

# Public Digital & Health Intelligence Committee Meeting

Tue 13 August 2024, 09:00 - 10:00

Virtual - MS Teams

## Agenda

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### 09:00 - 09:05 **1. Standing Items**

5 min

*David Edwards*

#### **1.1. Welcome & Introductions**

*David Edwards*

#### **1.2. Apologies for Absence**

*David Edwards*

#### **1.3. Declarations of Interest**

*David Edwards*

#### **1.4. Minutes of the Committee Meeting held on 28th May 2024**

*David Edwards*

 1.4 Draft DHIC Public Minutes 28.05.24.pdf (6 pages)

#### **1.5. Action Log following the Committee Meeting held on 28th May 2024**

*David Edwards*

 1.5 DHIC Public Action Log - May 24.pdf (1 pages)

#### **1.6. Committees Chairs Actions**

*David Edwards*

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### 09:05 - 09:50 **2. Items for Review & Assurance**

45 min

#### **2.1. Digital Roadmap & Work Programme Update**

*James Webb*


10 Minutes

 2.1 - Digital Roadmap and work programme.pdf (13 pages)

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

*David Thomas*

10 Minutes

 2.2 Joint IMT IG Risk Register.pdf (2 pages)

#### **2.3. Corporate Digital Risk Register**

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David Thomas

10 Minutes


 2.3 - IG Compliance DA.pdf (7 pages)

## 2.4. IG Data Compliance

David Thomas

15 Minutes

 2.4 - Digital Services KPI.pdf (2 pages)

 2.4a - Ivanti Management Report.pdf (11 pages)

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## 09:50 - 09:50 3. Items for Approval / Ratification

0 min

### 3.1. Information Governance Policy No Items for Approval

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## 09:50 - 09:50 4. Items for Noting & Information


0 min

### 4.1. Minutes: Digital Directors Peer Group - June 2024 & July 2024

David Thomas

0 Minutes

 4.1 - Digital Directors Peer Group.pdf (2 pages)

 4.1a - Directors of Digital Peer Group Meeting June 24.pdf (4 pages)

### 4.2. Digital Services KPI

David Thomas

10 Minutes

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## 09:50 - 09:50 5. Agenda for Private Digital & Health Intelligence Meeting

0 min

David Edwards

### 5.1. Caldicott Guardian Update - Cyber Security Update (including performance metrics) - Digital Investment Case

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## 09:50 - 09:50 6. Review of the Meeting

0 min

David Edwards

### 6.1. Date & Time of next Meeting: Tuesday 12th November 2024 at 9am via MS Team

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## Unconfirmed Minutes of the Public Digital & Health Intelligence Committee Meeting Held On 28 May 2024 Via MS Teams

To view a recording of the meeting [click here](#)

<b>Chair:</b>		
David Edwards	DE	Independent Member – Information Communication & Technology (IM-ICT)
<b>Present:</b>		
Akmal Hanuk	AH	Independent Member – Local Community (IM-LC)
Susan Lloyd-Selby	SLS	Independent Member – Local Authority (IM-LA)
<b>In Attendance:</b>		
Matt Phillips	MP	Director of Corporate Governance (DCG)
Suzanne Rankin	SR	Chief Executive (CE)
David Thomas	DT	Director of Digital & Health Intelligence (DDHI)
James Webb	JW	Head of Information Governance & Cyber Security (HIGCS)
Angela Parrat	AP	Director of Digital Transformation (DDT)
Matt Cornish	MC	DSPP Programme Director (DSPP-PD)
Joseph Pike	JP	Technical Lead - Service Desk
Urvisha Perez	UP	Audit Wales
<b>Secretariat</b>		
Nikki Regan	NR	Corporate Governance Officer
<b>Apologies</b>		

Item No	Agenda Item	Action
<b>DHIC 28/05/001</b>	<p><b>Welcome &amp; Introduction</b></p> <p>The Committee Chair (CC) welcomed everyone to the Public meeting and confirmed the meeting was quorate.</p> <p>View the minute here (YouTube link): <a href="https://youtu.be/OIRoRbmQquc?t=1">https://youtu.be/OIRoRbmQquc?t=1</a></p>	
<b>DHIC 28/05/002</b>	<p><b>Apologies for Absence</b></p> <p>Apologies for absences were noted.</p> <p><b>The Committee resolved that:</b></p> <p>a) The apologies were noted.</p> <p>View the minute here (YouTube link): <a href="https://youtu.be/OIRoRbmQquc?t=55">https://youtu.be/OIRoRbmQquc?t=55</a></p>	
<b>DHIC 28/05/003</b>	<p><b>Declarations of Interest</b></p> <p><b>The Committee resolved that:</b></p> <p>a) No Declaration of Interest were noted.</p> <p>View the minute here (YouTube link): <a href="https://youtu.be/OIRoRbmQquc?t=93">https://youtu.be/OIRoRbmQquc?t=93</a></p>	
<b>DHIC 28/05/004</b>	<b>Minutes of the Meeting Held 20<sup>th</sup> February 2024</b>	

	<p>The committee accepted the minutes as a true and accurate record of 20<sup>th</sup> February 2024.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Minutes of the Meeting held on the 20 February 2024 were confirmed as a true and accurate record.</p> <p>View the minute here (YouTube link):  <a href="https://youtu.be/OIRoRbmQguc?t=104">https://youtu.be/OIRoRbmQguc?t=104</a></p>	
<b>DHIC 28/05/005</b>	<p><b>Action Log – Following the Meeting held on 20<sup>th</sup> February 2024</b></p> <p>The action log was noted.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Action Log was discussed and noted.</p> <p>View the minute here (YouTube Link):  <a href="https://youtu.be/OIRoRbmQguc?t=165">https://youtu.be/OIRoRbmQguc?t=165</a></p>	
<b>DHIC 28/05/006</b>	<p><b>Chair’s Action taken since the last Committee Meeting</b></p> <p>No chairs actions taken since 20<sup>th</sup> February 2024.</p> <p><b>The Committee Resolved that:</b></p> <p>a) There were no Chair’s Actions taken since the last meeting.</p> <p>View the minute here (YouTube link):  <a href="https://youtu.be/OIRoRbmQguc?t=182">https://youtu.be/OIRoRbmQguc?t=182</a></p>	
<b>Items for Review and Assurance</b>		
<b>DHIC 28/05/007</b>	<p><b>General Cyber Update</b></p> <p>The DDHI gave an update and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The work being undertaken needs to be recognised to ensure the comprehensive plan was demonstrated to see the cyber risks.</li> <li>• The Cyber risks continue to increase during the last year</li> <li>• It was recognised the data CAV hold was valued and therefore we need to provide assurance as custodians.</li> </ul> <p>The CE asked if there were any lessons learnt from the cyber attack in NHS Scotland? The DDHI explained the cyber-attack in NHS Scotland was a bigger incident due to hosting all patient records and CAV will continue to look at their follow up actions.</p> <p>The CC explained that general updates regarding cyber information was provided in the public committee.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Cyber Security update was noted.</p> <p>View the minute here (YouTube link):  <a href="https://youtu.be/OIRoRbmQguc?t=195">https://youtu.be/OIRoRbmQguc?t=195</a></p>	
<b>DHIC 28/05/008</b>	<p><b>Internal Audit Report</b></p> <p>The HIGCS noted that following an internal audit review in February CAV received a reasonable recommendation resource rating.</p>	

	<p>The IMLA expressed concern within the report regarding compliance. She noted a solution was being piloted and asked if the user testing was completed? The HIGCS noted pilot testing wasn't forth coming in medical records.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Internal Audit report and the reasonable assurance rating issued was received and noted</p> <p>View the minute here (YouTube link):  <a href="https://youtu.be/OIRoRbmQquc?t=810">https://youtu.be/OIRoRbmQquc?t=810</a></p>	
<p><b>DHIC 28/05/009</b></p>	<p><b>Digital Transformation Progress Report</b></p> <p>The DDT noted the Digital Transformation Progress report and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• Shaping our future digital services would be discussed in the private meeting and plan for a paper to go to the investment group in August for approval.</li> <li>• The governance model showed the changes were established and the technical design comprised of the senior management team and have Multi-disciplinary design.</li> <li>• The digital services management board plan to reconvene quarterly.</li> </ul> <p>The DSSP-PD presented and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The last financial year focused on support being given to GP practises and enhance the platform</li> <li>• Over 200k independent people / downloads use the app</li> <li>• 70k repeat prescriptions each month</li> <li>• 20k appointments booked via the app each month</li> <li>• Would be beneficial to view waiting lists / planned care</li> <li>• Plan to enhance communications</li> <li>• NHS England saved £1million savings due to NHS App messaging</li> <li>• Planning an engagement event for September 2024</li> <li>• A business case was submitted to WG</li> </ul> <p>The IMLC felt that CAV UHB were behind and added that it seemed complex and suggested to pick 3 priorities at this stage. He asked if there was assurance regarding the capacity / risk of the app?</p> <p>The DDSP-PD explained a lot of the work was directed by other programmes and were trying to get Nexus involved on the work that would be delivered the most. The app was now credible and expect to reach 500k users following a publicity campaign. He added that apps were costly and a lot of the budget was consumed by tech improvements.</p> <p>The IMLA explained she uses the app and commended it but noted people who weren't able to use the app and questioned how the comms was being managed to effectively support people who cannot use the app.</p>	

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	<p>The DSSP-PD explained the need to address those inclusion needs but unable to do all this work on our own. He added that the NHS Wales app won't replace services but need a strong alternative.</p> <p>The DDHI highlighted the need to record how patients prefer to be contacted and noted patient letters cost CAV a lot of money. He added that this would be a neat solution but questioned if there was an alternative if this was unsuccessful?</p> <p>The DSSP-PD developing the comms of the service could recognise patient's preference. It was understood how we are managing and need to put a case together so the solution can be invested in.</p> <p>The CC asked what the ultimate ambition was for the app? The DSSP-PD noted it would benefit all. An accreditation partner was due to be added in for a portal of apps and resources. Patients will choose differently and once they can see what services are available.</p> <p>The CC noted the app has great potential and potential savings, but an appropriate alternative would need to be put in place for those who are unable to use the app.</p> <p><b>The Committee resolved that:</b></p> <p>a) The progress report and the planned investment case was reviewed and noted.</p> <p>View the minute here (YouTube link): <a href="https://youtu.be/OIRoRbmQquc?t=1066">https://youtu.be/OIRoRbmQquc?t=1066</a></p>	
<p><b>DHIC</b> <b>28/05/010</b></p>	<p><b>Corporate Digital Risk Register</b></p> <p>The DDHI noted the Corporate Digital Risk Register contained 13 risks, with the highest risk being cyber security which fed in to the BAF. There were no changes but 2 new risks added:</p> <ul style="list-style-type: none"> <li>• Risk to national service for video consultation service and it was agreed WG would continue to fund for a further 6 months and need to look at the longer term for the system.</li> <li>• PARIS contract extension requires additional funding.</li> </ul> <p><b>The Committee Resolved that:</b></p> <p>a) The Committee noted the progress and updates to the Risk Register report.</p> <p>View the minute here (YouTube link): <a href="https://youtu.be/OIRoRbmQquc?t=3150">https://youtu.be/OIRoRbmQquc?t=3150</a></p>	
<p><b>DHIC</b> <b>28/05/011</b></p>	<p><b>IG Data &amp; Compliance</b></p> <p>The HIGCS discussed the IG Data &amp; Compliance and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The IG team had 5 WTE staff</li> <li>• 139 incidents since the last committee</li> <li>• 51 incidents reviewed per month over the last year</li> <li>• 6 of the breaches reached the threshold to be reviewed by the commissioner's office</li> <li>• Compliance dropped to 37%</li> <li>• NIAS monitoring – continue to monitor activity with a total of 924 letters sent out to staff members</li> </ul>	

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	<p><b>The Committee Resolved that:</b></p> <p>a) The Committee received and noted a series of updates relating to significant Information Governance issues.</p> <p>View the minute here (YouTube link):  <a href="https://youtu.be/OIRoRbmQquc?t=3298">https://youtu.be/OIRoRbmQquc?t=3298</a></p>	
<p><b>DHIC 28/05/012</b></p>	<p><b>Digital Services Key Performance Indicators</b></p> <p>The DDHI agreed to review these and welcomed Joseph Pike to the committee.</p> <p>The TLSD presented and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Executive score card – currently 3088 incidents closed</li> <li>• Service desk – currently have 1418 incidents open / 5 remaining open</li> <li>• May 2024 (10<sup>th</sup> May) – 1077 requests, with an average of 3000 for the month. 415 were closed</li> <li>• 109 requests were automated but wanted to make some extra requests go through the automated service</li> <li>• First call resolution – almost 20% of the incidents were dealt with on the first instance</li> <li>• CAV have stock of 1200 laptops / 1000 desktops</li> <li>• Automation requests were mainly nadex requests</li> </ul> <p>The DDHI noted it would be helpful to track the improvements. He noted to include some of the testimonials and it was positive and phase worthy feedback from staff which helped balance the view. Part of the request of this committee.</p> <p>The IMLA asked if the systems help track duplicated incidents and might indicate the need for additional support?  The TLSD confirmed this was the case and look to increase the number of forms and it helps us identify where we need to improve and replicate this in other parts of the service.</p> <p>The IMLC asked if we could standardise staff using their own devices to minimise the risks?  The TLSD confirmed this was a work in progress and desktops were being standardised. There were issues but had a ball park figure of 80 – 85% were standardised where possible.</p> <p>The DDHI added that CAV looked to support people on their devices. A level of compromise was needed and most people own a smartphone and look how CAV can support and not procure devices that staff already have.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Committee reviewed and noted the progress since the last update on the Ivanti service desk tool in relation to KPIs.</p> <p>View the minute here (YouTube link):  <a href="https://youtu.be/OIRoRbmQquc?t=3500">https://youtu.be/OIRoRbmQquc?t=3500</a></p>	
	<p><b>Items for Approval / Ratification</b></p>	
<p><b>DHIC 28/05/013</b></p>	<p><b>Information Governance Policy</b></p> <p>No items to discuss.</p>	

