into our business-as-usual activities to improve health and social care services for all users.

Our vision for Welsh Health and Social Care



Our vision is to
Enable people in Wales to lead happier, healthier, and longer lives through user-centred digital services built on better digital skills, partnerships, data and platforms

What will health and social care look like if we pursue this strategy and the aims below?

People will be able to look after their health and well-being more easily and in a way that works for them and their circumstances. Everyone, irrespective of language or capabilities, will have access to a wider range of digital tools and services that will have been designed around them from the start at a location and time that suits them. These services will help people understand how to manage their care, treatments, and health and maintain an independent quality of life. They need not provide the same information repeatedly.

Our health and social care workforce will become a data-enabled workforce. They will have the skills, confidence, and information to do their jobs more effectively with improvements in safety, efficiency, and quality. Digital services will be designed with them so they can deliver the best possible care in a way that supports their role and ways of working.

Our future digital services will give secure access to the right data at the right time by the right people. This means the appropriate care professionals will have better access to standardised, quality data and information. This will support decision making at all levels when they need it. Health and social care professionals will have access to systems and information to help them know what is happening, where, and how to deliver the best care outcome. As a result, people in Wales will receive more personalised care and support informed by accurate, trusted data. Better access and availability of data will drive improvements in performance and quality. Collaboration across Wales with our academic and commercial partners will also enable further partnerships and encourage new digital innovations. These will improve our health and social care system while reducing risks and lowering costs.

Health, social care, and third sector organisations will be able to work better together to create seamless service-user journeys and care pathways that deliver a better overall experience. They will be able to work across Wales to identify trends and

² As detailed in *Health and Social Care in Wales – COVID-19: Looking Forward*

patterns to improve preventative care, improve support, and adapt services to meet new needs.

We have already started to develop and launch digital solutions that are making a difference to the people in Wales such as Test, Trace, Protect, the Choose Pharmacy service and the Welsh Clinical Portal. But we want to do much more to avoid duplication of effort and build better services. Organisations across the world have shown that digital services are successfully delivered when key principles are consistently applied during development and implementation³. We have developed nine principles to help design and deliver our digital services. Our principles align with the Centre for Digital Public Services (CDPS) digital service standards and will be utilised in the development of health and social care digital services. Using our principles our digital services will:

Be user-centred, inclusive, and accessible

1. Put health and social care services into people's hands through giving people access to their digital health and care records from the device of their choice. Make it easier for people to connect with health and social care services and provide joined-up services to improve current and future well-being.
2. Inclusivity for all is built into every digital service developed.
3. Embrace user-centred design (UCD) by communicating with service users and engaging them in the design and delivery of services throughout the process.

Empower staff and service owners

4. Provide health and social care staff with modern and intelligent services with secure and relevant access to information about their patients and service users wherever they need to work to support care provision and interactions. These digital services will be developed in conjunction with clinicians and front-line professionals, being ideally placed to identify systems and services that would most benefit from transformation activity in order to bring benefit to citizens and staff.

Use open, interoperable and resilient infrastructure

5. Prioritise using resilient, scalable cloud infrastructure and open architectures that allow people's health and social care data to be shared efficiently across health and social care providers.
6. Use the most appropriate and secure technologies to support rapid interoperability between all partners in the most cost-effective way.

Establish trust in how we use peoples data

³ Gartner research – 'Use real-time health system principles to drive digital transformation' 10 May 2022, Barry Runyon, Gregg Pessin.

Use quality data to provide insight and improve how health and social care services are delivered and accessed by people legally, securely, and ethically. Build trust through a standardised, transparent approach to information governance.

7. Ensure that our health and social care systems are safe and resilient, and that organisations are able to identify, protect, detect, respond, and recover from cyber threats.

Standardise and optimise how we work

8. Iterate then improve our services frequently, working across organisations and using multidisciplinary teams. Consistently use design and technology standards in the development and implementation of digital services to allow for faster development and continuous improvement. We will adopt an agile approach and work adaptively so that we become a learning health and social care system in order to better support and respond to the health and social care needs of people in Wales.
9. Use digital and data to optimise and standardize workflows and reduce variation to improve outcomes for patients, and support our workforce

Three Key Aims to Help Wales get Ready for Digital

The vision needs every health and social care organisation to prepare and adapt for digital health and social care. Not every organisation is ready or able to build digital services using the nine principles. There are several things required to help health and social care organisations get ready. There are three aims which will help each health and social care organisation get their staff, technology, data, and ways of working ready to deliver digital services using the nine principles.



These are:

Aim 1 — Transform Digital Skills and Partnerships

Deliver digital-first services for health and social care. This requires the current and future workforce to think and work differently. We need to improve the digital literacy and the confidence of our workforce, developing the necessary skills to help them modernise care, deliver in an agile way and manage people's data. Helping the workforce to make the best use of new technologies also requires training.

We will use expertise across all of Wales to deliver better care outcomes and benefit our economy. We will engage with partners in the commercial sector and academia to innovate and improve interventions. We will work in partnership between care organisations and the private sector using the best, most cost-effective solutions to deliver the best care outcomes. We will address this through:


Mohamed, Sarah
19/05/2023 16:15:27

	1. Digital Skills Our workforce will have the skills and confidence they need to make the most of digital and improve care.
	2. Digital Economy Partner with care providers, academia, and the private sector to create added value, accelerate innovation and strengthen the economy of Wales.

Aim 2 — Build Digital Platforms fit for Wales

High-quality data is a key component needed to deliver integrated health and social care. It also needs to be shared easily and seamlessly between organisations when they need it and in near real-time.

Managing people’s data means our platforms and infrastructure need to be secure, resilient, and accessible only to the appropriate people in care organisations. They must be fully interoperable and able to share information across healthcare, local government, and approved providers as well as the research and innovation communities. We will deliver this through:

	3. Data and Collaboration High-quality data is available to inform every part of health and social care delivery and support digital services.
	4. Digital Infrastructure and Connectivity A secure, stable, and sustainable foundation for seamless sharing of health and social care data in support of agile, digital services.

Aim 3 — Make Services Digital first

Wales will adopt a fully inclusive, digital-first approach when delivering health and social care services. Users will enjoy access to digital services that have been designed and built with and for them. This will include new services and tools that will help them make decisions to improve their health and well-being. We will deliver these with:

Mohamed, Sarah
19/05/2023 16:15:27

	<p>5. User-Centred Services</p> <p>Deliver high-quality digital services designed around the needs of the user to improve health and social care outcomes.</p>
	<p>6. Digital Inclusion</p> <p>Equip users with the access, skills, and confidence to engage with digital health and social care services based on their specific needs or preferences.</p>

Collaboration and New Ways of Working

This is a strategy for digital health and social care for all people in Wales. It is essential that we continue to build on the collaborative approach which helped to make the pandemic response in Wales so effective. This requires joint working between:

- The **Welsh Government** — Will be responsible for health policy and setting priorities at the national level, **and the CDO**, will define national standards and drive transformation across the whole system.
- **NHS Wales, local authorities, primary care clusters, and other delivery partners including the third sector** — These are the organisations responsible for delivering digital services to people in Wales as part of our whole system of health and social care.
- **DHCW** is the leading health and care digital services delivery organisation who will be key in championing and implementing this strategy.
- The **CDPS** and **Chief Digital Officers** for Welsh Government and Local Government will work alongside NHS Bodies and third sector care organisations to help create public services founded upon the needs of the people who use them.
- **Universities Life Sciences Hub and commercial partners** who are part of the research, innovation, workforce development and provision of digital products and services.

In addition to joint working, the current capital focused approach to funding should be reviewed taking account of HM Treasury's guidance on agile business cases⁴ and the implementation of new financial reporting standards⁵. The current multi-year capital based financial model designed for sizable, fixed asset infrastructure investment needs to adapt to a more revenue-based dynamic cloud product offering. The need to act and develop products at pace with recurrent resources will

⁴ <https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-government/agile-digital-and-it-projects-clarification-of-business-case-guidance>

⁵ IFRS 16 application guidance December 2020

necessitate new funding methodologies linked to good financial and commercial governance and benefit generation based on user outcomes

Organisations moving to deliver digitally using the digital strategy principles will take time. This strategy frames the ambition to 2030, but actions should be planned and delivered in three-year cycles. This is the approach adopted for A Healthier Wales and the three-year Integrated Medium-Term Plans across NHS Wales.

The vision, aims and missions set out on the following pages are a framework that NHS Wales and Local Authority organisations should use to plan their actions, and which will be promoted with partners as part of a coordinated whole system approach. It is expected that this strategy will be reflected in Integrated Medium-Term Plans from 2023, and fully embedded as part of NHS planning and performance by 2024. Furthermore, it is anticipated that there will be a review of progress against this refreshed strategy in 2025 and updated priorities and actions for the next three-year cycle will take effect from 2026.

This section of the strategy outlines the missions that underpin our aims in more detail and describes the approach and activities to be undertaken.

Aim 1 — Transform Digital Skills and Partnerships

Mission 1 — Digital Skills

We will:

- **Provide training and support to create a ‘digital ready workforce’ across health and social care, which has the skills and confidence to use digital services to their full extent at every level — from the workforce of the future through to senior leaders.**
- **Support the public and patients by promoting digital literacy and making digital services easier, informed by user design.**
- **Strengthen the digital health and social care profession in Wales through training and recruitment targeted to future needs.**
- **Use a Centre of Excellence (COE) approach to develop deep professional expertise in key areas: Agile User-Centred design, Microsoft 365, Cloud, Data Insights and Information Governance.**
- **Commit to building skills across health, social care and the wider public sector using a master staff index to track and audit skills, capabilities, and expertise.**

We are committed to helping and empowering our workforce to deliver digital health and social care services effectively. Training, re-skilling, and partnerships are vital if we are going to make digital health and social care services work.

By getting this right, people will enjoy a more responsive, personalised care they feel comfortable and able to interact with.

As stated in Health Education and Improvement Wales (HEIW) 2020 Health and Social Care Workforce Strategy: better staff experience contributes to a culture of compassionate care and results in better care for the people we serve. We need to ensure that people have the skills and confidence to use those services to their full extent. We also need to design our user interfaces in ways which make it easy to get the best out of digital services. The traditional service desk and user training approach will not be scalable as we deliver more services digitally and on a wide variety of devices. The digital ecosystem will need to provide more personalised user interfaces. Therefore, our approach must be to support our workforce through digital literacy and make digital services easier to use, informed by user design.

For the people in Wales, we need to use this same combination, but with even more emphasis on good user design, and carefully targeted support to those who will benefit most from better digital skills. For example, people who manage long term conditions, who care for or are supported by friends and family, or who are determined or wish to make a significant lifestyle change to improve their well-being.

We intend to develop the capacity and skills needed for the next five-plus years by re-profiling our digital profession through targeted recruitment and training across Welsh health and social care. Digital services can only be deployed effectively when we adopt a standard way of digital delivery. Partnering between HEIW, DHCW, Intensive Learning Academy (ILA), Social Care Wales and the Wales Institute for Digital Information (WIDI) can help develop skills nationwide by diagnosing and filling in digital, analytics and technology skills gaps across organisations. Working together we will design and implement digital skills development programmes for the future workforce. DHCW and local authorities can then promote a whole system adoption of broad-based digital skills training. These can be tailored based on employees' needs and delivered by their specific organisations.

We will also support digital health and social care apprenticeship schemes and work with our higher education establishments to grow our digital, cyber and data capabilities. This will help attract new talent and skills to the health and social care sector.

In addition to existing mandatory information governance training, cyber security awareness skills will become part of mandatory training for new entrants into the workforce. Refreshers and education sessions will also be provided for our existing workforce.

We will utilise Centres of Excellence (COE) to grow our capability, skills base, and expertise. The COEs will be made up of several public and commercial partners such as DHCW, local authorities, the third sector and commercial suppliers.

Together they will utilise a continuously improving, blended learning approach and act as long-term libraries of digital knowledge and capability. These will be shared and utilised across the whole of Wales to build new digital services and train the next generation digital workforce.

Our Digital Skills Mission will deliver benefits including:

- Better health and social care outcomes through faster and more effective digital services supported by trained staff.
- Training delivered on a 'whole system' basis results in more consistency and a better understanding of digital platforms and services across health and social care.
- A better understanding of digital and what it can do leads to better feedback from users and better digital services — a self-learning system.
- A stronger digital profession with more capacity and capability to develop 'in house' services with agility and pace.
- Depth of expertise in key areas, strengthening technical understanding, commercial negotiating position, and driving new opportunities and innovation.
- A cyber aware workforce that makes services and data more secure, protects privacy and reputation — increasing the trust of the people in Wales.

Mission 2 — Digital Economy

We will:

- **Continue to work with delivery partners to strengthen the digital economy across Wales with an emphasis on foundational economy approaches.**
- **Continue to use strategic relationships and partnering platforms to build capacity and capability in our supply chain.**
- **Continue to work with digital health partners across the UK and internationally to drive uptake of standards and improve services.**
- **Ensure procurement is led on an all-Wales basis by the appropriate body within health and social care to maximise long term social and economic value**

Our Foundational Economy agenda drives prosperity and other benefits. By purchasing goods and services from local suppliers we can strengthen the economy in Wales, reduce carbon emissions, create employment, and career pathways, and revitalise town centres and communities. Local supply chains can also be more resilient and sustainable and lead to clustering and networking effects. We need more digital skills and talent to achieve our ambitions for digital transformation. We will complement our workforce with external delivery partners, and this is also an opportunity to enhance the digital economy in Wales, adding health and social care technology to our clusters in the FinTech and creative sectors.

To achieve this, we will take a dual approach. Firstly, we will develop long-term strategic relationships with major supplier partners, such as global cloud providers and multinational software companies. We will draw on their depth of expertise and

global networks to build our capability. Secondly, we will work with smaller local suppliers in ways which encourage them to grow with us in Wales. This will help give us early exposure to innovation and emerging technologies.

The focus will always be on protecting the public value and driving better outcomes for patients and service users, but where possible we will also support growth opportunities for Welsh businesses, as part of an integrated policy approach across government.

Higher education and world-class universities offer a rich, innovative stream of opportunities and talent to help take Welsh digital health and social care to the next level. Working with academic institutions, we can combine the data and expertise across health and social care with our universities' research, facilities, and capabilities to find new and improved ways of delivering better healthcare outcomes to the people in Wales.

We have worked closely with delivery partners across the UK during the pandemic, blending COVID-19 testing services in Wales and across the UK network of lighthouse labs, delivering a combined NHS COVID-19 App for England & Wales. This demonstrated digital and data can be used to deliver health services across borders. It has also demonstrated how shared digital products can be tailored to their location and their preferred language.

Adopting common standards used across the UK and internationally enables patients to take their health records with them as they move from one system to another, which will support better care. We will continue to work with partners on standards and interoperability to support this work, with a particular focus on supporting cross-border care with NHS England.

We will continue to work proactively with the UK and international standards bodies and review our governance and infrastructure arrangements for adopting national standards in Wales. We will also ensure procurement is led on an all-Wales basis for digital service provision rather than by single organisations. This will be led by the appropriate body within health and social care and will be aligned with the Wales Procurement Policy Statement. In particular, improving the integration and user experience of our digital solutions and applications, maximising the use of our procurement data to support decision making.

Our Digital Economy Mission will deliver benefits including:

- **More digital capacity and capability through a stronger and more diverse supply chain, with good strategic relationships.**
- **Better long-term social and economic value through coordinated procurement.**

Mohamed Sarah
19/05/2023 16:15:27

- **More digital health innovations developed on open platforms, giving professionals and patients earlier access to better digital products and services.**
- **A stronger foundational economy which supports business growth and creates employment opportunities in Wales.**
- **Better care services across borders are enabled by digital interoperability and data sharing based on trusted standards.**
- **New insights and understanding are derived from research, leading to better medicines and interventions.**
- **A range of digital employment opportunities for people and students in Wales.**

Aim 2 — Building Digital Platforms fit for Wales

Mission 3 — Data Use and Collaboration

We will:

- **Continue to develop a comprehensive single digital health and social care record for Wales.**
- **Continue to publish and implement standards-based rules governing access to a shared health and social care record for different uses including clinical care, planning, and managing health services, research, and innovation.**
- **We will consider how to deliver a Data Promise which will support and clarify how health and social care data is used in Wales.**
- **We will consider how to establish an NHS Wales Data Promise Unit to assure people in Wales that their data is managed safely and appropriately.**
- **We will consider how to establish a Data Insights Centre of Excellence (COE) to develop the professional skills required to make the most of health and social care data.**

Everything starts with data. People's data are the essential foundation of high-quality health and social care. Without comprehensive and well-defined data, there is no reliable information. Good information drives better clinical decisions, better planning of health and social care services, and better operational management. For the public, patients and social care users, good information helps to prevent illness, to manage long term conditions, and to speed up recovery.

Our services generate lots of data, but not all of it is held digitally, and not enough is shared across the Welsh health and social care system. Patients, service users, clinicians, and care providers need all the relevant information at the right time, in the right place, and presented in ways which can be easily understood. Digital services which consume data can promote the most relevant information, provide insights

based on large datasets, and guard against errors and poor decisions. All of this reduces harm, improves quality, and drives better outcomes for individuals.

People are generating more valuable data with their personal devices. The use of smart devices is also growing across NHS Wales as part of health and social care delivery. This represents a significant growth in data volumes that must be actively managed. Clear data management, ethical data use and interoperability decisions will need to be made by digital service owners as the coordinated use of user data and smart devices increases. This will ensure the balance between using the right data from the right source and not overwhelming the system or care providers.

Wales has had a shared health record since 2016. We also have a single master patient index which has been used across Wales for several years. As part of responding to COVID-19, a Welsh Pandemic Record was created which held comprehensive data relating to the pandemic, assembled from multiple data sources, including beyond Wales. This real-time data was used clinically and informed policy decisions. The national sharing of data enabled modelling and forecasting of the spread of the virus and the planning of services on a daily and weekly basis. It helped the contact tracing service to achieve very high follow up rates, and it enabled Wales to deliver one of the fastest and most effective vaccination programmes in the world. It saved money and, more importantly, it saved lives. This now needs to be replicated for all health and social care services.

However, data only has value if it is of good quality and shared with the right care professionals at the right time. The National Data Resource (NDR) is already in place. This is a modern, scalable data and analytics platform for Wales that will allow the management of data across all systems in or near real-time between health and social care organisations. The NDR will enable new reporting capabilities, real-time event analysis, data/decision models, and algorithms that facilitate automation and decision making to deliver better care outcomes.

As part of our whole system approach to health and social care, there also needs to be rules which clarify the requirements and safeguards needed to share and use highly sensitive health and social care data. To do this, standards-based rules aligned with citizens' views on ethical uses of data and standards will be published with the NDR programme for all data, tailored to different uses. For example, clinical care needs data which identifies the individual being cared for, whereas planning and modelling demand does not. A Data Promise is being developed that will support and clarify how and why data is used to deliver the quadruple aim. Moreover, a new NHS Wales Data Promise Unit will be created to help assure and inform people about the use of their data and how information is managed.

The primary focus will be health and social care data held by NHS Wales. Principles, rules, standards, and processes will be designed in ways which can be extended to other delivery partners — particularly in social care. This will be challenging because social care services are delivered by a mixed economy of public, private, and

voluntary sector organisations of all sizes. Delivering a single health and social care record and a whole system approach will require finding ways to safely receive and share data with all providers.

Promoting the importance of data is part of our commitment to a 'digital ready workforce' as set out in HEIW's 'Health and Social Care Workforce Strategy'. Alongside this work, a Data Insights COE will be created. This will help develop deep expertise in a small number of priority areas and will complement the Data Nation Accelerator led by a consortium of Welsh universities. We also need to support the public, patients and service users to understand, contribute to and use data. This will be accomplished through mechanisms including the Data Promise and the NHS Wales App, which will be launched in 2022.

Our mission on data and collaboration will deliver benefits which include:

- Better information for clinical use, enabling professionals, service users and patients to make better decisions together.
- People in Wales will have greater access to their health and care records and the ability to share them with others.
- Agreed standards and rules set out clearly what data can be shared, with whom, and for what purpose, enabling sharing with health and social care delivery partners and supporting innovation, developed by Welsh Government in conjunction with the public's views on ethics and standards.
- High-quality data to inform planning through modelling and forecasting and provide real-time information to support operational management. Through this, health and social care services will be more efficient and sustainable.
- A clearer and consistent understanding of data sharing, data privacy, and information governance frameworks is assured by the NHS Wales Data Promise Unit. This leads to a safer, appropriate and more confident use of information across health and social care.

Mission 4 — Digital Infrastructure and Connectivity

We will:

- **Ensure that digital infrastructure in all health and social care organisations across Wales has enough capacity to support digital services, and is secure, resilient, and environmentally sustainable.**
- **Strengthen performance and resilience through an NHS Wales IT Operations Centre, which will monitor and protect all digital platforms and services.**
- **Where appropriate, transition data, infrastructure, and services to the cloud; upgrade legacy products to modular 'cloud-native' architecture where possible.**
- **Establish a Cloud Centre of Excellence (CCOE), to develop the skills needed to manage cloud services and commercial relationships.**

- **Bolster cyber security and resilience across our health and social care systems and supply chain by implementing effective governance structures and policies, adopting and setting standards, and training our workforce.**
- **Build a fuller register of digital infrastructure, from datacentres to devices, from national to local, to enable planning for and funding of digital infrastructure investment requirements.**
- **Investigate the assessment of organisations' digital maturity in order to support need for future digital investment.**

All digital services need a solid and stable infrastructure: datacentres, servers, networks, broadband, organisation desktops and devices. We need to ensure the cyber security and resilience of every part of our digital platforms whether they are managed locally or nationally operate as a single integrated system. Currently, if a key part of this infrastructure fails or is compromised, some digital services may become unavailable, and we cannot deliver high-quality health and social care.