	<p><b>The Committee Resolved that:</b></p> <p>a) Received and approved the recommended changes to the Information Governance Policy</p> <p>View the minute here (YouTube link):</p>	
	<b>Items for Noting and Information</b>	
DHIC 28/05/014	<p><b>Minutes: Digital Directors Peer Group</b></p> <p>The Minutes from the Digital Directors Peer Group from February, March, April and May 2024 were noted.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Committee noted the minutes</p> <p>View the minute here (YouTube link):  <a href="https://youtu.be/OIRoRbmQquc?t=4910">https://youtu.be/OIRoRbmQquc?t=4910</a></p>	
DHIC 28/05/015	<p><b>Annual Report 2023-24</b></p> <p><b>The Committee Resolved that:</b></p> <p>a) The Committee noted and approved the annual report.</p>	
	<b>Agenda for Private Digital &amp; Health Intelligence Meeting</b>	
DHIC 28/05/016	<p>(i) <i>Digital Plans &amp; Investment Case</i></p> <p>(ii) <i>Caldicott Guardian Update</i></p> <p>(iii) <i>Cyber Update</i></p>	
DHIC 28/05/017	<p><b>Any Other Business</b></p> <p>No Other Business was discussed.</p>	
DHIC 28/05/018	<p><b>Items to bring to the attention of the Board / Committee</b></p> <p>No Items were brought to the attention of the Board / Committee.</p>	
	<p><b>Date &amp; Time of next Meeting:</b></p> <p>Tuesday 13<sup>th</sup> August 2024 at 9am via MS Teams</p>	

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**Action Log**  
**Following the Digital Health & Intelligence Committee**  
**Held on 28<sup>th</sup> May 2024**  
(For the 13<sup>th</sup> August 2024 meeting)

Minute Ref	Subject	Agreed Action	Lead	Date	Status
<b>Actions</b>					
DHIC 23/10/011	<b>Digital Services Key Performance Indicators</b>	To liaise with the Executive Director of People & Culture (EDPC) to get an idea of the digital competence levels across staff in the organisation and potential options regarding training.	David Thomas	13.02.2024	<b>Completed</b> Update given on 20 <sup>th</sup> February 2024  Further update to be given on 28 <sup>th</sup> May 2024 following the People & Culture Committee (12.03.24) (on forward plan for May 2024)
DHIC 23/10/012	<b>Minutes: Digital Directors Peer Group</b>	For a substantive piece of work to be brought back to the Committee which summarises how the regional work with ABUHB and CTMUHB is progressing, following discussions held at the recent Regional Digital Summit around common areas of opportunity.	David Thomas	13.02.2024	<b>Completed</b> Update given on 20 <sup>th</sup> February 2024
<b>Actions referred from Board/Committees</b>					
<b>Actions referred to the Board / Committees of the Board</b>					

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Report Title:	Digital Roadmap and work programme update		Agenda Item no.	2.1
Meeting:	Digital and Health Intelligence Committee	Public	x	Meeting Date: 13 August 2024
		Private		
Status (please tick one only):	Assurance	x	Approval	Information
Lead Executive:	Director of Digital and Health Intelligence			
Report Author (Title):	Director of Digital Transformation			

## Main Report

### Background and current situation:

## 1 Update on IMTP priorities with status

**Appendix 1** (below) provides an update on IMTP priorities and their status since the May DHIC meeting. It describes good progress on a number of fronts and explanation where there are or may be challenges.

## 2 Shaping our Future Digital Services

### 2.1 Investment Case

An investment case will be presented in August for pump prime funding. An extract of the Executive Summary is shown at **Appendix 2**.

This investment case asks for c£466K revenue funding over a fixed 12-month period to pump prime the development of a Digital Programme Business Case (PBC) to seek All Wales Major Capital Funding alongside a Business Justification case (BJC) for phase 1 of the 5 annual phases.

**The work will deliver a clear trajectory, costs and plans on how CAV will achieve its target of HIMSS<sup>1</sup> Level 3 in pursuit of its intention towards a modular EPR, consistent with national and regional initiatives.**

The PBC will deliver the 5-year roadmap Digital Foundations (see **Appendix 1 of Appendix 2**), CAV UHB's top IMTP investment priority in 2024/2025 as a recognised critical enabler to the successful delivery of CAV UHB Shaping Our Future Wellbeing (SOFW) Strategy.

Successful investment in Digital Foundations (the PBC) will improve the quality and safety of patient care. It supports enhanced clinical decision-making, tackling unjustified variations in practice, reducing errors, improving productivity, financial efficiency and facilitating better communication between teams, which all contribute to better patient outcomes.

It empowers CAV with data that is reusable and available at the point of care to inform clinical decision making, making a significant contribution to the eradication of avoidable harm. Data insights will allow CAV to better plan and redesign its' services to meet short- and longer-term objectives, support operational pressures and relieving some clinical staffs pressure for example by releasing time to care and improving staff wellbeing.

Given the widening gap between demand and supply within healthcare, improving our digital maturity is the most impactful action that offers genuine transformation potential for CAV.

Building digital foundations is required to deliver on CAVUHB strategic aims and make the outcome improvements it aspires to in SOFW and SOFCS, which are all dependent on data.

It's also a necessity to support the delivery of Ministerial priorities, national and regional programmes in the foreseeable future.

## 2.2 Welsh Emergency Care Dataset (WECDS) and Emergency Unit work station (EUWS)

- Mandatory compliance with WECDS by March 2026
- EUWS now 18 years old
- Opportunity to solve both problems at same time
- Options appraisal underway
- Report to SLB Sept 2024
- Will require investment

## 3 Resources

As part of the UHB response to financial pressures, D&HI is to undergo some reshaping in line with all clinical boards. Whilst D&HI is anyway under-resourced, we are not the only department with such pressures and the need for cost reduction across the board is necessary. This will result in delays in our ability to respond hence the strength of our digital front door approach so that we track and prioritise what we work on cognizant of the organisations' priorities.

## 4 Tactical Activity Update on work programme since October 2023

Key Updates from across the D&HI services:

### Digital Services Management (DSM) Update

The D&HI corporate leadership of Microsoft Project Accelerator continues at a pace. DHCW have taken a module built by CaV and the strategy and planning dept are to commence design and readiness of the tool for corporate initiatives through summer'24.

Benefits capture (the module built by CaV and taken on for all National Digital Programmes) has been deployed into MSPa LIVE, and is being increasingly completed by D&HI Project Managers. This will allow a ROI (Return on investment) to be documented for future D&HI initiatives to substantiate increased health board's spend on transformational digital initiatives.

The D&HI core team have completed their 5<sup>th</sup> 'skill build' session (Power platform and Power BI) which will enable capability across digital initiatives.

Recruitment to complete the re-engineering of DSM from previous structures is now 85% complete, with only a B4 trainer to be backfilled to complete the re-shaped structure.

M365 work management remains a challenge with a staff base providing only 60% of the agreed M365 team budget. Head of DSM (Mark Cahalane) has proposed a re-shaped structure for M365 to reflect the aspect of the team which is now BAU.

### Digital Operations Update

After a remarkable 30 years of dedicated service to the NHS, we bid farewell to our long serving Server Manager. Their replacement joins 1st of August 2024.

In telecommunications, transition to all Digital Services (SIP) has been successfully completed, improving service availability and substantial cost savings. This strategic move aligns with ongoing efforts to optimize resources and enhance service delivery.

In a significant cost-saving initiative, mobile devices across the board have been consolidated into an All Wales provided contract, resulting in an annual saving for the Health Board.

The Network team has completed an extensive multisite Wi-Fi audit spanning over five months. The findings have led to the procurement of an additional 800 Access Points, and we are currently devising a comprehensive deployment plan for these throughout the CAV estate. Prioritizing areas critical to electronic Prescribing and Medical Management (ePMA) and Welsh Nursing Care Record (WNCR), this initiative is set to significantly enhance our wireless network infrastructure.

<sup>1</sup> [HIMSS \(Healthcare Information and Management Systems Society\)](#) standard for [electronic medical record adoption \(EMRAM\)](#)

The Support teams have further automated processes, integrating chat functionality for support enquiries.

A collaboration with DHCW has enabled the digital operations second line team to securely deploy iPads, iPhones, and Android devices using Microsoft Intune Mobile Device Management software. This deployment underscores our dedication to secure, efficient, and versatile digital solutions.

**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 CAVUHB strategic ambitions and current organisational pressures as well as supporting the preparation and implementation of national systems including electronic prescribing, roll-out of the Welsh Nursing Care Record, the Laboratory information system and the new Radiology system.

The D&HI directorate remains challenged in terms of capacity to deliver a broad range of services, recognizing that all the health board's transformation and development plans contain elements of data, digital and technology requirements.

**Recommendation:**

The Board / Committee are requested to:

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

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

Please tick as relevant

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

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

Please tick as relevant

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

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

Risk: No

Safety: No

Financial: Yes

Benefits realisation from smarter working practices using digital solutions

Workforce: Yes

Supports our contribution for our digitally enabled workforce

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

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## 5 APPENDIX 1 IMTP PRIORITIES UPDATE

Key	CAV perspective on local implementation
Red	Off track
Amber	Going or slightly off track
Green	On track
Blue	National programme

Project/programme	Description	Update
e-triage	<p>This is a 12 month pilot funded by the national 6 Goals programme.</p> <p>This introduces electronic triage into the emergency department</p>	<ul style="list-style-type: none"> <li>E-triage went live 1<sup>st</sup> week June</li> <li>Some bug fixes and troubleshooting</li> <li>c50% of ED take is going via this route – still very early days. Major change for staff and patients</li> <li>Initial meeting with ABUHB and National 6 Goals workstream held July 11th to share information and work towards pilot evaluation.</li> <li>Working on post-implementation support procedures to transition to BAU. Wrap-up call set for afternoon of August 5th.</li> </ul>
Regional shared care record	<p>A regional partnership board programme</p> <p>To support the delivery of integrated care in integrated multi-agency teams between Cardiff and The Vale Councils and CAVUHB. Relevant information shared via a summary care view</p>	<p>Neurodevelopmental shared record will be the first implementation delayed due to IG approvals. Target go-live now August 2024 subject to approval by Regional Digital Board (16th Aug 2024)</p> <p>Vale CRS service to follow.</p> <p>Project to share CAVuHB urgent Care and child at risk data between HB and LA's initiated.</p> <p>Scale deployment requires re-hosting of the shared record in the cloud. Current engagement with market for this.</p>

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		New project being initiated to deliver share Advance plans from Primary Care to NHSWAST
Connecting Care (previously WCCIS2)	<p>A national programme managed by DHCW</p> <p>To replace the Welsh Community Care Information System (WCCIS). In relation to community and mental health services. This national DHCW led programme is preparing a revised business case for Welsh Government. CAV with all other UHB is contributing to this work</p>	<p>A National Business case was recently presented and rejected by all UHBs and a number of Councils. An updated version was released 12<sup>th</sup> July but not for review. A final version is targeted for October 2024.</p> <p>National Shared Care Record has been removed from main Business Case and a separate Business case will be developed. CAVuHB are represented on the shared care records board.</p> <p>CaV is leading requirement gathering with other HB's and working most closely with ABuHB and CT. ITT is targeted for October 2024.</p> <p>National funding has not yet been agreed for 24/25 leaving CaV with financial risk for regional staff.</p>
WRAPPER (Welsh referral, activity and patient pathway enterprise repository) MDT management	<p>A joint CAV and DHCW project as part of the Canisc replacement programme.</p> <p>This project delivers functionality to WRAPPER that enables cross-organisational booking and data sharing between health Boards for Cancer MDT management purposes</p>	<p>Current anticipated delivery:</p> <p>Phase 1 (inbound) - May 24 development complete. Awaiting AB UHB to upgrade WPAS instance for all Wales go live. Current estimate is Aug 24.</p> <p>Phase 2 (outbound) - Jul 24 – Will not be ready for planned October switch off of Canisc. Impacts CAV MDT booking to Velindre and SB UHB. Velindre bookings are already being managed and can continue. Any mitigation is expected to be limited to SB UHB. Options to be explored with SB UHB.</p>
Scan4Safety	<p>A national NWSSP patient safety initiative that supports inventory and stock management as well as compliance with the medical device bill for implantable devices</p> <p>It will trace NHS patients and their treatments, manage medical devices and monitor products used in procedures</p>	<p>Cardiology in process of completing within Cardiff and Vale</p> <p>Short Stay Surgical Unit (SSSU) and theatres begin implementation Q2 2024</p>