We will continue the implementation of the open data architecture for NHS Wales and define consistent approaches to legacy infrastructure, technical cloud adoption and wide and local-area networking. We will describe key elements of our digital infrastructure as 'architectural building blocks' and establish system rules which drive standards-based interoperability between platforms and services, through common Application Programming Interfaces (API). In addition, we will map out and catalogue our digital landscape to help future planning and development of new digital services.

Welsh health and social care are part of the digital era enabled by the growth of cloud-based resources. The digitalisation of health and social care delivery is dependent on the emergence of a real-time health system, which leverages scalable cloud and integration technologies extensively. We will deploy cloud and integration services strategically with our existing services where appropriate. We plan to help organisations overcome cloud adoption barriers by utilising a risk-based approach. A CCOE will be formed to capture lessons, develop good practices, and mitigate risks for organisations moving to digital services based in the cloud. The CCOE will also help to grow our workforce capability and improve our skills base and expertise for effective cloud adoption and support by identifying the organisational capabilities, roles and skills required for success.

We aim to deliver safe and high-quality care for patients in the most effective ways.

Digital technology and telemedicine will be used to underpin commitments to mitigate against climate change, increase efficiency, and reduce physical travel. We must ensure that the Welsh workforce will be supported with the digital infrastructure to facilitate different ways of working – this can help deliver the Welsh Government's target for 30% of the Welsh workforce to work remotely. Through this approach,

protecting our infrastructure becomes even more important. More and better digital services mean we will rely even more on them being available around the clock and across the whole system. More integration between systems and more people accessing them increases vulnerability, and we know that cyber threats are increasing in number and sophistication. It is of critical importance that we maintain a modern infrastructure and take steps to strengthen cyber resilience.

To monitor system performance and cyber threats in real-time we will establish a 24/7 NHS Wales IT Operations Centre, which will provide live views and alerts on all our digital platforms and services, at the national and local levels. Issues will be detected as early as possible, acting immediately to protect vulnerable systems or to repair anything which has performance issues.

Mandatory staff training will be provided to raise understanding of cyber security across the workforce. New digital services require protection and a workforce that understands the ever-changing threats. Effective security awareness training will help the workforce understand cyber hygiene, the security risks associated with actions, and cyber threats that may be encountered via digital services, email, and the web.

Ensuring the integrity and safety of our health and social care system requires driving our visibility of cyber risk to the appropriate level. It also requires advancing our ability to drive change effectively and at pace. To achieve it, we will enhance governance structures, accountability, and risk management processes. Health and social care organisations will see cyber as an essential element of their business risk and resilience management – assured where appropriate, for health, by the NHS Wales Cyber Resilience Unit and, for social care, supported by the relevant Welsh Government team/s. We will also continue to adopt and set cyber security and resilience standards and improve information sharing across the system.

Our Digital Infrastructure and Connectivity Mission will deliver benefits which include:

- Strong, secure, and resilient infrastructure platforms which enable the delivery of all digital services and the sharing of information across services and sectors.
- The ability to adapt scalable cloud and integration technologies. This will allow a dynamic response to demand and the maximisation of value for money.
- Open platforms and architecture which accelerate software development and support innovation and research.
- More confidence in the security and resilience of infrastructure, through developing expertise and strengthening monitoring and management arrangements.
- Better understanding of our infrastructure and technology refresh cycle, so that modern up to date digital platforms are synchronised and maintained across health and social care in Wales.

- Reduction in our carbon footprint through digital and remote working.

Aim 3 — Make Services Digital First

Mission 5 — User-Centred Services

We will:

- **Continue to deliver services which are informed by user research, user design and user feedback.**
- **Implement an agile and user-centred design COE to capture our learnings, support organisations to adopt this approach and build nationwide expertise.**
- **Work closely with clinical users and networks to ensure that digital services support recovery and drive health and social care transformation.**
- **Build a full register of digital services, so that we can plan our strategic approach and development roadmap and resource requirements for each service.**
- **Ensure that the digital services we buy as commercial products comply with our digital standards, language, and system architecture.**
- **Increase our use of agile and product approaches for digital services which we will develop and deliver.**
- **Work with partners to drive innovation, particularly in Artificial Intelligence (AI) and data insights.**

Future clinical and social care models are underpinned by a common set of standards and consistency that can be accelerated using digital services. This strategy will put in place several elements that will deliver those standards by involving people and care professionals together in making shared informed decisions. These are a key part of the commitments made in the National Clinical Framework and Value in Health programmes.

All health and social care organisations and our delivery partners should align with our nine principles — a set of measures anyone can follow to make sure that the needs of the user are always at the centre of the way services are designed and delivered. In addition, our digital services will comply with the law concerning accessibility to reduce inequalities in access to health and social care.

To that end, our digital services will be consistent, simple to use, accessible to everyone and provide feedback mechanisms so that people can tell us about their experiences. This includes patients, service users, users, and staff. Delivering digital services is about putting the user at the *heart* of the design using User-Centred Design (UCD). Our digital services will be based upon an explicit understanding of our users, their needs, and their environment. They will be driven and refined by user-centred evaluation, and feedback and will address the whole user experience.

Our process will involve users throughout the design and development process and will be iterative.

Moving to this approach will take time. Many organisations will need to build up their expertise and skills through practice, testing, and innovation. We will build the base knowledge of UCD and the associated techniques for key business and IT leaders with a UCD COE.

We will also establish a professional development programme that includes training, workshops, access to experienced practitioners and supporting resources. As adoption progresses, this training will be extended and supported by the COE across the organisation and between partner organisations.

We will work with clinical and social care professionals much more closely using their experiences and knowledge to drive better delivery. As users of digital services, they will be critical in providing input into the design of services. Some will act as the product owner. They will be the primary point of contact on behalf of the users to identify the product requirements for the development team. Product owners will maximise the value of digital services and will deliver to users supporting recovery and driving health and social care transformation.

As our digital services grow, we will develop a register to support a whole system approach to health and social care. This will provide a full picture of the digital health and social care landscape and include information on the cost of services. The register will enable us to make informed decisions on opportunities to combine services, improve value for money and prioritise new digital services.

The development of new digital services will be prioritised with input from the service, workforce and centres of excellence. As digital health and social care services expand and the demands and experiences of people in Wales grow, there will be an ongoing need to continue to engage with commercial partners to buy in digital services we are unable to develop in-house. Commercial products bought to support or enhance digital services must comply with the ethos, Welsh language, digital standards, security, and system architectures.

Moving to a digitally enabled health and social care system requires us to collectively work faster and adopt agile and product approaches to deliver them. Experience during COVID-19 and research shows that using agile ways of working across local authorities, healthcare and the third sector can deliver rapid results and benefit people faster. This will be the preferred way of delivering new digital services.

Not everything can be delivered this way or by us alone and we will work with commercial partners in areas where they have specialist expertise e.g. AI or Robotics. Existing ways of implementing technology-enabled services may still be used for those services that do not align well with agile methods, carry the largest costs or have the highest risks.

Our Digital Services Mission will deliver benefits including:

- Build services with people at the centre of design to ensure ease of use and a seamless user experience accessible across all channels (e.g. mobile, desktop, call centre).
- Use the expertise of health, social care, and specialist professionals to design, drive, champion and implement new services based on domain knowledge and skills.
- Align digital service provision with the National Clinical Framework and Value-Based Health and Care models to help deliver A Healthier Wales.
- Consider the development of a revised funding model that supports multi-year operational investments and continuously improved digital services.

Mission 6 — Digital Inclusion

We will:

- **Develop digital services which give people more choice about when, where, and how they access health and social care services.**
- **Provide digital services in both Welsh and English.**
- **Encourage the use of digital services by making them as attractive, safe and easy to use as possible.**
- **Develop digital services which improve provision for people with specific needs or preferences.**
- **Provide alternative channels (assisted digital channels) for those people that cannot or choose not to access services digitally.**

Our ambition is to give everyone in Wales the opportunity, motivation, skills, and confidence to engage with health and social care services digitally. To achieve that, we will continue to work closely with delivery partners and across government to support a cross-cutting policy which improves connectivity, digital literacy, and confidence. For example, we will maintain our investment in the Digital Communities Wales programme, and we will work closely with the economy and digital portfolios in Welsh Government. We will also continue to urge Ofcom and the UK Government to deliver ultrafast broadband connectivity to all parts of Wales.

We will work hard to make our digital services as attractive and easy to use as possible, particularly through engaging directly with users. This user-centred design approach will need to be broader than the digital service itself. Some people will not want or be able to use the digital service and the 'analogue' service must not be neglected; it must be as attractive and easy to use as possible, even if there are some things which only digital can do (such as personalisation or AI).

Our approach will draw on exemplars like the award-winning Welsh Nursing Care Records programme, which engaged successfully with users to standardise and streamline forms used in hospitals during the design phase. This improved the paper service and made digital development quicker and easier.

Digital services can also make better provisions for people with specific needs or preferences, for example, by meeting accessibility standards, providing text to speech readers, or alternative human-machine interfaces.

A digital approach can provide services in Welsh at scale. This will complement our Welsh language strategy for health and social care (More Than Just Words) and our strategy for Wales (Cymraeg 2050). For example, through multilingual user interfaces, interactive text and chat, and remote consultation and video services.

Our Digital Inclusion Mission will deliver benefits including:

- More choices for people about when, where, and how they access health and social care services, which makes it easier for them to do so,
- Increased digital literacy, confidence, and inclusion using digital health and social care services.
- Provision for people with specific needs or preferences, providing those who most need it with better access to health and social care services.
- More health and social care services are available at scale in Welsh, treating the Welsh language no less favourably than English and providing more opportunities to use Welsh
- Access to digital services for all by adhering to the public sector accessibility regulations and related standards.
- Communications tailored for specific audiences to raise awareness of new digital health and social care services.

Strategy Implementation

It is recognised this is an essential and ambitious Strategy requiring leadership, collaboration and co-development between all parties to deliver so meeting the needs of those who use our services. Such collaborative working will enable the provision of cultural, technological and leadership elements required to deliver digital transformation and so successfully implement the Strategy.

We will establish and co-develop delivery roadmaps against each Mission in partnership with the health and social care system, clinical and professional involvement so demonstrating leadership from across the sectors. We understand that successful delivery depends upon broad and engaged representation and we intend to involve and seek input from all key stakeholders through a programme of communication and engagement and as roadmaps and milestones are developed. This will include the input and involvement of partners from commercial, voluntary, academic and community sectors, and take into account positive learning from other countries and sectors.