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Safe@Home	A multi-agency 6 Goals initiative that supports care of people in community settings rather than convey where appropriate	Phase 1 of the programme is supported using the community and mental health application PARIS  Phase 2 is yet to be agreed through a business case. D&HI have noted full costs to the CaV planning team.
PROMS (patient reported outcome measures)	PROMS are a part of the CAV and National Value in Health Programmes. PROMs support improved quality, safety and experience of care for patients and promote health equality to patients by reducing unwarranted variation in care.  PROMs are collected digitally - the platform is offered to all clinical services across CAV	Current contract expires in 2024. Procurement exercise underway for solution for 2025 onwards  Increased focus on measuring the impact of using PROMs. Benefits mapping and reporting now key to the onboarding process
NHS Wales app	A national programme, all development goes through the National Digital Services to patients and public (DSPP) programme managed by DHCW.  CAV is live with the NHS App in all GP practices with feature sets varying by practice.	Awaiting the start of the Public Comms campaign  Proposed start date 04/11/2024.
Welsh Nurse Care Record  More information can be found <a href="#">here</a>	WNCR is a solution that digitises nursing documentation, allowing nursing staff to complete assessments digitally using both desktop/laptop and Health Board mobile devices  Live in four wards at St Davids and Barry hospitals as of 08/07/2024.	WiFi improvements, Mobile Device Configuration and Business Continuity Solution Installation have delayed wider roll out  A Business Continuity (BC) solution has been accepted by Cyber and signed off by DDHI. Support tickets raised for Digital Ops resource for solution accounts set-up. Following this, successful testing of the BC solution will downgrade the project from its current red status.  Implementation across all remaining wards in UHL and UHW is planned 2024.
Digital Dictation and Transcription	Digital Dictation and transcription available to all Clinical staff within Cardiff and Vale UHB.	Contract award anticipated Q3 2024 following a re-procurement
Electronic prescribing and medicine administration	This programme is in collaboration with NerveCentre (supplier) and DHCW. The	Go Live January 2025. Programme due to be completed by end of financial year 2025/26 (rollout to be completed end

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	<p>system will be used in all patient settings across the UHB and will improve patient safety.</p> <p>Business case agreed by Welsh Government in Q1 2024</p>	<p>2025). Recruitment underway for clinical, programme and digital posts.</p>
Welsh Intensive Care Information System (WICIS)	<p>A national programme managed by DHCW, to be implemented locally</p> <p>Introduces electronic observations at the bedside in intensive care</p>	<p>This is currently in review given the position of some health boards decision to implement.</p> <p>WG has commissioned an external review of the product to evaluate feasibility of implementing a more basic system.</p>
National laboratory systems replacement (LIMS)	<p>A national programme managed by DHCW, implemented locally</p> <p>Go Live for CAVUHB is planned for May 2025.</p>	<p>This is progressing and is being managed by the relevant clinical board (DC&amp;T( via their internal teams)</p>
National radiology system replacement	<p>A national programme managed by DHCW, implemented locally</p> <p>Go Live for CAV is planned 2026</p>	<p>The RISP business case has been approved; the programme is led by DHCW with an expected implementation date for Cardiff &amp; Vale UHB at Feb 2026.</p>
Digital Cellular Pathology	<p>A national programme to fully digitise and improve laboratory workflow, creating digital slides</p>	<p>A national business case is in the process of being considered by individual health boards, expected to be discussed at the July Board meeting.</p>
Digital Maternity Cymru	<p>A national programme managed by DHCW, to be implemented locally</p> <p>Funding has ben significantly reduced meaning delays in activity</p>	<p>A national programme is moving this forward, however in Cardiff &amp; Vale a local procurement is underway; whilst this is outside the national programme, there is a commitment to work closely with the national Digital Maternity Cymru programme.</p>

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## APPENDIX 2 Investment Case Executive Summary extract

The investment case asks for c£466K revenue funding over a fixed 12-month period to pump prime the development of a Digital Programme Business Case (PBC) to seek All Wales Major Capital Funding alongside a Business Justification case (BJC) for phase 1 of the 5 annual phases.

### 1.1 Tangible deliverables of the £466k investment

Document	Content
Worked up 5-year PBC <ul style="list-style-type: none"> <li>• 5 case model</li> <li>• Outcome impact assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Long list of Year 2, 3, 4, 5 BJCs indicated</li> <li>• Roadmap by year</li> <li>• Cost/benefit analysis including affordability assumptions</li> </ul>
Prioritised, worked up BJCs for Year 1 <ul style="list-style-type: none"> <li>• Cost/benefit analyses<sup>10</sup></li> <li>• Outcome impact assessments</li> <li>• Implementation and resource plans (pre-procurement)</li> <li>• Programme level implementation plan</li> </ul>	<ul style="list-style-type: none"> <li>• Candidate technologies assessed</li> <li>• Market intelligence on supply chain and procurement options</li> <li>• Assumptions and dependencies</li> </ul>
Service delivery model(s) recommendations	Regional and other opportunities to deliver service(s) assessed and evaluated
Benefit realisation plan	<ul style="list-style-type: none"> <li>• Benefit validation</li> <li>• Schedules of what will be realised and when</li> <li>• Affordability/funding opportunities</li> </ul>

### 1.2 The work involved

This work requires dedicated resource, time and some external support to deliver the high level workplan at **Appendix 2** to this paper over the next 12 months, to include securing approval from CAVUHB and WG IIB. All efforts will be made to conclude the work in as short a timeframe as possible.

We have some plans and architectures already developed in support of Digital Foundations' roadmap, however the data, market intelligence and technical expertise e.g. on best candidate technologies, service delivery models, data and information to prove the cost/benefits case and evaluation of plans against HIMSS achievement isn't easily accessible or available. Thus, we need additional and dedicated resources.

- *For example, we cannot easily identify how many inpatients become unplanned escalations to higher dependency, where we know that empirically a minimum 10% of these escalations could be avoided with a digital observation solution (e-obs). We also know it is ubiquitous within research that patients who deteriorate during hospital stays have increased LOS*

A long list of priority cases for the BJC (Year 1) is identified at heading 1.3 for examination and evaluation. Developed with the Chief Clinical Information Officer (CCIO) and Nurse Informatics Lead, it's informed by SOFCS stakeholder input and various discovery works carried out over the last 4 years by Digital and Health Intelligence.

The longlist will be developed into a short list of cases for Year 1 (the BJC) however all these cases will form part of the PBC. Other cases will surface during the course of the work.

## 2 APPENDIX 1 of Appendix 2- Digital Foundations roadmap

### 1.3 Longlist of cases and expected benefit areas

Business case no.	Title	Expected benefits										
		Cash release	Reduce LoS	Reduce DNA	Save clinical time	Save A&C time	Improve quality	Improve safety	Reduce variation	Improve resilience	Carbon reduction	Improve HIMSS maturity
BC1	Infrastructure, interoperability	X			X	X	X	X	X	X	X	X
BC2	e-obs and patient flow		X		X	X	X	X	X	X	X	X
BC4	electronic test requesting	X			X	X	X	X	X		X	X
BC5	Modernise core applications	X			X	X	X	X	X	X	X	X
BC6	Digitise post/patient communications	X		X	X	X			X		X	
BC7	Command and control centre	X	X		X	X	X	X		X	X	
BC8	Transform clunky processes	X	X	X	X	X	X	X	X	X	X	X
BC9	Shared care record/plans	X		X	X	X	X	X	X	X	X	X

Updated roadmap developed in 2023. It focusses on a 5-year horizon to put in place infrastructure, application, data and interoperability capabilities that respond to the needs of the UHB.

These will have the effect of improving our HIMSS maturity beyond Level 3.

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WIFI

Ultimately ubiquitous  
Initial focus on clinical areas – wards, theatres, labs and relevant connecting corridors



Single Sign On

The ability to sign in once and access (almost) everything you need from a single screen  
Build this capability incrementally starting with context launch from a single landing page that you authenticate into



Microsoft licences

All staff have an account and are licensed for Office 365



End user devices

Fast, connected, modern end user devices and printers  
Desktop PCs, laptops including computers on wheels (COWS), tablets, smartphones



Applications

Applications that work on (almost) any device



Local Data Resource

The ability to move data around using open standards. It doesn't matter if data is held in our systems or someone elses – we can extract it and we can share it back



Care data repository

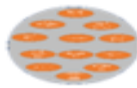
Aggregate care data to gain a single (unified) view of the information we hold about a person, enabling better informed decision making at the point of care



Integrated care record

Single patient record

The system care providers use to interact with the content of the CDR; an electronic medical record across acute and non-acute settings



Capabilities

Tools and capabilities that can be used across acute and non-acute settings e.g. clinical notes, ward and bed management, bedside observations, clinician order comms, alerts, workflow and so on

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### 3 APPENDIX 2 - high level plan

High level plan	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
<b>Recruitment</b>												
Technical Lead												
DDT partial backfill												
Consultancy - SoW, technical bench and procure												
Define detailed plan		x	x	x	x	x	x	x	x	x	x	x
<b>Mobilisation</b>												
Scope BC briefs												
Decide on 1st year BJs to focus on												
Review existing documentation , architectures and plans												
technology stack and data holdings appraisal AS IS & TO BE options												
applications appraisals - COTS/build/buy												
Deploy analysts - gather data, consolidate, insights												
<b>Assessment</b>												
Identify candidate technologies												
assess market provision inc. build/buy options												
Assess candidate technologies												
Evaluation												
Decisions												
stakeholder discussions using existing governance and fora			x	x	x	x	x	x	x	x	x	x
market intelligence insights												
clinical and non-clinical appraisal, assessment, engagement		x	x	x	x	x	x	x	x	x	x	x
service delivery models options												
<b>PBC and BJs</b>												
Templates												
Drafting												
zero base digital spend - pan organisation												
assemble costs												
benefit analysis & computation												
cashflow/funding / benefit release model												
Final drafts and socialisation												
Presentation/submission CAV and WG												
Approval (or not)												
Disassemble or extend team												

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Report Title:	<b>Joint IMT &amp; IG Corporate Risk Register</b>		Agenda Item no.	2.2	
Meeting:	<b>Digital and Health Intelligence Committee</b>	Public	<input checked="" type="checkbox"/>	Meeting Date:	13 <sup>th</sup> August 2024
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance <input type="checkbox"/>	Approval <input type="checkbox"/>	Information <input checked="" type="checkbox"/>		

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

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

**Main Report**

**Background and current situation:**

The joint IMT Risk register is a combined register consisting of digital / Information Governance and Information / Performance risks.

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

There are currently 15 joint IMT/IG risks identified on the report:

1 x Risk remains in red status with a score of 20 which is:

- Cyber Security

2 x Risks remain in amber status with a score of 12.

- WCCIS Local team not resourced
- Risk of CAV UHB Video Consultation

10 x Risks remain in yellow status with scores between 8 and 9 and these are:

- Outcome Measures
- Data Quality
- Data availability (Accessibility of Data)
- Clinical Records Incomplete
- Insufficient Resource – Capital & Revenue
- Server Infrastructure
- UHB Standard Data Processing
- Non-Compliance with data protection legislation
- Governance framework (IG policies and procedures)
- Effective resource utilisation

2 x Risks have been marked as complete and can be removed from the risk register

- PARIS Contract Extension (previously amber status with a score of 12)
- WLIMS (previously yellow status with a score of 8)

**Recommendation:**

The Board and Committee are requested to:

NOTE progress and updates to the Risk Register report.

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

Please tick as relevant

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

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

Please tick as relevant

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

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

Risk: Yes/

As outlined in the risk register

Safety: Yes

Financial: Yes

Non-compliance and less efficient ways of working

Workforce: Yes

Impacts on ways of working

Legal: Yes

Compliance with regulatory requirements

Reputational: Yes

Trust of staff and patients/service users

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes

Green IT and digital solutions that support greater virtual working

**Approval/Scrutiny Route:**

Committee/Group/Exec Date:


Report Title:	IG Data Compliance		Agenda Item no.	2.3
Meeting:	<b>Digital and Health Intelligence Committee</b>	Public	<input checked="" type="checkbox"/>	Meeting Date: 13 <sup>th</sup> August 2024
		Private	<input type="checkbox"/>	
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>
			Information	<input checked="" type="checkbox"/>

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

Report Author (Title): Head of Information Governance & Cyber Security

## Main Report

### Background and current situation:

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

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

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

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

Quarterly reports are produced for the DHIC to receive assurance that the UHB continues to monitor and action breaches of the UK GDPR/DPA 2018, FOI requests and that subject access requests (SAR) are actively processed within the legislative time frame that applies and, that any areas causing concern or issues are identified and addressed.

## ASSESSMENT

### 1. Information Governance Staffing Levels and Capacity

Information Governance staffing levels remain stable but continue to struggle with the current workload.

The staffing structure is as follows:

- David Thomas, Director of Digital and Health Intelligence is the Senior Information Risk Owner
- Dr Richard Skone, Interim Medical Director is the Caldicott Guardian

- James Webb is the Data Protection Officer
- The Information Governance Department is currently resourced at 5 WTE.

## **2. Data Protection Act – Serious Incident Report**

**Date reported: May 2024 & June 2024**

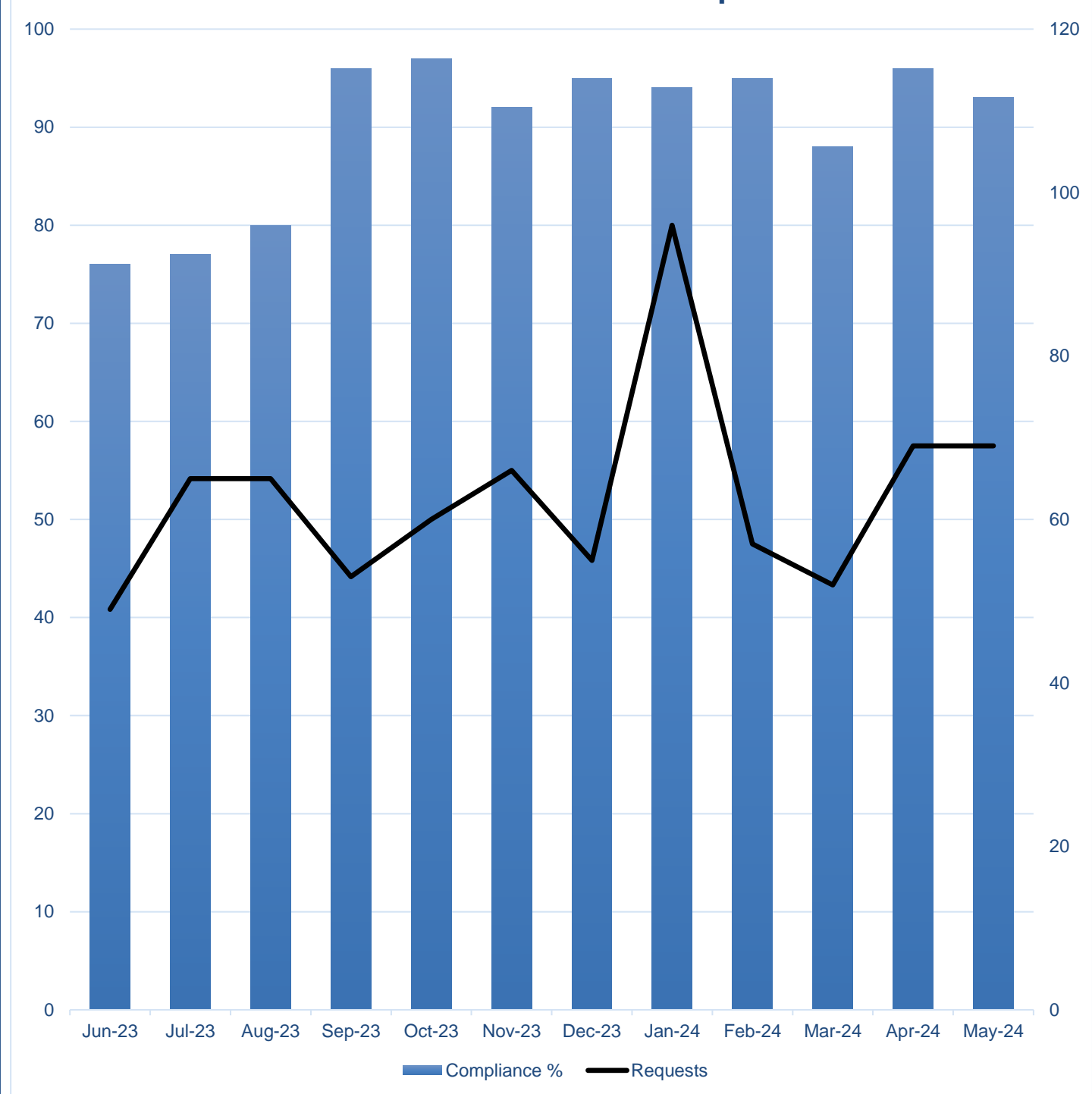
Between May 2024 and June 2024, the Information Governance Department have reviewed a total of 120 (60 per month) information governance related incidents reported via the UHB's Datix reporting solution. On average, for the last 12 months, the Information Governance Department reviews approximately 53 incidents per month. Of these breaches reviewed during this recent period, no breaches met the threshold to be reported to the Information Commissioner's Office (ICO).

## **3. Freedom of Information Act**

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

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## Freedom of Information Requests



The average number of FOIs received during the last 12 months has slightly increased to 63 requests per month (from 61) and average compliance has increased to 90% from (87 %). FOI compliance for April 2024 & May 2024 was 96% & 93% respectively.

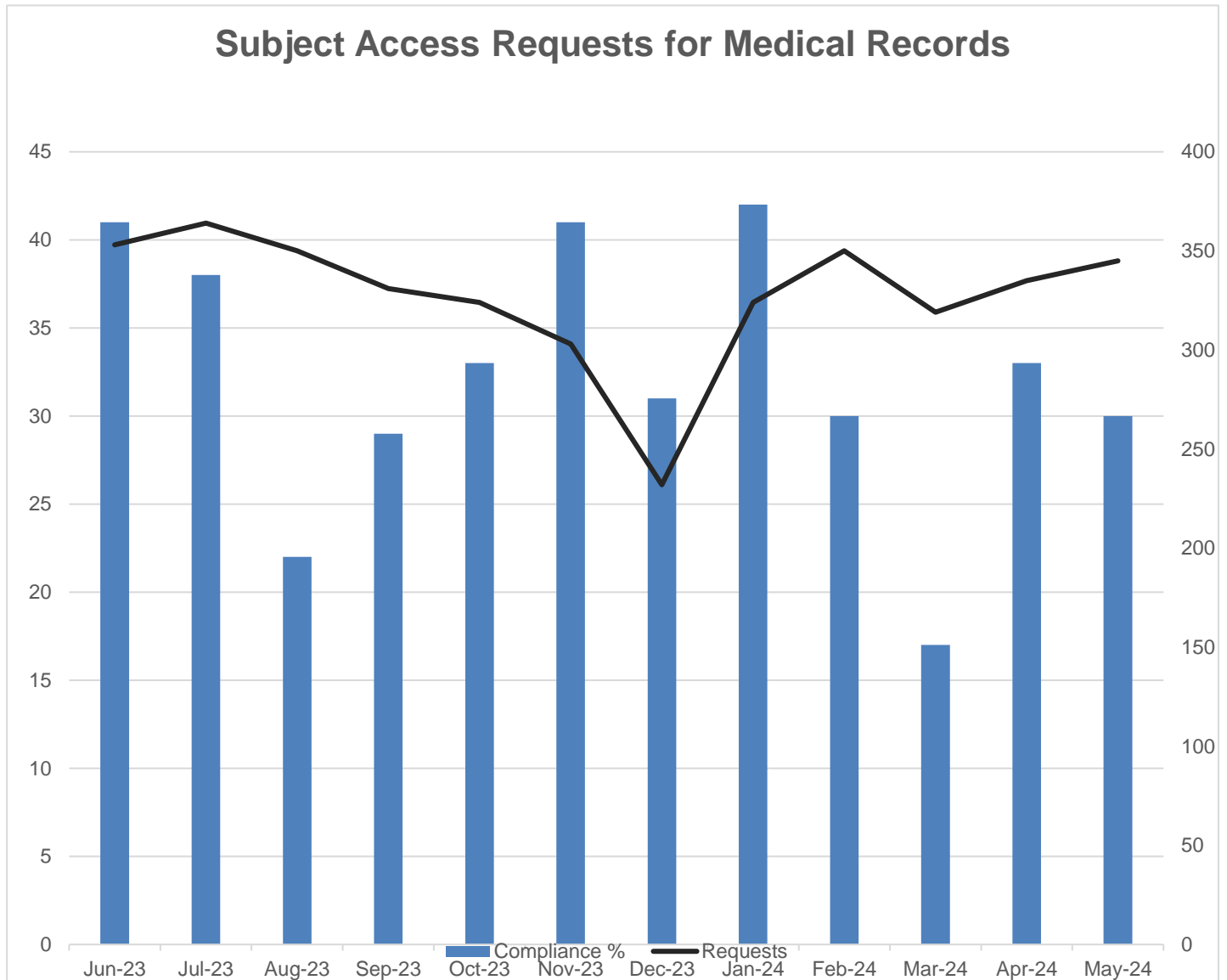
A link to the UHBs FOI disclosure log can be found below. This provides a link to every FOI the UHB publishes online. In the event that requests are made for the same information, the UHB is able to signpost requestors to this log.

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

## 4. Subject Access Requests Processed

### 4.1 Health Records requests

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



The number of requests continues to rise since December 2023. Compliance remains a cause of concern, averaging 32% (a drop from 37%) over the last rolling 12 months. During this time an average of 328 requests have been submitted each month (an increase from 318).

Following initial testing, the system is now been migrated into a Microsoft Dataverse environment with power app capability to enhance user exercise reporting functionality. Work on this system continues but progress has been hampered by the lack of dedicated resource and complexity in bringing together a number of siloed systems and processes.

### 4.2 Non-Health Records

A total of 30 subject access requests submitted for non-health records were received between April 2024 & May 2024. 25 requests (83%) have been complied with, within the legislated timeframe although 1 request remains open following an extension to the deadline.

## 5. Compliance Monitoring/NIAS

Following a migration to cloud hosting at the beginning of April, NHS Wales has experienced operational issues with the availability of NIIAS logs. Since this time, the UHB has not sent out any further letters to staff regarding their access. DHCW, who manage the central NIIAS contract are fully aware of the issues experienced and are working to resolve.

## 6. Information Governance Mandatory Training

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

Org L4	Assignment Count	Achieved	Compliance %
001 All Wales Genomics Service	345	309	90%
001 Capital, Estates & Facilities	1452	1230	85%
001 Children & Women Clinical Board	2395	1877	78%
001 Clinical Diagnostics & Therapeutics Clinical Board	2593	2079	80%
001 Corporate Executives	1071	869	81%
001 Medicine Clinical Board	2041	1462	72%
001 Mental Health Clinical Board	1572	1108	70%
001 Primary, Community Intermediate Care Clinical Board	1162	895	77%
001 Specialist Services Clinical Board	2238	1660	74%
001 Surgical Services Clinical Board	2394	1596	67%
<b>UHB</b>	<b>17263</b>	<b>13085</b>	<b>76%</b>

The overall figure does not represent a change in overall completeness since figures were last provided to the last two Committees.

### 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.
- 120 information governance related incidents reviewed between May 2024 & June 2024.
- 0 data breaches since the last committee have been reported to the Information Commissioner's Office.
- Freedom of Information compliance increased to 90% for last 12 rolling months.
- Requests for access to medical records continues to increase. Over the last 12 months, compliance has dropped to 32%.
- An issue with NIIAS has resulted in no letters since March 2024 being sent to staff regarding their access to clinical applications.
- Information Governance mandatory training across the UHB remains at 76%.
- 

### Recommendation:

The Board / Committee are requested to:

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

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

*Please tick as relevant*

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

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

Risk: Yes/

As outlined in the risk register

Safety: Yes

Financial: Yes

Non-compliance and less efficient ways of working

Workforce: Yes

Impacts on ways of working

Legal: Yes

Compliance with regulatory requirements

Reputational: Yes

Trust of staff and patients/service users

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes

Green IT and digital solutions that support greater virtual working

**Approval/Scrutiny Route:**

Signed: Nathan  
Date: 14/2025 15:00

Committee/Group/Exec	Date:

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Report Title:	<b>Digital Services Key Performance Indicators</b>			Agenda Item no.	<b>2.4</b>	
Meeting:	<b>Digital and Health Intelligence Committee</b>		Public	X	Meeting Date:	13 <sup>th</sup> Aug 2024
			Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval		Information	
Lead Executive:	<b>Director of Digital and Health Intelligence</b>					
Report Author (Title):	<b>IT Service Desk Manager</b>					

### Main Report

#### Background and current situation:

The Digital Service Desk tool “Ivanti” has been developed for use by all the Digital and Health Intelligence directorate teams to receive and manage service requests, incident reports and change requests. Easy access to the tool provides all CAV UHB staff with a standardised mechanism to inform the digital team of issues and to raise a variety of general and specialist requests for help or advice.

The Power BI reporting tool continues to be a valuable resource and enables us to produce our standard detailed reports and is used to share management information on the performance of the D&HI directorate’s full range of services. A current focus is to utilise this to identify areas of improvement, through automation and development of specific Service Requests offerings.

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

The Digital Operations team continue to develop the Ivanti tool and its reporting capabilities, which will be presented at the committee meeting. Highlights to note are:

- A continued improvement on average closure times for incidents and service requests for IM&T as a whole and performance of the service desk specifically.
- The chat facility was introduced in November 2023 yet only accounts for 8% usage
- Identifying areas for improvement including the ability for password resets becoming a self-service function.

#### Recommendation:

The Committee is requested to:

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

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

*Please tick as relevant*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
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**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant*

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

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

**Risk: Yes**

– service non-availability is reduced through faster logging and response times. Reducing call and queue times on the phones for more urgent issues to reach the Service Desk.

**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. Feedback on service is available and evidences improved service and support.