We will adopt an agile approach when developing the roadmaps, identifying lead delivery organisations, resolving duplication and iterating approaches to ensure the

greatest benefit to our services and their users. Underpinning the delivery roadmaps will be the establishment of governance structures that reflect the different levels of leadership required to support and champion delivery. This will include a **strengthened national** group with broad cross-sector representation to ensure and assure. **Our portfolio of investments and initiatives deliver benefits for the workforce and people of Wales, and underpin and support the ongoing transformation of health and social care.**

We are committed to transparency in how the Strategy is implemented and will consider the most effective ways to ensure plans and activities are made publicly available so that citizens and interested parties can follow such progress. We will also focus on identifying and demonstrating the positive benefits that will arise from the implementation so ensuring that our programmes clearly demonstrate how they **achieve** the Strategy and its priorities.

Mohamed, Sarah
19/05/2023 16:15:27

Annex A Comparison between 2015 and 2023 Digital Strategies including record of delivery achievement resulting from the former

Comparison of Strategies

The below table simply compares the content included in the 2015 *Informed Health and Care A Digital Health and Social Care Strategy for Wales* and in the 2023 *A Digital Strategy for Health and Social Care in Wales*. It is evident that the last seven years of successful delivery has also resulted in increased digital maturity of our digital services’ development, of our delivery partners and in how Welsh Government has repositioned the importance of collaborative delivery. Furthermore, the original 2015 Strategy had a five year lifespan which, due to COVID, was extended to seven years and so, in combination, it is appropriate and right that a refresh of this Strategy is produced taking into account successful delivery to date, increasing digital maturity, advances in digital technology and a more flexible approach in identifying and delivering Ministerial priorities within challenging delivery landscapes.

Content	Informed Health and Care A Digital Health and Social Care Strategy for Wales (2015)	A Digital Strategy for Health and Social Care in Wales (2023)
Scope Duration	5 years	3 years
Focus	<ul style="list-style-type: none">Incrementally implement and learnDeep-dive reports on challenges	<ul style="list-style-type: none">Learning/evolving from previous journey challengesDigital transformation is key to successful and improved Health and Social Care outcomesStrategic leadershipPrioritisationBenefits realisationAgile approach: do, learn, refine
High level Vision and Aims	<p>This Strategy identified four elements of its Vision: -</p> <ol style="list-style-type: none"><u>Information for you</u> - people connect using online information, apps and digital tools to support self-care	<p>This Strategy identified three Aims: -</p> <p><u>Aim 1 - Transform Digital Skills and Partnerships</u>. This Aim will deliver digital-first services for health and social care. This</p>

	<p>2. <u>Supporting Professionals</u> - professionals use digital tools and improved access to information. Once for Wales approach to support common standards and interoperability and access to structure electronic patient records</p> <p>3. <u>Improvement and Innovation</u> - make better use of available data to improve decisions and drive service change; work with partners to ensure innovation harnessed</p> <p>4. <u>A Planned Future</u> - digital HSC a key enabler of transformed services in Wales. Joint planning, partnership working and stakeholder engagement at all levels needed to prioritise opportunities and Strategy ambitions.</p>	<p>requires the current and future workforce to think and work differently. We need to improve the digital literacy and the confidence of our workforce, developing the necessary skills to help them modernise care, deliver in an agile way and manage people's data</p> <p><u>Aim 2 - Build Digital Platforms fit for Wales.</u> This Aim will deliver the management of people's data by ensuring our platforms and infrastructure are secure, resilient, and accessible only to the appropriate people in care organisations. They must be fully interoperable and able to share information across healthcare, local government, and approved providers as well as the research and innovation communities.</p> <p><u>Aim 3 - Make Services Digital First.</u> This aim will enable Wales to adopt a fully inclusive, digital-first approach when delivering health and social care services. Users will enjoy access to digital services that have been designed and built with and for them. This will include new services and tools that will help them make decisions to improve their health and well-being.</p>
<p>Key changes between the two Strategies</p>	n/a	<p>This Strategy demonstrates an increased focus on: -</p> <ul style="list-style-type: none"> Digital workforce (attract, recruit, retain) Improvement and Innovation Artificial Intelligence

		<ul style="list-style-type: none">• Co-development of services, informed by health and social care practitioners and shaped around user needs• User centred delivery• Use of Agile methodologies• An All-Wales approach and commonality of approach• A collaborative approach to Strategy implementation
--	--	--

Delivery Achievement post 2015 Strategy

This provides a summary of successful delivery as a result of the 2015 *Informed Health and Care: A Digital Strategy for Health and Social Care in Wales*.

Strategy action	Delivery
Health boards and local authorities will plan jointly how services need to be redesigned and how new working practices will be introduced across unified health and social care teams supported by the integrated Welsh Community Care Information System (WCCIS).	WCCIS continues to be adopted by organisations, enabling the sharing of health and care data between settings to benefit the patient experience. Since 2020, 19 out of 29 organisations have been integrated.
Staff working in hospital emergency departments will have a new clinical information system to support efficient working practices and reduce reliance on paper.	Staff can access clinical care results, documents, including referrals, discharge advice letters, clinic letters, A&E attendances, GP letters etc., across geographic boundaries throughout Wales. Wales is one of the first countries in the world to achieve this.
From 2015, a new radiology image-sharing system will be implemented to give clinicians secure digital access to images,	RIS (Radiology Information System) and PACS (Picture Archiving and Communication System) deployed across Wales.

irrespective of the organisation from where the investigation originated	
Electronic medicines management, decision support and care-planning tools to support workflow and patient safety will be prioritised in 2016/17 delivery plans. A new programme board will be established to lead on this work and begin the procurement of a hospital pharmacy and ePrescribing system for Wales	The digitisation of the Medicines Management journey, covering primary and secondary care as well as patient access and a shared medicines record, is well underway. Now known as the Digital Medicines Transformation Portfolio.
Welsh Clinical Portal will be extended to provide a shared view of individuals' digitally-held care record, accessible across the boundaries of organisations and care settings, viewable whenever and wherever it is needed to support safe, effective care.	<p>70% of referrals from primary to secondary care now take place electronically, radically speeding up the referral process and eliminating the cost of paper referrals.</p> <p>Choose Pharmacy Sore Throat Test and Treat module launched, allowing community pharmacists to test and diagnose patients before treating or recommending a course of action – thus reducing the workload of GP practices.</p> <p>New Child Health System (CYPrIS) launched, ensuring that child health services keep pace with digital technologies</p> <p>Mobile version of Welsh Clinical Portal in pilot, allowing healthcare professionals to better manage patients in real-time.</p> <p>Welsh Point of Care Testing system introduced, allowing patient test results from a range of testing devices to be accessible via the Welsh Clinical Portal.</p>
An online citizens' portal where people will be able to view, confirm and edit their details.	Patient access to their detailed coded GP record functionality is made available to GP practices in My Health Online.
People should, where appropriate, expect to be able to use video-calling services for virtual appointments and consultations across health and care services.	In 2020, NHS Wales and Welsh Government introduced the National Video Consultation Service; this provided a facility for patients to engage with clinicians through a video call on personal devices. It also provided a facility for clinicians to seek support from specialist

	clinicians without a patient needing to attend another location.
NHS organisations in Wales will continue to work with NWIS on the all-Wales infrastructure requirements	Hosted by Cardiff and Vale Health Board, the All Wales Infrastructure Programme (AWIP) deliverables support the adoption of a coherent and unified approach to the underlying architectural building blocks across health boards and trusts. AWIP provides the definitions, strategies and architectural “patterns” that such platforms must follow.
Focus on making better use of national data sources and local information to support informed decision making and improve service planning, population health, research and development	A National Data Resource strategy was developed in partnership and agreed with stakeholders across Wales. Delivery includes Open Architecture Strategy, Data Strategy, Procurement of the National Data Platform etc.

Mohamed, Sarah
19/05/2023 16:15:27

Annex B Digital Transformation Activity in Wales

As part of our commitment to transparency in how the refreshed Digital Strategy for Health and Social Care is implemented, we want our citizens and interested parties to follow our progress and to easily find and explore the benefits.

The information below sets out the different health digital transformation activities and programmes that Welsh Government fund to support the better health and care of Welsh citizens.

You can find summary detail of each activity, funding allocated, and find out more information about the activity through a link to external websites, where available.

We will be working with all our programmes to make sure there is a link to further detail of each activity over time.

	PROGRAMME/PROJECT	Funding Allocated (m)	Link to external programme/project
1	<p>Digital Medicines Transformation Portfolio (DMTP)</p> <p>The digital transformation of prescription and medicines administration processes across Wales; this work covers primary care (GP to community pharmacy), secondary care, patient access/tracking of prescriptions and a central repository of all prescriptions.</p>	<p>£24.4m</p> <p>(Provision for further £21m over next two years subject to business cases)</p>	<p>Digital Medicines Transformation Portfolio - Digital Health and Care Wales (nhs.wales)</p>
2	<p>Welsh Community Care Information System (WCCIS)</p> <p>Set up in 2015 to provide integrated care across social services and community health, using a single system and a shared electronic record across Local Authorities and Health Boards in Wales.</p>	<p>£42m</p>	<p>https://dhcw.nhs.wales/systems-and-services/in-the-community/digital-community-care-record/</p>

3	<p>Digital Services for Patients and the Public (DSPP)</p> <p>Delivering the NHS Wales App will give people 'on demand' access to their GP records, allow them to book appointments and access their health data.</p>	£27m	https://dhcw.nhs.wales/systems-and-services/for-patients-and-citizens-of-wales/digital-services-for-patients-and-public/
4	<p>Digital Cellular Pathology (DCP)</p> <p>To procure and implement a digital cellular pathology for the primary diagnosis of histological specimens.</p>	Pending full business case	https://collaborative.nhs.wales/programmes/pathology/pathology-programmes-projects-accordion/digital-cellular-pathology/
5	<p>National Video Consultation Service</p> <p>A programme run by TEC Cymru, the programme has implemented the video consultation service to clinicians across Wales (deployed in six weeks at the start of the pandemic), allowing them to interact with patients and colleagues remotely and more efficiently.</p>	£12.3m	https://digitalhealth.wales/tec-cymru/video-consulting
6	<p>WPAS standardisation (Welsh Patient Administration System)</p> <p>The predominant hospital patient management/administration system in Wales. The system is used by hospitals and clinics to manage patient pathways including managing inpatient and outpatient activities, ensuring relevant patient information can be accessed in different hospital departments.</p>	£7.5m	Not currently available

7	<p>Cancer (Canisc) Cancer Informatics Programme</p> <p>A programme to develop the new Cancer Informatics Solution (CIS), built within existing digital platforms for use across Wales. The initial functionality is going live late in 2022, and by 2024, all cancer patient records will be delivered on a modern and resilient IT platform that enables greater integration of care and provides the relevant data to guide service development</p>	£10.6m	Not currently available
8	<p>National Data Resource (NDR)</p> <p>A strategic initiative which will provide a national data platform for health and care. It will significantly improve interoperability between health and social care systems and secure access for data analysis for service improvement.</p>	£23m	https://dhcw.nhs.wales/national-data-resource/
9	<p>AWIP (All Wales Infrastructure Programme)</p> <p>AWIP deliverables will be fundamental in supporting the adoption of a coherent and unified approach to the underlying architectural building blocks across health boards and trusts, in order to provide consistency, certainty and security to NHS Wales projects in areas including Data Management, Cloud Adoption, IT Service Management, Identity and Access Management and Cyber Security</p>	£4.2m	Not currently available

Mohamed Sarah
13/05/2023 16:15:27

10	<p>HEPMA – Hospital ePrescribing and Medicines Administration</p> <p>The Swansea Bay pathfinder for ePMA (part of DMTP), HEPMA is learning lessons for the other Health Boards and Trusts to consider when adopting ePMA.</p>	£958,300.00k	Not currently available
11	<p>Technology Enabled Care (TEC) Cymru</p> <p>TEC Cymru are in the process of establishing themselves as the TEC Centre for Wales. TEC will provide the skills to identify and scale telehealth and telecare services on an all-Wales basis, backed by a strong research and evaluation function.</p>	£11.2m	https://digitalhealth.wales/tec-cymru
12	<p>Digital ICU</p> <p>The implementation of a single digital solution for the monitoring of patients in ICUs across Wales, this programme will be going live throughout 2023 and will make ways of working within ICUs more efficient.</p>	£8.1m	Not currently available

Mohamed, Sarah
19/05/2023 16:15:27

13	<p>WAST Ambulance Electronic Patient Clinical Record (ePCR)</p> <p>The digitisation of the patient clinical record in ambulances, this programme has now rolled out a system to all Welsh ambulances to improve the clarity of records generated by ambulance crews and assisting with improving handover times. Future improvements will extend access to community first responders and other involved groups.</p>	£5.1m	Not currently available
14	<p>Welsh Nursing Care Record (WNCR) -phase 2</p> <p>A transformational programme to digitise and standardise nursing documentation for adult in-patients. The aim is to digitise all adult in-patient nursing documentation, ensuring consistency and completeness of the adult inpatient record.</p>	£5.1m	WNCR - Digital Health and Care Wales (nhs.wales)
15	<p>Welsh Nursing Case Record (WNCR) – phase 3</p> <p>To digitalise and standardise nursing documentation for paediatric inpatients. Programme being established April 2023</p>	£1.8m	Not currently available
16	<p>Office 365 Centre of Excellence</p> <p>Pump-prime funding to establish the NHS Wales Office 365 Centre of Excellence, providing a team of Office365 experts to help health boards and trusts make the most</p>	£2.03m	https://dhcw.nhs.wales/systems-and-services/nhs-wales-microsoft-365-centre-of-excellence/

	of the O365 licencing that NHS Wales have purchased. In due course, this is intended to provide the same service for the wider Welsh public sector, joining up other public sector organisations with the knowledge they need to leverage the capabilities of O365.		
17	<p>Laboratory Information Network Cymru (LINC)</p> <p>This programme will standardise and introduce a new software platform for the pathology service into a modern single all-Wales system. By 2025, there will be an end-to-end digital pathology solution including electronic test requesting, results reporting, and notifications standardised across Wales, together with interoperability with other NHS systems.</p>	£19.8m	<p><u>Laboratory Information Network Cymru (LINC) - NHS Wales Health Collaborative</u> (this will shortly be moved to DHCW web link – expected May)</p>
18	<p>RISP (Radiology Informatics System Procurement)</p> <p>Procurement to deliver the vision of a seamless end-to-end electronic solution that enables the Radiology service to deliver a high quality, safe and timely clinical imaging service for the patients of Wales.</p>	£454,000k	<p><u>RISP Programme - NHS Wales Health Collaborative</u> (same as LINC – will be moving to DHCW May-23)</p>
19	<p>Eyecare</p> <p>This programme is digitally transforming the referral from high street opticians to secondary care optometry consultants, making significant time savings and an improved flow of patient records</p>	£4.8m	Not currently available

	between primary and secondary care.		
20	<p>Vein to Vein Blood Tracking</p> <p>A discovery phase for an All-Wales solution to the tracking of blood products via digital means has now concluded, and proposals are being considered on how this can be taken forwards. This proposed all-country approach is unique to Wales.</p>	£93,614k	Not currently available
21	<p>Powys Cross Border Pathways Programme</p> <p>To support the efficient and effective referrals, discharges, reporting and data transfer of Welsh patients treated in England into Welsh systems to ensure safe and efficient care provision.</p>	£1.19m	Not currently available
23	<p>Digital Maternity Cymru</p> <p>A discovery exercise has been completed and proposals are being considered for how maternity services can be digitised nationally, giving patients and clinicians better access to relevant data. Programme to be established April 2023</p>	£7.47m	Not currently available
24	<p>Digital Capability Framework for Healthcare in Wales</p>	£207,230k	Not currently available

	This programme is mapping the current and predicted digital needs of the non-digital Welsh professional workforce; developing proposals to evolve and expand the workforce with the digital skills and competencies the modern health and social care service requires now and over the next 10 years		
25	Digital Benefits Realisation, Business Change Pump & Prime Funding Recruitment of an effective community of expert practitioners in business change and benefits realisation to support all national and local digital transformation programmes and Projects across all Welsh Health Boards, Trusts and Special Health Authorities.	£0.582m	Not currently available
26	Digital Change Network DHCW will develop a Change Ambassador programme: a short training scheme for staff of all grades and positions across the NHS to upskill them with clinical systems training, eLearning development, soft skills, professional competencies, change methodology and service improvements.	£2.55m	Not currently available
27	Child Health Transformation A discovery activity to examine current ways of working across all	£40,000k	Not currently available

	health settings for children/young people and scope enhancements to digital systems to provide better access to relevant data.		
28	<p>Vaccination Transformation Framework</p> <p>An initiative to review and set strategic direction on continuously developing vaccination systems administered by the NHS in Wales, building on the work of the Wales Immunisation Service and public facing booking portal.</p> <p>The portal is a service providing citizens with a digital way to rebook their COVID-19 vaccinations allowing them to plan their vaccination appointments around their commitments.</p>	<p>Technical discovery, solution options and design £345,000</p> <p>Annual support costs for the portal - TBC</p>	<p>National immunisation framework for Wales GOV.WALES</p> <p>COVID-19 vaccination programme GOV.WALES</p>

Mohamed, Sarah
19/05/2023 16:15:27



GIG
CYMRU
NHS
WALES

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

Digital services
Woodland House
Maes-y-Coed Road
Cardiff
CF14 4HH

Gwasanaethau Digidol
Ty Coetir
Ffordd Maes-y-Coed
Caerdydd
CF14 4HH

Email: david.thomas30@wales.nhs.uk

BY EMAIL ONLY

21st April 2023

Mr Philip Bowen
Deputy Director – Digital Policy & Delivery, Technology, Digital & Innovation
Health & Social Services Group
Welsh Government

Annwyl Philip

Digital Strategy for Health and Care in Wales – Feedback

In response to your email, dated 5th April 2023 sent on behalf of Mike Emery, Chief Digital Officer at Welsh Government, we thank you for the opportunity to comment and provide feedback on the final draft version of the Digital Strategy for Health and Care in Wales document.

We are very supportive of the refreshed strategy and in particular, Mike Emery's input into it. Having sought feedback on the challenges of implementation from across the executive team at CAV UHB, our response is summarised as follows:

General Feedback

We would like to see more framing around supporting people to maintain & improve their own health and more on prevention and how this strategy meets the sustainability principle within the Well-Being of Future Generations Act (2015).

There is mention of 'population health management' which is welcome but its only then framed as 'doing to' not supporting people to improve their health & wellbeing.

The strategy would benefit from some examples/case studies of how elements of digital will actually enable better health, better integration of services.

Some applied visual content would be useful, eg how it benefits people: population, patients, staff, partnerships.

Some specific questions

- Communication - how does this get articulated to the lay person? We would like to see a blueprint for what this strategy will do for a nurse, doctor, physio, patient
- What are the milestones that organisations can plan on?

- What gaps will remain to be filled by individual NHS Wales organisations? Confidence in their plans required so that dependent investments can be made.
- We should deploy technology even if not all parts of Wales have the immediate ability to implement and use it (i.e. don't go at the pace of the slowest to ensure some traction).

General observations/comments

- Digital can bring financial efficiency, release time to care, deliver productivity gain through increased digital processes as well as reduce time and travel for patients thereby delivering care closer to home and contributing to Welsh government's overall carbon reduction targets.
- Core aims of the strategy should include standards, master data-sets, standardised taxonomies and should major on interoperability and data flows (to support real or near real time data for all who need it).
- A huge challenge will be investment – improving the digital infrastructure in our hospital and community settings when these are not within current investment plans.
- Will citizens of Wales understand how the £220m spend will help people to have healthier and longer lives or what the strategy means to them or how it might benefit them?

We hope that this feedback will be useful and look forward to the launch of this strategy once approved by the Minister.

Diolch yn fawr.