**Socio Economic: No**

**Equality and Health: No**

**Decarbonisation: No**

**Approval/Scrutiny Route:**

Committee/Group/Exec

Date:

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# Ivanti Management Report

[View in Power BI](#) ↗

Last data refresh:  
24/07/2024 07:21:02 UTC

Downloaded at:  
24/07/2024 07:29:33 UTC

28/07/2024 15:00:03  
Sundararajan

## Executive Scorecard

Year 2023		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
<b>36858</b> Incidents Opened	<b>38527</b> Requests Opened	<b>21898</b> Incidents Opened	<b>24481</b> Requests Opened	<b>2355</b> Incidents Opened	<b>3194</b> Requests Opened
<b>36587</b> Incidents Closed	<b>34511</b> Closed Requests	<b>21240</b> Incidents Closed	<b>21008</b> Closed Requests	<b>2062</b> Incidents Closed	<b>2107</b> Closed Requests
<b>271</b> Remaining Open	<b>4016</b> Remaining Open	<b>658</b> Remaining Open	<b>3473</b> Remaining Open	<b>293</b> Remaining Open	<b>334</b> Remaining Open
<b>4.99</b> Avg Duration (Days)	<b>8.52</b> Avg Duration (Days)	<b>2.64</b> Avg Duration (Days)	<b>3.99</b> Avg Duration (Days)	<b>0.77</b> Avg Duration (Days)	<b>0.97</b> Avg Duration (Days)

Saunders, Stephen  
 28/04/2023 15:00:00

# Executive Trending

## Requests

Average Duration (Days)

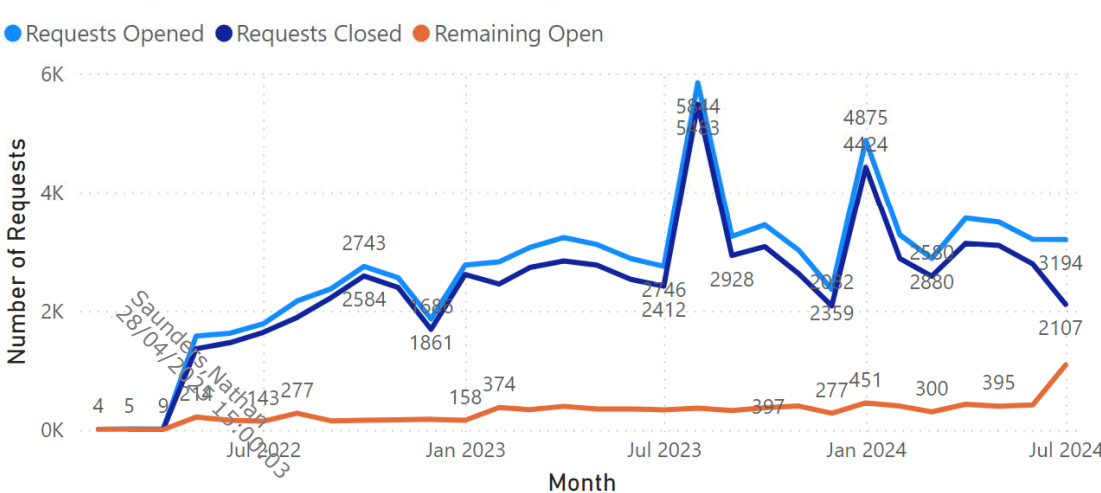


## Incidents

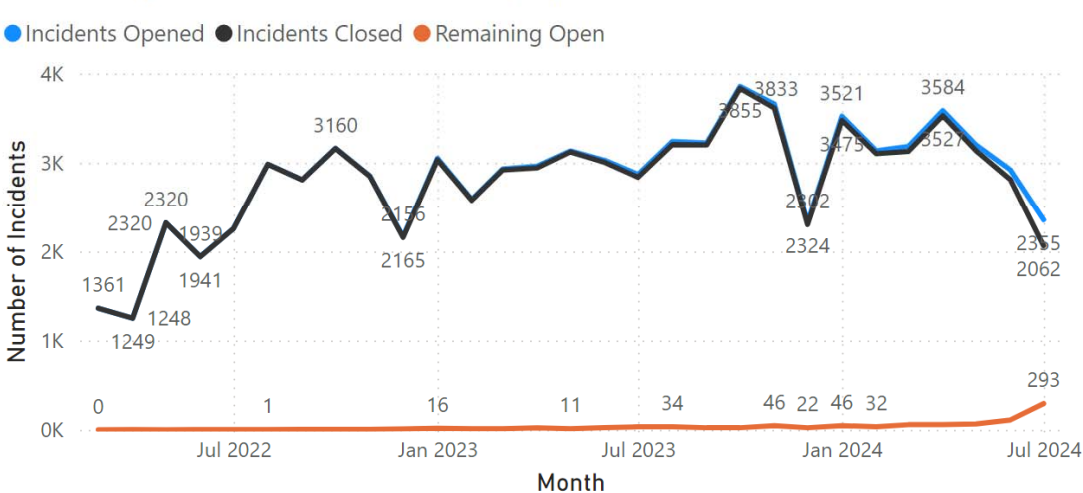
Average Duration (Days)



Requests Opened, Closed and Remaining Open



Incidents Opened, Closed and Remaining Open



# Service Desk Scorecard

Year 2023		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
14833 Incidents Opened	25041 Requests Opened	9724 Incidents Opened	13731 Requests Opened	1087 Incidents Opened	1530 Requests Opened
14822 Incidents Closed	23345 Closed Requests	9545 Incidents Closed	12393 Closed Requests	949 Incidents Closed	1046 Closed Requests
11 Remaining Open	1696 Remaining Open	179 Remaining Open	1338 Remaining Open	138 Remaining Open	484 Remaining Open
6.69 Avg Duration (Days)	5.15 Avg Duration (Days)	3.25 Avg Duration (Days)	3.23 Avg Duration (Days)	0.95 Avg Duration (Days)	0.67 Avg Duration (Days)

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# Service Desk Trending

## Requests

## Incidents

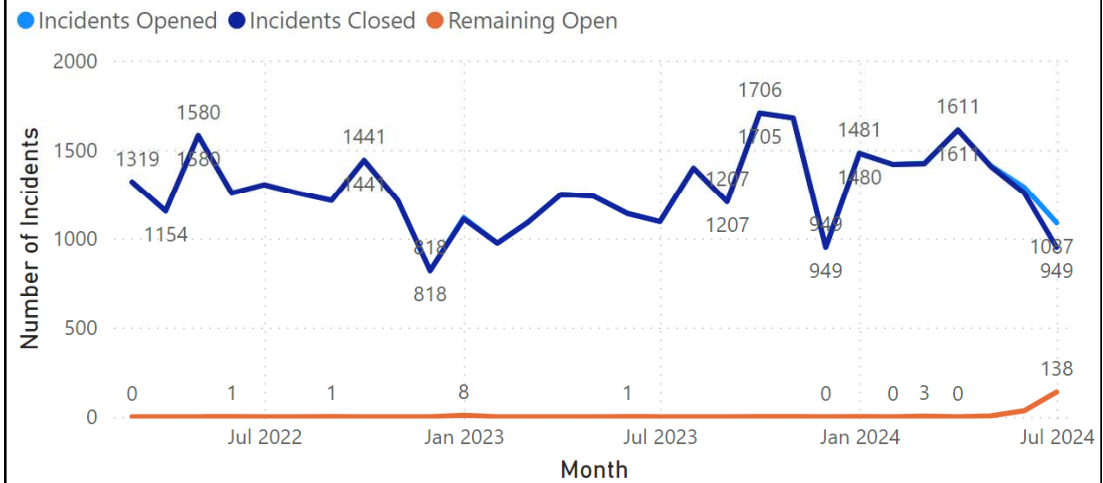
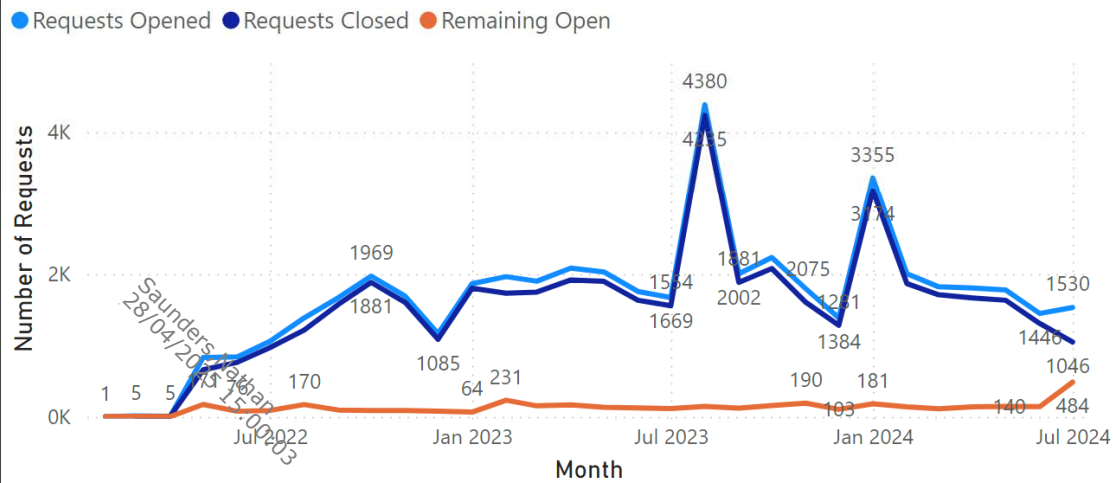
### Average Duration (Days)

### Average Duration (Days)



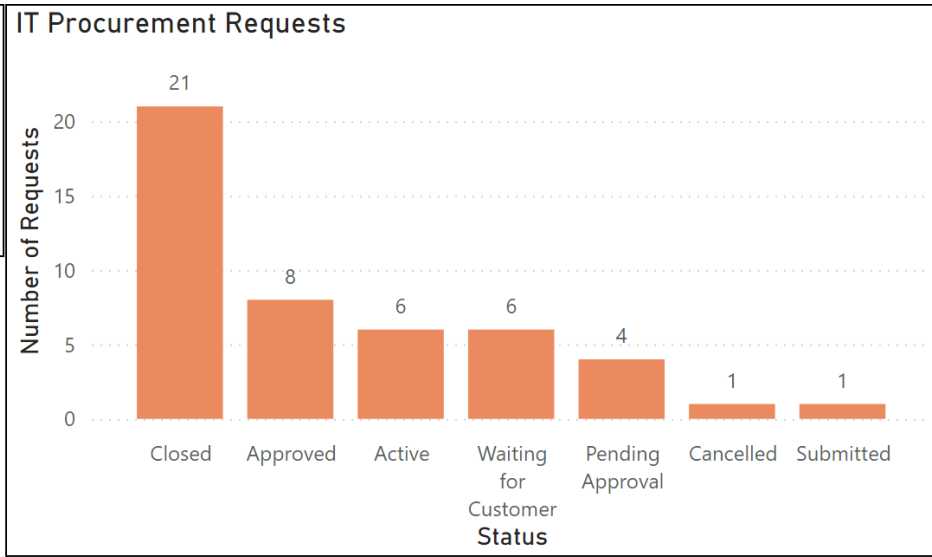
### Requests Opened, Closed and Remaining Open

### Incidents Opened, Closed and Remaining Open

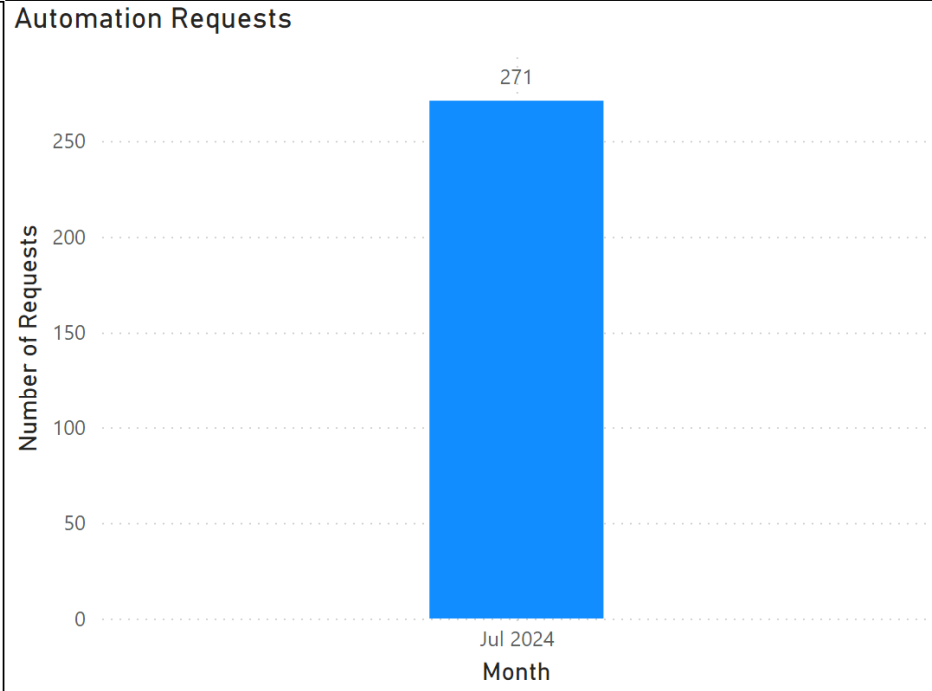
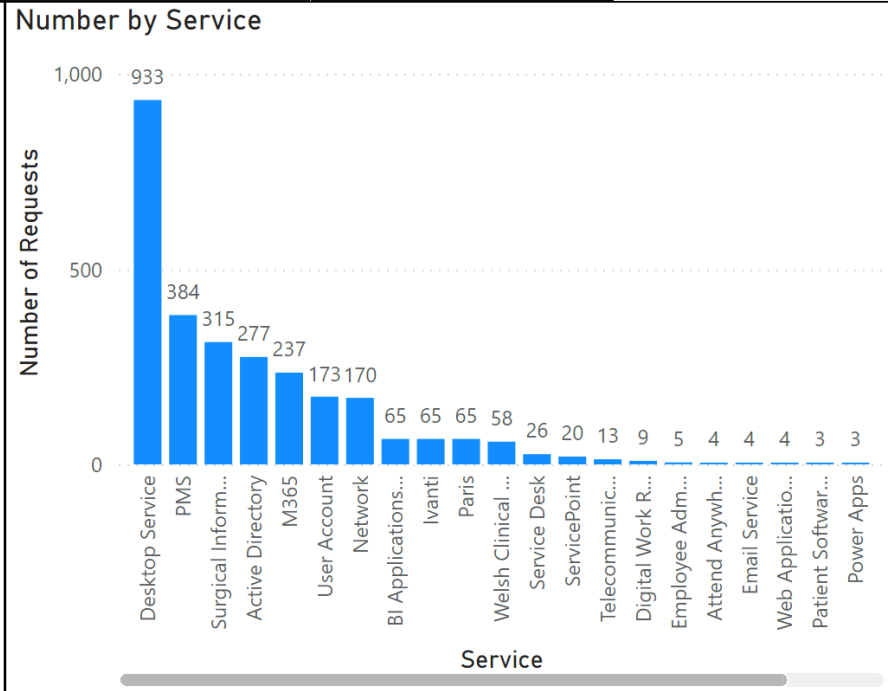


- Created by Year**
- 2024
- 
- Created by Month**
- January 2024
  - February 2024
  - March 2024
  - April 2024
  - May 2024
  - June 2024
  - July 2024

<b>3194</b> Requests Opened	<b>2107</b> Closed Requests	<b>814</b> Remaining Open
<b>0.98</b> Duration (Days)	<b>341</b> Older than 30 Days	<b>45</b> Pending Approval



- OwnerTeam**
- BI Applications and Warehouse
  - Business Intelligence & Informatics
  - Digital Services Management (DSM)
  - EUD
  - IM&T Security
  - Information Governance
  - ISM Admin
  - M365
  - Network
  - Paris
  - Paris Training
  - Pending Approval
  - PMS Administration
  - PMS Development
  - PMS Support
  - Power Apps Development
  - Server/Infrastructure



**Date by Year**

- 2022
- 2023

**Date By Month**

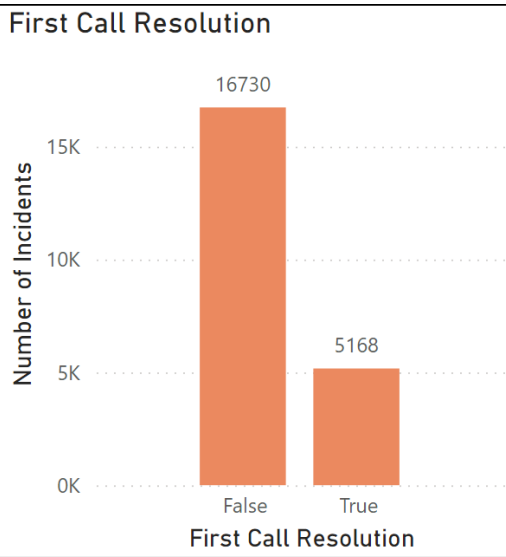
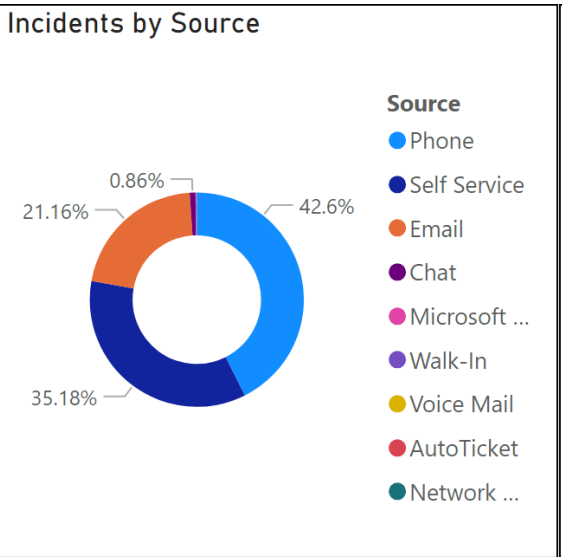
- January 2024
- February 2024
- March 2024
- April 2024
- May 2024
- June 2024
- July 2024

**21898**  
Incidents Opened

**2.62**  
Avg Duration (Days)

**21240**  
Incidents Closed

**658**  
Older then 30 Days

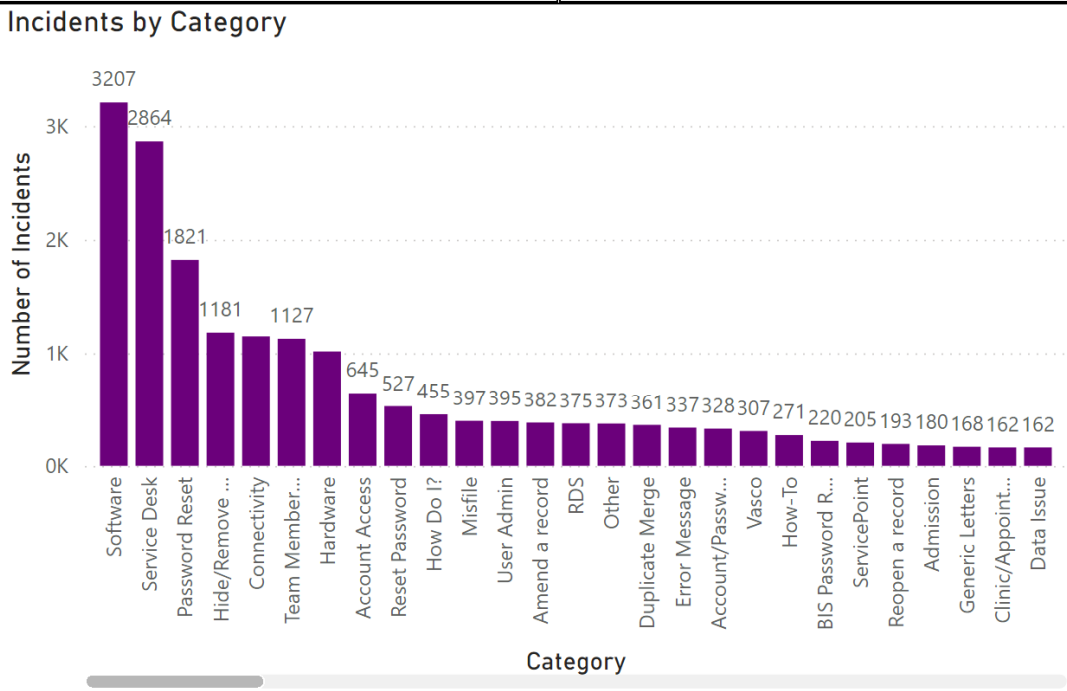
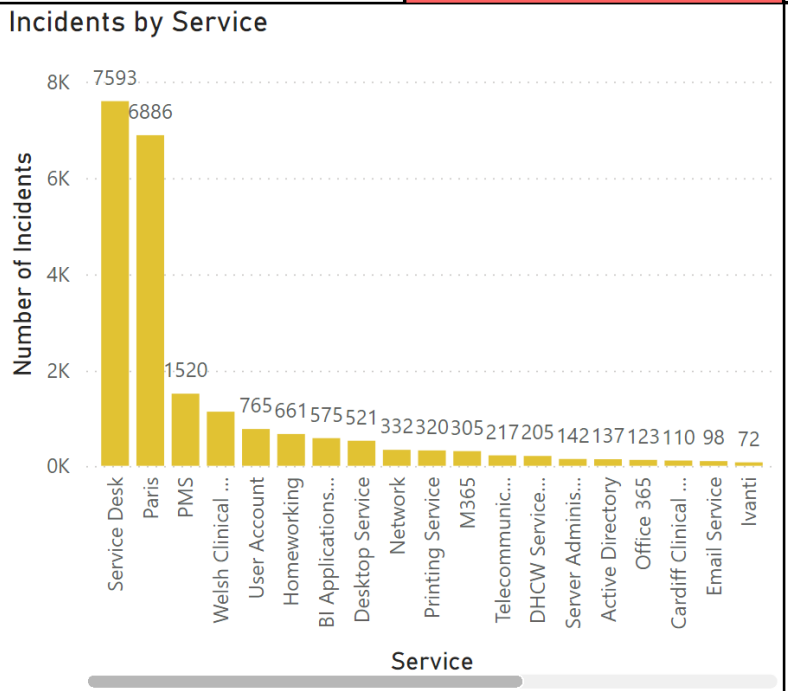


**OwnerTeam**

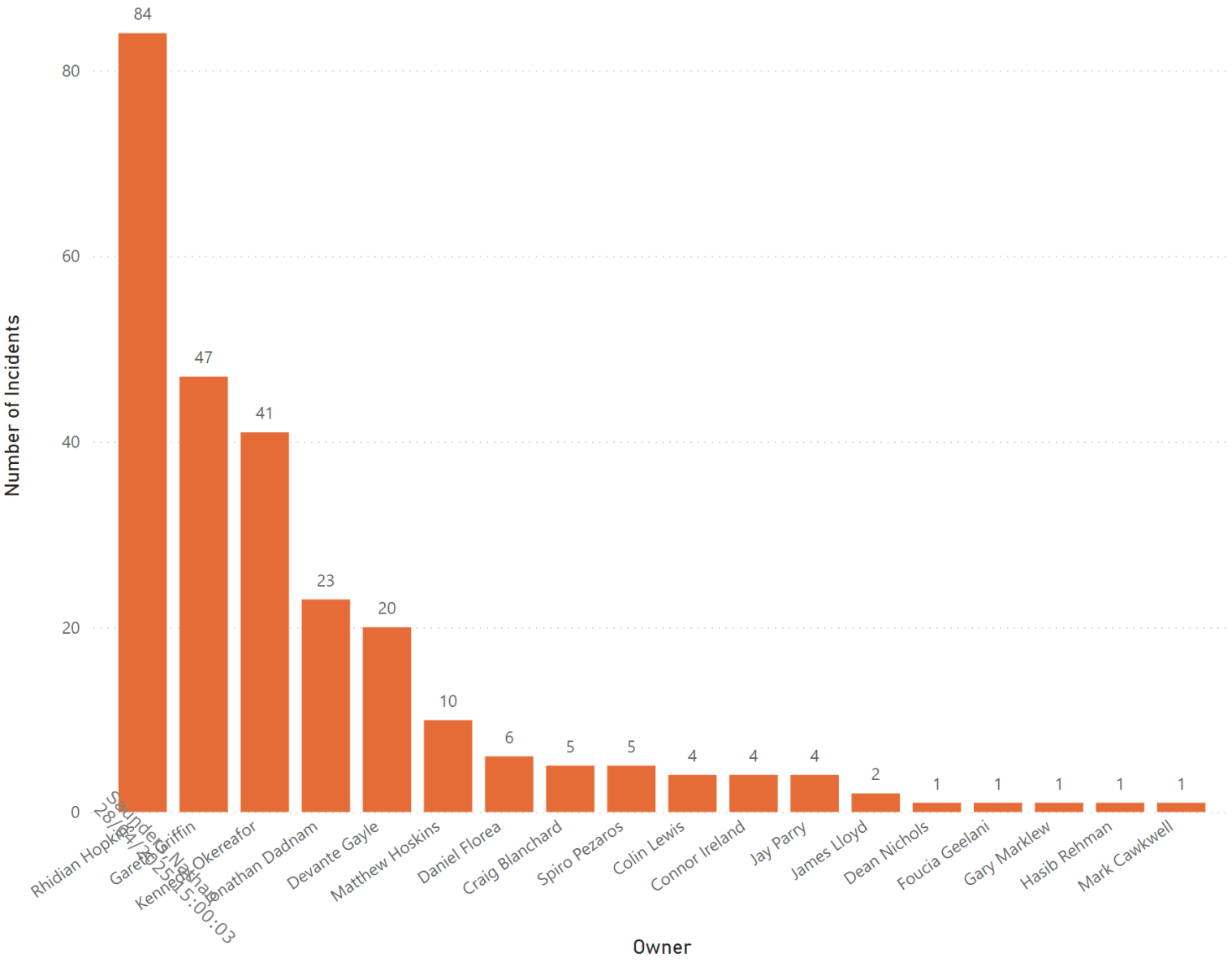
- BI Applications and Warehouse
- Business Intelligence & Informatics
- Digital Integration Development
- Digital Services Management (DS...)
- EUD
- IM&T Security
- ISM Admin
- M365
- Network

**Site**

- 23 St Andrews Crescent
- 34 Wordsworth Avenue
- At Home
- Avon House
- Barry Hospital
- Barry Leisure Centre
- Broad Street Clinic