Yours sincerely



David Thomas,
Director of Digital & Health Intelligence
CAV UHB

cc: Charles Janczewski, Chair – CAV UHB
Suzanne Rankin, CEO – CAV UHB

Mohamed Sarah
19/05/2023 16:15:27

Report Title:	Digital Directors' Peer Group			Agenda Item no.	4.1	
Meeting:	Digital & Health Intelligence Committee	Public	X	Meeting Date:	30th May 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&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 and DHCW.</p>						
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:						
<p>The attached minutes of the last four meetings held in February 2023, March 2023, April 2023 and May 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> <div>Mohamed, Sarah 19/05/2023 16:15:27</div>						
Recommendation:						

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

- Minutes of Meeting – 15 February 2023
- Minutes of Meeting – 7 March 2023
- Minutes of Meeting – 4 April 2023
- Minutes of Meeting – 2 May 2023 (unconfirmed)

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:

Mohamed Sarah
19/05/2023 16:15:27

Directors of Digital Peer Group Meeting Draft Notes

Date of Meeting	Wednesday 15 February 2023
Time of Meeting	2.00pm – 5.00pm
Meeting Venue	MS Teams
Chair	Iain Bell

PRESENT:	APOLOGIES:	GUESTS:
David Thomas CVUHB	Lloyd Bishop ABUHB	Carwyn Lloyd-Jones DHCW
Ifan Evans DHCW	Dylan Roberts BCUHB	Jamie Graham DHCW
Claire Osmundsen-Little DHCW (part)	Stuart Morris CTMUHB	Said Shahi Welsh ViH Centre
Helen Thomas DHCW	Sam Lloyd DHCW	Leon Hitchings CVUHB
Anthony Tracey HDUHB	Alison Ramsey NWSSP	
Sian Richards HEIW	Pete Hopgood PTHB	
Neil Jenkins NWSSP		
Iain Bell PHW		
Vicki Cooper PTHB		
Matt John SBUHB (part)		
Deidre Roberts SBUHB (part)		
Carl Taylor VNHST		
Leanne Smith WAST (part)		
Mike Emery WG		
Larissa Brock WNHSC		

	DISCUSSION	ACTION
1. Welcome & Apologies, Meeting Notes and Matters Arising (Chair)	IB welcomed the group, apologies were noted as above and action log updated.	
2. Cyber Resilience Update (Carwyn Lloyd-Jones, Jamie Graham DHCW)	<p><u>Weak Passwords</u> JG updated the group on the reduced number of weak passwords across organisations and thanked all for their help so far. It was noted that several disabled accounts remain with weak passwords and need deleting completely. JG offered to circulate additional reminders to directors to progress further.</p> <p><u>Legacy Operating Systems</u> These remain a significant issue across NHS organisations in Wales and all were invited to contact JG if they required more detail.</p> <p>There was group discussion and the following points made: -Legacy replacement is to be included by Directors of Finance within the digital spend forecast. -A risk assessment is needed along with a review of firewall controls. -Extended SLAs are required for these old systems. -We need to maximise benefit of what has already been purchased. -Important to learn from each other and present a united approach to WG in how to deal with these systems.</p> <p>LB added the item to the forward planner for further discussion.</p>	

<p>3. All Wales PROMS Framework (Said Shahi, Welsh ViH Centre)</p>	<p>Presentation shared on ePROMs end to end data flows and interoperability standards (working with NDR), as well as HB considerations for contracts and service arrangements. 4 HBs have provisionally agreed to implement, 3 are considering their position and CVUHB has already implemented a platform (outside of this framework).</p> <p>There was group discussion on where the ownership lies for a digital solution (ie service owner) and SS added that they wished to put enablers in place to support LHBs as much as possible.</p> <p>Integration with the DSPP NHS Wales app is being considered and the group added that the patient experience needs to be consistent regardless of their location in Wales. It was noted that ORCHA are considering how the different levels of integration within the app will be managed. Dee Roberts joined the call and added that citizens will not be aware they are accessing PKB via the app (ie the transition will be seamless) and offered to arrange a demo of the work undertaken in SB, for any that were interested.</p>	
<p>4. All Wales Infrastructure Programme (AWIP) Update (David Thomas, Leon Hitchings CVUHB)</p>	<p>Presentation shared on delivery timelines and the IT Service Management Outline Business Case. Active directory groups have been set up on SharePoint and organisations can determine who has access.</p> <p>There was discussion around avoiding duplication and DT emphasised the importance of attending AWIP meetings to ensure awareness, avoid overlap and assist in planning decisions in the context of other workstreams. The group agreed that AWIP needed to be aligned to areas where there are specific gaps and priorities need to be confirmed.</p> <p>LB added the item to the forward planner for further discussion.</p>	
<p>5. Agenda Items for Joint Meeting with Directors of Planning, Friday 3 March (Ifan Evans DHCW)</p>	<p>IE confirmed that there would be a DoPs meeting in the morning followed by lunch, then a joint meeting with Directors of Finance in the afternoon. Suggested items to focus on:</p> <ul style="list-style-type: none"> -Active update -NHS Wales app -NDR <p>VC commented that engagement from COOs is also key to implementing a sustainable digital model in future. All were encouraged to send agenda ideas to IE.</p>	
<p>6. AOB</p> <p>Mohamed Sarah 19/05/2023 16:15:27</p>	<p><u>Governance Update (Chair)</u> IB, SM, IE and HT met following joint meeting with CCIOs to discuss governance. At the next meeting, IB aims to lead a group discussion about how we see the role of the peer group evolving. ACTION LB to schedule.</p> <p><u>KLAS Update for Noting (Chair on behalf of Dylan Roberts)</u> Paper for noting. No further comments made.</p>	<p>01 - LB</p>

	<p><u>DSPP Technical Assurance Group Papers for Noting (Chair on behalf of Stuart Morris)</u> Paper for noting. No further comments made.</p>	
<p>7. Eye Care Programme Update (Fiona Jenkins CVUHB)</p>	<p><u>Gateway Zero Review</u> FJ advised the Terms of Reference should be approved this Friday. 15 have been invited for interview.</p> <p><u>Programme Deployment</u> Data sharing has been an issue. DPIAs are not yet signed off as Information Governance Leads wish to ensure that cyber is signed off at the same time. A CAF deep dive is planned to review the cyber elements of the programme (with assistance from Leon Hitchings).</p> <p><u>Welsh General Ophthalmic Services Contract</u> This will allow for more skilled procedures to be undertaken and payments made for Primary Care (the complexity of invoices between Optometrists in PC and NWSSP is increasing and some are still using fax machines). All optometrists will need their own NHS email account and Office 365 licences need setting up.</p> <p>Neil Jenkins has met with Leon Hitchings and agreed it would be straightforward to set up an electronic payment solution. ACTION HT, NJ and ME agreed to discuss this further with input from David O'Sullivan to clarify the needs for ophthalmology.</p> <p><u>Document Pack Administration</u> There is a central document now available which HBs can amend should they wish to create their own format.</p> <p><u>Communication Strategy and Plan</u> A comms lead has been appointed and stakeholder mapping is underway.</p>	<p>02 – HT, NJ, ME</p>
<p>8. Welsh Government Conversation (Mike Emery, CDO WG)</p> <p>Mohamed, Sarah 19/05/2023 16:15:27</p>	<p>An update paper was shared with the group. The Health Minister is focusing on Further, Faster and digital input into these conversations is needed.</p> <p>The NHS Executive formal launch is 1 April. Discussions are underway on longer term links to data and NDR. The functions of the Office of the CDO are being set out and the peer group expressed a need to be regularly involved in discussions so that future delivery plans are realistic.</p> <p>Discussions with social care colleagues are also underway but more work is needed and funding for the digitisation agenda needs to be ringfenced.</p> <p>ME referred to the emails from Philip Bowen and Ryan Perry regarding the projected DPIF underspend for this FY. Directors were asked to respond with 'nil return' if they had no requests to use this funding.</p> <p>There was group discussion around digital spend vs costs saved, clarity of governance, the NHS Executive and the broader system</p>	

	portfolio, along with aligning strategies around major suppliers across Wales.	
9. IMTP Planning Process (Claire Osmundsen-Little DHCW)	<p>Presentation shared on creating a common narrative with contextual forecast for capital and revenue across NHS organisations for next year's financial planning. Main points:</p> <ul style="list-style-type: none"> -the difference digital hardware/software can make. -the risk of ransomware attack and what is needed for cyber resilience. -the digital developments, expectations and fit. -digital inflation. -NHS Service Level Agreement inflationary pressures. -key cost pressures (eg inflation, cyber, technical debt, ministerial priorities etc). <p>The group reiterated the importance of exploiting the potential of digital technology to help with system recovery and the need to focus on digital maturity, transformation and innovation. Further discussion to follow at the next meeting.</p>	
	End of meeting.	
Next Meeting: Tuesday 7 March 2pm		

Mohamed Sarah
19/05/2023 16:15:27

Directors of Digital Peer Group Meeting Draft Notes

Date of Meeting	Wednesday 7 March 2023
Time of Meeting	2.00pm – 5.00pm
Meeting Venue	MS Teams
Chair	Iain Bell

PRESENT:	APOLOGIES:	GUESTS:
Lloyd Bishop ABUHB (part)	Alison Ramsey NWSSP	Lee Ballantyne HEIW
Dylan Roberts BCUHB	Pete Hopgood PTHB	Alka Ahuja TEC Cymru
Andrea Williams BCUHB	Vicki Cooper PTHB	Michelle Cook TEC Cymru
Stuart Morris CTMUHB (part)		Mike Ogonovsky TEC Cymru
Bryn Harries CVUHB		Carwyn Lloyd-Jones DHCW
David Thomas CVUHB		Rebecca Jarvis NWSSP
Ifan Evans DHCW		Emma Turner NHS BSA
Sam Lloyd DHCW		Louise Richards NHS BSA
Claire Osmundsen-Little DHCW		Ryan Perry WG
Helen Thomas DHCW		Rebecca Andrews WG
Anthony Tracey HDUHB		Fiona Jenkins CVUHB
Sian Richards HEIW		
Neil Jenkins NWSSP		
Iain Bell PHW		
Matt John SBUHB		
Carl Taylor VNHST		
Leanne Smith WAST		
Mike Emery WG		
Philip Bowen WG		
Larissa Brock WNHSC		

	DISCUSSION	ACTION
1. Welcome & Apologies, Meeting Notes and Matters Arising (Chair)	<p>IB welcomed the group, apologies were noted as above and action log updated. Previous meeting notes were approved.</p> <p>Thanks were expressed to CO-L and colleagues for the joint session with Directors of Planning last Friday.</p>	
2. Digital Workforce Task & Finish Group Update (Sian Richards, Lee Ballantyne HEIW)	<p>SR introduced the item explaining that this work is part of HEIW's strategic objectives and sought endorsement from the peer group that they were taking the right approach.</p> <p>LeeB shared a presentation on building a digital capability framework for healthcare - the aims, programme outline and phases. Aiming for soft launch in May with formal launch to follow.</p> <p>Group comments made:</p> <ul style="list-style-type: none"> -Great approach. -Need for careful comms to bring staff on board. -It needs to be linked to a digital inclusive agenda, suggestion to reach out to Digital Inclusion Alliance for Wales to ensure alignment. 	
3. TEC Cymru Virtual Wards Update	<p>MC shared a presentation. The team linked in with both NHS England and internationally for the initial evaluation and discovery phase 2 is now complete. A strategic workshop has been held with</p>	