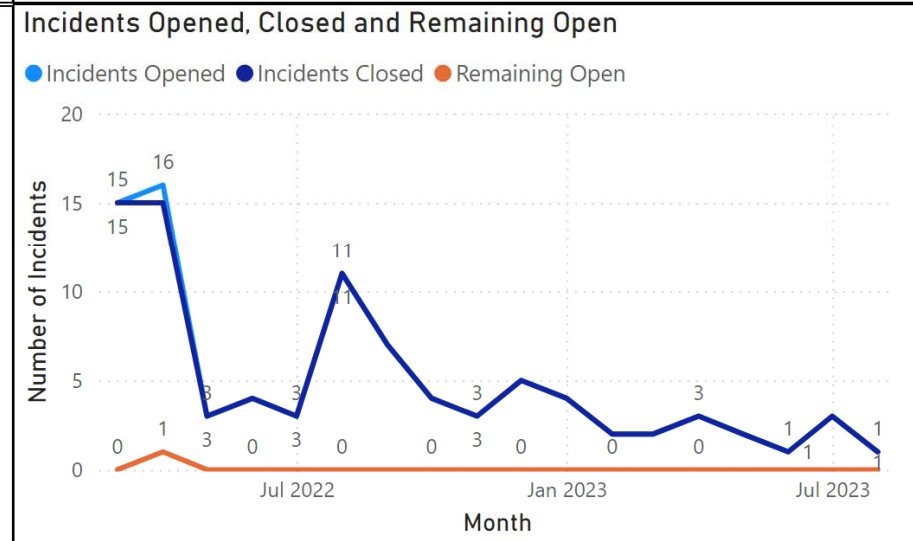
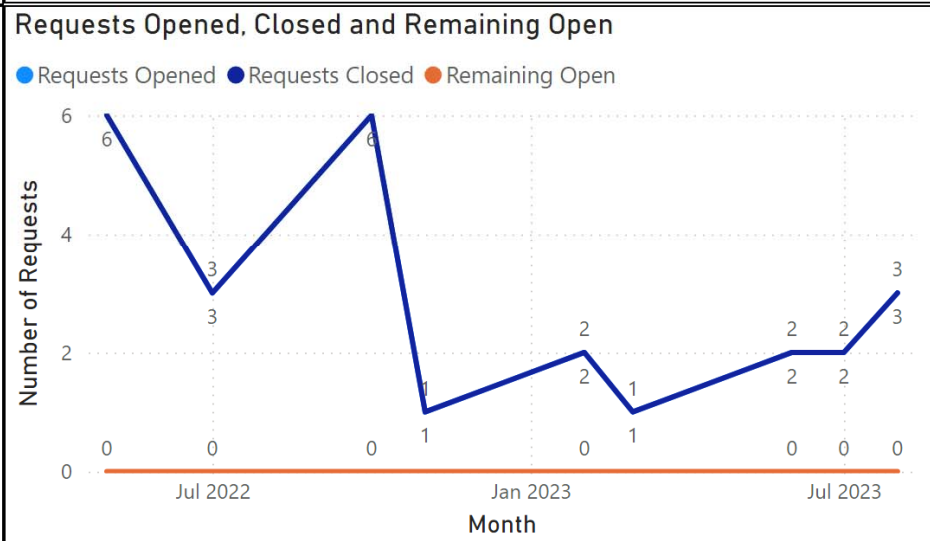
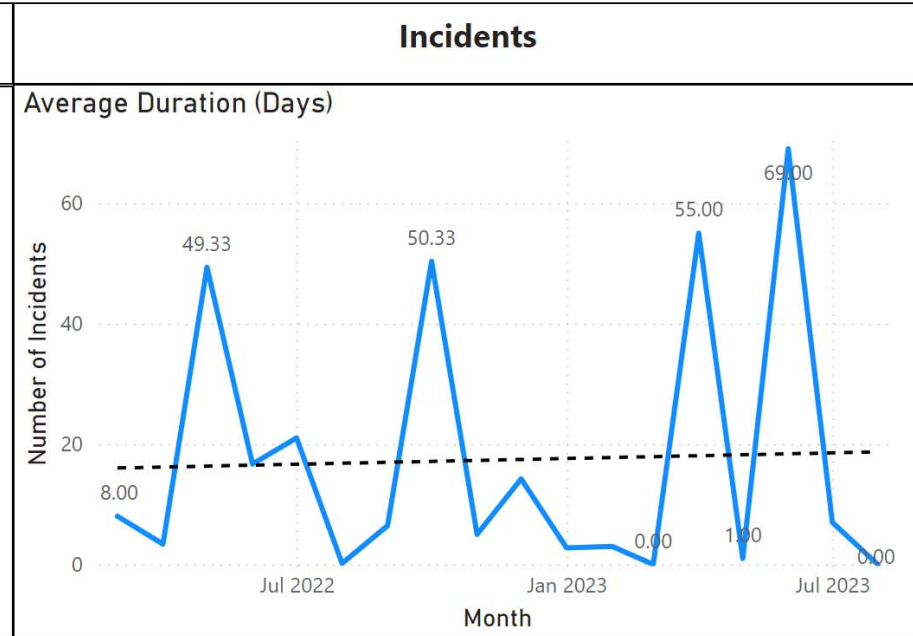
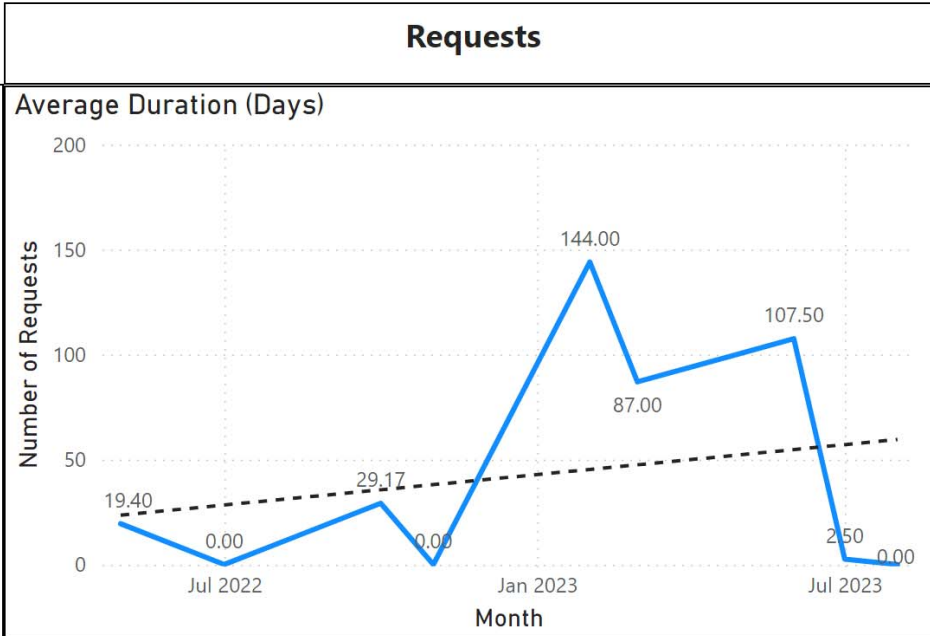


### Number of Chat Incidents by Owner



**260**  
Total Incidents

# Trending



- #### Request Team
- Applications
  - BI Analytics
  - BI Applications and Warehouse
  - Business Intelligence & Informatics
  - Change Management
  - Customer
  - Digital Integration Development
  - Digital Services Management (DSM)
  - Digital Work Request
  - EUD
  - IM&T Security
  - Information Governance
  - ISM Admin

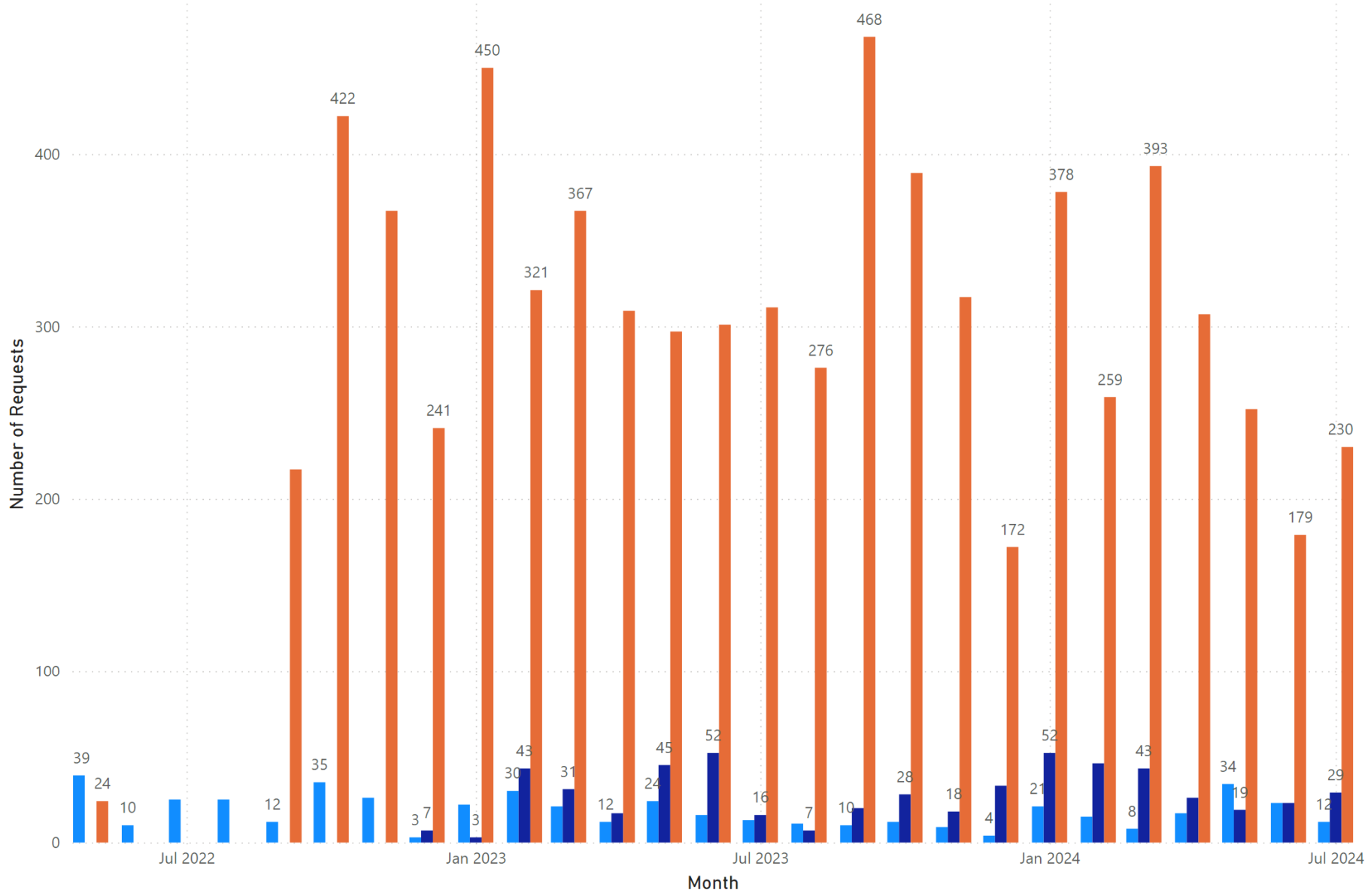
- #### Incident Team
- BI Applications and Warehouse
  - Business Intelligence & Informatics
  - Digital Integration Development
  - Digital Services Management (DSM)
  - EUD
  - IM&T Security
  - ISM Admin
  - M365
  - Maternity
  - Network
  - O365/Azure
  - On-Call
  - Paris

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# Automation Requests

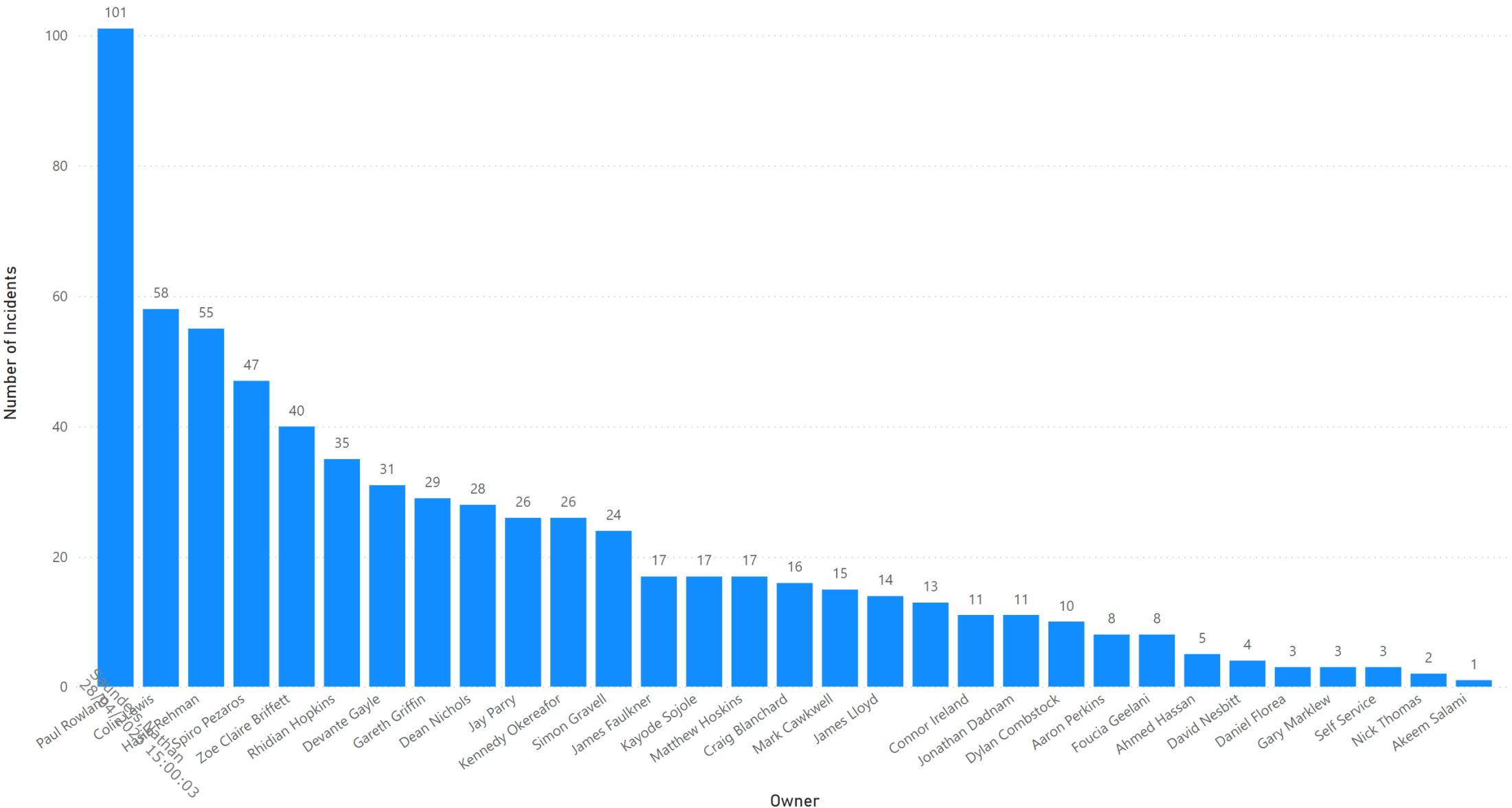
## Automation Requests Summarised

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



Saunders, Nathan  
28/04/2025 15:00:03

# Number of Incidents by Owner this Week



Report Title:	<b>Digital Directors' Peer Group</b>		Agenda Item no.	4.1
Meeting:	Digital & Health Intelligence Committee	Public	X	Meeting Date: 13 <sup>th</sup> August 2024
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	Information	X
Lead Executive:	Director of Digital & Health Intelligence			
Report Author (Title):	Director of Digital & Health Intelligence			

### Main Report

#### Background and current situation:

The creation of the Digital Directors' peer group in 2021 replaced the previous Digital Delivery Leadership Group meeting which came into existence in 2020 following the dissolution of the National Information Management Board which had been focused on providing an overview of information and IM&T issues nationally.

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

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

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

The attached minutes of the last two meetings held in June and July 2024, provide an update on the scope and range of discussions on digital matters impacting on all NHS Wales organisations.

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

#### Recommendation:

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

- Minutes of Meeting – 4<sup>th</sup> June 2024 (Appendix 1)
- Minutes of Meeting – 2<sup>nd</sup> July 2024 (Appendix 2)

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

*Please tick as relevant*

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

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

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

*Please tick as relevant*

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

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

Risk: No

Safety: Yes

Financial: No

Workforce: Yes

Legal: No

Reputational: Yes

Socio Economic: Yes

Equality and Health: Yes

Decarbonisation: No

**Approval/Scrutiny Route:**

Committee/Group/Exec	Date:

Saunders, Nathan  
28/04/2025 15:00:03

**Directors of Digital Peer Group Meeting  
Draft Notes**

<b>Date of Meeting</b>	Tuesday 4 June 2024
<b>Time of Meeting</b>	9.35am – 1.00pm
<b>Meeting Venue</b>	Conference Room, HEIW, Cefn Coed, Cardiff / MS Teams
<b>Chair</b>	Sian Richards

<b>PRESENT:</b> V=Virtual		<b>APOLOGIES:</b>	<b>GUESTS:</b>
Paul Solloway ABUHB	PS	Helen Thomas DHCW	Gareth Ashman WG V
Dylan Roberts BCUHB	DR	Alison Ramsey NWSSP	Dafydd James PHW V
Stuart Morris CTMUHB	SM	Anthony Tracey HDUHB	Anwen Roberts PHW V
David Thomas CVUHB	DT	Pete Hopgood PTHB	Giri Shankar PHW V
Ifan Evans DHCW	IE	Vicki Cooper PTHB	Fliss Bennee PHW V
Sam Lloyd DHCW	SL	Claire Madsen PTHB	Sam Hall DHCW V
Claire Osmundsen-Little DHCW	COL	Jonny Sammut WASUT	Lee Mullin DHCW V
Sian Richards HEIW - Chair	SR		Katherine Lewis DHCW V
Neil Jenkins NWSSP	NJ		
Iain Bell PHW	IB		
Jacob Hammer PTHB V	JH		
Matt John SBUHB V	MJ		
Carl Taylor VNHST	CT		
Mike Emery WG V	ME		
Lauren Harkins WG	LH		
Larissa Brock WNHSC	LB		

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
1. Previous Meeting Notes and Matters Arising (Chair)	SR chaired the meeting on behalf of AT and apologies were noted as above. The action log was updated and previous meeting notes approved.	
2. Artificial Intelligence – Productivity and Sustainability (Gareth Ashman, WG)	<p>Slides were shared, along with the vision of the AI Commission to provide advice on ethical AI regulation and enable engagement with UK government and other national organisations. There is also an AI Working Group, of which Louisa Nolan is chair, and GA invited the peer group to nominate volunteers from their organisations and send to him at <a href="mailto:Gareth.Ashman001@gov.wales">Gareth.Ashman001@gov.wales</a></p> <p>The 3 main priorities are to develop a deeper understanding, map the current ecosystem and enable safe and ethical AI. GA elaborated on the activity underway, including identifying where the blockages are to its use and the future work planned.</p> <p>The following peer group comments were made:                      -AI is already helping with diagnoses via radiology in ABUHB.                      -Clarity is needed on AI governance and how to gain the correct balance across both clinical and non-clinical areas.                      -DHCW are running a CoPilot trial and it is saving staff on average 27 minutes per day.</p>	

	<p>-We need to ensure we lead in the direction that is best for the health service rather than being led by suppliers/vendor lock-in.</p> <p>-We need clean validated data and a more structured evidence base which contributes to prioritisation decisions eg national roll out vs smaller local implementations.</p> <p>-How do we improve the alignment with our core pieces of work given the current financial restrictions?</p> <p>-We need to avoid developing standalone AI.</p> <p>-The information governance process is key.</p> <p>-We need to include focus on wider health prevention, not only diagnostics.</p> <p>-AI tools can make radiology processes more complex for staff, not necessarily saving their time.</p> <p>-We need a clear understanding of where the greatest need is for its use/investment.</p> <p>-Can the AI Commission host a discussion around pre-requisites eg data, NDR etc and could this link into the major programme areas?</p> <p>-Vital not to forget workforce training needs in the process of improving service design.</p> <p>It was noted that IB and IE are both members of the Commission on behalf of Digital Directors. GA agreed to bring a regular AI update to the peer group and <b>the item was added to the forward planner.</b></p> <p>The group also agreed that it would be helpful to have an AI workshop and IE agreed to discuss this with Gartner Consulting. <b>ACTION IE to invite Gartner Consulting to a future session and liaise with the peer group regarding content.</b></p>	01 - IE
3. Public Health Wales Items (Iain Bell, Dafydd James, Anwen Roberts, Giri Shankar PHW)	<p>IB introduced the item, stating the purpose of informing the peer group of forthcoming plans.</p> <p><u>Sexual Health Case Management System (Dafydd James)</u> These services have contracts that have ended or are approaching their end. A full business case has been submitted to WG and funding has been agreed. DJ informed the group that input would be requested from LHBs during the forthcoming discovery phase and that significant input from clinicians has already been received as well as a Task &amp; Finish Group set up. The work has been funded by PHW internally for now but has been flagged with WG as requiring all-Wales health protection capital expenditure in future.</p> <p><u>Health Protection System (Fliss Bennee)</u> FB advised that the current system was unable to meet the needs of the pandemic, the main issues being its complexity, poor quality and duplication of data and limited reporting ability.</p> <p>This work will include collaboration between the NHS, WG and local authorities from August to November 2024, with implementation planned for 2025. Significant integration will be required and the aim is for it to interface with the NHS Wales app for patient access.</p> <p>LH added that this programme has been flagged as of high clinical concern within Welsh Government.</p>	

<p>4. Digital Maternity Cymru Update (Anne Watkins, Jon Pinkney DHCW)</p>	<p>Jon Pinkney advised that DHCW have reached out to NHS organisations regarding operational resources, governance clarification and the anticipated timescales for approval of the Outline Business Case. An email has been circulated to all inviting comments by 14 June and the revised OBC will then be circulated with planned timescales. Board approvals are likely to take place in September.</p> <p>CNO has raised concern over the delays and will be attending the Chief Executives' meeting today to emphasise the priority of the programme. There was discussion around the proposed timescales and the need for strong collective decisions to ensure dates are adhered to without multiple customisations added, which would slow down implementation.</p> <p>Anne Watkins suggested there were lessons to be learned from a similar roll out in Salisbury NHS Trust, England, and emphasised that a long-term solution is needed. IB added that he is the peer group rep on the DMC Programme Board and suggested that a LHB Director of Digital attend with closer knowledge of the issues. <b>ACTION LHB directors to agree on who will represent the group on the board.</b></p> <p><b>DMC was added to the forward planner for a future update.</b></p>	<p>02 - All</p>
<p>5. ESR Replacement – Future Workforce Solution for NHS Wales (Neil Jenkins NWSSP)</p>	<p>NJ advised that a new steering group has been set up and shared a presentation on the draft governance structure in relation to other stakeholders. LH attends on behalf of WG and the proposal is that CCIOs/CNIOs attend from each NHS organisation. The future system appears to have been well-scoped and procurement should commence in the spring of 2025.</p> <p>DHCW are keen for a master staff index to simplify the authentication of employees across all the different systems and there was discussion around steering group attendance. NJ advised that he was happy to continue to represent Digital Directors and there were no objections.</p>	
<p>6. WCCIS / Connecting Care Update (Sam Hall, Lee Mullin, Katherine Lewis DHCW)</p>	<p>Lee Mullin shared slides updating on the business case which is planned for programme board approval by 14 June. The financial/management cases are being finalised and should be circulated to Directors of Digital and Directors of Finance by the end of this week.</p> <p>There was an update on requirements for community and mental health with all LHBs asked to review draft ITT questions. CVUHB have submitted some additional requirements regarding patient registrations and Sam Hall asked whether joint LHB sessions should be organised in the coming weeks to reach a national position of agreement. There was peer group support for a series of sessions in order to achieve a united approach, even if it means a slight delay.</p> <p>LH added that WG colleagues have strong views on the requirements and asked that they be included in discussions. It was also noted that there are funding issues and if the business case cannot be approved due to Senedd summer recess this will create a further delay. Directors of Social Services are running their own procurement but some will not be able to proceed if funding is not approved by their cabinets.</p>	

7. AOB	<p><u>M365 Centre of Excellence (Chair on behalf of Carwyn Lloyd-Jones/Ian Cox)</u> 3 papers for noting. PS requested that this be scheduled on the July agenda as a substantive item for a more detailed discussion with CLJ on governance arrangements, in addition to the launch of Co-Pilot. <b>The item was added to the forward planner.</b></p> <p><u>API Consumer Onboarding (Sam Lloyd)</u> Sessions are being scheduled to ensure the process is collaborative and the peer group were reminded to respond to their invitations. The workshops will involve discussions on the intended API / LHB prioritisation process.</p> <p><u>OpenEyes Programme Timeline (Paul Solloway)</u> PS requested an update on the programme. DT responded that discussions are taking place this week with both WG and DHCW. A proposal will be submitted by 14 June setting out the plan for this year and beyond - clarity is needed around referrals for which a standardised approach may be required.</p> <p>LH then advised that WG are currently considering which programmes are likely to be delayed this year and may have to be moved to the next financial year. There will be discussions at the Investment Committee which is attended by AT and SM. There was peer group discussion around progressing the collective prioritisation work that AT had initiated and COL offered to consolidate all the IMTP lists for both funded and non-funded work programmes. There was group agreement that a proposed roadmap is needed across all organisations with a clear direction of travel based around improving productivity and reducing risk, rather than adopting a reactionary approach based on funding decisions. <b>ACTION LH to ask ME for clarity around the productivity gain discussions, funding decisions and share the current / future pipeline.</b></p> <p><u>Finance Update (Claire Osmundsen-Little)</u> There is work underway to evaluate efficiencies and cash savings from digital programmes. COL thanked directors from CV, CTM and SBUHB for the Microsoft payment responses received and other organisations were reminded to respond.</p> <p>A decision is still pending from HMRC regarding VAT on O365 expenditure and if the money is returned (£30-40m) it will be reallocated to each LHB. We are still seeing inflationary pressures and there is market movement with key suppliers. The peer group were reminded to please ensure these risks continue to be highlighted at board level.</p>	03 – LH, ME
	End of meeting.	
<b>Next Meeting: Tuesday 2 July peer group meeting pm &amp; Weds 3 July workshop am DHCW, Mold, North Wales / MS Teams</b>		