(Michelle Cook, Alka Ahuja, Mike Ogonovsky TEC Cymru)	<p>key stakeholders as well as some target sessions with LHBs. Dates are yet to be agreed with SB, HD, BC and CVUHB.</p> <p>ME commented that virtual wards are at the forefront of the Health Minister's mind with an event organised for 29 March involving several stakeholders. This will link into the Further, Faster work.</p> <p>IE added that he aimed to promote this more at the 6 Goals for Urgent and Emergency Care Group meetings.</p>	
4. Cyber Resilience Update (Carwyn Lloyd-Jones DHCW)	<p>Presentation shared. Good progress was made by organisations from November 2022 to February 2023 to address the weak passwords still in use and obsolete/unsecured operating systems (CYMRU domain), however more progress is needed.</p> <p>There was group agreement that the issue needed addressing and IB suggested further discussion at the next meeting to decide on a plan of action. ACTION LB add to forward planner.</p>	01 - LB
5. IMTP Planning Process (Claire Osmundsen-Little DHCW)	<p>Claire O-L shared a presentation on IMTP key digital themes and acknowledged IE for his input.</p> <p>There was positive response from the group, with appreciation expressed for the work done so far and the following comments made:</p> <ul style="list-style-type: none"> -We should also build in the cost of change including quality & safety aspects (Duty of Care etc). -Items for next year need to be prioritised. -Further joining up is needed to reflect areas of commonality. -The cyber resilience work is crucial. -The large variation in spending percentages between LHBs could reduce the credibility of our message, this needs to be better understood. -The plan needs further refining and the results of the digital maturity assessments used to determine our project portfolios in the future. -Need to consider future architecture within our long term strategy and cease use of old operating systems that will no longer have security updates. ACTION CL-J agreed to raise at IMB meeting and set up Task & Finish Group to address the issue, with support from SL and IB. -Suggestion by HT to take digital maturity and useability discussions to NHS Leadership Board. -Agreement given for an in-person meeting in May to discuss further. ACTION IB, LB to plan meeting. 	<p>02 – CL-J</p> <p>03 – IB, LB</p>
6. ESR Transformation Programme (Rebecca Jarvis NWSSP, Emma Turner, Louise Richards NHS BSA)	<p>Emma Turner gave an update on the proposed new workforce solution to replace ESR and introduced Louise Richards as the new engagement lead for Wales. A significant amount of business process change will take place and we are 3 years away from the first organisation pilot.</p> <p>There were group comments that clarity is needed on what has been agreed and by whom and to ensure effective discussions on interdependencies and interoperabilities take place, to ensure the correct solution is implemented for Wales.</p>	

	RJ informed the group that a Wales steering board would be set up and a request for member nominations would follow.	
7. WG Update and DPIF Allocations FY 23-24 (Mike Emery, Philip Bowen, Ryan Perry WG)	<p>Presentation shared giving updates on WG priorities, the NHS Executive (1 April launch) and the office of the CDIO. The digital strategy is due for sign-off on 15 March, with an aim to publish in April. An update was also given on DPIF funding - for this financial year additional requests from HBs are being worked through.</p> <p>For FY 23/24, the confirmed DPIF budget is £20m capital and £45m revenue, with the latter being oversubscribed, but there is some limited headroom on the capital spend. ME's team is liaising with GPs on sharing data and the next steps for AI strategy and better ways of working for the future are under consideration.</p> <p>There was group discussion around future prioritisations, the review of WEDS & TOMS and use of other potential funding sources.</p> <p>Iain Bell had to leave the meeting at this point and Sian Richards took over the chair.</p>	
8. OpenEyes - Eye Care Programme Update (Fiona Jenkins CVUHB)	<p>FJ advised that Susan Fletcher is now in post and has begun working on the stakeholder comms strategy which will be shared in due course.</p> <p>There was discussion around Microsoft 365 licences for optometrists, with HT requesting clarity on the source of funding for this (not yet resolved).</p> <p>FJ agreed to check on future version rollout timelines and requested that the peer group remind relevant colleagues to sign the DPIA1 as soon as possible. ACTION All to remind colleagues.</p> <p>It was noted that the requirement for a CAF has been set aside for now and will be conducted once re-platforming is completed. Leon Hitchings is working on unresolved issues with App Proxy for OpenERS and for the Gateway Zero review, all background paperwork has been submitted, with interviews due to take place shortly.</p> <p>The date of transfer to DHCW is yet to be confirmed but discussions are underway. In addition, Andrew Sallows will be attending this month's Programme Board meeting to guide the requirement for more regionalised working.</p> <p>The peer group expressed concern over the programme, including significant issues/risks within the documentation and the broader governance. It was agreed that a proper review would be needed and there were lessons to be learned. ME, HT and DT aim to discuss concerns further at the meeting scheduled for next week and it was agreed that a submitted written update from FJ for the peer would be better in future. (LB to request from FJ).</p>	04 - All

Mohamed Sarah
19/05/2023 16:15:27

9. AOB	<p><u>Governance and the Role of Digital Directors (Chair)</u> Due to lack of time it was agreed that this should be discussed in detail at a future in-person meeting, suggested for May.</p> <p><u>Welsh Nursing Care Record Update (Ifan Evans)</u> The final project board meeting is next week. We are transitioning to business as usual with version 2.2 live in 6 out of 8 NHS organisations and the plan to roll out version 2.3 within the next 4-5 months. Many lessons have been learned from the programme delivery and the adult model will now be taken into paediatrics.</p> <p>It was agreed that WNCR no longer needs to be a monthly item under AOB at these meetings but that IE would share a paper on lessons learned with the group. ACTION IE.</p> <p><u>Service Level Agreements (Claire Osmundsen-Little)</u> CO-L will be checking with Directors of Finance that Service Level Agreements have been agreed by organisations; if any issues please contact her to discuss as soon as possible.</p>	05 - IE
	End of meeting.	
Next Meeting: Tuesday 4 April 2pm		

Mohamed Sarah
19/05/2023 16:15:27

Directors of Digital Peer Group Meeting Draft Notes

Date of Meeting	Tuesday 4 April 2023
Time of Meeting	2.00pm – 5.00pm
Meeting Venue	MS Teams
Chair	Iain Bell

PRESENT:		APOLOGIES:	GUESTS:
Lloyd Bishop ABUHB	LLB	Anthony Tracey HDUHB	Matt Cornish DHCW
Mike Ogonovsky ABUHB	MO	Alison Ramsey NWSSP	Carwyn Lloyd-Jones DHCW
Dylan Roberts BCUHB (part)	DR	Pete Hopgood PTHB	Gareth Cooke DHCW
Stuart Morris CTMUHB	SM	Vicki Cooper PTHB	John Collins DHCW
David Thomas CVUHB	DT	Matt John SBUHB	Donald Kennedy DHCW
Ifan Evans DHCW	IE		Alison Maguire DHCW
Sam Lloyd DHCW	SL		Joao Martin DHCW
Claire Osmundsen-Little DHCW	COL		Alastair Reeves SPPC
Helen Thomas DHCW	HT		Samantha Jeffries SPPC
Sian Richards HEIW	SR		James Reed National CCIO Network
Neil Jenkins NWSSP	NJ		
Iain Bell PHW	IB		
Deirdre Roberts SBUHB	DR		
Carl Taylor VNHST	CT		
Leanne Smith WAST	LS		
Mike Emery WG	ME		
Larissa Brock WNHSC	LB		

ITEM	DISCUSSION	ACTION
1. Welcome & Apologies, Meeting Notes and Matters Arising (Chair)	IB welcomed the group, apologies were noted as above and action log updated. Previous meeting notes were approved.	
2. Digital Services for Patients and Public / NHS Wales App (Matt Cornish DHCW)	<p>Matt shared a presentation on the DSPP platform and deployment schedule (public beta testing has just started and will run for one year). Feedback from the recent 3-month private beta test has been evaluated and approximately half of patients were 'very satisfied'. All GP practices should be on board within 6-12 months with comms issued encouraging patient usage. IE added that the deployment approach had been deliberately cautious and that additional functionality would be available in due course.</p> <p>A GP dashboard has been developed to enable evaluation of app usage. Links will be made with Digital Communities Wales to support those patients for whom access is difficult.</p> <p>SM stated that there is a current need for more representation across organisations to be involved in the</p>	

Mohamed Sarah
19/05/2023 16:15:27

	<p>Technical Advisory Group. All were encouraged to send him nominations.</p> <p>A digital symposium event is planned for June, further details to follow nearer the time.</p>	
3. Finance – NHS Wales Audit (Claire Osmundsen-Little DHCW)	<p>Claire reassured the group that following the email that was circulated from Audit Wales around greater scrutiny of digital financial processes, the bulk of the activity would be centralised within NWSSP so there was no cause for alarm. This year Audit Wales will use technology to interrogate financial results to ensure more efficient auditing.</p> <p>COL added that details were being finalised across organisations for SLA/Microsoft agreements as operational expenditure and requested reflection on the process as a peer group agenda item for end of Q1. LB added this to the forward planner.</p>	
4. Cyber Resilience – Dealing with Weak Passwords (Carwyn Lloyd-Jones DHCW)	<p>Presentation shared by Carwyn on the progress being made across organisations to address weak passwords/disabled accounts. Plans are proposed for MFA adoption across organisations and a Task & Finish Group will be set up to take this forward. There was discussion around the target for MFA use (100% where staff are outside of normal networks). The peer group agreed on a gentle approach initially with appropriate comms to raise awareness but concern was raised over the tools and resources needed for effective cyber resilience to be implemented and maintained.</p> <p>ME added that cyber security had been discussed at the recent NHS Chairs meeting and agreed to share the relevant presentation with the peer group. ACTION ME to circulate meeting slides to the group.</p> <p>The group supported HT's suggestion of a webinar for Board members on cyber resilience and business continuity/impact and agreed that this topic should be discussed again at the next meeting. LB added this to the forward planner.</p>	01 - ME
5. RISP Final Business Case (Gareth Cooke, John Collins, Donald Kennedy & Alison Maguire DHCW)	<p>Gareth shared a presentation on the business case and timescales for the Radiology Informatics System Procurement programme, using Philips as the proposed supplier of PACS, RIS and PDMS for 5 years.</p> <p>There was discussion around the complexity of the architecture and GC asked LHBs to reconsider their costings following Philips' response to the procurement bid. AM emphasised that there was much to do within a very short timeline and further meetings would be held prior to the contract being awarded.</p>	

6. AWIP Update (David Thomas CVUHB)	David explained that there had been broad agreement on the work proposals for the All Wales Infrastructure Programme but since funding is tight they will need prioritising carefully. DT requested input from the peer group and after a brief discussion it was agreed to add the item to the agenda for May's meeting. LB added this to the forward planner and DT agreed to pull together a paper for circulation. ACTION DT to submit paper prior to next meeting.	02 - DT
7. Healthy Days at Home Wales (HDAHW) – LHB Engagement (Alastair Rooves National Clinical Lead for PCC, Sam Jeffries SPCC)	Alastair explained that this measure was requested by the Health Minister as a helpful statistical indicator of the time patients spent at home. The Strategic Programme for Primary Care has supported its development and a workshop was held last autumn, led by Nick Wood, however since then there has been limited implementation. AR asked for this to be progressed within LHBs and for Digital Directors to discuss with their Heads of Information. It is hoped that by May/June additional dataflows for the full dashboard will be available once the WISB process is complete. (Following the meeting relevant papers were circulated to the group by LB with a reminder to forward to relevant Heads of Information).	
8. Welsh Government Update (Mike Emery WG)	Mike shared a presentation updating on the DPIF future review, the NHS executive, the Office of the CDIO and FHIR standards. See presentation for details. HT added that following the scrutiny of DHCW, a report will be shared with Chief Executives with recommendations regarding clearer accountability within NHS structures, as well as the creation of a national portfolio oversight board. It was noted that there will be a soft launch of the refreshed digital strategy in late May.	
9. KLAS Survey Update (James Reed National CCIO Network)	James introduced himself to the group and shared a presentation on the benefits and challenges of clinically led/user centred design as well as their experience of KLAS at Birmingham SMHF Trust.	
10. AOB	<u>Eye Care Programme – OpenEyes (Chair)</u> Update paper circulated for noting. <u>Meeting Timing/Location in May (Chair)</u> It was agreed that the meeting on 2 May should be an in-person session. HT volunteered to chair the meeting as IB will be on leave. Group agreement given.	
	End of meeting.	
Next Meeting: Tuesday 2 May 2pm In-Person		

Directors of Digital Peer Group Meeting Draft Notes

Date of Meeting	Tuesday 2 May 2023
Time of Meeting	2.00pm – 5.00pm
Meeting Venue	Board Room, DHCW, Ty Glan-Yr-Afon, 21 Cowbridge Road East, Cardiff
Chair	Helen Thomas

PRESENT: v=virtual		APOLOGIES:	GUESTS:
Lloyd Bishop ABUHB v	LLB	Stuart Morris CTMUHB	Leon Hitchings CVUHB
Dylan Roberts BCUHB v	DR	Sian Richards HEIW	Carwyn Lloyd-Jones DHCW
Andrew Nelson CTMUHB v	AN	Alison Ramsey NWSSP	Jamie Graham DHCW
David Thomas CVUHB	DT	Iain Bell PHW	Mike Ogonovsky TEC Cymru v
Ifan Evans DHCW	IE	Pete Hopgood PTHB	
Sam Lloyd DHCW v	SL	Carl Taylor VUNHST	
Claire Osmundsen-Little DHCW	COL	Leanne Smith WAST	
Helen Thomas DHCW	HT		
Anthony Tracey HDUHB v	AT		
Vicki Cooper PTHB v	VC		
Neil Jenkins NWSSP v	NJ		
Matt John SBUHB	MJ		
David Mason-Hawes VUNHST v	DMH		
Mike Emery WG	ME		
Larissa Brock WNHSC	LB		

ITEM	DISCUSSION	ACTION
1. Welcome & Apologies, Meeting Notes and Matters Arising (Chair)	HT welcomed the group, apologies were noted as above and action log updated. Previous meeting notes were approved.	
2. Virtual Wards Update – TEC Cymru (Mike Ogonovsky)	<p>MO shared a presentation on telecare, strategic themes and the high-level plan.</p> <p>Foundational documents have been signed off by the Programme Board, a Programme Manager and SRO have been appointed and the governance structure is in progress. Monthly updates are provided to the Health Minister and a national statement is due shortly. Internal discussions are also underway across policy leads regarding funding.</p> <p>MO described the Health Call for Wales solution which has a clear dashboard overview and agreed to circulate an updated report. ACTION MO to send out report.</p> <p>Data linkage discussions are also in progress (for WCCIS, WAST, Primary Care etc) and it was noted that consistent definitions are needed across LHBs regarding patient frailty.</p>	01 – MO

Mohamed Sarah
19/05/2023 16:15:27

	<p>Group comments made:</p> <ul style="list-style-type: none"> -ME has raised the issue of consistent definitions of patient types to his team. -Some funding will be predicated based on rolling this out at scale via 'Further, Faster'. -A comprehensive data control agreement across organisations, including Local Authorities, was suggested. -Need to consider potential savings of a single data set and shared tenancy. -Clinical governance must be considered, as well as architecture & service models. -A locally determined solution will be important rather than a 'top-down' approach. -Need to develop a procurement framework for consistent standards across Wales. <p>MO requested that a member of the peer group join the Telehealth Programme Board in an Assurance role and Anthony Tracey volunteered on behalf of the group.</p> <p>ACTION LB to add nomination to DoDs representation on national roles & committees document.</p> <p>In addition, MO asked colleagues to consider their organisation's involvement in the programme. ACTION MO to circulate formal request in writing.</p>	<p>02 - LB</p> <p>03 - MO</p>
3. Governance and the Role of Digital Directors (Chair)	<p>HT led a discussion on the format of the monthly peer group meetings, the role of the peer group and links into wider tiers of governance.</p> <p>The group agreed that it would be beneficial to have longer discussions on strategy/specific areas of focus/programme director updates etc, so every other month the session would be extended to all day, held at DHCW, subject to IB's agreement as Chair. ACTION HT/LB to raise with IB to put plans in place.</p>	04 – HT/LB
4. Finance Update (Claire Osmundsen-Little DHCW)	<p><u>Finalising Microsoft True-Up Figures</u></p> <p>COL suggested that directors discuss the possible rise in costs with their business partners and reminded BCUHB, CVUHB and VUNHST that outstanding spreadsheets needed submitting as soon as possible.</p> <p><u>Microsoft Unified Support</u></p> <p>These charges have risen significantly this year, to which Directors of Finance have objected. Further discussions are in progress.</p> <p><u>Service Level Agreements</u></p> <p>Thanks were expressed for Digital Directors' support to date. Three NHS organisations have not yet signed. A working group will be set up to discuss how to make the process more efficient in future.</p>	

Mohamed, Sarah
19/05/2023 16:15:27

	<p><u>Audit Wales Letters</u> We await clarification on 'financial digital services' and will advise once further information is received.</p> <p><u>RISP Allocations</u> Thanks were expressed to all organisations for the hard work within a short timeframe to validate revenue/capital requirements. The Board sign-off deadline is end of May and COL requested that Digital Directors work closely with Directors of Finance and brief them in advance of their May meeting.</p> <p>There was discussion around the challenge of planning interconnectivity around services, gaps in the business case and budget limitations/funding uncertainty. ME advised that conversations are underway regarding the WG capital budget.</p> <p><u>Value in Digital</u> Work is in progress to articulate value for money across Welsh NHS organisations and AT agreed to act as coordinator for identifying colleagues to validate the relevant data at local level. COL will circulate the relevant spreadsheet at a later date.</p> <p><u>Benefits Realisation for Office 365 and WCCIS</u> This framework is now up and running and COL will share details at a future meeting.</p>	
<p>5. All Wales Infrastructure Programme Priorities (David Thomas, Leon Hitchings CVUHB)</p> <p>Mohamed Sarah 19/05/2023 16:15:27</p>	<p>Presentation shared on the proposed workplan for 2023-24 which was reviewed at the AWIP Programme Board meeting last Friday. DT requested that the peer group confirm their agreement with the following main priorities:</p> <ol style="list-style-type: none"> 1. WAN Vision for NHS Wales 2. SD-LAN Roadmap 3. WAN OBC (further investigation needed) 4. Cloud Security Roadmap 5. Commercial Standards for Cloud (cost articulation). COL responded that much work has already been done and collectively DHCW can provide this. 6. Identity Control, Master Staff Index & Suppliers (DHCW priority area). IE agreed to discuss this further with DT and LH. <p>NB: Service Point was not agreed by the Programme Board.</p> <p>The group were informed that the top 3 priorities listed above would cost approx. £400,000 (revenue) per organisation.</p> <p>There was group discussion around the need for simplicity, consideration of other activities underway, overall architecture and the exit strategy beyond the life of</p>	

	<p>programmes. A detailed email from DT was requested to assist Digital Directors in their discussions with local teams.</p> <p>ACTION DT to share email with all, highlighting the main items to discuss with local teams with a deadline for feedback.</p>	05 - DT
<p>6. Cyber Resilience Update & National SIEM Service (Carwyn Lloyd-Jones, Jamie Graham DHCW)</p>	<p><u>Cyber Resilience (CLJ)</u> Update shared on progress made replacing weak passwords and obsolete operating systems (Cymru domain). An email has already been circulated requesting nominations for the Task & Finish Group. HEIW, CTM and VUNHST have confirmed names. Dai Owen (PTHB) and Daniel Owen (H DUHB) were then also nominated.</p> <p>ACTION ABUHB, BCUHB, CVUHB, SBUHB, NWSSP, PHW & WAST to send their nominations for the group to CLJ.</p> <p><u>Security Information and Event Monitoring Service (JG)</u> Presentation shared on background to the system which was procured via capital funding in 2018 and reaches end of life in March 2024. Various options were suggested by way of solution, the lowest cost option being to procure a replacement service via a Managed Service Provider (either partially or fully managed). Funding per organisation is predicted to be £95,000 per annum.</p> <p>There was discussion around an equitable funding mechanism, legacy estates and the requirement for organisations to provide feedback on the SIEM proposal. LB added SIEM to the June meeting agenda for further discussion.</p> <p>ACTION JG to circulate slides to include specification details, resourcing and licensing costs to seek feedback from organisations.</p>	<p>06 – LLB, DR, DT, MJ, NJ, IB & LS</p> <p>07 – JG</p>
<p>7. Welsh Government Update / DPIF Future Review (Mike Emery WG)</p> <p>Mohamed, Sarah 19/05/2023 16:15:27</p>	<p>Presentation with further details circulated via email.</p> <p><u>Review of DPIF and Wider Governance</u> The Terms of Reference for DHCW's governance have been submitted to the Health Minister for consideration and recommendations incorporated into the DPIF future review. Once approved, the report will then be circulated to Digital Directors for their input to inform an action plan for application via the NHS Executive.</p> <p><u>Digital Health and Social Care Strategy</u> Feedback from NHS and Local Authority organisations is being reviewed and incorporated with a soft launch due in June.</p>	

	Due to meeting time limitations, the group agreed that the WG update be prioritised at the next monthly meeting for a more thorough discussion.	
8. AOB	<p><u>ePMA / WIAG (Chair)</u> The suggestion has been made by the Programme Board for procured solutions to be taken through the WIAG process in future. ACTION HT to circulate relevant slides for peer group feedback.</p> <p><u>DSPP Programme Board Agenda (Chair)</u> Paper forwarded by Stuart Morris for information.</p> <p><u>Eye Care Programme – OpenEyes (Chair)</u> An update email from Fiona Jenkins has been circulated for information. It is recommended that the programme be transferred to DHCW on 1 June. A Programme Lead is now in post and the Office 365 licence issue will be worked through shortly. DT added that the current interim resource would need extending and was advised to discuss further with Sam Hall.</p> <p><u>LINC Programme (Chair)</u> Brief update given by HT.</p> <p><u>KLAS and HIMSS (DR)</u> KLAS surveys are in progress and thanks were expressed to the group for their work to date. Analysed data will be provided with reports issued at both national and local level. The group agreed that DR would organise a 2-3 hour workshop to discuss both the KLAS and HIMSS results, hopefully in July.</p>	08 - HT
	End of meeting.	
Next Meeting: Tuesday 6 June 2pm (MS Teams)		

Mohamed Sarah
19/05/2023 16:15:27